

**Career Planning Elective Request Form**

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

If you are certain which block your elective falls in, please check it below. Otherwise leave it blank.

<b>Block 1A</b>	<b>Block 1B</b>	<b>Block 1C</b>	<b>Block 1D</b>	<b>Block 1E</b>	<b>Block 1F</b>
07/06/2026 -07/17/2026	07/20/2026 - 07/31/2026	08/03/2026 -08/14/2026	08/17/2026 -08/28/2026	08/31/2026 - 09/11/2026	09/14/2026 - 09/25/2026

Please select your preferred top 3 choices for your elective by placing a 1, 2, and 3 under the appropriate specialty.

Anesthesiology	Child Psychiatry	ENT
Family Practice	Internal Medicine - Infectious Diseases	Internal Medicine – Rheumatology
Internal Medicine – Pulmonary	Internal Medicine – Gastroenterology	Internal Medicine – Geriatrics
Internal Medicine - Allergy/Immunology	Internal Medicine – Nephrology	Internal Medicine – Endocrine
Internal Medicine – Cardiology	Internal Medicine - Hematology-Oncology	Neurosurgery
Orthopedics	Pathology	Physical Medicine and Rehabilitation
Radiation Oncology	Radiology	Vascular Surgery

Notes / Comments
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