



SUMMER CLINICAL ELECTIVES

Affiliated Hospitals:

- Hospital Clínico San Carlos (HCSC)
- Hospital General Universitario Gregorio Marañón (HGUGM).
- Hospital Doce de Octubre (HDOC)

Please, choose up to **2 Clinical Electives (4 weeks each)**.

Depending on your request and spots availability, we will place you in any of the affiliated Hospitals.

Digestivo	Cirugía maxilofacial
Cardiología	Cirugía endocrinológica
Neumología	Traumatología
Neurología	Pediatría
Nefrología	Cirugía pediátrica (only HCSC)
Enfermedades infecciosas	Ginecología
Endocrinología	Psiquiatría
Hematología	Psiquiatría pediátrica (only HGUGM)
Oncología médica	Atención primaria/Medicina de Familia (only HDOC)
Oncología radioterápica (only HCSC)	Anestesia
Reumatología	Otorrinolaringología (ORL)
Geriatría (NO HDOC)	Oftalmología
Cirugía general y digestiva (NO HDOC)	Dermatología
Cirugía Aparato Digestivo (only HDOC)	Urgencias (NO HDOC)
Cirugía cardiaca	Cirugía plástica (NO HDOC)
Cirugía vascular (NO HGUGM)	Medicina interna
Cirugía vascular periférica (only HGUGM)	Medicina intensiva (only HCSC)
Cirugía torácica	Medicina nuclear (only HCSC)
Neurocirugía	Inmunología clínica (only HCSC)
Neonatología (NO HDOC)	Medicina Física y Rehabilitación (only HCSC)
Anatomía patológica (only HCSC)	UCI (NO HGUGM)
Radiología (NO HDOC)	Microbiología (only HCSC)
Radiodiagnóstico (only HCSC)	
Urología	



Incoming students: Summer clinical electives request form

(To complete this form please see above the clinical electives list)

Name: _____

Home University: _____

Elective	1 st Choice	Alternative 1	Alternative 2	Month chosen (June, July, August)
1				
2				

PLEASE NOTE THAT WE WILL MAKE EVERY EFFORT TO MEET YOUR REQUEST, BUT THE FINAL ALLOCATION WILL DEPEND ON HOSPITAL/ELECTIVE AVAILABILITY.

Student's signature: _____ Date: _____

Home University

The proposed elective periods are approved.

Name: _____ Position: _____

Signature and stamp: _____ Date: _____

Faculty of Medicine (UCM)

The proposed elective periods are approved.

Name: _____ Position: _____

Signature and stamp: _____ Date: _____