



Garnet Health

Undergraduate Medical Education Department

2021-2022 Elective Request Form

Full Name: _____ Phone: _____

E-mail Address: _____

Medical School: _____

Student year: 3rd 4th

Select one type of elective rotation that you would like to rotate in (If you would like to request more than one elective please fill out one elective per request form):

Ambulatory <input type="checkbox"/>	Anesthesia <input type="checkbox"/>	Cardiology <input type="checkbox"/>
Emergency Medicine (Catskill) <input type="checkbox"/>	Emergency Medicine (Middletown) <input type="checkbox"/>	Family Medicine <input type="checkbox"/>
Gastroenterology <input type="checkbox"/>	General Surgery <input type="checkbox"/>	ICU <input type="checkbox"/>
Infectious Disease <input type="checkbox"/>	Internal Medicine (Catskill) <input type="checkbox"/>	Internal Medicine (Middletown) <input type="checkbox"/>
Nephrology <input type="checkbox"/>	Neurology <input type="checkbox"/>	NICU - 2 weeks <input type="checkbox"/>
Oncology <input type="checkbox"/>	Palliative Care - 4 weeks <input type="checkbox"/>	Pathology - 2 weeks <input type="checkbox"/>
Pediatrics <input type="checkbox"/>	Physical Medicine <input type="checkbox"/>	Psychiatry (Catskill) <input type="checkbox"/>
Psychiatry (Middletown) <input type="checkbox"/>	Pulmonology <input type="checkbox"/>	Radiology - 2 weeks <input type="checkbox"/>
Rad Oncology <input type="checkbox"/>	Research <input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Requested dates in order of preference: First Choice: From _____ To _____

Second Choice: From _____ To _____

Please note that this form must be completed within 4 weeks before the request date. All on-boarding requirements must be submitted 1 week before your start date or your rotation may be jeopardized.

Please return completed form to UGME@ghvhs.org.

If there are further questions or concerns please email UGME@ghvhs.org.