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Roadmap to Residency:

From Application to the Match and Beyond

Second Edition

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Roadmap to Residency: From Application to the Match and Beyond

Second Edition

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Second Edition

ISBN 978-1-57754-063-2

Available from:

Association of American Medical Colleges

Customer Service and Order Fulfillment

2450 N Street, NW

Washington, DC 20037

Phone: 202-828-0416 Fax: 202-828-1123

www.aamc.org/publications

Print versions of this publication are available in packs of 10 only; \$15 per pack, plus shipping.

PDF versions of this publication are available for free download at www.aamc.org/publications.

Acknowledgements

January 2007

This handbook is intended for use by all applicants to U.S. graduate medical education programs, whether they be enrolled in, or graduates of, medical schools located in the United States or in other countries. It results from a collaboration over many months among staff members at the Association of American Medical Colleges (AAMC), the American Medical Association (AMA), the National Resident Matching Program (NRMP), and the Educational Commission for Foreign Medical Graduates (ECFMG), as well as with officers of the Organization of Program Directors Associations (OPDA).

Major contributors to the text of this document at the AAMC included Moira Edwards, Robert Sabalis, Ph.D., and Mona Signer. AMA staff contributors included Sarah Brotherton, Ph.D., Fred Donini-Lenhoff, and Paul Rockey, M.D. OPDA officers Carlyle Chan, M.D., and Sterling Williams, M.D., made significant contributions during the planning phase for this document. Gerald Whelan, M.D., of the ECFMG staff reviewed the final draft of the document and made very helpful suggestions for modifications, clarifications, and additions.

This document was updated by AAMC and NRMP staff in December 2006 in order to reflect changes in policies, procedures, and practices that occur in the processes associated with application to U.S. residency programs.

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I. Programs

Medical residency training programs in the United States are of two types: programs in allopathic medicine and programs in osteopathic medicine. Each type of program is accredited by a different organization.

A. Allopathic medicine residency training programs

Almost all residency training (or graduate medical education [GME]) in the United States takes place in allopathic medicine programs. There are approximately 100,000 residents and fellows currently training in about 8,000 programs accredited by the Accreditation Council for Graduate Medical Education (ACGME, www.acgme.org). The ACGME accredits all initial U.S. allopathic medicine residency programs that lead to primary board certification by a member board of the American Board of Medical Specialties (ABMS, www.abms.org). Applicants with any of the following qualifications are eligible for appointment to ACGME-accredited programs:

- Graduates of U.S. and Canadian medical schools accredited by the Liaison Committee on Medical Education (LCME, www.lcme.org), the joint accrediting body of the American Medical Association (AMA, www.ama-assn.org), located in Chicago, and the Association of American Medical Colleges (AAMC, www.aamc.org), located in Washington, D.C.
- Graduates of U.S. colleges of osteopathic medicine accredited by the American Osteopathic Association (AOA, www.osteopathic.org), located in Chicago.
- Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - Receipt of a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG, www.ecfmg.org) prior to appointment to a residency program, or
 - Receipt of a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are enrolled in a residency training program.
- Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

B. Osteopathic medicine residency training programs

The American Osteopathic Association approves U.S. osteopathic internship and residency training programs (<http://do-online.osteotech.org>). To enroll in an AOA-approved program, one must be a graduate of an AOA-accredited college of osteopathic medicine. Some residency programs are dually accredited by the ACGME and AOA.

II. Being a Candidate

As described in (I) above, most residency training programs in the United States are ACGME-accredited. This section explains how a candidate can meet programs' requirements for candidacy.

A. Candidacy requirements for ACGME-accredited allopathic medicine GME programs

1. Graduates of U.S. and Canadian medical schools accredited by the Liaison Committee on Medical Education (LCME)

The LCME accredits educational programs leading to the MD degree in the United States. The LCME also accredits Canadian medical education programs in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS, www.afmc.ca). The LCME is recognized as the reliable accreditation authority for MD programs by the nation's medical schools and their parent universities. It also is recognized for this purpose by the U.S. Congress in various health-related laws, and by U.S. state, Canadian provincial, and territorial medical licensing authorities.

Any individual who has graduated from, or plans to graduate from, a U.S. or Canadian LCME-accredited allopathic medical school is eligible to apply to an ACGME-accredited residency training program. A list of LCME-accredited schools can be found on the AAMC Web site (www.aamc.org/medicalschoools.htm).

2. Graduates of U.S. colleges of osteopathic medicine accredited by the American Osteopathic Association (AOA)

The American Osteopathic Association's Commission on Osteopathic College Accreditation (AOA COCA, <http://do-online.osteotech.org>, Accreditation) is recognized by the U.S. Department of Education as the sole accrediting agency for pre-doctoral osteopathic medical education in the U.S..

Any individual who has graduated from, or plans to graduate from, a U.S. AOA-accredited osteopathic medical school is also eligible to apply to an ACGME-accredited residency training program. A list of AOA-accredited schools can be found on the AACOM Web site (www.aacom.org/colleges).

3. Graduates of medical schools located outside of the United States and Canada...

A. Who have received a standard ECFMG certificate without expired examination dates, if applicable, from the ECFMG prior to appointment to a residency program or receipt of a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are enrolled in a residency training program

Since medical schools located outside of the United States and Canada vary in educational standards, curricula, and evaluation methods, the ECFMG, through its certification process, assesses the readiness of international medical graduates (IMGs) to enter U.S. ACGME-accredited residency and fellowship training programs.

International medical graduates wishing to enter a U.S. ACGME-accredited residency or fellowship training program must be certified by the ECFMG prior to entering the program (<http://www.ecfm.org/creds/>). International medical graduates wishing to take Step 3 of the three-step United States Medical Licensing Examination (USMLE, www.usmle.org) also must be certified by the ECFMG. In addition, ECFMG Certification is required to obtain an unrestricted license to practice medicine in any U.S. licensing jurisdiction.

B. Who have completed a Fifth Pathway program provided by an LCME-accredited medical school

A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet all of the following conditions:

- Completion in an accredited U.S. college or university of an undergraduate premedical education of the quality acceptable for matriculation in an accredited U.S. medical school

- Study at a medical school outside of the United States and Canada listed in the International Medical Education Directory published by the ECFMG's Foundation for Advancement of International Medical Education and Research (IMED, <http://imed.ecfmg.org/>)
- Completion of all formal requirements of the foreign medical school except for internship and/or social service
- Attainment of a score satisfactory to the sponsoring medical school on a screening examination, and
- Attainment of passing scores on Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

Three U.S. schools currently offer the final year of supervised clinical education required of Fifth Pathway students: New York Medical College (www.nymc.edu/depthome/fifth.asp), Mt. Sinai School of Medicine of New York University (www.mssm.edu/medschool/fifth_pathway/), and Ponce School of Medicine (www.psm.edu, [click on "Academic Affairs," then "Programs"]). Additional information about the Fifth Pathway program can be found on the American Medical Association's Web site (AMA, www.ama-assn.org/ama/pub/category/9306.html).

Note: Fifth Pathway applicants who wish to use the Electronic Residency Application Service (ERAS, www.aamc.org/eras.htm) to apply to residency training programs must

obtain their electronic token (a unique access code) from the ECFMG to access the MyERAS Web site (www.aamc.org/eras).

Note: To participate in the National Resident Matching Program (NRMP, www.nrmp.org), Fifth Pathway applicants must have satisfied the medical science examination requirements for ECFMG Certification (USMLE Step 1 and Step 2 Clinical Knowledge [CK] and Clinical Skills [CS]), and the results must be available by the NRMP rank order list (ROL) deadline. Applicants who have previously passed the former ECFMG Clinical Skills Assessment (CSA) and achieved a score acceptable to the ECFMG on an English language proficiency test (e.g., the Test of English as a Foreign Language [TOEFL, www.ets.org/toefl/] or the former ECFMG English test) can use those passing performances to fulfill the Step 2 CS requirement.

4. "Students" vs. "graduates"

ACGME regulations require that physicians beginning residency programs be graduates of the medical education programs listed above. Individuals may apply for residency programs in their final year of medical school, with the expectation that they will complete all program requirements before beginning residency training. If all of those requirements have not been completed, residency training must be deferred.

For international medical graduates, the ECFMG notes that both medical

school students and graduates may begin the ECFMG Certification process. However, since ECFMG requires primary source, independent verification of the medical diploma and receipt of a full transcript from the medical school, an applicant for ECFMG Certification cannot complete the ECFMG Certification process until he or she has graduated from the medical school and actually received his or her diploma.

For senior medical students enrolled in U.S. medical schools, the NRMP requires that medical schools immediately revoke the school's sponsorship of any applicant who is determined by the school official to be ineligible to enter a residency training program on July 1 in the year of the Match and that schools notify the NRMP of that action prior to the rank order list certification deadline.

5. USMLE

U.S. medical schools' requirements of students differ with regard to taking and achieving a passing score on the USMLE Step 1 and USMLE Step 2 Clinical Knowledge (CK) and Clinical Skills (CS) examinations prior to graduation. Students enrolled at U.S. medical schools will not be able to begin their residency training until they have completed all degree requirements and graduated from their medical school. For more information on each medical school's graduation requirements, see the AAMC's Curriculum Directory (<http://services.aamc.org/currdir/>).

Since many allopathic residency training programs recognize osteopathic medical school education, senior students enrolled in and graduates of colleges of osteopathic medicine may not be required to complete USMLE examinations in order to enter an ACGME-accredited residency program. However, since individual programs can set their own entrance requirements, some may require documentation of passing scores on USMLE examinations. Other programs may require, instead, documentation of passing scores on the Comprehensive Osteopathic Medical Licensing Examinations (COMLEX-USA), which are sponsored by the National Board of Osteopathic Medical Examiners (www.nbome.org). Interested individuals should check with each program regarding its program requirements.

Before entering a residency training program, international medical graduates must have achieved ECFMG Certification, which includes passing scores on USMLE Step 1 and Step 2 CK and CS examinations, as well as any other examinations that the ECFMG might require.

6. ECFMG

Typically, it takes some time to achieve ECFMG Certification. To participate in the NRMP, international medical graduates and students enrolled in international medical schools must have passed all examinations required for ECFMG Certification, and the results must be available by the NRMP rank order list deadline. The NRMP will withdraw applicants who have not met that deadline. For those reasons, appropriate and timely planning is essential.

III. Specialty Choice

The process of choosing one's specialty is highly personal and both a challenging and rewarding effort. To assist medical students and their career advisors in this process, the AAMC sponsors a structured four-phase career planning program, Careers in Medicine (CiM, www.aamc.org/careersinmedicine). Other resources regarding specialty selection can be found in the Bibliography (Appendix A).

CiM Phase 1, Understanding Yourself, involves a self-assessment by the student of his or her personal interests, skills, goals, and values. Phase 2, Exploring Options, involves exploration of the variety of specialties and medical career options. Phase 3, Choosing a Specialty, involves a comparison of what was learned during self-assessment with the information gathered about various specialties and medical career options under consideration, leading to a decision about the specialty that will be pursued during residency training. Phase 4, Getting into Residency, involves application to, and acceptance by, a residency training program.

The CiM program provides extensive information about specific specialty and residency selection processes, including a proposed four-year timeline and voluminous data about a broad range of specialties. The CiM Specialty Pages (www.aamc.org/careersinmedicine) contain general information about the

nature of the work in each specialty, training requirements, the personality characteristics of physicians practicing in the specialty, current workforce and compensation statistics, and links to relevant professional associations and information resources.

Students enrolled at U.S. allopathic, selected osteopathic, and Canadian medical schools also have access, through a password-protected CiM Web site, to a variety of assessment and decision-making tools to assist them in the career planning process, as well as to detailed information about all ACGME-accredited specialties. Students can receive an access code from their school's CiM liaison, who is usually a staff person in the Office of Student Affairs or Academic Affairs.

For each specialty, it is helpful to determine the number of residency program positions available in the desired specialty and the number of applicants for that specialty in order to assess the competitiveness of the application process for that specialty. The FREIDA Online® Web site, maintained by the American Medical Association (www.ama-assn.org/go/freida), provides aggregate information on ACGME programs, including the total number of residents per specialty, average program size, and average number of interviews provided per program, as well as information on the number of graduates and their career choices.

Applicants may also wish to review the August 2006 joint AAMC and NRMP report entitled, "Charting Outcomes in the Match." This report provides information for each of 17 specialties regarding the following five characteristics of matched and unmatched applicants: USMLE Step 1 score, number of publications, participation in research projects, length of rank order list, and membership in Alpha Omega Alpha medical honor society. The report can be accessed in PDF format on the AAMC and NRMP Web sites at: www.aamc.org/publications and www.nrmp.org/matchoutcomes.pdf, respectively.

IV. Residency Program Selection Criteria

Residency applicants should be knowledgeable about the path for training in a chosen specialty, as well as about the personal criteria they will employ in selecting a residency program.

A. Understanding the training path for the chosen specialty

Information about the training paths for many specialties and subspecialties is available on the Careers in Medicine Web site (www.aamc.org/students/cim/specialties.htm). The Graduate Medical Education Directory (the “Green Book”) published annually by the American Medical Association (www.ama-assn.org/ama/pub/category/3991.html) also lists contact information for 8,250 ACGME-accredited and combined specialty programs and 1,700 graduate medical education teaching institutions, data for and descriptions of all specialties and subspecialties, and American Board of Medical Specialties medical specialty board certification requirements. Another key AMA resource is FREIDA Online® (Fellowship and Residency Electronic Interactive Database Access, www.ama-assn.org/go/freida), an online database containing information on 8,200+ graduate medical education programs accredited by the ACGME, as well as on 200+ combined specialty programs. FREIDA permits comparison of specialties on such factors as length of training, program size, number of faculty, work and educational environments, and compensation, as well as on the career plans of graduates from various specialties as reported by their program directors.

B. Residency program selection criteria

Residency applicants should consider in advance the criteria by which they will initially assess programs to determine how many and to which programs they will make application, as well as to determine, after visiting programs at which they have been invited to interview, those programs that they will place on their rank order list (ROL). At least three different types of criteria can be employed in this process: those about the nature and quality of the educational program, those based on personal preferences and needs, and those based on residency agreement and stipend issues.

- Program issues:

- a. Morale of current residents (look for satisfied residents)
- b. Current accreditation status
- c. Program quality
- d. Program size
- e. Educational structure: required rotations, formal curriculum, informal learning opportunities, support systems
- f. Clinical responsibilities: call schedule, supervisory structure, ancillary support
- g. Opportunities for research and teaching

- h. Evaluation processes: timing and structure of resident evaluation
 - i. Program type: academic or community; hospital-based or ambulatory
 - j. Opportunities for interaction with residents in other residency training programs
 - k. Reputation of program director and faculty members
 - l. Success of graduates in obtaining fellowships.
- Personal issues:
 - a. Location
 - b. Housing
 - c. Cost of living
 - d. Proximity to family members
 - e. Spousal and family opportunities.
 - Residency agreement and stipend issues:
 - a. Stipend
 - b. Leave: vacation, sick, and professional
 - c. Benefits: health, liability, and disability insurance (including dates of initial coverage for new residents)
 - d. Other prerequisites.

V. Matching Processes

This section explains the variety of processes involved in obtaining a position in residency programs in various specialties.

Most U.S. medical students and other applicants to U.S. GME programs secure positions through a “matching program.” Although the largest matching program is the National Resident Matching Program (NRMP, www.nrmp.org), other residency matching programs include the San Francisco Matching Program (www.sfmach.org) and the matching programs sponsored by the American Urology Association (AUA, www.auanet.org/residents/resmatch.cfm) and the American Osteopathic Association (www.natmatch.com/aoairp). In addition, the various U.S. Armed Services select applicants participating in military programs at U.S. medical schools for Armed Forces-sponsored GME programs. Finally, the Canadian Resident Matching Service (CaRMS, www.carms.ca) sponsors a two-phased match for Canadian medical school students and other applicants.

A. The National Resident Matching Program (NRMP)

The largest of the several matches is the Main Residency Match (the “Main Match”) sponsored by the NRMP. Each year, the Match provides services to more than 25,000 applicants and 3,900 residency training programs, offering more than 21,000 first-year (postgraduate year 1 or PGY-1) and 2,500 second-year (postgraduate year 2 or PGY-2) positions. More than three-quarters of all applicants participating in the Match obtain PGY-1 positions, and more than 90 percent of all PGY-1 and PGY-2

positions are filled each year. The NRMP annually publishes Match statistics in the “NRMP Results and Data Book,” which is available for purchase on the AAMC Publications Web site (www.aamc.org/publications).

The NRMP matching process uses the Web-based Registration, Ranking, and Results (R3) System. Applicants and programs register for the Match, submit their rank order lists, and obtain their Match results using the Internet on their own computers. Because all information in the R3 System is in real time, applicants can modify their rank order lists up until the rank order list submission deadline. Applicants and program directors must use their unique identification numbers to access the R3 System.

The NRMP’s public Web site (www.nrmp.org) contains a wealth of information about the Match. All applicants are advised to review that information before completing the registration process. To register for the Match, click the “Register/Log In” link at the top of the NRMP home page. It is important to note that registration for the Main Residency Match does not register an applicant with the Electronic Residency Application Service (ERAS, www.aamc.org/eras) or vice versa.

The NRMP and ERAS are distinct, complementary programs. ERAS is a method for applying to residency training programs, and the NRMP is a method for matching applicants with available positions in those programs. Applicants must register separately for the NRMP and for ERAS, which is the system used by the overwhelming

majority of residency training programs participating in the NRMP. A single registration for the Match allows applicants to rank any match-participating residency training program, regardless of specialty.

The NRMP classifies applicants into two categories:

- “U.S. seniors,” in NRMP parlance, are students currently enrolled in U.S. allopathic medical schools. The medical school “sponsors” those students by verifying their medical education credentials and ensuring that they are not withdrawn inappropriately from the Match. A U.S. senior may be withdrawn from the Main Residency Match only by an official of his or her medical school. Institutions that participate in the Main Residency Match may offer positions to U.S. allopathic medical school seniors only through the NRMP or another national matching program. This requirement includes PGY-1 preliminary positions for applicants who obtain their PGY-2 positions through another match.
- “Independent applicants,” in NRMP parlance, are those participants in the Main Residency Match who are not U.S. allopathic medical school seniors. This applicant category includes prior graduates of U.S. allopathic medical schools; osteopathic medical school students and graduates; Fifth Pathway program participants; Canadian medical school students and graduates; and students and graduates of international medical schools, regardless of whether they are U.S. citizens or

citizens of other countries. The credentials of international medical school students and graduates are verified by the ECFMG. Independent applicants may be offered positions through the Match or outside of it, and they may withdraw themselves from the Match at any time prior to the rank order list deadline.

Five types of positions are offered through the NRMP Main Residency Match:

- Categorical (C) positions: PGY-1 positions in programs that provide the training required for board certification in a specialty
- Preliminary (P) positions: PGY-1 one-year preliminary positions in transitional internal medicine or general surgery programs.
- Categorical (M) positions: PGY-1 primary care positions in combined programs in internal medicine and pediatrics
- Advanced (A) positions: PGY-2 positions in specialty programs that begin the year after the Match and subsequent to one or more years of preliminary training
- Physician (R) positions: Positions in specialty programs that begin in the year of the Match for physicians with prior graduate medical education.

The NRMP uses a mathematical algorithm that employs the preferences expressed in the rank order lists submitted by applicants and programs to place

individuals into positions. The process begins with an attempt to place an applicant into the program indicated as most preferred on that applicant's list. If the applicant cannot be matched to the first-choice program, an attempt is then made to place the applicant into the second-choice program, and so on until the applicant obtains a tentative match or all the applicant's choices have been exhausted. An applicant can be tentatively matched to a program if the program also ranks the applicant on its rank order list, and either (1) the program has an unfilled position or (2) the program does not have an unfilled position, but the applicant is more preferred by the program than another applicant who already is tentatively matched to the program. This process is carried out for all applicants until each applicant has either been tentatively matched to the most preferred choice possible or all choices submitted by the applicant have been exhausted. When all applicants have been considered, the matching process is complete and all tentative matches become final.

The NRMP issues guidelines for applicants in preparing their rank order lists:

- Applicants are advised to include on their rank order lists only those programs that represent their true preferences.
- Programs should be ranked in sequence, according to the applicant's true preferences.
- Factors to consider in determining the number of programs to rank include

the competitiveness of the specialty, the competition for the specific programs being ranked, and the applicant's qualifications. In most instances, the issue is not the actual number of programs on the rank order list, but whether to add one or more additional programs to the list in order to reduce the likelihood of being unmatched.

- Applicants are advised to rank all of the programs deemed acceptable, i.e., programs in which they would be happy to undertake residency training. Conversely, if an applicant finds certain programs unacceptable and is not interested in accepting offers from those programs, the program(s) should not be included on the applicant's rank order list.

The NRMP matching algorithm also allows couples to link their rank order lists so they will match to programs suited to their needs. Both partners enroll individually in the Match and indicate in the NRMP R3 System that they want to be in the Match as part of a couple. The NRMP allows couples to form pairs of choices on their rank order lists, which are then considered in rank order in the Match. The couple matches to the most preferred pair of programs on their rank order lists where each partner has been offered a position.

All participants in the Main Residency Match must sign the Match Participation Agreement (MPA) during the registration process. The MPA delineates all Match rules; applicants should review it carefully before submitting their

electronic signatures. The listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer or to accept an appointment if a Match results. Failure to honor the match commitment by either party may subject the party to sanctions as outlined in the NRMP Violations Policy that is posted on the NRMP Web site.

Applicant registration for the Match opens each year on August 15. Although the early registration deadline is December 1, registrations are accepted after that date upon payment of a late fee. The ranking function opens on January 15 and closes on the third Wednesday in February.

Match Week takes place during the third week in March. On Monday of Match Week, applicants learn whether, but not to which programs, they have matched. On Tuesday, the NRMP releases a list of those positions that were not filled in the Main Match. The third Thursday in March is Match Day, when applicants learn to which specific programs they have matched.

Any applicant who does not match in the Main Match can seek a residency position during a post-Match process known colloquially as "the Scramble." At Noon (EST) on Tuesday of Match Week, when the NRMP releases a list of those positions that were not filled in the Match, unmatched applicants are free to contact those programs and submit applications for any unfilled positions that are posted on the NRMP's secure Web site. It is a violation of the Match

Participation Agreement for an applicant who matched to a residency position in the Match to seek an alternative position during the Scramble.

B. The San Francisco Matching Program

For 2007, the San Francisco Matching Program (www.sfmarch.org) offers PGY-2 positions in specialties that do not participate in the NRMP: neurological surgery, child neurology, ophthalmology, and PGY4 positions in plastic surgery. It also offers fellowship positions in several subspecialties. Applicants are advised to review carefully the information provided on the San Francisco Match Web site.

Because the San Francisco Match does not offer PGY-1 positions, applicants must obtain their preliminary positions outside of the San Francisco Match. Some programs have designated preliminary positions in the same institution for applicants who match through the San Francisco Match; therefore, these applicants do not have to go through a matching program to obtain a PGY-1 position. Other programs require applicants to participate in the NRMP Main Residency Match to obtain a position for preliminary training. Preliminary positions for U.S. allopathic medical school seniors must be offered through the NRMP Main Residency Match.

To participate in the San Francisco Match, applicants complete the online registration form, print it, and mail or fax it along with the required payment to the San Francisco Matching Program. Applicants are then mailed a certificate of registration, as well as additional information on matching procedures.

Most, but not all, of the programs participating in the San Francisco Match use the Central Application Service (CAS); programs in those specialties not using the CAS must be contacted directly for their individual applications. ERAS is not used by any specialties participating in the San Francisco Match. It is important to note that registration for the San Francisco Match does not register an applicant for the CAS or vice versa. Information about the CAS can be found on the San Francisco Match Web site.

The ranking function for the San Francisco Match is also paper-based. Applicants complete the form that is posted on the San Francisco Match Web site and send it by overnight mail, U.S. Postal Service, or fax to the San Francisco Match office. Receipt will be confirmed by mail or telephone. A separate form must be completed if changes are made to the rank order list. As with the NRMP, the San Francisco Match uses an "applicant-proposing algorithm," and all matches are tentative until the matching process has been completed, with the outcome determined by the rank order lists submitted by programs and applicants. All matches are binding commitments.

Registration for the San Francisco Match begins in May, and the target date for receipt of CAS applications is late August. The period for submitting rank order lists is December through mid-January, and Match Day is at the end of January. Unfilled positions are posted on the San Francisco Match Web site in early February.

C. The Urology Match

The American Urological Association (AUA, www.auanet.org/residents/resmatch.cfm) sponsors a match for residency positions in urology only. Each year, about 350 applicants compete for approximately 235 positions, virtually all of which are filled through the AUA Match. AUA Match statistics, as well as general information about the AUA matching process, can be found on the AUA Residency Match Web site. Applicants are advised to review this Web site information carefully.

The prerequisite training for a prospective urology resident is one or two years, preferably in a general surgery program. Because the Urology Match does not offer PGY-1 positions, applicants obtain their preliminary positions outside of the AUA Match. Some programs have designated preliminary positions in the same institution for applicants who match through the Urology Match; therefore, those applicants do not have to go through a matching program to obtain a PGY-1 position. Other programs require applicants to participate in the NRMP Main Residency Match to obtain a position for preliminary training. Preliminary positions for U.S. allopathic medical school seniors must be offered through the NRMP Main Residency Match.

The registration form and fee for the AUA Match are submitted using an online form that can be accessed on the AUA Web site. The Web site also lists participating programs and indicates whether each uses ERAS or another method for receipt of applications. It is important to note that registration for

the AUA Match does not register an applicant with ERAS, or vice versa.

The AUA Match ranking function is paper-based. Preference lists must be submitted to the AUA Match by the first week in January, and they cannot be changed after the deadline date. A sample preference list form can be printed from the AUA Match Web site, but it must be sent by U.S. Postal Service or fax to the AUA Match office. As with the NRMP, the AUA Match uses an “applicant-proposing algorithm,” and the AUA Match outcome is determined by applicants’ and programs’ preference lists. All matches are binding commitments.

Applicants can register for the AUA Match as early as the spring of the year prior to the AUA Match; the final registration deadline is the first week of January. The period for submitting rank order lists is December through the first week of January, and Match Day is in the third week in January. Vacancies available after the AUA Match may be listed on the phone-in AUA vacancy hotline. Unmatched applicants may make individual arrangements with programs that have vacant positions.

D. The American Osteopathic Association (AOA) Intern/Resident Registration Program

The AOA Intern/Resident Registration Program (IRRP) is a matching program that places applicants in U.S. osteopathic medicine internship and residency training positions. It is sponsored by the AOA and administered by National Matching Services, Inc. (NMS, www.natmatch.com/aoairp). Additional information also may be found on the

AOA Web site (http://do-online.osteotech.org/index.cfm?PageID=sir_matchprotocol).

New graduates of colleges of osteopathic medicine must complete an AOA-approved OGME-1 year in order to be eligible for certification by an osteopathic specialty board, to continue postdoctoral osteopathic medical training, and to apply for future credentialing.

The AOA’s Council of Postdoctoral Training has restructured the available first post-graduate year of training (OGME-1). These restructured three options include:

- Option 1: Trainees completing the first year of residency in approved specialties will also meet the AOA-approved first-year requirement. The specialty colleges approving this option include: anesthesiology, family practice, internal medicine, internal medicine/pediatrics, obstetrics/gynecology, otolaryngology facial plastic surgery, and pediatrics.
- Option 2: Trainees must complete an AOA-approved internship as a prerequisite for residency training. This year of training will not be used to fulfill the PGY-1 requirement of residency. Specialty colleges approving this option include: emergency medicine, general surgery, internal medicine/emergency medicine, neuromusculoskeletal medicine/osteopathic manipulative medicine, neurology, neurosurgery, ophthalmology, orthopaedic surgery, pathology, psychiatry, radiology, radiation oncology, and urology.
- Option 3: Trainees must complete an AOA-approved traditional rotating internship for consideration of a

training position in the following specialties: dermatology, occupational/preventive medicine, physical medicine and rehabilitation, and proctology. Applicants should check with individual programs for specific details before applying for residency.

Five state medical licensing authorities (see Federation of State Medical Boards, www.fsmb.org) deny licensure to osteopathic physicians who have not completed an AOA-approved first training year (OGME-1).

Osteopathic applicants who wish to participate in the IRRP must register for the match by following the registration instructions provided on the NMS Web site (www.natmatch.com/aoairp). Applicants should register for the match by the recommended registration deadline, which is early to mid-October. By the beginning of November, the programs participating in the AOA IRRP Match will be listed on the NMS Web site, and, by the end of November, registered applicants will receive instructions for submitting their rank order lists. The rank order list deadline is in late January, and the results of the AOA IRRP Match are announced in mid-February. Institutions must send a contract to each matched applicant within 10 business days after receipt of the AOA IRRP Match results, and the matched applicant must return the signed contract within 30 days. The IRRP considers a match to be a binding contract, and releases from the AOA IRRP Match obligation can be achieved only through a written release by mutual consent. Applicants who match through the IRRP and who also have registered for the NRMP Main Match will have their IRRP match status communicated to the NRMP and will be

withdrawn automatically for concurrent year positions. Applicants who do not match through the IRRP are provided with information about programs with available positions.

Applicants participating in the IRRP submit their rank order lists via the NMS Web site using the Rank Order List Input and Confirmation (ROLIC) System. A unique match code number and password are used to access the ROLIC System. Rank order lists may be modified at any time until the rank order list deadline.

The IRRP also allows couples to link their rank order lists so they will match to programs suited to their needs. The partners enroll individually in the AOA IRRP Match and indicate in the ROLIC System that they want to be part of a couple. Couples form pairs of choices on their rank order lists, which are then considered in rank order in the AOA IRRP Match. The couple matches to the most preferred pair of programs on the rank order lists where each partner has been offered a position.

Most osteopathic internships now use ERAS to receive applications (www.aamc.org/eras). Note that registration for the AOA IRRP Match does not register an applicant for ERAS.

E. Canadian Resident Matching Service (CaRMS)

The Canadian Resident Matching Service (CaRMS, www.carms.ca) is a two-phased match. The First Iteration Match is open to Canadian medical school seniors and international medical graduates who are Canadian citizens or permanent residents. They compete for approximately 2600 positions. The Second Iteration Match is open to unmatched Canadian students

and applicants with prior North American graduate medical education experience.

CaRMS receives directly from the Canadian medical schools a list of current year graduates and automatically sends them a token to access the Applicant Webstation. Independent applicants must complete the online request for registration. Once eligibility has been confirmed by CaRMS, an access token is sent by e-mail. Registration for the First and Second Iteration Matches opens in August, and the application process continues through the fall. The Applicant Webstation opens for First Iteration Match participants in September, and for those in the Second Iteration Match in January. For the First Iteration Match, the ranking function opens in the beginning of February and closes in March, and Match Day is March 14. For the Second Iteration Match, the ranking function is open from the third week in March through the first week in April, and Match Day is in mid-April.

CaRMS also allows couples to link their rank order lists so they will match to programs suited to their needs. The partners enroll individually in the CaRMS Match and indicate in the system that they want to be part of a couple. Couples form pairs of choices on their rank order lists, which are then considered in rank order in the CaRMS Match. The couple matches to the most preferred pair of programs on the rank order lists where each partner has been offered a position.

F. Military matches

Positions in US military residency training programs are open only to applicants who are graduates of the Uniformed Services University of the Health Sciences (USUHS), medical students with an individual military commitment through the Health Professions Scholarship Program (HPSP), and participants in the Reserve Officers Training Corps (ROTC). Although applicants and programs submit rank order lists, and applicants to Army and Navy programs apply through the Electronic Residency Application Service (ERAS) as their civilian counterparts do, only the Army uses a computerized matching process similar to the NRMP matching process to select residents. The Navy and the Air Force employ a scoring board, using applicant and program rank order lists to make their selections. Decisions are made in early December, and results are sent to the NRMP so that applicants who registered for the NRMP Main Residency Match, but who obtained a military residency training position, can be withdrawn from the NRMP. Applicants who have been notified by the military in early December that they are authorized to seek civilian deferred residency training can participate in the NRMP or another appropriate civilian matching program.

G. Couple's matching

Some matching programs, including the NRMP, the IRRP, and CaRMS, offer the opportunity for two partners to link their rank order lists so that both residency applicants can match to

programs suited to their needs. The partners enroll individually in the match and indicate that they want to be in the match as a couple. They form pairs of choices on their rank order lists, which are then considered in rank order in the match. The couple matches to the most preferred pair of programs on the rank order lists for which each partner has been offered a position.

No matching program has access to information from another matching program. Applicants, therefore, should not accept advice to try to find out about another match under the guise of creating a “couple’s match,” since that attempt would represent a match violation. More specifically, a matching program may advise an applicant that it offers a “couple’s match” when a couple’s match is not possible. When two partners participate in different matching programs, they cannot link rank order lists between matches. If one matching program requests that an applicant’s partner contact a residency program that participates in another match in order to inquire about the likelihood of matching, the partner is being asked to violate the terms of that match. Almost every match contract prohibits applicants and programs from inquiring about how one plans to rank the other. Consequently, when partners participate in different matches, the only way to ensure that both partners will match to programs in the same geographic region is for the partner participating in the later match to rank only programs in the same geographic area in which the partner in the earlier match obtained a position.

H. Match outcomes

1. A binding commitment

It is the policy of every matching program that a match between an applicant and a program is a binding commitment. Failure to honor that commitment is a violation of the contract signed during the registration process. Penalties for violations vary among the matches. Some matches permit applicants to seek a waiver of their match commitment, either by mutual agreement of the applicant and program or by contacting the match office directly. The applicable rules are available on each match program’s Web site.

2. The “early matches”

Applicants participating in some early matches — the San Francisco Match and the AUA Urology Match — receive their match results in January or early February. In some cases, a preliminary position will be “held” by the same institution to which the applicant matched. In other cases, applicants who obtained positions through the early matches will be required to register for the NRMP Main Residency Match to secure a position for their preliminary training. (In all cases, U.S. allopathic medical school seniors must participate in the NRMP for their preliminary positions.) Applicants who obtain positions in the AOA Intern and Resident Registration Program have a commitment for their first postgraduate year and need not participate in the NRMP Main Residency Match for a preliminary position.

3. Unmatched “early match” applicants

Applicants who do not match in one of the early matches may seek positions after the match concludes, using the list of available positions that is typically posted on the relevant matching program’s Web site.

The San Francisco Matching Program uses a Vacancy Information System that lists vacant post-Match positions, as well as positions that become available throughout the year. Applicants must complete the “Applying to Post Match Vacancies” form that is posted on the San Francisco Match Web site (www.sfmach.org).

The AUA Urology Match posts vacancies in urology on its Web site (www.auanet.org/residents/resmatch.cfm) after the AOA Match concludes and throughout the year. Applicants must contact programs directly.

At the conclusion of the AOA IRRP Match, the procedures to be

followed by unmatched applicants and institutions with available positions are posted on the IRRP Match Web site (www.natmatch.com/aoairp).

The NRMP begins to release the results of the Main Residency Match on Monday of Match Week, when applicants are told whether, but not to which programs, they have matched. At Noon EST on Tuesday of Match Week, when the NRMP releases the list of unfilled programs, “the Scramble” begins. Information about vacant positions is posted to the NRMP R3 system (www.nrmp.org) in a “dynamic” format so that programs can delete positions from the list as they are filled. The list indicates how the program will receive applications: through ERAS or by e-mail or fax. The List of Unfilled Programs remains on the NRMP Web site until May 1.

After May 1, services such as FindAResident (www.aamc.org/findaresident) provide a continuously updated list of residency vacancies.

VI. Preparing to Apply

This section provides an outline of the various components required for the residency application process.

A. What information is needed?

A full application to residency usually consists of the following items:

1. A completed application

Most residency training programs, and a growing number of fellowship programs, use ERAS to receive their applications. The ERAS Common Application Form (CAF) is used in applying to ERAS-participating programs. The application worksheet, which gives a preview of the data that will be required, is available in PDF format on the ERAS applicant Web site (www.aamc.org/students/eras). Programs not participating in ERAS may request a printout of the ERAS application in lieu of completing a custom application form for that program.

Programs participating in the San Francisco Matching Program use the Central Application Service (CAS) to receive applications (www.sfmarch.org).

Some programs use the Universal Application for Residency form. A copy can be obtained directly from the program, or from the program's Web site. A copy is also available on the NRMP Web site (www.nrmp.org, Application Processes).

Some programs have developed their own Web site or processes for online applications. Check with individual programs for more specific information.

2. A personal statement

The personal statement describes the applicant's individual motivations for a career in medicine, and includes information about how the applicant best "fits" the specialty to which he or she is applying.

In ERAS, an applicant may create as many personal statements as desired. Thus, an applicant can use the personal statement to customize the information sent to each individual residency training program. Some programs request that specific items be included or addressed in the personal statement. Check each program's Web site for more information.

Although applicants may use various services and Web sites to obtain hints on how best to construct their personal statements, they are strongly advised not to take text directly from sample personal statements. Program staff have noticed the same text occurring repetitively in personal statements from different applicants, and they do not look favorably upon this practice. At best, programs may consider such applicants to be unmotivated and not offer them the opportunity for an interview with program representatives. At worst, they may consider this to be plagiarism and unprofessional conduct, and may report offending applicants to ERAS, the NRMP, the ECFMG, or the American Board of Medical Specialties (ABMS, www.abms.org) for investigation.

A personal statement typically consists of information about one's professional background, a summary of academic and clinical qualifications, how the decision was made to pursue medicine and the chosen specialty as a career, and career goals. The personal statement also should reflect information about one's personality and style that is relevant to residency training in the selected specialty, but the personal statement should not be an exhaustive autobiography. It is an opportunity to showcase one's unique qualities, talents, and professional passions and to explain how they might be expressed in a career in medicine and this specialty.

Many students consult with personnel in their medical school's student affairs office or university writing center for assistance in creating a succinct and effective personal statement.

3. Letters of recommendation

Most programs require a minimum of three letters of recommendation from each applicant. In ERAS, the applicant may assign and send up to four letters to each program. The fourth slot is available for those documents required by programs that are considered legitimate ERAS documents. These include the so-called "California letter" (the Applicant Evaluation Status Letter from the Medical Board of California), which international medical graduates must submit when they apply for residency training in the state of California. ERAS also

allows this slot to be used to transmit a military evaluation form when an application is being submitted to military residency programs.

Some programs may request that one of the letters of recommendation be from the department chair in the respective specialty at the applicant's medical school. The applicant should designate that this letter is from the department chair when filling in the letter writer's "Title/Department" in ERAS.

Ideally, the applicant will have met personally with each letter writer and will have provided specific instructions to him or her before the letter is composed and submitted. It is not inappropriate, in requesting a letter of recommendation, for an applicant to ask the letter writer whether he or she would be able to write a good letter for the applicant. If the letter writer is in any way unable to provide this assurance, then it might be best for the applicant to select another individual to serve as a reference.

The applicant should ensure that the letter writer is familiar with what is required in a letter of recommendation for a residency training program application; letters that are too brief and too generic may detract from an otherwise competitive application. The letter writer should be provided, in advance, with a copy of the applicant's resume for reference purposes. The applicant should also follow up with the letter writer to ensure that the letter of recommendation has reached its destination prior to the deadline date.

4. USMLE and/or COMLEX score reports

The National Board of Medical Examiners (NBME, www.nbme.org) and the ECFMG (www.ecfm.org) charge a fee for unlimited electronic transmittals of an applicant's USMLE Step score reports via ERAS. The National Board of Osteopathic Medical Examiners (NBOME, www.nbome.org) charges a fee for unlimited electronic transmittals of the applicant's COMLEX score reports via ERAS. These fees include sending the score report to additional programs subsequently applied to, as well as updating the score report with any new scores.

For programs not participating in ERAS, applicants should visit the USMLE (www.usmle.org) and NBOME (www.nbome.org) Web sites for additional information on requesting a paper score report.

5. Medical Student Performance Evaluation (MSPE)

A formal evaluation from the applicant's medical school usually accompanies his or her residency application. For students at and graduates of U.S. allopathic and osteopathic medical schools, the dean of student affairs or a school official in a comparable position typically compiles the Medical Student Performance Evaluation (MSPE), previously known as the "Dean's Letter." For applicants to ACGME-accredited residency training programs, MSPEs are released on or after November 1 of each application season.

The MSPE represents an evaluation of a medical student's performance during the process of medical education; it is not intended to be a recommendation or a prediction of future performance. The MSPE should describe, in a sequential manner, the student's performance relative to his or her peers through three full years of medical school and, as much as possible, the fourth year. The MSPE should include an assessment of both the student's academic performance and professional attributes.

The MSPE, as an institutional assessment, should be considered a component of the student's permanent record, and thus should be available for a student's review. The student should be permitted to correct factual errors in the MSPE, but not to revise evaluative statements. The AAMC document, "A Guide to the Preparation of the Medical Student Performance Evaluation," can be found on the ERAS Web site (www.aamc.org/students/eras, Resources to Download).

International medical graduates or students can request that an appropriate official at their medical school write an evaluation equivalent in content and format to the MSPE. International medical graduates who will not be able to provide an MSPE or its equivalent should indicate that fact on the Miscellaneous tab of the ERAS application.

6. Medical school transcript

Schools typically issue an applicant's medical school transcript to residency training programs in September or October. Students can request that updated copies be transmitted, as necessary, to reflect new information.

International medical graduates or students who will not be able to provide a medical school transcript should indicate that fact on the Miscellaneous tab of the ERAS application.

7. Photograph

The applicant's photograph is usually an optional part of the residency application. However, most programs prefer to see a photograph, and it is good practice to include one with other application materials. The photograph should be clear, and it should present a professional demeanor and depict the applicant in appropriately professional attire.

In ERAS, applicants may assign the photograph as a supporting document for specific programs. Thus, applicants control which programs receive a photograph, and when. Once it has been received, programs cannot view the photograph until after the applicant has been invited to interview.

B. Waiving right to see letters of recommendations

When an applicant requests a letter of recommendation in support of his or her residency application from a medical school faculty member, the faculty member may request the applicant to waive the right to see that letter. By waiving the right of access to a letter of recommendation, the applicant permits the letter writer to be candid and straightforward in a written assessment, and the reader of the letter is reassured that the applicant has not unduly influenced the letter writer in terms of the letter's content. Many persons involved in the resident selection process wish to know whether or not an applicant has waived the right to see the content of a letter written on his or her behalf, since some believe that letters to which the right of access has been waived provide more reliable, valid, and straightforward information than those to which access has not been waived. For this reason, most letter of recommendation forms (including those used by ERAS) document whether or not the applicant has waived his or her right of access to the letter.

The final decision about waiving the right to see a letter of recommendation is that of the applicant. If access has been waived, an applicant should not read the letter at any time, even if provided an

opportunity to do so. Residency program directors should be aware that revealing the content of such a letter, either purposely or accidentally, could impair the relationship between the letter writer and the residency program. Program directors should consider letters of recommendation to be confidential. Revealing the content of a confidential letter during a program's application and interview process could result in that recommender being unwilling in the future to provide substantive information about residency applicants to the program, thus decreasing the program's ability to assess applicants' personal characteristics and qualifications.

VII. Applying

This section explains the multiple procedures required to apply to residency programs in various specialties.

A. The Electronic Residency Application Service (ERAS)

ERAS is used by 57 residency and fellowship specialties. A full list of participating specialties and programs is available at <https://services.aamc.org/eras/erasstats/par>.

Program participation in ERAS is voluntary. Of those specialties that use ERAS, 95 percent of programs typically are ERAS participants. The other five percent of programs are listed in ERAS, but they cannot be selected for ERAS application. Contact those programs directly for application information.

Programs list different types of training offered in ERAS, such as Preliminary, Categorical, Advanced, and Reserved. See Section V, Matching Processes, for definitions of the different types of positions.

It is important to investigate programs before applying by contacting the programs, reviewing their Web sites and brochures, and considering program and specialty information available at the ACGME (www.acgme.org) and AMA Web sites (www.ama-assn.org).

The ERAS application can be completed on the MyERAS Web site (www.aamc.org/eras). An ERAS electronic “token” (a 16-character one-time-use access code) is required for access to the MyERAS Web site, and the token must match the school of graduation. A token can be obtained from the medical school for applicants who are students in, or graduates of, U.S. allopathic and osteopathic medical

schools; from the ECFMG for international medical graduate applicants; or from CaRMS for applicants from Canadian medical schools.

Please note again that registering for ERAS is not the same as registering for the NRMP, and vice versa. There are separate registration processes and requirements for each service.

Registration for ERAS opens on July 1 for all applicants.

Once ERAS registration has been completed, applicants have the ability to work on their applications before the ERAS PostOffice opens. The opening of the ERAS PostOffice permits applicants to send applications to programs, schools to transmit supporting documents, examining boards to transmit scores, and programs to receive applications. Once the ERAS PostOffice opens, the application can be submitted to ERAS and, through ERAS, to residency programs of interest. The ERAS PostOffice opens annually for the majority of residency positions on the first working day in September, and for osteopathic medicine internships on July 15.

Registration for the NRMP (www.nrmp.org) opens on August 15 of each year and continues until the rank order list deadline, although an additional late registration fee applies after December 1.

Residency program applications should be provided to residency programs well in advance of the programs’ deadlines. Since delays in the arrival of supporting documents for an application can affect whether a residency training program considers the application to be complete,

last-minute applications should be avoided. In general, an ERAS application should be submitted to programs in September or early October.

For ERAS, the Common Application Form (CAF) and the applicant’s personal statement can be completed on the MyERAS Web site. Applicants can designate the supporting documents that will be supplied for their applications (e.g., USMLE or COMLEX score transcripts, letters of recommendation). Applicants should investigate and select programs of interest and, most important, assign appropriate supporting documents to each program. Applications to programs are finalized by submission of the application fee to ERAS. Following fee payment, the ERAS application and personal statement will be available to programs within two hours. Supporting documents will be transmitted to programs as they are processed by the medical schools and examining boards.

B. Central Application System (San Francisco Match)

Applications for programs in specialties using the San Francisco Match must be submitted using the Central Application System (www.sfmach.org). Registration for the San Francisco Match opens in May of each year. Central Application System materials are distributed in May or June.

Residency applications should be provided to residency programs well in advance of program deadlines. Since delays in the arrival of supporting documents for an application can affect whether a program considers the appli-

cation to be complete, last-minute applications should be avoided. In general, the CAS application should be submitted to programs by mid-August.

C. Paper-based applications

Some residency training programs use the paper-based “Universal Application for Residency” form, a copy of which can be obtained directly from the program or from the program’s Web site. Copies also are posted on the NRMP Web site (www.nrmp.org, Application Processes).

Some programs have developed their own Web sites or processes for online applications. Check with the individual programs for additional details.

D. Tracking applications

For applications made through ERAS, it is possible to track the delivery of the application using the Applicant Document Tracking System, which is accessible from the MyERAS Web site.

When mailing paper applications, applicants should request a return receipt or should track delivery in some other reliable manner.

ERAS includes a Message Center, which contains copies of e-mails sent by programs to residency applicants, if those e-mails were transmitted via the ERAS system. Applicants should log into MyERAS to monitor their Message

Center on a regular basis.

E. Ensuring completion of applications

It is the applicant’s responsibility to ensure that his or her application is complete at residency training programs of interest. If a faculty member or other letter writer has not yet submitted a letter of recommendation, the applicant should follow up with the letter writer in a timely manner or request a replacement letter from another reference.

F. November 1 release date for the Medical Student Performance Evaluation (MSPE)

U.S. allopathic medical schools have agreed upon a common release date of November 1 for the Medical Student Performance Evaluation (MSPE). All MSPEs transmitted via ERAS are automatically held until November 1. Paper copies sent by schools are not mailed before November 1.

Osteopathic medical school applicants applying to ACGME-accredited programs are also subject to the November 1 MSPE release date.

Prior year graduates applying to PGY-1 or PGY-2 positions that are open to current U.S. medical school seniors are also subject to the November 1 MSPE release date.

Osteopathic medical school applicants who are applying to osteopathic medicine internships are not subject to the November 1 release date. Their MSPEs are transmitted as they are available.

Prior year graduates applying to immediately vacant PGY-2 positions or to other positions that are not open to U.S. medical school seniors are also not subject to the November 1 MSPE release date. MSPEs for these applicants may be sent outside of ERAS as soon as they are available.

VIII. Visiting Residency Training Programs

This section provides information and suggestions regarding applicants' preparation for visiting residency programs of interest.

A. Applicants' assessment of programs

Residency applicants have multiple sources of information available to them, including:

- The Careers in Medicine Specialty Pages (www.aamc.org/careersinmedicine), which contain both residency training information and physician workforce and salary data.
- The AMA's FREIDA Online (Fellowship and Residency Electronic Interactive Database Access), an online database (www.ama-assn.org/go/freida) containing information on 8,000+ graduate medical education programs accredited by the ACGME, as well as on 200+ combined specialty programs. FREIDA Online permits comparison of programs on such factors as length of training, program size, number of faculty, work and education environments, and compensation and benefits, as well as on the career plans of graduates from various specialties as reported by their program directors.
- The AMA Graduate Medical Education Directory and the Graduate Medical Education Library on CD-ROM (www.ama-assn.org/go/mededproducts). Users can search programs using different criteria, and AMA student members can save their searches and print program mailing labels.

- The AMA Minority Affairs Consortium *Transitioning to Residency: What Medical Students Need to Know* (www.ama-assn.org/ama/pub/category/6672.html)
- The AAMC Organization of Resident Representatives (OSR) brochure, *Don't Forget to Ask: Advice from Residents on What to Ask During the Residency Interview* (www.aamc.org/members/osr/residencyquestions.pdf)

B. Assessment criteria

For the vast majority of applicants, the primary criterion on which decisions about the rank ordering of programs are made is based on the quality of the educational program in relation to the applicant's future professional plans. Numerous other criteria also should be assessed by the applicant, both prior to a program visit and during the actual visit; these are referenced in Section IV, B, above.

C. Program visits

1. Interview preparation

- a. Be prepared to discuss your background and career goals, including:
 - Your own application and its contents
 - Clerkship experiences and other experiences relevant to the residency and specialty
 - Your prior research efforts
 - Your ideal career path.
- b. Be prepared to answer succinctly the following question: "Tell me about yourself."
- c. Other issues you should be prepared to discuss:
 - Your resume, prior correspondence, and your references for the program
 - Your strengths and weaknesses
 - How you might contribute to this specialty or program.
- d. Review the program's contract, which should be available to applicants on the program's Web site.
- e. Know the specialty area and the specific residency program; become knowledgeable about:
 - The specialty: trends in workforce and practice environments, training requirements, etc.
 - The program: mission and goals, affiliated clinical facilities, clinical and research interests of the faculty, information on the program Web site, etc.
- f. Interview logistics:
 - Know when and where you are supposed to arrive
 - Plan to arrive early to resolve any problems that may develop (e.g., traffic, parking, etc.)
 - Get a good night's sleep beforehand
 - If possible, make a "trial run" to the site of the interview.

e. Attire and appearance:

- Dress appropriately and professionally
- Maintain a professional and polite demeanor with everyone you encounter; some programs afford the departmental secretary a vote on the selection committee
- Avoid distracting elements in your attire, appearance, grooming, jewelry, etc.

f. Rehearse, if possible:

- “Try out” answers to questions with your advisor or a trusted friend
- Attend any available interview workshops presented at your school
- Develop your interview skills, poise, and presentation with practice.

g. Expect the unexpected and potentially difficult questions:

- Anticipate areas of concern in your application (e.g., a grade, USMLE score, or leave of absence) and prepare, in advance, an effective, nondefensive ways of addressing them.

h. Ask good, relevant, and important questions:

- Assess the strengths and challenges of the program in relationship to your individual professional plans
- Inquire about training options, recent program successes, assessment policies and practices, and plans for the future
- Avoid asking faculty members mundane questions (focusing on stipend, call schedules, leave policies, parking, etc.)
- Focus on substantive questions about mutual benefits – how the applicant and program would both benefit from a successful match.

2. Creation of an information grid for use in program assessment

Create an information grid for use in program assessment and include all factors that are crucial to your residency training program selection.

3. Completion of the information grid for each program visited

Complete the information grid immediately after each visit by assessing relevant factors for that program in comparison with programs previously visited.

4. Second visits

- Student affairs officers and residency program directors are currently discussing the advisability of second visits to residency training programs
- Program directors are considering implementation of a proposal from the student affairs community that a single visit to a residency training program by an applicant be considered the standard for both the applicant’s assessment of the program and the program’s assessment of the applicant
- Although this standard would not prohibit voluntary second visits by an applicant for any purpose, a second visit would not become a requirement of the assessment process for any residency applicant.

IX. After the Program Visit

This section provides information and suggestions regarding follow-up activities for applicants after their visits to residency programs of interest.

After each program visit, it is recommended that the applicant:

- Complete an assessment for each factor on the information grid for this program, including both factual information and personal perceptions of fit with the program
- Synthesize information and perceptions about all programs by comparing relevant factors for each program visited; maintain an up-to-date ranking of all programs visited
- Prioritize programs of interest by refining choices, based on the assessment data entered in the information grid following each program visit; begin the process of rank ordering those programs of continuing interest
- Send a thank-you note to program staff after the visit, emphasizing the appealing characteristics of the program, but be aware that some

program directors may regard an applicant's statement of commitment to a program in a thank-you note as disingenuous

- Begin rank-ordering residency programs on the basis of the data collected and resulting personal preferences; consult with residency advisors about these ratings
- Factors to be considered in determining the number of programs to rank include the competitiveness of the specialty and of the specific programs being ranked, as well as the applicant's qualifications
- Applicants are well advised to rank only those programs that they consider acceptable, i.e., those programs where they would be happy to undertake residency training
- Applicants are also well advised not to include on the rank order list any program deemed unacceptable for any reason
- Complete, submit, and certify the rank order list prior to the deadline.

X. Residency Application Outcomes

This section addresses applicants' responsibilities and opportunities based on the outcome of their match participation.

A. Obligations of matched applicants

It is the policy of every matching program that the match between the applicant and the program is a binding commitment for both sides. Failure to honor that commitment is a violation of the contract signed during the registration process. Penalties for violations vary among the different matching programs. Some matches allow applicants to seek a waiver of the match commitment, either by mutual agreement of the applicant and program or by contacting the match office directly. The "rules" are available on each match's Web site.

B. "Early match" outcomes

Applicants participating in some "early matches"—the San Francisco Matching Program and the Urology Match—receive their match results in January or early February. In some cases, a preliminary position will be "held" by the same institution to which the applicant matched. In other cases, applicants who obtain residency positions through the early matches will be required to register for the NRMP's Main Residency Match to secure preliminary training. (U.S. allopathic medical school seniors must participate in the NRMP for their preliminary positions.) Applicants who obtain positions in the AOA Intern and Resident Registration Program have a commitment for their first postgraduate year and need not participate in the NRMP Main Residency Match for a preliminary position.

Applicants who do not match in one of the early matches may seek residency positions after that match concludes, using the list of available positions that typically is posted on the match's Web site. The San Francisco Matching Program uses a Vacancy Information System that lists post-Match positions, as well as positions that have become vacant throughout the year. Applicants must complete the Applying to Post Match Vacancies form that is posted on the San Francisco Match Web site to participate in post-Match searches for vacant positions.

The Urology Match posts vacancies on its Web site after the match has concluded and throughout the year. Applicants must contact those programs with vacant positions directly.

At the conclusion of the AOA Intern and Resident Registration Program (IRRP) Match, the procedures to be followed by unmatched applicants and institutions with available positions are posted on the IRRP Web site.

The NRMP begins to release the results of the Main Residency Match on Monday of Match Week, when applicants are informed whether, but not to which programs, they have matched. At noon on Tuesday of Match Week, when the NRMP releases the list of unfilled programs, "the Scramble" begins. Information is posted on the NRMP Web site in a "dynamic" format, so that positions can be deleted from the list as they are filled. The list indicates the format in which the programs will receive applications: via ERAS or by e-mail or by fax.

C. "The Scramble"

On Monday of Match Week, the NRMP notifies applicants whether they have been matched to a residency training program. The following day, the NRMP notifies programs whether they have unfilled positions and, if so, how many. Two days later, full details of the results of the Main Match are released, and most U.S. schools hold Match Day ceremonies.

"The Scramble" takes place during two days between Noon on Tuesday and Noon on Thursday of Match Week. This period is designed to permit unmatched applicants to locate residency positions in programs that have unfilled positions so they can begin planning for the transition from medical school to residency and participate in Match Day ceremonies.

Typically, residency training programs receive Scramble applications after an initial telephone call from the applicant. The application can be faxed, e-mailed, or sent via ERAS or FindAResident (see below). Many programs prefer to receive an initial exploratory phone call, as it makes the application more personal and tangible. Programs continue to seek the same caliber of applicants during the Scramble as they did prior to the Match. Applicants may now consider programs which they had not previously considered. Most programs at this stage of the Scramble process do not have the time for a leisurely review of an ERAS application or a faxed application. They are primarily seeking applicants who display a good attitude, a strong work ethic, and sufficient skills to complete residency training and the relevant specialty board

examinations; this type of important information can sometimes be transmitted to them by means of a recommendation in the form of a letter or telephone call from someone whose opinion they trust (e.g., a faculty member, a department chair, a student affairs dean).

Unmatched U.S. seniors should work closely and collaboratively with their school staff members during the Scramble. Many schools ensure that knowledgeable faculty members and departmental personnel are available to provide advice and support to unmatched students as they apply for available positions in residency programs in their chosen specialty.

During the Scramble, international medical graduates should target a manageable number of programs in a specialty in which they have a realistic chance of being accepted. Preparation of a good verbal introduction for use in an initial telephone call to programs with unfilled positions is strongly recommended. Merely providing ERAS application materials or faxed applications without first making personal contact with residency program staff members is a less effective strategy for securing an available position during the sometimes hectic Scramble process. Residency program staff are not likely to consider applicants who use for-profit services that claim to distribute applications to large numbers of programs or that create “personal” Web pages for applicants.

D. FindAResident and Other Resources

Residency training programs that do not fill all of their positions during “the Scramble” are then able to invest time in a comprehensive review of submitted applications. Many programs post still-vacant positions on online Web sites, including that of the AAMC-sponsored FindAResident program (www.aamc.org/findaresident). Some residency programs choose to use their specialty association Web sites or other Web-based services for the same purpose.

FindAResident is an AAMC service that assists training program personnel to identify interested applicants for post-match and ad-hoc vacancies that occur in residency and fellowship training programs. FindAResident advertises available positions on a year-round basis, although information about most available positions is posted in the months between Match Week and the start of residency training on July 1.

FindAResident permits applicants to search a database of available positions by specialty and by location, to review program selection criteria, and to notify programs of their potential interest. FindAResident also permits residency program applicants to create an online resume and to make this resume available to residency programs with available positions. In this way, training programs can search for qualified applicants and notify them of open positions for which they might be suitable candidates.

The FindAResident subscription runs for one year, from September 15 to September 14 of the subsequent year. Within that period, subscribers can make unlimited notifications to residency training programs as positions become available.

Information about subscription fees for FindAResident can be found at: www.aamc.org/FindAResident.

Other resources of interest to applicants seeking to identify open positions in residency programs can be found in the Bibliography (Appendix A).

XI. The Transition from Medical School to Residency

This section provides advice and recommendations for easing the transition from medical school to residency training.

A. Insurance programs

After Match Day, it is important for incoming residents who have graduated from U.S. medical schools to review the specifications of program- or institution-sponsored insurance plans to ensure uninterrupted health, disability, and other coverage between their graduation from medical school and enrollment in residency-sponsored programs. In particular, new residents are well advised to determine whether health and/or disability insurance plans sponsored by the residency training program or its parent institution begin on the first day of enrollment in the program or at some later date, and whether those insurance programs exclude coverage for pre-existing conditions for a specified period following initiation of coverage. If such exclusions exist, the temporary extension of medical school-sponsored insurance programs (which may involve the payment of additional insurance premiums) might be advisable.

B. Financial aid processes

Medical students who have received financial aid from the federal Stafford loan program are required by federal regulations to attend, prior to graduation, a financial aid exit interview. In that session, students are provided with information on the terms of their loans (interest rates, interest capitalization, grace periods, deferment, forbearance, repayment, and consolidation) and on their rights and responsibilities. Financial aid administrators also

typically provide graduating students with a summary and/or history of their student loan borrowing. An excellent source for tracking down information about federal student loans (for those who borrowed during college or graduate studies prior to attending medical school and who cannot find their loans) is the National Student Loan Data System (www.nsls.ed.gov).

Graduates are well advised to inform each of their loan servicers of their new contact information as soon as they know it, and to verify with their loan servicers the status of each of their loans (i.e., the length of the grace period; the number of months before the expiration of any grace period; and the qualifications, application process, and relevant deadline dates for deferment). Many loan servicers also provide Web-based access to loan information that affords borrowers access to their account information on a 24-hour-per-day, seven-day-a-week basis. Residents are also encouraged to take advantage of those services.

Federal Stafford Loan interest rates change annually on July 1. The new interest rates are announced at the end of May. In a rising interest rate environment, residents are encouraged to pay close attention to the May rate change announcement. Residents also can benefit from the AAMC MONEYMATTERS listserv, which alerts residents to changes in student loan programs of importance to residents. Residents can sign up for the listserv at www.aamc.org/debthelp. An impending significant interest rate increase may result in residents' wanting to consolidate their federal student loans in order to lock in a lower interest rate.

C. Visas

International medical graduates who are neither U.S. citizens nor permitted by the U.S. Citizenship and Immigrant Services bureau of the U.S. Department of Homeland Security (<http://uscis.gov/>) to reside permanently in the United States (i.e., as a permanent resident or green card holder) must apply for and obtain appropriate visas for themselves and any accompanying family members prior to participating in a residency training program.

The J-1 visa, a temporary non-immigrant visa reserved for participants in the Exchange Visitor Program, is one visa type commonly used by foreign national physicians for this purpose. The Exchange Visitor Program was established by the U.S. Department of State to enhance international exchange and mutual understanding between the people of the United States and other nations.

The duration of stay for Exchange Visitor Program physicians is limited to the time typically required to complete a graduate medical education program. Exchange Visitor Program physicians with J-1 visas are required to return to their home country for at least two years following completion of their residency training program before being eligible for certain other U.S. visas. The U.S. Department of State has designated the Educational Commission for Foreign Medical Graduates (ECFMG, www.ecfm.org) as the sole visa sponsor for all J-1 Exchange Visitor Program physicians who participate in clinical training programs in the United States. In this capacity, ECFMG is responsible for ensuring that physicians

holding J-1 visas and their host institutions meet the federal requirements for participation. ECFMG does not sponsor physicians for other U.S. visa types. Information about general eligibility requirements for the Exchange Visitor Program can be found at: www.ecfm.org/evsp

An H-1 visa, a visa for a temporary worker sponsored by an employer, is another option for international medical graduates seeking training in a U.S. residency program. The U.S. Citizenship and Immigrant Services bureau grants H-1B visas to temporary professional workers who are required to have a prearranged job, either temporary or permanent, in a professional field before they receive a visa. There is an initial admissions period of three years, with the possibility of extending one's stay for a second three-year period. After staying in the United States for the maximum six-year period, a foreign citizen is required to live abroad for one year before re-entering the United States in an H or L visa category.

In ERAS, applicants have the option to enter both their current visa status and the visa status they expect to hold during residency training. This allows applicants the opportunity to indicate an expected visa change.

International medical graduates who are neither U.S. citizens nor permanent residents are strongly urged to consult promptly with the directors of the residency training programs at which they are interviewed regarding relevant visa issues.

D. Contracts

It is National Resident Matching Program (NRMP) policy that residency training programs "are expected to provide complete and accurate information to interviewees, including a copy of the contract the applicant will be expected to sign if matched to the program and all policies of the institution regarding eligibility for appointment to a residency or fellowship position. This information must be communicated to interviewees in writing prior to the relevant rank order list certification deadlines."

It is very important that residency applicants carefully review the contract of any residency training program in which they are interested prior to finalizing their rank order lists because the applicant will want to be reassured that there is mutual compatibility between the institution and the applicant and because the match is contingent upon the applicant being able to meet the institution's requirements.

E. Housing

Soon after the announcement of match results, most future residents begin the process of identifying and arranging for housing near their residency training program.

Depending on their financial circumstances, some residents, knowing that they will be residing in the same area for a minimum of three to five years, choose to purchase a home during the period of transition from medical school to residency. Other residents decide to rent rather than purchase so they can famil-

iarize themselves with the region prior to making such a significant investment.

Various individual and personal considerations must be taken into account by incoming residents as they consider their housing options. These include the amount of time available during the already challenging PGY-1 year to perform home- and yard-related chores, the amount of personal or family disposable income available for mortgage payments, and the fact that some graduates do not have an income source during the transition from medical school to residency training.

For some residents and in some locations, a home can be a good investment during residency training; for other residents and in other locations, the rental option is a more reasonable choice. At the very least, care must be taken to ensure that all relevant financial considerations are taken into account in reaching this decision.

F. Employment for spouses

For residents with spouses or domestic partners, the transitional period between Match Day and the beginning of residency training provides an opportunity for the identification of suitable employment for spouses or partners. Although some programs and their sponsoring medical schools or hospitals are able to provide formal or informal assistance in identifying such employment opportunities, provision of this type of assistance is often not available. In any event, it may be advisable to subscribe to the local paper to read job listings.

G. Schools

Incoming residents with school-aged children also may use the time between Match Day and the beginning of residency training to investigate educational opportunities for their children in the new location. Residency program staff who have children of their own are frequently good sources of information about the quality of individual schools and school districts in the region. Identifying an appropriate school district and school can strongly influence the choice of preferred housing location for a resident and his or her family. Finally, the fact that residency training programs usually begin on July 1 permits sufficient time for the enrollment of children in school and the provision of the documentation (e.g., immunization records, records from schools previously attended) required to begin school in the fall term.

H. Hospital credentialing and medical licensure

The residency program director and members of his or her staff usually provide incoming residents with information about what will be required of them with respect to hospital credentialing and medical licensure, including application materials for any required training license. It is important to review this information promptly after it arrives and to be familiar with hospital and state medical board policies. It is imperative

that all materials requested by the residency training program be completed and submitted promptly; failure to do so may result in a delay in beginning residency training.

Incoming residents should be aware that some hospitals and some states require residents to undergo a criminal background check prior to beginning residency training. Additional information about this and other requirements for residency training can be obtained from the program director.

I. Orientation and program start dates

The majority of residency training programs begin annually on or about July 1. Most include an orientation period at the beginning of the program, although the length and content of orientation programs vary from institution to institution. Since orientation programs may begin in mid- to late-June rather than on or after July 1, incoming residents should check with residency program staff regarding expectations about program orientation and start dates.

J. Budgeting

Since the first paycheck for a new resident may not arrive until August 1 or thereafter, beginning first-year residents are strongly encouraged to set aside money, if possible, from fourth-year medical school financial aid disburse-

ments or monetary graduation gifts in order to ease the financial transition in the months between medical school graduation and receipt of the first residency paycheck. Ensuring that student loans are either in grace or in deferment, if applicable, or in forbearance also results in peace of mind for the new resident.

Some programs provide incoming residents with the opportunity to request an advance on their contract stipend (up to a specified maximum amount) to assist with the financial transition from medical school to residency training, with their subsequent bi-weekly or monthly paychecks adjusted accordingly over the next several months of their PGY-1 year to repay the advance. If financial circumstances make this an appealing option, check with the program director following Match Day to determine whether this or a similar program may be available.

Some residents have also reported that the services of an independent financial planner are beneficial at this time in their lives. In addition, minimal use of credit cards and continuing to live well within their means have served many residents well at this crucial time.

Appendix A

Bibliography

Additional resources available from the American Medical Association:

*The Residency Interview:
A Guide for Medical Students*

This online resource guide, available to AMA members, is published by the AMA Women Physicians Congress (AMA WPC), a special interest group comprised of physicians and medical students who are advocates for women's health issues and the professional and life balancing issues affecting women in medicine. This resource addresses the following topics:

- Handling gender-based questions
- Couples matching
- Shared and part-time residencies
- Preparing for interviews
- Interview questions to ask
- Common and uncommon questions that will be asked
- What to bring to the interview

AMA Women Physicians Congress
515 N. State St.
Chicago, IL 60610
312-464-5622
312-464-5845 Fax

Information about ordering this resource can be found at: www.ama-assn.org/ama/pub/category/10757.html

AMA Find a Residency or Fellowship Web site

In response to requests from medical school graduates seeking unfilled positions in residency programs, the AMA Resident and Fellow Section (AMA-RFS) offers a Web-based list of open residency and fellowship positions. Postings on the *Find a Residency or Fellowship Web site* include a short description of the position and the program, as provided by program officials, as well as contact information. The site also provides links to specialty societies that offer information on residency vacancies. Information about this resource can be found at: www.ama-assn.org/ama/pub/category/6920.html

Additional resources available from the Association of American Medical Colleges:

Careers in Medicine (CiM) Student Guides.

This student guide to the AAMC Careers in Medicine career planning program is issued to all incoming students at U.S. allopathic, participating osteopathic, and Canadian medical schools.

Additional resources available from other sources:

CareerMD

This Web site, dedicated to information on institution-sponsored graduate medical education programs, provides information on residency and fellowship programs, as well as listings for residency and fellowship vacancies.

Information about this resource can be found at: www.careermd.com

Resident Web

This service provides discussion groups, career advice, and other information for medical graduates. Registered users can access residency and fellowship search databases.

Information about this resource can be found at: www.residentweb.com/default.asp

Specialty Web sites

Many of the larger specialties host job banks or vacancy clearinghouses on their national specialty association Web site. These services are generally free for applicants to explore and apply. The type and amount of information and search features for these sites vary widely.

Alliance for Academic Internal
Medicine Job Bank
<https://secure.med.edu/jobbank>

American Psychiatric Association
www.psychcareers.com

Society for Academic
Emergency Medicine
www.saem.org/services/resvacan.htm

Association of Program
Directors in Surgery
[www.apds.org/residency_positions_open.
htm](http://www.apds.org/residency_positions_open.htm)

Appendix B

Webliography

- Accreditation Council for Graduate Medical Education (ACGME)
www.acgme.org
- American Board of Medical Specialties (ABMS)
www.abms.org
- American Medical Association (AMA)
www.ama-assn.org
- AMA GME E-letter
www.ama-assn.org/go/gmenews
- AMA International Medical Graduates Section
www.ama-assn.org/go/imgs
- AMA Medical Student Section
www.ama-assn.org/go/mss
- AMA Resident and Fellow Section
www.ama-assn.org/go/rfs
- American Osteopathic Association (AOA)
www.osteopathic.org
- American Osteopathic Association (Accreditation)
www.do-online.osteotech.org
- American Osteopathic Association Intern/Resident Registration Program (IRRP)
www.natmatch.com/aoairp/index.htm
- American Urology Association Residency Matching Program (AUA)
www.auanet.org/residents/resmatch.cfm
- Association of American Medical Colleges (AAMC)
www.aamc.org
- Association of American Medical Colleges Publications
www.aamc.org/publications
- Canadian Resident Matching Service (CaRMS)
www.carms.ca
- Careers in Medicine Program (AAMC)
www.aamc.org/careersinmedicine
- Citizenship and Immigrant Services, U.S. Department of Homeland Security
<http://uscis.gov/>
- Committee on Accreditation of Canadian Medical Schools (CACMS)
www.afmc.ca
- Curriculum Directory (AAMC)
www.services.aamc.org/currdir/
- Educational Commission for Foreign Medical Graduates (ECFMG)
www.ecfmg.org
- Electronic Residency Application Service (ERAS)
www.aamc.org/eras
- Exchange Visitor Program (ECFMG)
www.ecfmg.org/evsp/
- Federation of State Medical Boards
www.fsmb.org
- FindAResident Program (AAMC)
www.aamc.org/FindAResident
- Fifth Pathway Program Information
www.ama-assn.org/ama/pub/category/9306.html
- FREIDA Online (Fellowship and Residency Electronic Interactive Database)
www.ama-assn.org/go/freida
- Graduate Medical Education Directory (the AMA “Green Book”)
www.ama-assn.org/go/mededproducts

International Directory of Medical Education (IMED) http://imed.ecfmg.org/	Organization of Resident Representatives (AAMC) www.aamc.org/orr
Liaison Committee on Medical Education (LCME) www.lcme.org	Don't Forget to Ask: Advice from Residents on What to Ask During the Residency Interview www.aamc.org/members/osr/residencyquestions.pdf
MONEYMATTERS listserv (AAMC) www.aamc.org/debthelp	Ponce School of Medicine (Fifth Pathway Program) www.psm.edu (click on Academic Affairs, then Programs)
Mt. Sinai School of Medicine of New York University (Fifth Pathway Program) www.mssm.edu/medschool/fifth_pathway/	San Francisco Matching Program www.sfmach.org
National Board of Medical Examiners (NBME) www.nbme.org	Specialty Pages (Careers in Medicine Program) www.aamc.org/careersinmedicine
National Board of Osteopathic Medical Examiners (NBOME) www.nbome.org	Test of English as a Foreign Language (TOEFL) www.ets.org/toefl/
National Resident Matching Program (NRMP) www.nrmp.org	United States Medical Licensing Examination (USMLE) www.usmle.org
National Student Loan Data System (NSLDS) www.nsls.ed.gov	
New York Medical College (Fifth Pathway Program) www.nymc.edu/depthome/fifth.asp	



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