

**Allergy and Immunology Rotation  
Division of Allergy and Immunology**

**Name:**

**Residents who are interested in rotating through A/I in the academic year  
\_\_\_\_\_ should complete the below form and return prior to the schedule being  
planned for the year.**

Proposed dates for elective:

**Please answer the following questions**

Why do you want to elect this rotation?

What are your goals and objectives during this rotation?

Is there any time, when you will not, be available during this rotation?

Do you want to peruse Allergy and Immunology as a carrier/ field of practice?

Are you interested in doing clinical research with the division of Allergy and Immunology?

What topics would you like us to discuss with you during this rotation?

Please return this form to:

Sharon E. Leonard MD at [sharon.leonard@nemours.org](mailto:sharon.leonard@nemours.org)  
Allergy/Immunology Resident rotation coordinator  
Division of Allergy and Immunology  
NCC-J