



ELECTRONIC RESIDENCY APPLICATION SERVICE

*Deb Heineman
Office of Student Services
dheinema@nyit.edu
516.686.3729
November 2017*



TIMELINES

The logo for NYIT, consisting of the letters "NYIT" in a blue, sans-serif font, centered within a solid orange square.

NYIT

*College of
Osteopathic
Medicine*

Residency and Career Services Timeline

(Class of 2019)

Residency and Career Services Timeline

Class of 2019	
November 10th	Presentation on Electronic Residency Application Service (ERAS), Curriculum Vitae, Medical Student Performance Evaluation (MSPE).
January 2nd	Deadline to review CV for AOA and ACGME Match
February 2nd	Photos for ERAS - after morning COMAT exam
March 9th	Photos for ERAS - after morning COMAT exam
April 13th	Writing a Personal Statement (after COMAT exam)
May 4th	Presentation on ERAS and the Match Process - after OMM COMAT exam
July 1st	Deadline to review ERAS Applications and Personal Statement for AOA Match
July	Two evening workshops on Interviewing Skills
August	Two evening workshops on Interviewing Skills
September 1st	Deadline to review ERAS Applications and Personal Statement for ACGME Match
September	Two evening workshops on Interviewing Skills
October	Two evening workshops on Interviewing Skills



*College of
Osteopathic
Medicine*

Roadmap to Residency Timeline **(Class of 2019)**

Roadmap to Residency Timeline - Class of 2019 (tentative)

3rd Year (2017-2018)	Applicants will receive an ERAS Token Request Form via email from the ERAS Office (Student Services).
November 10th	Presentation on Electronic Residency Application Service (ERAS), Curriculum Vitae, Medical Student Performance Evaluation (MSPE).
Fall	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.
Winter Break	Revisit Careers in Medicine website (http://www.aamc.org/students/cim/start.htm)
Winter Break	Review the AAMC publication, <i>Roadmap to Residency</i> , from application to the Match and Beyond (https://members.aamc.org/eweb/upload/Roadmap%20to%20Residency%202ndEd.pdf)
January 2nd	Deadline to review CV for AOA and ACGME Match
January 8th	Students are required to submit a comprehensive questionnaire which provides information to compose the MSPE.
February 2nd	Photos for ERAS (after morning COMAT exam)
March 9th	Photos for ERAS (after morning COMAT exam)
April 13th	Writing a Personal Statement (after COMAT exam)
Spring	Applicants begin researching residency programs. Information about most programs is available at the FREIDA website: http://www.ama-assn.org
Spring	Students can contact the Office of Student Services to review their MSPE - preferably April to July as that will provide the most complete information.
May 4th	Presentation on ERAS and the Match Process - after OMM COMAT exam
May 14th (tentative)	MyERAS Website opens to students to Register and begin working on applications and personal statements at: http://www.aamc.org/eras .

Roadmap to Residency Timeline - Class of 2019 (tentative)

June	Students can begin registering for the AOA Intern/Resident Registration Program (the "Match") online at: http://www.natmatch.com/aoairp
Early June	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: http://www.auanet.org . Students should register for the AOA or ACGME Match since the program may require a preliminary surgery position (PGY-1).
Early June	Applicants for Ophthalmology can register online at the San Francisco Matching Service to begin working on their applications via the Central Application Service: http://www.sfmarch.org/ . Students should register for the AOA or ACGME Match for their preliminary position (PGY-1).
June	Military Match - Air Force applicants will use a proprietary form that explains how to proceed. For details, go to: www.af.mil
4th Year (2018-2019)	
July-January	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.
July 1st	Osteopathic Medical Schools can begin uploading supporting documents to ERAS PostOffice.
Mid July	Military Match - Army applicants use the Electronic Residency Application Service (ERAS). For further information, go to: www.armymedicine.army.mil
Mid July	Military Match - Navy applicants use the Electronic Residency Application Service (ERAS) for PGY 1 applications. For further information, go to: www.navy.com/healthcareopportunities/medicalcorps/
July 15th	Osteopathic applicants may begin selecting and applying to (paying for) programs in the AOA Match .
July 15th	NBOME and Osteopathic Medical Schools can begin transmitting supporting documents for the AOA Match .
July 15th	AOA Match Programs can begin downloading applications as of this date.

Roadmap to Residency Timeline - Class of 2019 (tentative)

August 15th	Target date to have application submitted for San Francisco Match .
September	Letters of Recommendation should be on file in the ERAS Office (Student Services).
September	Applicants for Military Match can begin submitting materials and must be complete before November. You will receive information from your specific military branch.
September-January	Prepare for interviews and interview at participating programs (Program dependent).
September 15th	National Residency Matching Program (NRMP) (ACGME Match) application is available beginning at 12:00 noon EST at: http://www.nrmp.org
September 15th	ACGME Applicants may begin selecting and applying to (paying for) programs in the ACGME Match .
September 15th	NBME, NBOME and Medical Schools can begin transmitting supporting documents for the ACGME Match .
September 15th	ACGME Match Programs can begin downloading applications as of this date.
September-October	Deadline for Urology applications (Urology Match). Please remember deadlines are PROGRAM SPECIFIC.
October 1st	MSPEs will be completed, scanned and uploaded for ERAS. MSPEs are released at 12:01 am to Accredited Programs.
October 1st	Applicants for early matches (Military, SF Match, Urology) should request the release of MSPE as soon as possible.
November 1st	Recommended date by which students should register for the AOA Match .
November 1st	A list of programs participating in the Match will be available online at: http://www.natmatch.com/aoairp
November	Military Match deadline to submit supporting materials.

Roadmap to Residency Timeline - Class of 2019 (tentative)

November	Urology applicants can begin submitting preference lists on line to AUA Residency matching Program (Urology Match).
November	Instructions for submitting Rank Order Lists and obtaining Match results will be available to students and programs registered to participate in the AOA Match .
November 30th	Early registration deadline for NRMP (ACGME Match). Applicants may register after this deadline by paying an additional late registration fee of \$100 when registering after 11:59PM Eastern time until registration closes.
December	Military Match results are available.
December	Registration deadline for Urology Match .
Early January	Deadline for Urology applicants to submit preference lists on line to AUA Residency Matching Program (Urology Match).
January 2nd	Deadline for Ophthalmology applicants to submit their rank lists to the San Francisco Match .
January 8th	The ROLC system will open for Match participants to submit Rank Order Lists (ROL) for the Match.
January 9th	San Francisco Match results are available.
January 14th	Applicants begin to enter their Rank Order List for NRMP (ACGME Match) on-line as of 12:00 noon EST at: http://www.nrmp.org
Mid-late January	Urology Match 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.
January 18th	Final date for submission of student and program Rank Order Lists to National Matching Services (NMS) for AOA Match . No Rank Order Lists or registrations for the Match can be accepted after this date.
February 4th	NMS Results (AOA Match) are released to all participants in the Match (students and institutions), as well as to the colleges of osteopathic medicine and OPTIs.

Roadmap to Residency Timeline - Class of 2019 **(tentative)**

<i>February 4th</i>	Programs must complete an institutional contract for each matched student, and send it within 10 working days after received of the AOA Match 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.
<i>February 20th</i>	Applicants must finalize and certify Rank Order List for NRMP (ACGME Match) before 9:00 PM EST.
March 11th	Applicant matched and unmatched information for NRMP (ACGME Match) will be posted at 12:00 noon EST.
March 11th	Filled and unfilled results for NRMP (ACGME Match) individual programs are posted to the Web at 12:00 pm EST.
March 11th	Locations of all unfilled positions for NRMP (ACGME Match) are released to applicants and programs at 12:00 noon EST only to participants eligible for Supplemental Offer and Acceptance Program (SOAP).
March 12th	Programs with unfilled positions in NRMP (ACGME Match) may start entering their Supplemental Offer and Acceptance Program (SOAP) Preference lists at 11:30 AM EST.
March 13th	Supplemental Offer and Acceptance Program (SOAP) offer rounds begin at 12:00 Noon EST for NRMP (ACGME Match)
March 14th	NRMP (ACGME Match) Supplemental Offer and Acceptance Program (SOAP) concludes at 5:00 PM EST.
March 15th	NRMP Results (ACGME Match) for applicants are posted on the NRMP website at 1:00 pm EST.
March 17th	Hospitals begin sending letters of appointment to ACGME Matched applicants who then must sign and return the letters of appointment.
May	Graduation!
May 31st	ERAS PostOffice closes to prepare for ERAS 2018.
Late June-Early July	Residents start work!



RESIDENCY

APPLICATION

&

MATCH

CHECKLIST



*College of
Osteopathic
Medicine*

**Residency
Application
And
Match Checklist
(Class of 2019)**



Residency Application and Match Checklist (Class of 2019)

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 if you have not completed one for Regionals.*
- 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 2017 - characteristics of the OSTEOPATHIC applicants who matched into various specialties
 - NRMPs Charting Outcomes in the Match - characteristics of the ALLOPATHIC applicants who matched into various specialties (<https://www.nrmp.org/wp-content/uploads/2016/09/Charting-Outcomes-US-Allopathic-Seniors-2016.pdf>)
 - NRMPs Results of the Program Directors 2016 Survey (specific specialty data from program directors – Research Report #3) (<http://www.nrmp.org/wp-content/uploads/2016/09/NRMP-2016-Program-Director-Survey.pdf>)
- 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. See Residency and Career Services deadlines.*

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 Application Form. *Please email a copy for review to Deb Heineman for review prior to certifying and submitting application.*
- 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 – December (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 INFORMATION 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?

- ACGME **EMERGENCY MEDICINE PROGRAMS** REQUIRE AT LEAST TWO SLOEs (STANDARD LETTER OF EVALUATION) – THIS IS A FORM DEVELOPED BY THE COUNCIL OF EMERGENCY MEDICINE RESIDENCY DIRECTORS.
- THERE ARE NOW **THREE** VERSIONS OF THE SLOE:
 - AUTHORS WHO ARE FACULTY OF AN EMERGENCY MEDICINE RESIDENCY PROGRAM
 - AUTHORS FROM AN EM SUB-SPECIALTY ROTATION
 - AUTHORS WHO DO NOT HAVE AN ESTABLISHED EMERGENCY MEDICINE RESIDENCY PROGRAM AT THEIR INSTITUTION.
- FOR MORE INFORMATION – VISIT
[HTTPS://WWW.CORDEM.ORG/I4A/PAGES/INDEX.CFM?PAGEID=4091](https://www.cordem.org/i4a/pages/index.cfm?pageid=4091)

- FOR OTHER PROGRAMS, NUMBERS WILL VARY. MOST PROGRAMS REQUIRE THREE (3), BUT CHECK WITH PROGRAMS DIRECTLY AS THIS IS PROGRAM SPECIFIC.
- SOME SPECIALTIES, ESPECIALLY **INTERNAL MEDICINE**, REQUEST A CHAIR'S LETTER WHICH COUNTS AS ONE OF YOUR LORs. THIS IS NOW ALSO BEING ASKED BY SOME **OB/GYN** PROGRAMS.
 - SINCE WE DO NOT HAVE A CHAIR 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
 - SINCE WE DO NOT HAVE A CHAIR OF OB/GYN, THE FOLLOWING OPTIONS ARE AVAILABLE (IN NO PARTICULAR ORDER):
 - OB/GYN CLERKSHIP DIRECTOR
 - HOSPITAL CHAIR OF OBSTETRICS AND GYNECOLOGY
 - HOSPITAL PROGRAM DIRECTOR OF OB/GYN
 - HOSPITAL VICE CHAIR OF OBSTETRICS AND GYNECOLOGY
 - CORE CLERKSHIP DIRECTOR
 - COURSE DIRECTOR OF OB/GYN ROTATION
 - FACULTY MEMBER WHO WORKED DIRECTLY WITH THE STUDENT DURING OB/GYN ROTATION

- SOME **PSYCHIATRY** PROGRAMS REQUEST **MOST** LoRs BE FROM PSYCHIATRISTS OR PSYCHIATRY ROTATIONS.
- ALMOST ALL **SURGERY** PROGRAMS REQUEST LoRs BE FROM SURGERY 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 OR EMAILED TO:*

DEAN FELICIA BRUNO

NYIT COLLEGE OF OSTEOPATHIC MEDICINE

SEROTA 223

NORTHERN BOULEVARD

OLD WESTBURY, NY 11568

FBRUNO@NYIT.EDU

HOW ARE THE LETTERS SENT?

ERAS

- LORs 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 HAVE THEIR LORs SENT TO ME. I WILL UPLOAD THEM AND INCLUDE THEM IN THE APPLICATION PACKET THAT IS SENT TO SF MATCH.

MILITARY MATCH

- AIR FORCE AND NAVY USE THE MODS (MILITARY) PROGRAM.
- ARMY WILL HAVE ITS OWN DIRECTIONS FOR SENDING LORs.

The screenshot shows the MyERAS dashboard for the 2016 Season - Residency. The top navigation bar is purple and contains the AAMC logo, a dashboard menu with 'Application', 'Documents', and 'Programs', and a user profile for Deborah Heineman. A red arrow points to the 'Documents' menu item. Below the navigation bar, the main content area is titled 'MyERAS ERAS 2016 Season - Residency'. It features four columns: 'Application' with a list of sections (Personal Information, Biographic Information, Education, Experience, Licensure, Publications) all marked as 'Incomplete'; 'Documents' with a list of items (Uploaded but Unassigned LoRs, Unassigned Personal Statements, MS Transcript, MSPE (Dean's Letter), Photo) and their upload status; 'Programs' with 'Saved Programs' and 'Programs Applied to' both at 0; and 'Resources' with links to a worksheet, user guide, FAQs, and timeline, along with contact information for ERAS support.

Application	Documents	Programs	Resources
Personal Information: Incomplete	Uploaded but Unassigned LoRs: 0	Saved Programs: 0	MyERAS Worksheet
Biographic Information: Incomplete	Unassigned Personal Statements: 0	Programs Applied to: 0	MyERAS User Guide for USMG Residency Applicants
Education: Incomplete	MS Transcript: Not Uploaded		Applicant FAQs
Experience: Incomplete	MSPE (Dean's Letter): Not Uploaded		ERAS Timeline for USMG Residency Applicants
Licensure: Incomplete	Photo: Uploaded		Contact ERAS
Publications: Incomplete			ERAS Support Contact Form (202) 862-6264
View/Print Application			Monday - Friday 8am - 6pm ET
View/Print CV			

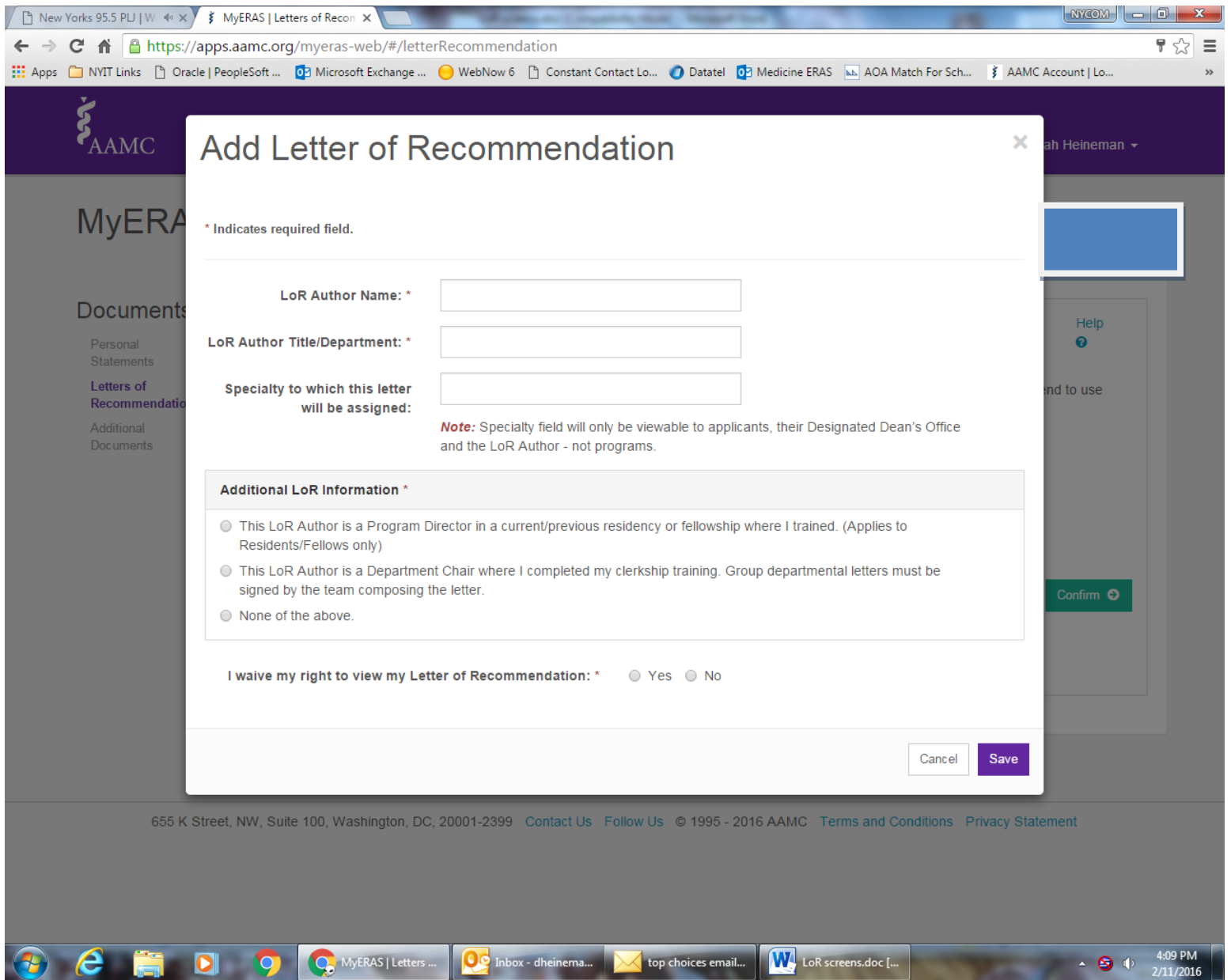
When you login or register at MyERAS, this is the first page you will see.

Under DOCUMENTS in the purple bar at the top, use the drop down menu and click on Letters of Recommendation

The screenshot shows a web browser window with the URL <https://apps.aamc.org/myeras-web/#/letterRecommendation>. The page header is purple with the AAMC logo and navigation links: Dashboard, Application, Documents, Programs, and Message Center. The user's name, Deborah Heineman, is displayed in the top right. The main content area is titled 'MyERAS ERAS 2016 Season - Residency'. On the left, a sidebar shows 'Documents' with sub-items: Personal Statements, Letters of Recommendation (highlighted), and Additional Documents. The main content area is titled 'Letters of Recommendation' and includes a 'Help' link. It contains the following text: 'In order for an LoR Author to upload a letter on your behalf, you MUST complete the following steps for each LoR that you intend to use during the application season.' followed by three numbered steps: 1. Click *Add New* to enter and save LoR information. 2. Confirm the LoR entry by marking the associated checkbox and selecting *Only checked* in the Confirm drop down list. *Note: You may only edit and/or delete a LoR entry prior to confirming.* 3. Select *Print Letter Request Form* in the associated Action column and provide the form to your LoR Author. Below the instructions is a '+ Add New' button, a search bar with the placeholder 'Search by Name, Title/Dept., or Specialty', and a 'Confirm' button. The status '0 LoRs Selected' is displayed. At the bottom of the main content area, it says 'You have not added any LoR Authors. Click Add New to add an LoR Author.' The footer contains the address '655 K Street, NW, Suite 100, Washington, DC, 20001-2399' and links for 'Contact Us', 'Follow Us', 'Terms and Conditions', and 'Privacy Statement'. The Windows taskbar at the bottom shows the time as 4:08 PM on 2/11/2016.

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

New Yorks 95.5 PU | W | MyERAS | Letters of Recon | NYCOM

https://apps.aamc.org/myeras-web/#/letterRecommendation

Apps | NYIT Links | Oracle | PeopleSoft ... | Microsoft Exchange ... | WebNow 6 | Constant Contact Lo... | Datatel | Medicine ERAS | AOA Match For Sch... | AAMC Account | Lo...

Add Letter of Recommendation

* Indicates required field.

LoR Author Name: *

LoR Author Title/Department: *

Specialty to which this letter will be assigned:

Note: Specialty field will only be viewable to applicants, their Designated Dean's Office and the LoR Author - not programs.

Additional LoR Information *

- This LoR Author is a Program Director in a current/previous residency or fellowship where I trained. (Applies to Residents/Fellows only)
- This LoR Author is a Department Chair where I completed my clerkship training. Group departmental letters must be signed by the team composing the letter.
- None of the above.

I waive my right to view my Letter of Recommendation: * Yes No

Cancel Save

655 K Street, NW, Suite 100, Washington, DC, 20001-2399 Contact Us Follow Us © 1995 - 2016 AAMC Terms and Conditions Privacy Statement

4:10 PM 2/11/2016

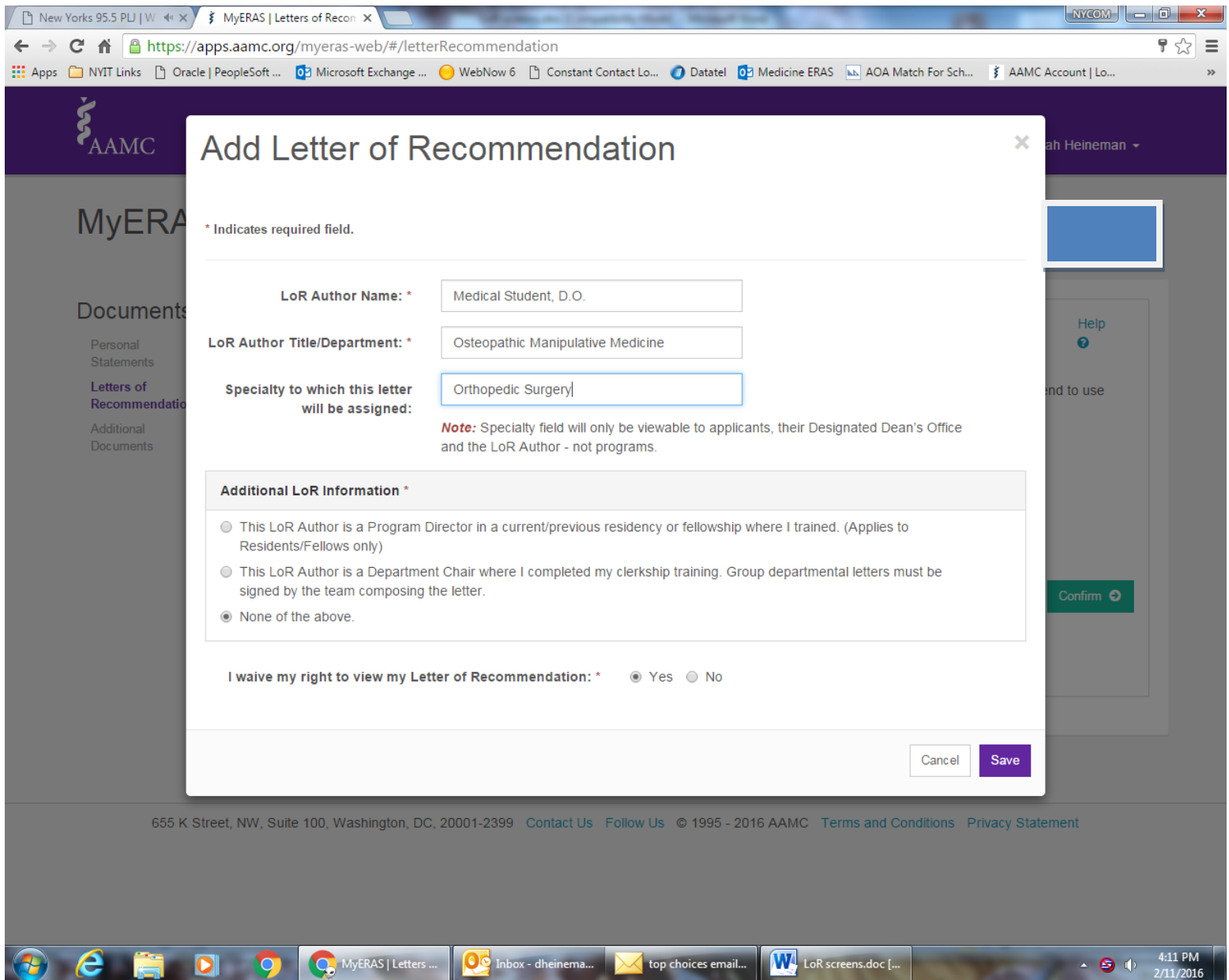
If you plan on using a Letter of Recommendation for all specialties that you apply to, then complete the:

- ◆ 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

MyERAS | Letters of Recommendation

https://apps.aamc.org/myeras-web/#/letterRecommendation

AAMC Dashboard Application Documents Programs Message Center Deborah Heineman

MyERAS ERAS 2016 Season - Residency

Documents

- Personal Statements
- Letters of Recommendation**
- Additional Documents

Letters of Recommendation

In order for an LoR Author to upload a letter on your behalf, you MUST complete the following steps for **each** LoR that you intend to use during the application season.

1. Click *Add New* to enter and save LoR information.
2. Confirm the LoR entry by marking the associated checkbox and selecting *Only checked* in the Confirm drop down list.
Note: You may only edit and/or delete a LoR entry prior to confirming.
3. Select *Print Letter Request Form* in the associated Action column and provide the form to your LoR Author.

[+ Add New](#)

Search by Name, Title/Dept., or Specialty

0 LoRs Selected [Confirm](#)

<input type="checkbox"/>	LoR Information	Specialty	Letter ID	Status	Actions
<input type="checkbox"/>	Medical Student, D.O. - Osteopathic Manipulative Medicine	Orthopedic Surgery		⚠ Not Confirmed for Upload	Select

655 K Street, NW, Suite 100, Washington, DC, 20001-2399 [Contact Us](#) [Follow Us](#) © 1995 - 2016 AAMC [Terms](#) [Conditions](#) [Privacy Statement](#)

4:11 PM 2/11/2016

Once saved, under LoR Information, the status will be listed as “Not Confirmed for Upload”. You have correctly saved the information.

New Yorks 95.5 PU | W | MyERAS | Letters of Recommendation | NYCOM

https://apps.aamc.org/myeras-web/#/letterRecommendation

Apps NYIT Links Oracle | PeopleSoft ... Microsoft Exchange ... WebNow 6 Constant Contact Lo... Datatel Medicine ERAS AOA Match For Sch... AAMC Account | Lo...

AAMC Dashboard Application Documents Programs Message Center Deborah Heineman

MyERAS ERAS 2016 Season - Residency

Documents

- Personal Statements
- Letters of Recommendation**
- Additional Documents

Letters of Recommendation

Help

In order for an LoR Author to upload a letter on your behalf, you MUST complete the following steps for **each** LoR that you intend to use during the application season.

1. Click *Add New* to enter and save LoR information.
2. Confirm the LoR entry by marking the associated checkbox and selecting *Only checked* in the Confirm drop down list.
Note: You may only edit and/or delete a LoR entry prior to confirming.
3. Select *Print Letter Request Form* in the associated Action column and provide the form to your LoR Author.

+ Add New

Search by Name, Title/Dept., or Specialt

1 LoRs Selected Confirm

<input type="checkbox"/>	LoR Information	Specialty	Letter ID	Status	Actions
<input checked="" type="checkbox"/>	Medical Student, D.O. - Osteopathic Manipulative Medicine	Orthopedic Surgery		⚠ Not Confirmed for Upload	Select

655 K Street, NW, Suite 100, Washington, DC, 20001-2399 Contact Us Follow Us © 1995 - 2016 AAMC Terms and Conditions Privacy Statement

MyERAS | Letters ... Inbox - dheinema... top choices email... LoR screens.doc ... Microsoft Office 2... 4:13 PM 2/11/2016

If you want to create the LoR Cover Sheet for the author:

- ◆ Check the box
- ◆ Click on confirm

Confirm Letters of Recommendation

Are you certain that you want to confirm the selected LoR Author(s) for upload? Once confirmed, an LoR Author entry cannot be deleted or otherwise modified.

MyERAS Password: *

In order for an LoR Author to upload a letter on your behalf, you MUST complete the following steps for **each** LoR that you intend to use during the application season.

1. Click *Add New* to enter and save LoR information.
2. Confirm the LoR entry by marking the associated checkbox and selecting *Only checked* in the Confirm drop down list.
Note: You may only edit and/or delete a LoR entry prior to confirming.
3. Select *Print Letter Request Form* in the associated Action column and provide the form to your LoR Author.

Search by Name, Title/Dept., or Specialty

1 LoRs Selected

<input type="checkbox"/>	LoR Information	Specialty	Letter ID	Status	Actions
<input checked="" type="checkbox"/>	Medical Student, D.O. - Osteopathic Manipulative Medicine	Orthopedic Surgery		⚠ Not Confirmed for Upload	Select <input type="button" value="v"/>

655 K Street, NW, Suite 100, Washington, DC, 20001-2399 [Contact Us](#) [Follow Us](#) © 1995 - 2016 AAMC [Terms and Conditions](#) [Privacy Statement](#)

Windows taskbar: MyERAS | Letters..., Inbox - dheinema..., top choices email..., LoR screens.doc [...], 4:13 PM 2/11/2016

Once you click confirm, you will be asked to re-enter your MyERAS Password.

Then CONFIRM

MyERAS ERAS 2016 Season - Residency

Letters of Recommendation

In order for an LoR Author to upload a letter on your behalf, you MUST complete the following steps for **each** LoR that you intend to use during the application season.

1. Click *Add New* to enter and save LoR information.
2. Confirm the LoR entry by marking the associated checkbox and selecting *Only checked* in the Confirm drop down list.
Note: You may only edit and/or delete a LoR entry prior to confirming.
3. Select *Print Letter Request Form* in the associated Action column and provide the form to your LoR Author.

[+ Add New](#)

Search by Name, Title/Dept., or Special

0 LoRs Selected [Confirm](#)

<input type="checkbox"/>	LoR Information	Specialty	Letter ID	Status	Actions
<input type="checkbox"/>	Medical Student, D.O. - Osteopathic Manipulative Medicine	Orthopedic Surgery	403FA9TC4	Confirmed for Upload - 02/11/2016	Select Print Letter Request Form

LetterRequestForm.pdf

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/](https://www.aamc.org/students/medstudents/cim/)



**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 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?

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
SEROTA 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/](http://www.natmatch.com/aoairp/)

ACGME NRMP WEBSITE IS [HTTP://WWW.NRMP.ORG](http://www.nrmp.org)

SF MATCH FOR OPHTHALMOLOGY IS [HTTP://SFMATCH.ORG](http://sfmatch.org). THIS HAS A LISTING OF INFORMATION PERTAINING TO THE “SF MATCH”.

ERAS WEBSITE IS [HTTP://WWW.AAMC.ORG/ERAS](http://www.aamc.org/eras). THE ELECTRONIC RESIDENCY APPLICATION SERVICES TRANSMITS APPLICATION THROUGH THE INTERNET.

AUA RESIDENCY MATCHING PROGRAM IS [HTTP://WWW.AUANET.ORG](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/](http://www.mods.army.mil/medicaleducation/)

THE U.S. ARMY MATCH WEBSITE IS [HTTP://WWW.GOARMY.COM](http://www.goarmy.com).

THE AMERICAN ASSOCIATION OF FAMILY PHYSICIANS WEBSITE IS [HTTP://WWW.AAFP.ORG](http://www.aafp.org). THEY PUBLISH A YEARLY GUIDEBOOK THAT ASSISTS YOU THROUGH THE RESIDENCY APPLICATION PROCESS.

CONTACTS



CONTACTS

Deb Heineman (**FOR RESIDENCY**)

Serota 211

516.686.3729

dheinema@nyit.edu

Dean Felicia Bruno

Serota 223

516.686.1329

fbruno@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

Dabbat02@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 & CAREER SERVICES

ERAS: CLASS OF 2019

[HTTPS://WWW.NYIT.EDU/MEDICINE/ERAS_CLASS_2019](https://www.nyit.edu/medicine/eras_class_2019)



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 Email

School

Address 1 Address 2

City State Zip

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:

Email:

Reference Provided By:

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

Extended, direct observation in the ED

Clinical contact outside the ED

Advisor

Occasional contact (<10 hours) in the ED

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/yy)

5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year:

Honors %

High Pass %

Pass %

Low Pass %

Fail %

100 % Total

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:

<u>Ranking</u>	# Recommended in each category last academic year
<input type="radio"/> Top 10%	<input type="text"/>
<input type="radio"/> Top 1/3	<input type="text"/>
<input type="radio"/> Middle 1/3	<input type="text"/>
<input type="radio"/> Lower 1/3	<input type="text"/>

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:

OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)
2017-2018 APPLICATION SEASON
EM Subspecialty SLOE

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

Applicant's Name:

AAMC ERAS ID No.

Letter Writers' Institution:

Email:

Reference Provided By:

Telephone:

Present Position:

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 Extended, direct observation in the ED

Clinical contact outside the ED Advisor

Occasional contact (<10 hours) in the ED Other:

3. a. Which EM subspecialty rotation did the student complete?

Ultrasound Toxicology EMS Pediatric EM

4. What grade was given during the students rotation?

Honors High Pass Pass Low Pass Fail

5. Indicate what % of students rotating in your Subspecialty Rotation received the following grades last academic year:

Honors %

High Pass %

Pass %

Low Pass %

Fail %

100 % Total

Total # students last year:

B. Qualifications for EM. Compare the applicant to other EM applicants/peers.

1. Work ethic, willingness to assume responsibility.

- Above Peers (Top 1/3) At level of peers (Middle 1/3) Below peers (Lower 1/3)

2. Subspecialty knowledge and/or skill performance.

- Above Peers (Top 1/3) At level of peers (Middle 1/3) Below peers (Lower 1/3)

3. Ability to work with a team.

- Above Peers (Top 1/3) At level of peers (Middle 1/3) Below peers (Lower 1/3)

4. How much guidance do you predict this applicant will need during residency?

- Less than peers The same as peers More than peers

5. 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:

<u>Ranking</u>	# Recommended in each category last academic year
<input type="radio"/> Top 10%	<input type="text"/>
<input type="radio"/> Top 1/3	<input type="text"/>
<input type="radio"/> Middle 1/3	<input type="text"/>
<input type="radio"/> Lower 1/3	<input type="text"/>

Total Number of letters you wrote last year:

D. Written Comments:

Please concisely summarize this applicant's candidacy including... (1) **Specific feedback regarding their performance on your subspecialty rotation**, (2) Areas that will require attention, (3) Any low rankings from the SLOE, and (4) 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).

Please concisely summarize any pieces of information regarding your institution/rotation that you deem important or necessary. (please limit your response to 250 words or less)

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER Yes No

Date:

Signature:

*Once form is signed it cannot be edited. To save an editable version of the form please save this form before signing.

OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)
2016-2017 APPLICATION SEASON
No Emergency Medicine Residency Program

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

Type of Program Completing SLOE:

Applicant's Name:

AAMC ERAS ID No.

Letter Writers' Institution:

Email:

Reference Provided By:

Telephone:

Present Position:

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 Extended, direct observation in the ED

Clinical contact outside the ED Advisor

Occasional contact (<10 hours) in the ED 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?

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

5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year:

Honors %

High Pass %

Pass %

Low Pass %

Fail %

100 % Total

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:

<u>Ranking</u>	# Recommended in each category last academic year
<input type="radio"/> Top 10%	<input type="text"/>
<input type="radio"/> Top 1/3	<input type="text"/>
<input type="radio"/> Middle 1/3	<input type="text"/>
<input type="radio"/> Lower 1/3	<input type="text"/>

Total Number of letters you wrote last year:

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)

Please concisely summarize any pieces of information regarding your institution/rotation that you deem important or necessary. (please limit your response to 250 words or less)

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER Yes No

Date:

Signature:

*Once form is signed it cannot be edited. To save an editable version of the form please save this form before signing.



Electronic Residency Application Service (ERAS) Token Request (Osteopathic and Allopathic Residencies)

I am requesting an electronic token for the ERAS 2019 Registration.

Name: Click here to enter text.

Email Address: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. ZIP: Click here to enter text.

Home Phone: Click here to enter text.

Cell Phone: Click here to enter text.

Date of Birth: Click here to enter text.

NYIT-COM ID#: Click here to enter text.

Graduation Date: Click here to enter text.

- ✓ 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
NYIT College of Osteopathic Medicine
Serota 211
Northern Boulevard
Old Westbury, NY 11568

By email or by fax (516.686.3835)

ERAS 2018 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 asterisks. Please note, that some of these fields are required only in certain circumstances.

Personal Information

Contact Information

First Name*	<input type="text"/>	Preferred Phone*	<input type="text"/>
Middle Name	<input type="text"/>	Mobile Phone	<input type="text"/>
Last Name*	<input type="text"/>	Alternate Phone	<input type="text"/>
Previous Last Name	<input type="text"/>	Fax	<input type="text"/>
Suffix	<input type="text"/>	Pager	<input type="text"/>
Preferred Name	<input type="text"/>	Email*	<input type="text"/>
Last 4 digits of SSN	<input type="text"/>		

Address

Current Mailing Address

Address 1*	<input type="text"/>
Address 2	<input type="text"/>
Country*	<input type="text"/>
State	<input type="text"/> <i>(Required for U.S. & Canadian addresses)</i>
City*	<input type="text"/>
Postal Code	<input type="text"/>

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

Permanent Address

Address 1	<input type="text"/>
Address 2	<input type="text"/>
Country	<input type="text"/>
State	<input type="text"/>
City	<input type="text"/>
Postal Code	<input type="text"/>
Phone	<input type="text"/>

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 yes, select your country of dual citizenship (other than the United States):

If you are not a U.S. citizen, select citizenship status:

If you are a Foreign National currently in 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
J-2 - Spouse or Child of J-1 Employment Authorization Document (EAD)
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.ecfm.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
J-1 - Visa for exchange visitor
J-2 - Spouse or Child of J-1 Employment Authorization Document (EAD)
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 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.

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> French | <input type="checkbox"/> Mande | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> French Creole | <input type="checkbox"/> Marathi | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> German | <input type="checkbox"/> Mon-Khmer, Cambodian | <input type="checkbox"/> Syriac |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Navajo | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Nepali | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Bantu | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hindi | <input type="checkbox"/> Patois | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Pennsylvania Dutch | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Persian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Cajun | <input type="checkbox"/> Ilocano | <input type="checkbox"/> Polish | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Italian | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cushite | <input type="checkbox"/> Japanese | <input type="checkbox"/> Romanian | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Kannada | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Kru, Ibo, Yoruba | <input type="checkbox"/> Serbian | |
| <input type="checkbox"/> English | <input type="checkbox"/> Laotian | <input type="checkbox"/> Serbocroatian | |
| <input type="checkbox"/> Finnish | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Slovak | |
| <input type="checkbox"/> Formosan | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Spanish/Spanish Creole | |

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

Country*

Institution*

Degree*

Degree Month* Degree Year*

Dates of Education*

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

Entry 2

Country*

Institution*

Degree*

Degree Month* Degree Year*

Dates of Education

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

Additional Information

Membership in
Honorary/
Professional
Societies
255 Characters Max

Medical School
Awards
510 Characters Max

Other Awards/
Accomplishments
510 Characters Max

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

Journal Article(s)/Abstract(s) Title*

255 Characters Max

Author(s)*

(Last Name, First Initial, Middle Initial)

Publication Name*

Publication Med-Line Unique Identifier (PMID)

Publication Volume*

Issue Number*

Pages*

(eg. 200-212)

Month*

Year*

Peer Reviewed Journal Articles/Abstracts (Other than Published)

Journal Article(s)/Abstract(s) Title:*

255 Characters Max

Author(s)*

(Last Name First Initial Middle Initial)

Publication Name*

Publication Status*

Month*

Year*

Peer Reviewed Book Chapter

Chapter Title*
225 Characters Max

Name of Book*

Author(s)*

(Last Name, First Initial, Middle Initial)

Editor(s)*

(First Initial, Middle Initial, Last Name)

Publisher*

Pages*

(eg. 200-212)

Country*

State/Province

City*

Year*

Scientific Monograph

Monograph Title*
255 Characters Max

Publication Name*

Volume*

Issue Number*

(eg. 200-212)

Author(s)*

(Last Name, First Initial, Middle Initial)

Editor(s)*

(First Initial, Middle Initial, Last Name)

Publisher*

Year*

Other Articles

Title of Other Article*
255 Characters Max

Author(s)*

Publication Name*

Publication Date*

(MM/DD/YYYY)

Poster Presentation

Poster Presentation Title*
255 Characters Max

Author(s)/Presenter(s)*

(Last Name, First Initial, Middle Initial)

Event/Meeting*

Country*

State/Province

City*

Month*

Year*

Oral Presentation

Oral Presentation Title*
255 Characters Max

Author(s)/Presenter(s)*

(Last Name, First Initial, Middle Initial)

Event/Meeting*

Country*

State/Province

City*

Month*

Year*

Peer Reviewed Online Publication

Online Publication Type*
255 Characters Max

Author(s)*

(Last Name, First Initial, Middle Initial)

URL*

Publication Date*

(MM/DD/YYYY)

Non Peer Reviewed Online Publication

Online Publication Title*
255 Characters Max

Author(s)*

(Last Name, First Initial, Middle Initial)

URL*

Publication Date*

(MM/DD/YYYY)

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.