ELECTRONIC RESIDENCY APPLICATION SERVICE

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September 2016
Residency and Career Services Timeline
(Class of 2018)

Deb Heineman
Office of Student Services
September 2016
# Residency and Career Services Timeline

<table>
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<tr>
<th>Class of 2018</th>
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<tr>
<td><strong>September 2nd</strong></td>
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<td><strong>December 5th</strong></td>
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<td><strong>February 5th</strong></td>
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<tr>
<td><strong>April 14th</strong></td>
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<td><strong>May 5th</strong></td>
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<td><strong>July 1st</strong></td>
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<td><strong>July</strong></td>
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<td><strong>August</strong></td>
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<td><strong>September 1st</strong></td>
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<td><strong>October</strong></td>
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Roadmap to Residency Timeline
(Class of 2018)
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td><strong>3rd Year</strong> (2016-2017)</td>
<td>Applicants will receive an ERAS Token Request Form via email from the ERAS Office (Student Services).</td>
</tr>
<tr>
<td>June 6th</td>
<td>Presentation on Electronic Residency Application Service (ERAS), Curriculum Vitae, Medical Student Performance Evaluation (MSPE).</td>
</tr>
<tr>
<td>September 2nd</td>
<td>Presentation on Electronic Residency Application Service (ERAS), Curriculum Vitae, Medical Student Performance Evaluation (MSPE).</td>
</tr>
<tr>
<td>Fall</td>
<td>Begin working on your CV. You should have a draft so that you can provide a copy to those who will be writing Letters of Recommendation. In addition, it should be used to assist with answering your MSPE questionnaire.</td>
</tr>
<tr>
<td>December 5th</td>
<td>Deadline to review CV for AOA and ACGME Match</td>
</tr>
<tr>
<td>December 5th</td>
<td>Students are required to submit a comprehensive questionnaire which provides information to compose the MSPE.</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Revisit Careers in Medicine website (<a href="http://www.aamc.org/students/cim/start.htm">http://www.aamc.org/students/cim/start.htm</a>)</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Review the AAMC publication, <em>Roadmap to Residency</em>, from application to the Match and Beyond (<a href="https://members.aamc.org/eweb/upload/Roadmap%20to%20Residency%202ndEd.pdf">https://members.aamc.org/eweb/upload/Roadmap%20to%20Residency%202ndEd.pdf</a>)</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Organize and gather information that you may need for residency programs: Immunizations, HIPPA certification, background checks, COMLEX and/or USMLE transcripts, letters of recommendation, etc.</td>
</tr>
<tr>
<td>February 5th</td>
<td>Photos for ERAS (after morning COMAT exam)</td>
</tr>
<tr>
<td>April 14th</td>
<td>Writing a Personal Statement (after COMAT exam)</td>
</tr>
<tr>
<td>Spring</td>
<td>Applicants begin researching residency programs. Information about most programs is available at the FREIDA website: <a href="http://www.ama-assn.org">http://www.ama-assn.org</a></td>
</tr>
<tr>
<td>Spring</td>
<td>Students can contact the Office of Student Services to review their MSPE - preferably April to July as that will provide the most complete information.</td>
</tr>
<tr>
<td>May 6th</td>
<td>Presentation on ERAS and the Match Process - after OMM COMAT exam</td>
</tr>
</tbody>
</table>
## Roadmap to Residency Timeline - Class of 2018 (tentative)

<table>
<thead>
<tr>
<th>May 14th (tentative)</th>
<th>MyERAS Website opens to students to Register and begin working on applications and personal statements at: <a href="http://www.aamc.org/eras">http://www.aamc.org/eras</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>Students can begin registering for the <strong>AOA Intern/Resident Registration Program (the &quot;Match&quot;)</strong> online at: <a href="http://www.natmatch.com/aoairp">http://www.natmatch.com/aoairp</a></td>
</tr>
<tr>
<td>Early June</td>
<td>Urology applicants can register online at the AUA website (Urology Match) and will receive an identification number within 2 weeks that should be given to every program with which they interview: <a href="http://www.auanet.org">http://www.auanet.org</a>. Students should register for the AOA or ACGME Match since the program may require a preliminary surgery position (PGY-1).</td>
</tr>
<tr>
<td>Early June</td>
<td>Applicants for Ophthalmology can register online at the <strong>San Francisco Matching Service</strong> to begin working on their applications via the Central Application Service: <a href="http://www.sfmatch.org/">http://www.sfmatch.org/</a>. Students should register for the AOA or ACGME Match for their preliminary position (PGY-1).</td>
</tr>
<tr>
<td>June</td>
<td><strong>Military Match - Air Force</strong> applicants will use a proprietary form that explains how to proceed. For details, go to: <a href="http://www.af.mil">www.af.mil</a></td>
</tr>
</tbody>
</table>

### 4th Year (2017-2018)

<table>
<thead>
<tr>
<th>July-January</th>
<th>Students apply to programs independently of the Match. Programs receive applications and interview students. Application deadlines for programs vary so please check with each program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1st</td>
<td>Osteopathic Medical Schools can begin uploading supporting documents to ERAS PostOffice.</td>
</tr>
<tr>
<td>Mid July</td>
<td><strong>Military Match - Army</strong> applicants use the Electronic Residency Application Service (ERAS). For further information, go to: <a href="http://www.armymedicine.army.mil">www.armymedicine.army.mil</a></td>
</tr>
<tr>
<td>Mid July</td>
<td><strong>Military Match - Navy</strong> applicants use the Electronic Residency Application Service (ERAS) for PGY 1 applications. For further information, go to: <a href="http://www.navy.com/healthcareopportunities/medicalcorps/">www.navy.com/healthcareopportunities/medicalcorps/</a></td>
</tr>
<tr>
<td>July 15th</td>
<td>Osteopathic applicants may begin selecting and applying to (paying for) programs in the <strong>AOA Match</strong>.</td>
</tr>
<tr>
<td>July 15th</td>
<td>NBOME and Osteopathic Medical Schools can begin transmitting supporting documents for the <strong>AOA Match</strong>.</td>
</tr>
<tr>
<td>July 15th</td>
<td><strong>AOA Match</strong> Programs can begin downloading applications as of this date.</td>
</tr>
<tr>
<td><strong>Roadmap to Residency Timeline - Class of 2018 (tentative)</strong></td>
<td></td>
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<tr>
<td>---------------------------------</td>
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</tr>
<tr>
<td><strong>September</strong></td>
<td>Letters of Recommendation should be on file in the ERAS Office (Student Services).</td>
</tr>
<tr>
<td><strong>September</strong></td>
<td>Target date to have application submitted for <strong>San Francisco Match</strong>.</td>
</tr>
<tr>
<td><strong>September</strong></td>
<td>Applicants for <strong>Military Match</strong> can begin submitting materials and must be complete before November. You will receive information from your specific military branch.</td>
</tr>
<tr>
<td><strong>September-January</strong></td>
<td>Prepare for interviews and interview at participating programs (Program dependent).</td>
</tr>
<tr>
<td><strong>September 15th</strong></td>
<td>National Residency Matching Program (NRMP) (<strong>ACGME Match</strong>) application is available beginning at 12:00 noon EST at: <a href="http://www.nrmp.org">http://www.nrmp.org</a></td>
</tr>
<tr>
<td><strong>September 15th</strong></td>
<td>ACGME Applicants may begin selecting and applying to (paying for) programs in the <strong>ACGME Match</strong>.</td>
</tr>
<tr>
<td><strong>September 15th</strong></td>
<td>ECFMG, MBME, NBOME and Medical Schools can begin transmitting supporting documents for the <strong>ACGME Match</strong>.</td>
</tr>
<tr>
<td><strong>September 15th</strong></td>
<td><strong>ACGME Match</strong> Programs can begin downloading applications as of this date.</td>
</tr>
<tr>
<td><strong>September-October</strong></td>
<td>Deadline for Urology applications (<strong>Urology Match</strong>). Please remember deadlines are PROGRAM SPECIFIC.</td>
</tr>
<tr>
<td><strong>October 1st</strong></td>
<td>MSPEs will be completed, scanned and uploaded for ERAS. MSPEs are released at 12:01 am to Accredited Programs.</td>
</tr>
<tr>
<td><strong>October 1st</strong></td>
<td>Applicants for early matches (Military, SF Match, Urology) should request the release of MSPE as soon as possible.</td>
</tr>
<tr>
<td><strong>November 1st</strong></td>
<td>Recommended date by which students should register for the <strong>AOA Match</strong>.</td>
</tr>
<tr>
<td><strong>November 1st</strong></td>
<td>A list of programs participating in the Match will be available online at: <a href="http://www.natmatch.com/aoairp">http://www.natmatch.com/aoairp</a></td>
</tr>
<tr>
<td>Date</td>
<td>Event Details</td>
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<tr>
<td>November</td>
<td><strong>Military Match</strong> deadline to submit supporting materials.</td>
</tr>
<tr>
<td>November</td>
<td>Urology applicants can begin submitting preference lists on line to AUA Residency matching Program (<strong>Urology Match</strong>).</td>
</tr>
<tr>
<td>November 18th</td>
<td>Instructions for submitting Rank Order Lists and obtaining Match results will be available to students and programs registered to participate in the <strong>AOA Match</strong>.</td>
</tr>
<tr>
<td>November 30th</td>
<td>Early registration deadline for NRMP (<strong>ACGME Match</strong>). Applicants may register after this deadline by paying an additional late registration fee of $50 when registering after 11:59PM Eastern time until registration closes.</td>
</tr>
<tr>
<td>December</td>
<td><strong>Military Match</strong> results are available.</td>
</tr>
<tr>
<td>December</td>
<td>Registration deadline for <strong>Urology Match</strong>.</td>
</tr>
<tr>
<td>Early January</td>
<td>Deadline for Urology applicants to submit preference lists on line to AUA Residency Matching Program (<strong>Urology Match</strong>).</td>
</tr>
<tr>
<td>January 2nd</td>
<td>Deadline for Ophthalmology applicants to submit their rank lists to the <strong>San Francisco Match</strong>.</td>
</tr>
<tr>
<td>January 3rd</td>
<td>The ROLC system will open for Match participants to submit Rank Order Lists (ROL) for the Match.</td>
</tr>
<tr>
<td>January 10th</td>
<td><strong>San Francisco Match</strong> results are available.</td>
</tr>
<tr>
<td>January 11th</td>
<td>Applicants begin to enter their Rank Order List for NRMP (<strong>ACGME Match</strong>) on-line as of 12:00 noon EST at:  <a href="http://www.nrmp.org">http://www.nrmp.org</a></td>
</tr>
<tr>
<td>Mid-late January</td>
<td><strong>Urology Match</strong> results are available. If you match with a urology program, check to see if you must go through the formality of the NRMP match for surgery training at that same institution. If appropriate, submit your ranking list to the NRMP with code provided.</td>
</tr>
<tr>
<td>January 18th</td>
<td>Final date for submission of student and program Rank Order Lists to National Matching Services (NMS) for <strong>AOA Match</strong>. No Rank Order Lists or registrations for the Match can be accepted after this date.</td>
</tr>
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## Roadmap to Residency Timeline - Class of 2018 (tentative)

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<tr>
<td>February 5th</td>
<td>NMS Results (<strong>AOA Match</strong>) are released to all participants in the Match (students and institutions), as well as to the colleges of osteopathic medicine and OPTIs. Programs must complete an institutional contract for each matched student, and send it within 10 working days after received of the <strong>AOA Match</strong> results to the student for signature. Each matched student must sign and return the contract to the program within 30 days after receiving the contract.</td>
</tr>
<tr>
<td>February 21st</td>
<td>Applicants must finalize and certify Rank Order List for NRMP (<strong>ACGME Match</strong>) before 9:00 PM EST.</td>
</tr>
<tr>
<td>March 12th</td>
<td>Applicant matched and unmatched information for NRMP (<strong>ACGME Match</strong>) will be posted at 12:00 noon EST.</td>
</tr>
<tr>
<td>March 12th</td>
<td>Filled and unfilled results for NRMP (<strong>ACGME Match</strong>) individual programs are posted to the Web at 12:00 pm EST.</td>
</tr>
<tr>
<td>March 12th</td>
<td>Locations of all unfilled positions for NRMP (<strong>ACGME Match</strong>) are released to applicants and programs at 12:00 noon EST only to participants eligible for Supplemental Offer and Acceptance Program (SOAP).</td>
</tr>
<tr>
<td>March 13th</td>
<td>Programs with unfilled positions in NRMP (<strong>ACGME Match</strong>) may start entering theirSupplemental Offer and Acceptance Program (SOAP) Preference lists at 11:30 AM EST.</td>
</tr>
<tr>
<td>March 14th</td>
<td>Supplemental Offer and Acceptance Program (SOAP) offer rounds begin at 12:00 Noon EST for NRMP (<strong>ACGME Match</strong>)</td>
</tr>
<tr>
<td>March 15th</td>
<td>NRMP (<strong>ACGME Match</strong>) Supplemental Offer and Acceptance Program (SOAP) concludes at 5:00 PM EST.</td>
</tr>
<tr>
<td>March 16th</td>
<td>NRMP Results (<strong>ACGME Match</strong>) for applicants are posted on the NRMP website at 1:00 pm EST.</td>
</tr>
<tr>
<td>March 17th</td>
<td>Hospitals begin sending letters of appointment to <strong>ACGME Matched</strong> applicants who then must sign and return the letters of appointment.</td>
</tr>
<tr>
<td>May</td>
<td>Graduation!</td>
</tr>
<tr>
<td>May 31st</td>
<td>ERAS PostOffice closes to prepare for ERAS 2018.</td>
</tr>
<tr>
<td>Late June-Early July</td>
<td>Residents start work!</td>
</tr>
</tbody>
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Residency Application & Match Checklist
Residency Application And Match Checklist
(Class of 2018)

Deb Heineman
Office of Student Services
September 2016
Residency Application and Match Checklist
(Class of 2018)

Fall of 3rd Year (check off as you complete)

☐ Begin requesting Letters of Recommendation (LoRs) if you have not already done so. Use the ERAS generated “Request Form” and the “NYITCOM Request for LoR Coversheet” and include your Curriculum Vitae (if completed). It is important to request LoRs immediately after a rotation, especially if you have a good evaluation/rotation.

☐ Update Curriculum Vitae (CV). Please schedule an appointment to review your CV as soon as possible.

☐ Make sure third year evaluations are arriving in a timely manner. Check with clerkship and rotation directors about late evaluations. Follow up immediately if you have any questions or concerns about an evaluation.

Spring of 3rd Year (check off as you complete)

☐ Complete and return MSPE questionnaire.

☐ Research residency programs (note deadlines and requirements). Keep status log of each program.

☐ Assess your competitiveness for specialties you are selecting
  - Osteopathic GME Match Report 2011 (characteristics of the osteopathic applicants who matched into various specialties)
  - NRMPs Charting Outcomes in the Match (characteristics of the applicants who matched into various specialties)
    (http://www.nrmp.org/nrmpaamc-charting-outcomes-in-the-match/)
  - NRMPs Results of the Program Directors 2012 Survey (specific specialty data from program directors – Research Report #2)
    (http://www.nrmp.org/match-data/main-residency-match-data/)

☐ Primary Specialty choice: ________________________________

Program type: ☐ Osteopathic ☐ Allopathic

☐ Have you met the qualifications for your specialty choice? ☐ Yes ☐ No
Parallel plans (in event your qualifications do not meet specialty choice). This includes applying more generally in specialty choice or applying to second specialty.

- Parallel #1
- Parallel #2

Make appointment to review your MSPE (April-July is best time). If your later rotations are out-of-area, you should request an early review of your MSPE. However, if that is not possible, Skype and Face Time review are possible and the MSPE will be read to you.

Begin working on your Personal Statement. *Please schedule an appointment by the end of the 3rd year.*

**Beginning of 4th Year: June - September** (check off as you complete)

- Register for the **AOA Match** – registration opens in June.
- Applicants for Urology can register online at the AUA website (*Keep track of deadlines separately*).
- Applicants for Ophthalmology can register online at the SF Match website (*Keep track of deadlines separately*).
- Military Applicants should visit the Military GME website for specific information on the Army, Navy or Air Force timelines and procedures (*Keep track of deadlines separately*).
- Download the ERAS User Guide.
- Complete the ERAS Common Application Form. *Please email a copy for review to Deb Heineman*
- Complete your Personal Statement by relevant deadline(s). *Please schedule a final appointment, if necessary.*
- Continue to follow up with those you requested write LoRs.
- Finalize LoR slots in ERAS. You can add additional slots at any time.
- **APPLY TO RESIDENCY PROGRAMS AS EARLY AND BROADLY AS POSSIBLE** (including your back-up plans). Remember, some programs are first-come, first-serve. *All of your LoRs do not have to be in for you to apply, unless specifically stated (i.e., allopathic emergency medicine).* It is extremely important that you apply to enough programs so that you have choices.
  - For AOA Match – July 15th
  - FOR NRMP Match – September 15th
- Have a photograph taken for residency application (*if not taken during ERAS Photo Day*).
Register for the NRMP Match – registration opens on September 15th.
Attend one of the “Interviewing Skills” workshops.
Be sure you have an “Interview Outfit” – professional business attire (you are applying for a job).

4th Year: October – November (check off as you complete)

- Begin scheduling interviews
- MSPE’s released (October 1st).
- Follow up on any outstanding Letters of Recommendation.
- Keep track of your interview schedule.
- Confirm registration with AOA Match – early registration deadline is November 1st.
- Confirm registration with NRMP Match – early registration deadline is November 30th.

4th Year: January - March (check off as you complete)

- Submit and certify Rank Order List (ROL) for AOA Match prior to deadline.
  - If you do not rank any programs in the AOA Match, you MUST withdraw yourself from the Match prior to the ROL certification deadline.
- If you have matched in the AOA Match and committed to a residency position, withdraw yourself from the NRMP Match.
- Submit and certify Rank Order List (ROL) for NRMP Match, if you are eligible to participate, prior to the deadline.
- Review SOAP (Supplemental Offer and Acceptance Program) procedures.
- Match Day!

4th Year: April-May (check off as you complete)

- Complete temporary state licensure application.
- Finalize living arrangements for residency (if applicable).
- Graduation!!
- Update contact information by completing the “Residency Address Form” and returning to ERAS Office (Student Services) by September 1st.
LETTERS

OF

RECOMMENDATION

(LoR)
LETTERS OF RECOMMENDATION (LoR)

LETTERS OF RECOMMENDATION (LoRs) are an important part of your application. Residency programs are hoping to learn your level of knowledge, clinical judgment, interpersonal skills and personal qualities. Just as important is what type of student you are and your potential as a resident.

- In addition to clerkship grades and the interview, your LoRs are one of the most essential factors programs use when selecting candidates.

WHO TO ASK

The most important factor is to ask someone who knows you well and can describe your level of knowledge, clinical judgment, interpersonal skills and personal qualities.

Letters should be from Faculty or Attendings who have observed your clinical work or Preceptors who have worked with you clinically.

A number of letters should come from the 4th year, preferably from the specialty that you are pursuing. However, it does not need to be from your specialty but can be from other relevant specialties.

People well known in the field and “well connected” senior faculty are the best to ask.
In the 4th year, you are more experienced and your work is likely to be a better basis for a stronger letter.

LOR’s from the 3rd year are valuable if you performed well and if it is from a relevant specialty or later in the year.

Ask directly and in person. It is helpful if you can meet with your letter writer to discuss your career goals, strengths and interests.

It is extremely important when requesting an LOR to ask your letter writer if they can write a strong letter. If the potential writer delays or makes an excuse, look elsewhere.

Be sure to give your letter writers adequate time – about 4 to 6 weeks!

Remember – check with the program for LOR requirements.

Provide writer with

- “LOR Cover Sheet” (Both ERAS and NYITCOM versions)
  - The ERAS version contains the Letter ID# which directs the writer where to upload your LOR.
  - The NYITCOM version has your AOA ID# and/or AAMC ID#, correct spelling of your name, and a place where you sign whether you waive/do not waive your right to review the letter.
• Your letter writer should incorporate your ID# as well as whether you have waived/not waived your right to review the LoR.

- Your CV.
- Your Personal Statement, if completed.
- List of experiences and qualities that you would like to be highlighted.
- Whether you would like the letter to be specialty specific or general.
- Follow-up email summarizing meeting.
- Thank you note and follow up.

Remember - LoRs should focus on direct clinical interactions with the faculty member.

How Many Letters Will I Need?

- Numbers will vary. Most programs require three (3), but check with programs directly as this is program specific.
- ACGME Emergency Medicine Programs require either one or two SLOEs (Standard Letter of Evaluation) – this is a form developed by the Council of Emergency Medicine residency Directors.
- Some specialties, especially Internal Medicine, request a Chairman’s letter which counts as one of your LoRs. Since we do not have a Chairman of Medicine, the following options are available (in no particular order):
- **Internal Medicine Clerkship Director** (recommended by several programs)
- **Hospital Chair of Internal Medicine**
- **Hospital Program Director of Internal Medicine**
- **Hospital Vice Chair of Internal Medicine**
- **Core Medicine Clerkship Director**
- **Course Director of Internal Medicine Rotation**
- **Faculty Member who worked directly with the student during IM rotation**

- **Some Psychiatry Programs request most LoRs be from psychiatrists or psychiatry rotations.**
- **Majority should come from within your chosen specialty.**
- **Request extra LoRs. You can assign LoRs to different programs, so you may have five (5) or more on ERAS, although you are sending three or four to each program.**

- **All letters of recommendation should be addressed to “Program Director” and sent to:**

  Dean Felicia Bruno  
  NYIT College of Osteopathic Medicine  
  Serota 223  
  Northern Boulevard  
  Old Westbury, NY 11568
**HOW ARE THE LETTERS SENT?**

**ERAS**
- LoRs for 2018 are to be uploaded to the LoR Portal by the letter writer. You should have already begun this process.
- Hard copies should be mailed or emailed to the office at this time.

**San Francisco Match**
- Applicants will get their LoRs in sealed envelopes from letter writers and will mail them out with their applications.

**Military Match**
- Air Force and Navy use the MODS (Military) program.
- Army will have its own directions for sending LoRs.

**Please Remember** – LoRs can only be mailed by the author of the letter.
When you login or register at MyERAS, this is the first page you will see.

Under DOCUMENTS in the purple bar at the top, use the drop down menu and click on Letters of Recommendation
Once you have clicked on Letters of Recommendation, this is the next page you will see.

Click the box - *Add New
The “Add Letter of Recommendation” pop up will display
If you plan on using a Letter of Recommendation for all specialties that you apply to, then complete the:
♦ LOR Author Name
♦ LoR Author Title/Department
♦ Leave the “Specialty to which this letter will be assigned” BLANK

Complete “Additional LoR Information” as is appropriate
Waive your right to view the LoR (click “yes)
Then SAVE
If your Letter of Recommendation is for a specific specialty, then complete the:

♦ LOR Author Name
♦ LoR Author Title/Department
♦ Specialty to which this letter will be assigned

Complete “Additional LoR Information” as is appropriate
Waive your right to view the LoR (click “yes)
Then SAVE
Once saved, under LoR Information, the status will be listed as “Not Confirmed for Upload”. You have correctly saved the information.
If you want to create the LoR Cover Sheet for the author:

♦ Check the box
♦ Click on confirm
Once you click confirm, you will be asked to re-enter your MyERAS Password.

Then CONFIRM
Once you have confirmed for upload, the status will change to “Confirmed for Upload – date”

Under “Actions”, Select “Print Letter Request Form”.

A “Letter Request Form” will be downloaded as a pdf file. This is the information that you provide to the LoR Author which will enable uploading to the LoR Portal. Please remember to also provide the NYIT-COM Cover Sheet to the author so we have it for your residency file.
SELECTING A SPECIALTY
SELECTING A SPECIALTY

“THE MATCH” USES A COMPUTER ALGORITHM DESIGNED TO PRODUCE FAVORABLE RESULTS FOR STUDENTS; ALIGNS PREFERENCES OF APPLICANTS WITH PREFERENCES OF RESIDENCY PROGRAMS TO FILL TRAINING POSITIONS.

WHAT SPECIALTY YOU SELECT, AND WHICH PROGRAMS YOU CHOOSE TO INQUIRE ABOUT, APPLY TO, AND RANK WILL DEPEND UPON YOUR INCLINATION TO HONESTLY ASSESS YOURSELF AND YOUR DILIGENCE IN RESEARCHING YOUR CHOSEN SPECIALTY AND ITS TRAINING PROGRAMS.

YOU SHOULD HAVE BEGUN THIS ALREADY AS YOU PLAN FOR YOUR FOURTH YEAR.

REALISTICALLY ASSESS YOUR ACADEMIC PERFORMANCE BECAUSE SOME SPECIALTIES ARE MORE COMPETITIVE THAN OTHERS AND SOME TRAINING PROGRAMS ARE MORE SELECTIVE THAN OTHERS. ASK THE OPINION OF OTHERS – FACULTY IN YOUR PROSPECTIVE SPECIALTY, CURRENT RESIDENTS, MENTOR, FELLOW STUDENTS...

WHEN CONSIDERING WHICH SPECIALTY IS THE ONE FOR YOU, CONSIDER THE FOLLOWING:

- DOES THE SPECIALTY INTEREST YOU?
- CAN YOU DO THIS FOR A LIVING RATHER THAN JUST A COUPLE OF WEEKS OR YEARS?
- ARE THE HOURS WORKED BY PHYSICIANS IN THIS SPECIALTY ACCEPTABLE?
- IS THE COMPENSATION OFFERED IN THIS SPECIALTY SATISFACTORY?
- Is the length of training in this specialty acceptable?
- Is the intensity of residency training for this specialty appropriate?
- Are you agreeable with:
  - The hours worked
  - The compensation
  - The length of training
  - The intensity
- Is this specialty going to change significantly in the near future?
- Are you competitive for this specialty?

This is most difficult aspect of selecting programs.

Develop a list of programs that reflect your dreams, hopes and sure bets. Although it is important to evaluate how realistic your chances are of matching in a specific specialty and how much effort you need to use in developing alternative plans, you should not be discouraged from at least applying where you want no matter what a program’s reputation or what the experts say about your competitiveness. Every year, students are accepted into programs thought unavailable.

Always do this while keeping in mind that you must be realistic in your other choices.
The most important factor is whether or not this specialty interests you. Be sure that you are totally interested in this specialty and have a passion for it rather than selecting it because it pays well or is the most impressive.

Focus on what you have most enjoyed to practice:

- Your medical career will last a long time and you do not want to be stuck in a specialty that you do not like.
- Remember that you can change specialties even though you have already begun one or completed one. But it is a long process and distressing to start again.

Another important factor is the lifestyle, hours and compensation. For example, surgeons have longer work days and more call while other specialties (i.e., dermatology, ophthalmology) have very little call, good compensation and fairly normal work weeks.

- What is most important to you:
  - Surgical specialties generally have the longest hours, the most call, but usually have the highest compensation and most prestige.
  - Many of the specialties with great work hours and little call often have less compensation and less prestige.
  - Most employers require a 40 hour work week doing direct patient care. Any extra paperwork, charting, etc. is considered extra work.
CERTAIN SPECIALTIES ARE EXTREMELY COMPETITIVE AND HARD TO GET INTO BECAUSE THEY OFFER A SATISFACTORY BALANCE BETWEEN COMPENSATION (STILL FAIRLY HIGH), TIME SPENT EACH WEEK (GENERALLY LOW) AND CALL SCHEDULE (NOT VERY INTENSE). EXAMPLES INCLUDE DERMATOLOGY, OPHTHALMOLOGY, ANESTHESIOLOGY, EMERGENCY MEDICINE, PATHOLOGY, ETC.

- The more procedures the physician performs, the more he/she is paid.
- Physicians who see patients in office (pediatrics, internal medicine, family medicine) prescribing medication are not as well compensated as doctors who perform procedures (probe, scope, cut, suture, etc.).

ACADEMIC MEDICINE VS. PRIVATE PRACTICE

- Academic Medicine:
  - Involves teaching medical students and residents and doing research.
  - Permits you to sub-specialize more in a specific area of interest within your specialty.
  - Can be almost or entirely inpatient.

- Private Practice:
  - Compensation substantially higher.
  - Settings are mostly outpatient.

Ultimately, YOU must decide how much time you want to spend at work each week vs. spending time with family or doing other things and balance this with your interests and compensation
HELPFUL HINTS

THE MORE COMPETITIVE THE SPECIALTY, THE EARLIER YOU SHOULD SUBMIT YOUR APPLICATION MATERIALS.

WHEN DETERMINING NUMBER OF PROGRAMS TO APPLY TO, CONSIDER THE FOLLOWING:

- HOW COMPETITIVE YOU ARE IN THE SPECIALTY YOU ARE SELECTING?
- HOW COMPETITIVE ARE THE PROGRAMS TO WHICH YOU ARE CONSIDERING APPLYING?

RESOURCES

- AAMC CAREERS IN MEDICINE
  HTTPS://WWW.AAMC.ORG/STUDENTS/MEDSTUDENTS/CIM/
- CHOICES NEWSLETTER FROM THE AAMC
  HTTPS://WWW.AAMC.ORG/STUDENTS/MEDSTUDENTS/CIM/CHOICESNEWSLETTER/
FREQUENTLY ASKED QUESTIONS
**Frequently Asked Questions (FAQs)**

**General**

**What if I have one letter writer writing different letters for different specialties?**

You need to designate the letters so that you know which is which. You must add the name of the specialty after the letter writer’s name when finalizing your LoRs.

**Can I have more than one Personal Statement?**

You can have as many Personal Statements as you want. But, remember only one Personal Statement can be submitted to each program.

**ERAS**

**What is the ERAS token?**

Tokens are electronic codes that permit you to register and access “My ERAS” (your personal workstation on ERAS) online. Tokens were available on June 6th and are be emailed to you by AAMC.ORG. The number will be used one time only to access the MyERAS application, at which time the AAMC ID# will be assigned. Once you obtain your token number, you should go to the MyERAS website and click on “Register”. After registering, you will be assigned an AAMC ID#. We recommend that you put that number in a safe place as you will need it several times during the length of this process.
When can I register on “MY ERAS”?

The ERAS website opened on June 6th for applicants to register. It is imperative that you register on “MY ERAS” as soon as possible; it is important to register early. To register, go to the “My ERAS” login page and click on the “Register” button to access the registration page. Enter your Token # correctly and answer all required questions carefully.

When can I apply to the programs?

You can apply to Osteopathic Programs (AOA Match) starting July 15th and Allopathic Programs (ACGME Match) on September 15th of your fourth year which are the respective dates programs will start to download your information.

When is the ERAS application deadline?

ERAS does not set a deadline because the individual programs set the deadlines. You should contact the program directly for their deadlines. The ERAS PO closes on May 31st every year to prepare for the next ERAS application cycle.
PERSONAL STATEMENTS AND CV

WHAT DO I SAY IN MY PERSONAL STATEMENT?

It should be focused; about four paragraphs in length and introduce you to the program:

- The first paragraph should introduce the reader to you.
- The second paragraph should let the reader know how you selected your specialty.
- The third paragraph should explain why this is the correct choice for you and should include co-curricular or research activities that are relevant.
- The fourth paragraph should discuss your long term goals or how you see yourself in the specialty.

SHOULD I WRITE A DIFFERENT PERSONAL STATEMENT FOR EACH PROGRAM?

There is no need to tailor your Personal Statement to each program as it should reflect your choice of specialty.

WHY DO I NEED TO WORK ON A CV SINCE I HAVE ONE IN ERAS?

You need to give a CV to your letter writer. It is also important to have an up-to-date professional CV at this point in your career which you can bring to your interviews.
LETTERS OF RECOMMENDATION

WHEN SHOULD I BEGIN ASKING FOR LETTERS OF RECOMMENDATION?

You should give your letter writers 4-6 weeks to prepare your letters. You should begin asking in your third year, especially if you have a good rotation. It is our hope that all letters will be in by September 1st.

TO WHICH MAILING ADDRESS SHOULD MY LETTER WRITERS SEND MY LoR?

Please send your LoR to:

DEAN FELICIA BRUNO
NYIT COLLEGE OF OSTEOPATHIC MEDICINE
SERO TA 223
NORTHERN BOULEVARD
OLD WESTBURY, NY 11568

WHAT INFORMATION DO LETTER WRITERS NEED IN ORDER TO WRITE A LETTER FOR RESIDENCY?

- Draft of your CV
- Draft of your Personal Statement
- ERAS Cover Letter (or SF Match Cover Letter)
- AOA or AAMC ID #

SHOULD I WAIVE MY RIGHT TO SEE THE LoR?

Many schools recommend that you waive your right because it makes your letter confidential and it is then considered more strongly by residency programs. Many see the decision not to waive as a red flag.
RESOURCES
RESOURCES - WEBSITES

FOLLOWING ARE SOME OF THE BEST SOURCES OF INFORMATION FOR THE RESIDENCY APPLICATION PROCESS:

AMERICAN OSTEOPATHIC ASSOCIATION NATIONAL MATCHING SERVICE is HTTP://WWW.NATMATCH.COM/AOAIRP/

NRMP WEBSITE is HTTP://WWW.NRMP.ORG

SF MATCH FOR OPHTHALMOLOGY is HTTP://SFMATCH.ORG. THIS HAS A LISTING OF INFORMATION PERTAINING TO THE “SF MATCH”.

ERAS WEBSITE IS HTTP://WWW.AAMC.ORG/ERAS. THE ELECTRONIC RESIDENCY APPLICATION SERVICES TRANSMITS APPLICATION THROUGH THE INTERNET.

AUA RESIDENCY MATCHING PROGRAM IS HTTP://WWW.AUANET.ORG. THIS HAS A LISTING OF INFORMATION PERTAINING TO THE “UROLOGY” MATCH.

THE MILITARY MATCH WEBSITE IS:
HTTP://WWW.MODS.ARMY.MIL/MEDICALEDUCATION/

THE U.S. ARMY MATCH WEBSITE IS HTTP://WWW.GOARMY.COM.

THE AMERICAN ASSOCIATION OF FAMILY PHYSICIANS WEBSITE IS HTTP://WWW.AAFP.ORG. THEY PUBLISH A YEARLY GUIDEBOOK THAT ASSISTS YOU THROUGH THE RESIDENCY APPLICATION PROCESS.
CONTACTS
CONTACTS

Deb Heineman
Serota 211
516.686.3729
dheinema@nyit.edu

Dean Felicia Bruno
Serota 223
516.686.1329
fbruno@nyit.edu

For ERAS: medicineeras@nyit.edu

ADDITIONAL CONTACTS

CV, PS, INTERVIEWING SKILLS
Julianna Viviani
Serota 236
516.686.3868
Jvivia01@nyit.edu

MSPE
Danielle Abbatiello
Serota 220
516.686.1431
Dabbato2@nyit.edu

Marie Aldridge
Serota 221
516.686.3983
maldridg@nyit.edu
ALL INFORMATION WILL BE ON THE NYIT-COM WEBSITE:

NYIT-COM HOME PAGE

LINK TO STUDENT RESOURCES (LEFT NAVIGATION BAR)

SCROLL DOWN TO RESIDENCY SERVICES

ERAS: CLASS OF 2018

http://www.nyit.edu/medicine/eras_class_2018
APPENDIX:

FORMS
Request for Letter of Recommendation (LoR) Cover Sheet

Please attach this cover sheet to the front of your letter of recommendation with a paper clip

Date

LoR Author

Applicant Name

AAMC ID  AOA ID

Thank you for agreeing to write a letter of recommendation in support of my residency application. This cover sheet explains the special procedures needed to prepare a letter for ERAS – the Electronic Residency Application Service.

Instructions for letter writer: Send the original letter of recommendation to my ERAS designated dean’s office for transmission to ERAS using the following information:

1. Address the letter to “Dear Program Director”; individualized salutations are not necessary. (I would be happy to provide you a list of programs to which I am applying.)
2. Include in your letter whether or not I have waived my right to see this recommendation as indicated below.
3. Include my name and AAMC ID or AOA ID, as listed above, in the subject line or body of the letter.
4. Print your letter so that it may be scanned and added to my files.
5. Attach this sheet to your letter before sending it, to help my ERAS designated dean’s office identify your letter with my file.
6. Deliver the letter to my ERAS designated deans’ office at the address below.

Thank you for supporting my residency application.

☐ I waive ☐ I do not waive my right to see this letter.

If “waive” is selected, I waive my right to see this letter under the Family Educational Rights and Privacy Act (FERPA). I acknowledge that this letter is for the specific purpose of supporting my application.

Applicant Signature

ERAS Designated Dean’s Office Mailing Address

Name Dean Felicia Bruno

Department Student Services

School NYIT College of Osteopathic Medicine

Address 1 Serota 223

Address 2 Northern Boulevard

City Old Westbury

State NY Zip 11568
OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)
2015-2016 APPLICATION SEASON
Emergency Medicine Faculty ONLY

I have read this year's instructions @ www.cordem.org  ☐ Yes  ☐ No

Applicant's Name: ___________________________  AAMC ERAS ID No. ___________________________

Letter Writers' Institution: ___________________________

Reference Provided By: ___________________________

Email: _______________________________________

Telephone: ____________________________________

Present Position: ___________ Select One ___________

A. Background Information

1. How long have you known the applicant? ___________________________

2. Nature of contact with applicant: (Check all that apply)
   ☐ Know indirectly through others/evaluations
   ☐ Clinical contact outside the ED
   ☐ Occasional contact (<10 hours) in the ED
   ☐ Extended, direct observation in the ED
   ☐ Advisor
   Other: _______________________________________

3. a. Did this candidate rotate in your ED?  ☐ Yes  ☐ No
   b. If so, what grade was given?
      ☐ Honors  ☐ High Pass  ☐ Pass  ☐ Low Pass  ☐ Fail

4. Is this the student's first, second or third EM rotation?  ________ Select One ________

What date(s) did this student rotate at your institution? (mm/yyyy) ___________________________

5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year:
   Honors % ___________________________
   High Pass % ___________________________
   Pass % ___________________________
   Low Pass % ___________________________
   Fail % ___________________________
   Total # students last year: ___________________________

   EM is a required rotation for all students at our institution?  ☐ Yes  ☐ No
B. Qualifications for EM. Compare the applicant to other EM applicants/peers.

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

2. Work ethic, willingness to assume responsibility.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

4. Ability to work with a team.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

5. Ability to communicate a caring nature to patients.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

6. How much guidance do you predict this applicant will need during residency?
   - Less than peers
   - The same as peers
   - More than peers

7. Given the necessary guidance, what is your prediction of success for the applicant?
   - Outstanding
   - Excellent
   - Good

C. Global Assessment

1. Compared to other EM residency candidates you have recommended in the last academic year, this candidate is in the:

<table>
<thead>
<tr>
<th>Ranking</th>
<th># Recommended in each category last academic year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 10%</td>
<td></td>
</tr>
<tr>
<td>Top 1/3</td>
<td></td>
</tr>
<tr>
<td>Middle 1/3</td>
<td></td>
</tr>
<tr>
<td>Lower 1/3</td>
<td></td>
</tr>
</tbody>
</table>

   Total Number of letters you wrote last year:  

2. a. Are you currently on the committee that determines the final rank list?  
   - Yes  
   - No

   b. How highly would you estimate the candidate will reside on your rank list? (see instructions if questions)
      
      - Top 10%
      - Top 1/3
      - Middle 1/3
      - Lower 1/3
      - Unlikely to be on our rank list
D. Written Comments:

Please concisely summarize this applicant's candidacy including... (1) Areas that will require attention, (2) Any low rankings from the SLOE, and (3) Any relevant noncognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc. (please limit your response to 250 words or less)

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER  □ Yes  □ No

Date: ___________________________  Signature: ___________________________
**Electronic Residency Application Service (ERAS) Token Request**  
(Osteopathic and Allopathic Residencies)

*I am requesting an electronic token for the ERAS 2018 Registration.*

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th>Click here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Email Address:</strong></td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td><strong>Street Address:</strong></td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Click here to enter text. <strong>State:</strong> Click here to enter text. <strong>ZIP:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Home Phone:</strong></td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td><strong>Cell Phone:</strong></td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td><strong>NYIT-COM ID#:</strong></td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td><strong>Graduation Date:</strong></td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

* ✓ Type or print clearly all requested information  
  ✓ The NYIT e-mail address you list above will be the official address used by the Office of Student Services and ERAS to contact you regarding any ERAS matters.  
  ✓ Please feel free to verify at any time that the Office of Student Services has received your Token Application.*

**Return this form to:**

Deb Heineman, M.A.  
Alumni Affairs and Student Services/ERAS  
NYIT College of Osteopathic Medicine  
Serota 211  
Northern Boulevard  
Old Westbury, NY 11568  
dheinema@nyit.edu

*By email* or by fax (516.686.3835)*
ERAS 2017 MyERAS Application Worksheet

This worksheet may be printed and used to begin completing your MyERAS application off-line. All required fields are highlighted in red and marked with an asterisk. Please note, that some of these fields are required only in certain circumstances.

Personal Information

Contact Information

First Name*  
Middle Name  
Last Name*  
Previous Last Name  
Suffix  
Preferred Name  
Last 4 digits of SSN  
Preferred Phone*  
Mobile Phone  
Alternate Phone  
Fax  
Pager  
Email*  

Address

Current Mailing Address

Address 1*  
Address 2  
Country*  
State  
City*  
Postal Code  
(Required for U.S. & Canadian addresses)

Is your permanent address the same as your current mailing address?*  
Yes  
No  

Permanent Address

Address 1  
Address 2  
Country  
State  
City  
Postal Code  
Phone  

Print Form
Citizenship Information

Are you a U.S. citizen?  □ Yes  □ No

If yes, are you a citizen of a country in addition to the United States?  □ Yes  □ No

If you are a Foreign National currently in the U.S. with Valid Visa Status, select your current Visa/Employment Authorization Status:

- F-1 - Academic Student (Employment Authorization Document - Optional Practical Training)
- F-2 - Spouse or Child of F-1
- H-1 - Temporary Worker
- H-1B - Special occupation, DoD worker, etcetera
- H-2B - Temporary worker - skilled and unskilled
- H-4 - spouse or Child of H-1, H-2, H-3
- J-1 - Visa for exchange visitor
- O-1 - Person of Extraordinary Ability in science, arts, education, business or athletics
- TN - NAFTA Trade for Canadians and Mexicans
- E-2 - Treaty Investor, Spouse and Child (EAD)
- Diplomatic Service
- Employment Authorization Document (EAD)
- L-2 - Dependent of Intra-Company Transferee (EAD)

If you are a Foreign national, outside the U.S. or currently in the U.S., with a valid visa status, please respond:

- Will you need visa sponsorship through the ECFMG (J-1) or the teaching hospital (H-1B) in order to participate in U.S. residency and/or fellowship training?  □ Yes  □ No

If yes, please select the visa(s) you would like to apply for. Select all that apply. The system will list your Expected Visa/Employment Authorization based on your selections.  □ H-1B  □ J-1

Eligibility for ECFMG J-1 visa sponsorship is not to be presumed. For details on ECFMG J-1 requirements and restrictions, please see refer to ECFMG/EVSP website at http://www.ecfmg.org/evsp/requirements.html

If no, Expected Visa/Employment Authorization Status (the visa status you expect to secure with Employment Authorization to participate in a program):

- F-1 - Academic Student (Employment Authorization Document - Optional Practical Training)
- F-2 - Spouse or Child of F-1
- H-1 - Temporary Worker
- H-1B - Special occupation, DoD worker, etcetera
- H-2B - Temporary worker - skilled and unskilled
- H-4 - spouse or Child of H-1, H-2, H-3
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- Diplomatic Service
- Employment Authorization Document (EAD)
- L-2 - Dependent of Intra-Company Transferee (EAD)

If applicable, please indicate your state or province of residence in the United States or Canada:
Match Information

NRMP Match
I plan to participate in the NRMP match?*  ☐ Yes  ☐ No
If yes, NRMP ID: _______________________
Participating as a couple in NRMP:  ☐ Yes  ☐ No
If yes, Partner's Name: _______________________
Specialties Partner is applying to: _______________________

NMS Match
I plan to participate in the NMS match?*  ☐ Yes  ☐ No
If yes, AOA Match Number (NMS Number): _______________________
Participating as a couple in the NMS:  ☐ Yes  ☐ No
If yes, Partner's Name: _______________________
Specialties Partner is applying to: _______________________

Urology Match
AUA Member Number: _______________________

Additional Information

USMLE/ECFMG ID: _______________________
NBOME ID: _______________________ *(Required for D.O. applicants)*
AOA Member Number: _______________________
I am ACLS (Advanced Cardiovascular Life Support) certified in the U.S.A.:  ☐ Yes  ☐ No
If yes, ACLS Expiration Date: _______________________
I am PALS (Pediatric Advanced Life Support) certified in the U.S.A.:  ☐ Yes  ☐ No
If yes, PALS Expiration Date: _______________________
I am BLS (Basic Life Support) certified in the U.S.A.:  ☐ Yes  ☐ No
If yes, BLS Expiration Date: _______________________
Sigma Sigma Phi Status: _______________________ *(D.O. applicants only)*
Alpha Omega Alpha Status: _______________________
Gold Humanism Honor Society Status: _______________________

Biographic Information

General

Gender* _______________________
Birth Place _______________________
Birth Date _______________________
Self Identification

If you reside in the European Union, do not answer this question. Please ignore this section.

This section allows you to indicate how you self-identify. When selecting “Other” as a sub-category, the text field is limited to 120 characters but is not required field. If you prefer not to self-identify, please ignore this section.

How do you self-identify? Please select all that apply.

☐ Hispanic, Latino or of Spanish origin
  ☐ Colombian
  ☐ Argentinean
  ☐ Cuban
  ☐ Dominican
  ☐ Mexican/Chicano
  ☐ Peruvian
  ☐ Puerto Rican
  ☐ Other Hispanic: ____________________________

☐ American Indian or Alaskan Native
  ☐ Tribal affiliation: __________________________

☐ Asian
  ☐ Bangladeshi
  ☐ Cambodian
  ☐ Chinese
  ☐ Filipino
  ☐ Indian
  ☐ Indonesian
  ☐ Japanese
  ☐ Korean
  ☐ Laotian
  ☐ Pakistani
  ☐ Taiwanese
  ☐ Vietnamese
  ☐ Other Asian: ____________________________

☐ Black or African American
  ☐ African American
  ☐ Afro-Caribbean
  ☐ African
  ☐ Other Black: ____________________________

☐ Native Hawaiian or Pacific Islander
  ☐ Guamanian
  ☐ Native Hawaiian
  ☐ Samoan
  ☐ Other Pacific Islander: ___________________

☐ White

☐ Other: ____________________________
Language Fluency

What languages do you speak? Select all that apply. For each language that you select, including English, you will be asked to rate your proficiency in that language using the guidelines provided below.*

**Native/Functionally Native:** I converse easily and accurately in all types of situations. Native speakers, including highly educated, may think that I am a native speaker, too.

**Advanced:** I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker.

**Good:** I speak well enough to participate in most conversations. Native speakers notice some errors in my speech or my understanding, but my errors rarely cause misunderstanding. I have some difficulty communicating necessary health concepts.

**Fair:** I speak and understand well enough to have extended conversations about current events, work, family, or personal life. Native speakers notice many errors in my speech or my understanding. I have difficulty communicating about healthcare concepts.

**Basic:** I speak the language imperfectly and only to a limited degree and in limited situations. I have difficulty in or understanding extended conversations. I am unable to understand or communicate most healthcare concepts.

- [ ] Albanian
- [ ] American Sign Language
- [ ] Amharic
- [ ] Arabic
- [ ] Armenian
- [ ] Bantu
- [ ] Bengali
- [ ] Bulgarian
- [ ] Burmese
- [ ] Cajun
- [ ] Chinese
- [ ] Croatian
- [ ] Cushite
- [ ] Czech
- [ ] Danish
- [ ] Dutch
- [ ] English
- [ ] Finnish
- [ ] Formosan
- [ ] French
- [ ] French Creole
- [ ] German
- [ ] Greek
- [ ] Gujarati
- [ ] Hebrew
- [ ] Hindi
- [ ] Hmong
- [ ] Hungarian
- [ ] Ilocano
- [ ] Indonesian
- [ ] Italian
- [ ] Japanese
- [ ] Kannada
- [ ] Korean
- [ ] Kru, Ibo, Yoruba
- [ ] Laotian
- [ ] Lithuanian
- [ ] Malayalam
- [ ] Mande
- [ ] Marathi
- [ ] Mon-Khmer, Cambodian
- [ ] Navajo
- [ ] Nepali
- [ ] Norwegian
- [ ] Patois
- [ ] Pennsylvania Dutch
- [ ] Persian
- [ ] Polish
- [ ] Portuguese
- [ ] Punjabi
- [ ] Romanian
- [ ] Russian
- [ ] Samoan
- [ ] Serbian
- [ ] Serbo-Croatian
- [ ] Slovak
- [ ] Spanish/Spanish Creole
- [ ] Swahili
- [ ] Swedish
- [ ] Syriac
- [ ] Tagalog
- [ ] Tamil
- [ ] Telugu
- [ ] Thai
- [ ] Tongan
- [ ] Turkish
- [ ] Ukrainian
- [ ] Urdu
- [ ] Vietnamese
- [ ] Yiddish
Military Information
Are you committed to fulfill a U.S. military active duty service obligations/deferments?  
☐ Yes  ☐ No
If yes, number of years remaining  [_____]  Branch  [_____]
Do you have any other service obligations? (e.g. - Military Reserves, Public Health/State programs, etc.)  
☐ Yes  ☐ No
If yes, describe  
255 Character Max

Additional Information
Hobbies & Interests  
510 Character Max

Education
Higher Education
This section allows multiple entries for each Undergraduate and Graduate School you have attached.
Since most non-U.S. educational systems do not follow the U.S. model, almost all students and graduates of international medical schools will indicate "None".
☐ None
Entry 1
Institution  [_____]
Location  [_____]
Education Type  [_____]
Field of Study  [_____]
Degree expected or earned  [_____]
Dates of Attendance: From Month  [_____]  From Year  [_____]  To Month  [_____]  To Year  [_____]

Entry 2
Institution  [_____]
Location  [_____]
Education Type  [_____]
Field of Study  [_____]
Degree expected or earned  [_____]
Dates of Attendance: From Month  [_____]  From Year  [_____]  To Month  [_____]  To Year  [_____]
Medical Education
This section allows entries for each Medical School you have attended.

**Entry 1**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country*</td>
<td></td>
</tr>
<tr>
<td>Institution*</td>
<td></td>
</tr>
<tr>
<td>Degree*</td>
<td></td>
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<tr>
<td>Degree Month*</td>
<td></td>
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<tr>
<td>Degree Year*</td>
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**Entry 2**

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<td>Country*</td>
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<tr>
<td>Institution*</td>
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<td>Degree*</td>
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<td>Degree Month*</td>
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**Additional Information**

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<td>Membership in Honorary/Professional Societies</td>
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<td>Medical School Awards</td>
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<tr>
<td>Other Awards/Accomplishments</td>
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Experience

Training
Please add any current or prior D.O. Internship, D.O. Residency, M.D. Residency or M.D. Fellowship in which you have trained, regardless of length of time spent in the training.

☐ None

Entry 1

Type of Training*

Specialty*

Institution/Program*

Country*

State/Province

City*

Program Director*

Supervisor*

☐ Chief Resident

Dates of Residency/Fellowship

From Month* [ ] From Year* [ ] To Month* [ ] To Year* [ ]

Reason for Leaving

510 Characters Max

Entry 2

Type of Training*

Specialty*

Institution/Program*

Country*

State/Province

City*

Program Director*

Supervisor*

☐ Chief Resident

Dates of Residency/Fellowship

From Month* [ ] From Year* [ ] To Month* [ ] To Year* [ ]

Reason for Leaving

510 Characters Max
Experience

Please add your additional experience. Clinical and Teaching experience should be treated as Work experiences. Include all unpaid extra-curricular activities and committees you have served on as a Volunteer experiences.

☐ None

Entry 1

Experience Type*

Organization*

Position*

Supervisor

Country*

State/Province

City*

Average Hours/Week

Description
1020 Characters Max

Reason for Leaving
510 Characters Max

Dates of Experience

From Month*  From Year*  To Month*  To Year*

Entry 2

Experience Type*

Organization*

Position*

Supervisor

Country*

State/Province

City*

Average Hours/Week

Description
1020 Characters Max

Reason for Leaving
510 Characters Max

Dates of Experience

From Month*  From Year*  To Month*  To Year*
Additional Questions
Was your medical education/training extended or interrupted?*  □ Yes  □ No
If yes, please provide details.  510 Characters Max

Licensure
Please add an entry for any of your state medical licenses.
□ None

Entry 1
State*
License Type*
License Number*
Expiration Month*
Expiration Year*

Entry 2
State*
License Type*
License Number*
Expiration Month*
Expiration Year*

Additional Information
Has your medical license ever been suspended/revoked/voluntarily terminated?*  □ Yes  □ No
If yes, please explain:
Have you been named in a malpractice case?*  □ Yes  □ No
If yes, please explain:
Is there anything in your past history that would limit your ability to be licensed or would limit you ability to receive hospital privileges?*  □ Yes  □ No
If yes, please explain:
Have you ever been convicted of a misdemeanor in the United States?*  □ Yes  □ No
If yes, please explain:
Have you ever been convicted of a felony in the United States?*  □ Yes  □ No

If yes, please explain:

Are you able to carry out the responsibilities of a resident or a fellow in the specialties and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements with or without reasonable accommodations?*  □ Yes  □ No  □ No Response

If no, please list your limiting aspect(s):

Are you Board Certified?*  □ Yes  □ No

If yes, Board Name

DEA Registration Number

**Publications**

Add an entry for each of your publications.

**Peer Reviewed Journal Articles/Abstracts**

<table>
<thead>
<tr>
<th>Journal Article(s)/Abstract(s) Title*</th>
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<table>
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<tr>
<th>Author(s)*</th>
<th>(Last Name, First Initial, Middle Initial)</th>
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**Peer Reviewed Journal Articles/Abstracts (Other than Published)**

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I certify that the information contained within the MyERAS application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by the AAMC per the attached policy (PDF); may also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program. I also understand and agree to the AAMC Web Site Terms and Conditions and to the AAMC Privacy Statement and the AAMC Policies Regarding the Collection, Use and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data and to these AAMC's collection and other processing of my personal data according to these privacy policies. In addition, I consent to the transfer of my personal data to AAMC in the United States, to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in these Privacy Policies.