ERAS® Applicant Worksheet

This worksheet may be printed and used to begin completing your MyERAS® application offline. **All required fields are highlighted in red and marked with an asterisk.** Please note: Some of these fields are required only in certain circumstances.

AAMC
Electronic Residency Application Service®

AAMC Account Information

First Name*
Middle Name
Last Name*
Suffix

Gender*
Email*
Birth Date*
I authorize the release of my birth date to programs ☐

Basic Information

Previous Last Name
Preferred Name
Preferred Pronoun

Preferred Phone*
Mobile Phone
Alternate Phone
Fax
Pager

Address

Current Mailing Address

Address 1*
Address 2
Country*
State
City*
Postal Code

(Required for U.S. & Canadian addresses)

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

Permanent Address

Address 1
Address 2
Country
State
City
Postal Code
Phone

Work Authorization

Are you currently authorized to work in the United States?* ◯ Yes ◯ No

What is your current work authorization?*

Will you need visa sponsorship through ECFMG (J-1) or the teaching hospital (H-1B) to complete the entirety of your GME training?*

◯ Yes ◯ No

If yes, please select the visa(s) for which you will seek sponsorship. Select all that apply.*

☐ H-1B ☐ J-1

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

If no, please identify which of the following will serve as your basis for work authorization for the entirety of your GME training without any need for visa sponsorship. Select all that apply.*

☐ U.S. Citizen or National, Legal Permanent Resident, Refugee, Asylee

☐ Adjustment of Status applicant (Green Card application) (EAD)

☐ DACA – Deferred Action for Childhood Arrivals

☐ Diplomatic Service

☐ E-2 – Treaty investor, spouse, and children (EAD)

☐ Employment Authorization Document (EAD)

☐ F-1 – Academic student (EAD, OPT)

☐ H-1 – Temporary worker

☐ H-1B – Specialty occupation, DoD worker, etc.

☐ H-2B – Temporary worker - skilled and unskilled

☐ H-4 – Spouse or child of H-1, H-2, H2-3 (EAD)

☐ J-1 – Visa for exchange visitor

☐ J-2 – Spouse or child of J-1 (EAD)

☐ L-2 – Dependent of Intra-Company Transferee (EAD)

☐ O-1 – Extraordinary ability in sciences, arts, education, business, or athletics

☐ TN – NAFTA trade visa for Canadians and Mexicans

☐ Other

If you currently reside in the United States or Canada, please identify your current state or province of residence.

Match® Information

NRMP Match®

I plan to participate in the NRMP Match®?* ◯ Yes ◯ No

If yes, NRMP® ID: _____

- *If you are already registered for the NRMP Match® and have your NRMP® ID, please enter it.*
- *If you currently do not have your NRMP® ID, please enter it as soon as you receive it. NRMP® ID is not required to certify & submit your application and can be added once you have received your NRMP® ID.*
- *Please note that registering or participating with MyERAS does not automatically register you for The Match®. You will need to register with the NRMP® separately at https://www.nrmp.org.*

Participating as a couple in NRMP®? ◯ Yes ◯ No

If yes, partner's name: _____

Specialties partner is applying to: _____

Urology Match®

AUA Member Number: _____

Additional Information

USMLE/ECFMG ID: _____

NBOME ID: _____ *(Required for D.O. applicants)*

American Osteopathic Association Member Number: _____

I am ACLS (Advanced Cardiovascular Life Support) certified in the U.S.: ◯ Yes ◯ No

If yes, ACLS expiration date: _____

I am PALS (Pediatric Advanced Life Support) certified in the U.S.: ◯ Yes ◯ No

If yes, PALS expiration date: _____

I am BLS (Basic Life Support) certified in the U.S.: ◯ Yes ◯ No

If yes, BLS expiration date: _____

Sigma Sigma Phi Status: _____ *(D.O. applicants only)*

Alpha Omega Alpha Status: _____

Gold Humanism Honor Society Status: _____

Biographic Information

Self-Identification

This section allows you to indicate how you self-identify. When selecting "Other" as a subcategory, the text field is limited to 120 characters; however, it is not a required field. If you prefer not to self-identify or if you reside in the European Union, please ignore this section.

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

- ☐ Hispanic, Latino, or of Spanish origin
  - ☐ Argentinean
  - ☐ Colombian
  - ☐ Cuban
  - ☐ Dominican
  - ☐ Mexican/Chicano
  - ☐ Peruvian
  - ☐ Puerto Rican
  - ☐ Other Hispanic:
- ☐ American Indian or Alaska Native
  - ☐ Tribal affiliation:
- ☐ Asian
  - ☐ Bangladeshi
  - ☐ Cambodian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Indian
  - ☐ Indonesian
  - ☐ Japanese
  - ☐ Korean
  - ☐ Laotian
  - ☐ Pakistani
  - ☐ Taiwanese
  - ☐ Vietnamese
  - ☐ Other Asian:
- ☐ Black or African American
  - ☐ African American
  - ☐ Afro-Caribbean
  - ☐ African
  - ☐ Other Black:
- ☐ Native Hawaiian or Pacific Islander
  - ☐ Guamanian
  - ☐ Native Hawaiian
  - ☐ Samoan
  - ☐ Other Pacific Islander:
- ☐ White
- ☐ Other:

Language Fluency

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

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

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

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

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

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

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

*Additional language options Fulani, Hawaiian, Bisayan, Irish Gaelic, Jamaican Creole, Karen.

Military Information

Are you committed to fulfill a U.S. military active duty service obligation/deferment?* ◯ Yes ◯ No

If yes, number of years remaining: Branch:

Do you have any other service obligations (e.g., military reserves, public health/state programs)?* ◯ Yes ◯ No

If yes, describe:
255-character limit

Hometown(s)

Hometown is an area(s) where you currently or previously lived and feel strong ties or sense of belong. You may enter up to five hometowns. Refer to page 10 for guidance around setting.

Country*: State/Province:

City*: Postal Code:

Setting:

Geographic Preferences

The division preferences section offers you an opportunity to communicate your preference or lack of preference for particular geographic divisions. Indicate your preference (or lack of preference) for up to three U.S. Census divisions.

- If you select a particular division, then only programs located in the division and to which you apply will see your response.
- If you select "I do not have a division preference," then all programs to which you apply will see your response.
- If you skip this section, then no information will be provided to any program.

Entry 1

U.S. Census division:

Please describe your preference or lack of preference for the division you selected (300-character limit):

Entry 2

U.S. Census division:

Please describe your preference or lack of preference for the division you selected (300-character limit):

Entry 3

U.S. Census division:

Please describe your preference or lack of preference for the division you selected (300-character limit):

Setting Preferences

The setting preferences section is designed to give applicants the opportunity to communicate their preference or lack of preference for urban or rural settings.

Indicate your preference or lack of preference for rural or urban settings.

Please describe your setting preference or lack of preference (300-character limit):

Education

Higher Education

This section allows multiple entries for each undergraduate and graduate school you have attached.

Since most non-U.S. educational systems do not follow the U.S. model, almost all students and graduates of international medical schools will indicate "None."

☐ None

Entry 1

Institution* Location*

Education Type* Field of Study*

Degree Expected or Earned*

If Yes: Degree Month Year

Dates of Attendance: From Month* From Year* To Month* To Year*

Entry 2

Institution* Location*

Education Type* Field of Study*

Degree Expected or Earned*

If Yes: Degree Month Year

Dates of Attendance: From Month* From Year* To Month* To Year*

Medical Education

This section allows entries for each medical school you have attended.

Entry 1

Country*

Institution*

Degree*

Degree Month*

Degree Year*

Dates of Education

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

Entry 2

Country*

Institution*

Degree*

Degree Month*

Degree Year*

Dates of Education

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

Postgraduate Training

Please add an entry for each of your current or prior trainings. If necessary, please work with your supervisor to determine an end date for a training you are currently completing.

If your program was accredited by the American Osteopathic Association (AOA) when you completed your training, please select the option with "AOA" noted in the Type of Training and Specialty menus.

☐ None

Entry 1

Type of Training*

Specialty*

Institution/Program*

Country*

State/Province

City*

Postal Code*:

Location Setting:

Program Director*

Supervisor*

Dates of Residency/Fellowship:

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

Additional Information

Membership in Honorary/Professional Societies:
255-characters limit

Medical School Awards:
510-characters limit

Other Awards/ Accomplishments:
510-characters limit

Experiences

Please identify and describe up to 10 experiences that communicate who you are, what you are passionate about, and what is most important to you.

Entry 1

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Prvince*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities:
750-character limit

Entry 2

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Guidance for Settings:

- *URBAN: The central part of a city; high population density; high density of structure such as houses, buildings, railways; public transportation more readily available for commuting; most jobs are non-agricultural.*
- *SUBURBAN: Smaller urban area around a city; less populated than a city; serves mainly as residential area for city's workforce; mostly residential with single-family homes, stores, and services; more parks and open spaces than a city; limited public transportation and private vehicles needed for commuting.*
- *RURAL: Large amounts of undeveloped land; low population density; open areas of land with few homes or buildings; no public transportation; private vehicles needed for commuting; main industries likely to be agriculture or natural-resource extraction.*

Entry 3

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Entry 4

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Entry 5

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Entry 6

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Entry 7

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Entry 8

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Entry 9

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Entry 10

Organization*

Experience Type*

Position Title*

☐ I am currently working in this role

Start Date* End Date*

Country* State/Province*

City* Postal Code*

Participation Frequency Setting

Primary Focus Area Key Characteristics

Context, Roles and Responsibilities
750-character limit

Selected Experiences | What made this experience meaningful?

Identify and describe up to three of the 10 experiences that you found the most meaningful.

Reflect on the experience, why it was meaningful, and how it influenced you. Weave in the focus area or key characteristic you tagged. This should not describe what you did in the experience or list a set of skills that you developed or demonstrated during the experience.

1 of 3 Meaningful Experience

Description:

300-character limit

2 of 3 Meaningful Experience

Description:

300-character limit

3 of 3 Meaningful Experience

Description:

300-character limit

Impactful Experiences

Program directors are interested in learning more about other impactful experiences applicants may have encountered or overcome on their journey to residency. This section is designed to give applicants the opportunity to provide additional information about their background or life experiences that is not captured elsewhere in the application (e.g., information written in this section should not be the same as what is included in the personal statement).

Please describe any challenges or hardships that influenced your journey to residency. This could include experiences related to family background, financial background, community setting, educational experiences, and/or general life experiences.

Please consider whether this section applies to you. Programs do not expect all applicants to complete this section. This section is intended for applicants who have overcome major challenges or obstacles. Some applicants may not have experiences that are relevant to this section. Other applicants may not feel comfortable sharing personal information in their application.

The following examples can help you decide whether you should respond to the section and what kinds of experiences are appropriate to share on the MyERAS application. Please keep in mind that this is not a fully inclusive list:

- Family background (e.g., first generation to graduate college).
- Financial background (e.g., low-income family, worked to support family growing up, work-study program to pay for college).
- Community setting (e.g., food scarcity, poverty or crime rate, lack of access to medical care).
- Educational experiences (e.g., limited educational opportunities, limited access to advisors or mentors).
- Other general life circumstances (e.g., loss of a family member, serving as a caregiver while working or in school).

750-character limit

Additional Information

Was your medical education/training extended or interrupted?* ◯ Yes ◯ No

If yes, please provide details:
*510-character **limit***

Licensure

Please add an entry for any of your state medical licenses.

☐ None

Entry 1

State*

License Type*

License Number*

Expiration Month*

Expiration Year*

Entry 2

State*

License Type*

License Number*

Expiration Month*

Additional Information

Are you able to carry out the responsibilities of a resident, intern, or a fellow in the specialties and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, and interpersonal and communication requirements with or without reasonable accommodations?*

◯ Yes ◯ No ◯ No Response

Has your medical license ever been suspended, revoked, or voluntarily terminated?* ◯ Yes ◯ No

If yes, please explain:
*510-character **limit***

Have you been named in a malpractice case?* ◯ Yes ◯ No

If yes, please explain:
*510-character **limit***

Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?*
(Note: This section is not intended to solicit information about your health, disability, or family status.) ◯ Yes ◯ No

If yes, please explain:
*510-character **limit***

Have you ever been convicted of a misdemeanor in the United States?* ◯ Yes ◯ No

If yes, please explain:
*510-character **limit***

Have you ever been convicted of a felony in the United States?* ◯ Yes ◯ No

If yes, please explain:
*510-character **limit***

Are you board certified?* ◯ Yes ◯ No

If yes, board name:

DEA Registration Number:

Expiration Month Expiration Year

Publications

Add an entry for each of your publications.

Peer-Reviewed Journal Articles/Abstracts

Journal Article(s)/ Abstract(s) Title*
*255-character **limit***

Author(s)* *(Last Name, First Initial, Middle Initial)*

Publication Name*

Publication **MEDLINE** Unique Identifier (PMID)

Publication Volume*

Issue Number*

Pages* *(e.g., 200-212)*

Month* Year* Article URL

Peer-Reviewed Journal Articles/Abstracts (Other Than Published)

Journal Article(s)/ Abstract(s) Title*
*255-character **limit***

Author(s)* *(Last Name, First Initial, Middle Initial)*

Publication Name*

Publication Status*

Month* Year* Article URL

Peer-Reviewed Book Chapter

Chapter Title*
255-character limit

Name of Book*

Author(s)* *(Last Name, First Initial, Middle Initial)*

Editor(s)* *(First Initial, Middle Initial, Last Name)*

Publisher*

Pages* *(e.g., 200-212)*

Country*

State/Province

City*

Year*

Scientific Monograph

Monograph Title*
255-character limit

Publication Name*

Volume*

Issue Number*

(e.g., 200-212)

Author(s)* *(Last Name, First Initial, Middle Initial)*

Year*

Other Articles

Title of Other Article*
255-character limit

Author(s)* *(Last Name, First Initial, Middle Initial)*

Publication Name*

Publication Date* *(MM/DD/YYYY)* Article URL

Poster Presentation

Poster Presentation Title*
*255-character **limit***

Author(s)/Presenter(s)* *(Last Name, First Initial, Middle Initial)*

Event/Meeting*

Country*

State/Province

City*

Month* Year*

Oral Presentation

Oral Presentation Title*
*255-character **limit***

Author(s)/Presenter(s)* *(Last Name, First Initial, Middle Initial)*

Event/Meeting*

Country*

State/Province

City*

Month* Year*

Peer-Reviewed Online Publication

Online Publication Title*
*255-character **limit***

Author(s)* *(Last Name, First Initial, Middle Initial)*

URL*

Publication Date* *(MM/DD/YYYY)*

Non-Peer-Reviewed Online Publication

Online Publication Title*
255 Character Max

Author(s)* *(Last Name, First Initial, Middle Initial)*

URL*

Publication Date* *(MM/DD/YYYY)*

Program Signals

Program signals offer applicants the opportunity to express interest in a residency program at the time of application.

*Additional information coming soon! Please visit the **MyERAS Application and Program Signaling webpage** for more information. This worksheet will be updated as new information becomes available.*

- *Specialties have until early-February to decide to participate in program signaling for the upcoming season.*
- *Specialties have until the spring to determine the number of program signals they will offer.*

Please select the specialty (or specialties) to which you intend to apply:

- ☐ Anesthesiology
- ☐ Child Neurology and Neurodevelopmental Disabilities*
- ☐ Dermatology
- ☐ Diagnostic Radiology and Interventional Radiology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ General Surgery
- ☐ Internal Medicine
- ☐ Internal Medicine/Psychiatry
- ☐ Neurology (Adult)
- ☐ Neurological Surgery
- ☐ Obstetrics and Gynecology
- ☐ Orthopaedic Surgery
- ☐ Otolaryngology
- ☐ Anatomic and Clinical Pathology
- ☐ Pediatrics
- ☐ Physical Medicine and Rehabilitation
- ☐ Psychiatry
- ☐ Public Health and General Preventive Medicine

Use the space below to note the ACGME ID and program name for participating programs you wish to signal within each specialty to which you plan to apply. Participating programs will be available by July.

Certification

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