Residency Application Process Guide
General description of “The Match”

“The Match” is the process by which medical students get into a residency. Senior medical students do not make independent agreements with residency programs to train at their program. Instead, applicants and residency programs are “matched” with each other using ranking lists that both create. The Match was developed to provide an impartial venue for matching applicants' preferences for residency positions with program directors' preferences for applicants.

There are actually four different matching programs: The National Residency Matching Program (NRMP), the San Francisco Match, the American Urological Associate Match (Urology Match), and the Military Match. The SF and Urology Matches are often referred to as “early matches” because they have accelerated schedules compared to the NRMP Match, which is often referred to as the “main match”. Each Match covers different specialties: the SF Match matches applicants into Ophthalmology, The AUA (Urology) Match matches applicants into Urology, and the NRMP Match matches applicants into all the other specialties. Specialties are not repeated in each match, meaning if you want to match into Urology, the AUA Match is the only match that matches into Urology, and if you want to match into Family Practice, the NRMP Match is the only match that matches that specialty.

Different matches have different ways of applying to programs in the specialties they represent. The NRMP, Urology, and Military Matches all use a system called ERAS (Electronic Residency Application Service) to apply to residency programs, while the SF Match has a unique system all their own where you will gather your application materials and send into them, they will then distribute to the programs you specify.

Though there are four different matching bodies, all senior medical students (except those that Military Match) must get their first post graduate year (PGY-1) of residency through the NRMP Match. The SF and Urology Matches match students only into Advanced positions (beginning at the PGY-2 year), meaning students will fill their PGY-1 year via the NRMP match.

The process is broken apart into three distinct parts or time periods: Summer, Fall-Winter, and Winter-Spring. Each of these phases has its own needs and requirements for the applicant.

Part 1: Summer
- Research programs and process
- Begin gathering application materials
- Register with appropriate Matches and ERAS
- Send in application materials to SF Match (late summer)

Part 2: Fall-Winter
- Apply to residency programs
- Interview at programs

Part 3: Winter-Spring
- Continue interviewing
- Rank programs
- Match at programs

University of Minnesota Medical School, Class 2015 Residency Application Guide
Choosing prospective residency training programs

In the 2014 NRMP Match a total of 28,997 positions were available and 28,279 of them were filled. Of US seniors who matched, 78% matched to one of their first three choices of programs. More than 52% of US seniors matched to their first choice. The Match uses a computer algorithm, designed to produce favorable results for students, that aligns the preferences of applicants with the preferences of residency programs in order to fill the thousands of training positions available at U.S. teaching hospitals.

What specialty you select, and which programs you choose to inquiry about, apply and rank, will depend upon your willingness to honestly assess yourself and your thoroughness in researching your chosen specialty and its training programs. This process should begin during the third year and, by the time of receipt of this document, should be at least mentally well formed.

Because some specialties are more competitive than others, and some training programs are more selective than others, it is important to realistically assess your academic performance and then ask the opinion of several others: a Department Chairperson in your prospective specialty, local residency program director, your advisor, mentors, residents, and fellow students. This is probably the most difficult aspect of selecting programs to apply to. The goal is to develop a list of programs that reflect your dreams, hopes and sure bets. While it is important to evaluate how realistic your chances of matching in a given specialty, and how much effort you need to expend in developing alternative plans, you should not be deterred from applying where you want no matter what a program’s reputation or what the "experts" say about your competitiveness. Every year people are accepted into programs thought untouchable.
To do now

- **Learn all you can about the process.** Sources include:
  - Talking to individuals (advisors, residency directors, the recently matched, etc…),
  - Our residency guide and other publications such as the AAMC’s “Roadmap to Residency”. Copies of both these can be found on our residency information page at [http://www.meded.umn.edu/students/residency/](http://www.meded.umn.edu/students/residency/)
  - Careers in Medicine: [https://www.aamc.org/cim/](https://www.aamc.org/cim/) If you do not have an access code to get in just email Scott Davenport at daven016@umn.edu to get one
  - Various websites & Twitter
    - NRMP: [www.nrmp.org](http://www.nrmp.org)
      - @TheNRMP
      - [https://www.facebook.com/TheNRMP](https://www.facebook.com/TheNRMP)
    - San Francisco Match: [www.sfmatch.org](http://www.sfmatch.org)
      - @AmerUrological
      - [https://www.facebook.com/AmerUrological](https://www.facebook.com/AmerUrological)
    - ERAS Info: [https://www.aamc.org/students/medstudents/eras/](https://www.aamc.org/students/medstudents/eras/)
      - @ERASinfo
      - @MedEdFREIDA
    - Medical School page with list of links to each department: [http://www.med.umn.edu/departments/home.html](http://www.med.umn.edu/departments/home.html)
    - Careers in Medicine (CiM): [https://www.aamc.org/cim/](https://www.aamc.org/cim/)
      - @careersinmed
      - [https://www.facebook.com/careersinmed](https://www.facebook.com/careersinmed)

- **Get into the departments of the specialties you are interested in!** Get to know them. Visit [http://www.med.umn.edu/departments/home.html](http://www.med.umn.edu/departments/home.html) for a list of links to each department’s web site. As each of the residency directors on the panel at the
residency workshop said, they will do everything they can to help you get into the residency you want, but first they must get to know you.

- **Go to specialty informational events.** I will email when new ones are scheduled.

- **Begin researching programs.** Sources:
  - Advisors
  - Residency Directors and other individuals in your chosen specialty (residents, recently matched students, etc…)

- **Begin acquiring letters of recommendation**
  - For letters of rec (LoRs) to be entered into ERAS, use letter of recommendation request form/cover sheet, found at [http://www.meded.umn.edu/students/residency/](http://www.meded.umn.edu/students/residency/)
  - Fill in cover sheet and give copy to each letter writer
  - Make sure to sign and check if you waive your right to view letters or not
  - If choose to view, make sure you view it prior to it getting to Scott Davenport, as I scan them in and transmit the day I receive them

- **Begin working on your Personal Statement and CV**
  - Will have a workshop to help you create your PS in June
  - Samples can be found at various spots online (just Google “CV”) plus on our residency info page at [http://www.meded.umn.edu/students/residency/](http://www.meded.umn.edu/students/residency/)
Key Dates, 2014 - 2015

Early June ................ Registration opens for Urology (AUA) Match
Early June ................ SF Match begins accepting requests for registration for Ophthalmology Residency
Summer ................... Meet with assigned MSPE writer (must be done before August 1)
Mid June .................. Obtain “Token” to register with ERAS (look for email from Scott Davenport letting you know Tokens are ready for distribution)
Mid June .................. Personal Statement Workshop
July 1 .................... ERAS registration opens, may begin entering application materials, http://www.aamc.org/audienceeras.htm
Late August .......... Registration for the NRMP Match begins, www.nrmp.org
Early September ..... Target date to have your application submitted to the SF Match for the Ophthalmology Residency Match
September 15 ......... May begin applying to programs via ERAS for NRMP, AUA (Urology) and Military Match specialties
September 15 .......... Target date to apply and get all letters of recommendation and medical school transcripts in for ERAS
Mid September ....... Review completed MSPE
Late September ...... Interview Workshop
October 1 .............. MSPE released to all programs applied to
Late November ....... NRMP registration deadline without penalty
December .............. Applicants begin submitting their rank-ordered preference lists for the Ophthalmology SF Match
December .............. Military Match results released
December .............. Urology Match Rank List submissions
Early January 2015 . Urology Match Rank Order List deadline
Early January 2015 . Ophthalmology SF Match rank lists submission deadline
Mid-January 2015 .... NRMP Match Rank Order List opens
Mid-January 2015 .... Match results for Ophthalmology (SF Match) released
Mid-January 2015 .... Urology Match Results released
Late Feb. 2015 ......... NRMP Rank Order List deadline
March 16–20, 2015 .. SOAP
March 20, 2015 ......... Match Day!
Matching Programs

There are two main types of matches: Regular match (meaning NRMP Match) and early match (meaning SF and Urology Matches). What makes a match “early”? Very simply put, early matches have an accelerated time frame. You must apply earlier, interview earlier, rank earlier, and match earlier.

NRMP Match

- www.nrmp.org
- Often referred to as the “main match”
- Register with NRMP beginning in late August
- Begin applying to NRMP related specialties and programs on September 15 via ERAS
- Matches students into all specialties except Ophthalmology (SF Match) and Urology (Urology Match)
- All senior US medical students are required to match into their PGY-1 residency year via the NRMP Match
- The NRMP Match happens in March of each year, with “Match Day” being the third Friday in March

San Francisco Match

- www.sfmatch.org
- Is an “early match”
- Matches students into the specialty of Ophthalmology (PGY-2)
- Register with SF Match beginning in June, begin applying to SF Match related specialties and programs during the Summer
  - September 1st - Target Date to have your application submitted to the SF Match for the Ophthalmology Residency Match
- Students matching into programs via the SF Match will be matching into Advanced residency positions, meaning they will be starting this residency in the PGY-2 year
  - Need to also participate in the NRMP match to secure a PGY-1 year (either through a Preliminary or Transitional position)
  - The Advanced programs you apply to via the SF Match should let you know their requirement of what type of PGY-1 position you must complete (Prelim Surgery vs. Prelim Medicine vs. Transitional position) prior to arriving to them in the PGY-2 year
• Does not use ERAS for applying to programs
  o It has its own unique system where the applicant completes the Common Application Form and collects all supporting docs (letters of rec, transcripts, etc…) and sends into the match.

• Being an “early match”, applicants participating in this match will follow an accelerated time schedule. Applicants will apply, interview, rank programs and match sooner
  o SF Match matches take place in January each year

**AUA (Urology) Match**


• Is an “early match”

• Matches students into the specialty of Urology (PGY-2)

• Students matching into programs via the Urology Match will be matching into Advanced residency positions, meaning they will be starting this residency in the PGY-2 year
  o Need to also participate in the NRMP match to secure a PGY-1 year (either through a Preliminary or Transitional position)
  o The Advanced programs you apply to via the Urology Match should let you know their requirement of what type of PGY-1 position you must complete (Prelim Surgery vs. Prelim Medicine vs. Transitional position) prior to arriving to them in the PGY-2 year

• Uses ERAS for applying to programs
  o Can use ERAS to begin applying to programs on September 15

• Being an “early match”, applicants participating in this match will follow an accelerated time schedule, and programs will have earlier deadlines to apply by. Applicants will apply, interview, rank programs and match sooner
  o Urology Match takes place in January each year
Types of residency positions

Categorical (C)
Programs entered in June/July 2015 that begin in the PGY-1 year and provide the full training required for board certification in medical specialties

Advanced (A)
Programs that begin in June/July 2016 in the PGY-2 year after a year of prerequisite preliminary training. Example specialties – Dermatology, Diagnostic Radiology, Neurology

If matching into or applying to Advanced positions (via the NRMP or Early matches), must also apply to Preliminary/Transitional positions through the NRMP

Preliminary (P) and Transitional
Begin in June/July 2015, one-year programs beginning in the PGY-1 year that provide prerequisite training for advanced programs. Only available via the NRMP Match.

This is why Early Match participants must also participate in the NRMP Match, to get a PGY-1 position

There are two types of Preliminary Position: Prelim Surgery and Prelim Medicine. The Advanced programs you apply to should let you know their requirement of what type of PGY-1 position you must complete (Prelim Surgery vs. Prelim Medicine vs. Transitional position) prior to arriving to them in the PGY-2 year.

How the 3 different types of residency positions relate
Categorical programs cover all your training. But Advanced and Prelim/Trans programs rely on each other. Since Advanced programs do not begin until the PGY-2 year, students must complete a Preliminary or Transitional PGY-1 year before beginning the Advanced (PGY-2) position. So if you are applying to Advanced programs, you must also apply to and match into a Preliminary or Transitional year program. So you will actually have two matches, one for your Advanced, and the other for your PGY-1 year Preliminary or Transitional program. Also remember that all students are required to obtain their PGY-1 year via the NRMP Match, so you must use the NRMP Match to match into your Preliminary or Transitional PGY-1 position (regardless if you used the SF Match or Urology Match for your Advanced program match).

Note
When applying to programs, be aware that a single residency program may offer multiple tracks. Programs may offer Categorical and Advanced positions. So when applying in ERAS make sure to select the appropriate position you want to apply to, or you can select both and apply to both at the same time.
Components of the residency application

How you apply to residency programs differs with the various matching programs. The NRMP, Urology and Military Matches all use ERAS to apply. The SF Match has its own unique system where you gather your materials and send into them and let them know to which programs you want them distributed. The components of the complete residency application are are:

- **Common Application Form**
  - This is a Common Application Form - each program you apply to receives the same one

- **Letters of Recommendation**
  - Can send up to four to any one program (can get as many as you like)
  - For ERAS we have a cover sheet you must give to each letter writer, it can be found at [http://www.med.umn.edu/students/residency/](http://www.med.umn.edu/students/residency/). Your letter writer will then send the completed letter and cover sheet to Scott Davenport (his address is on the cover sheet)
  - LoR Portal – Letter writers can upload letters directly into your ERAS file
  - Remember your target date (9/15) to get these to Scott to scan into ERAS (see page 5)
  - Once received Scott Davenport will scan into ERAS
  - If you choose to view before they are sent out, it is your responsibility to view prior to them getting to Scott. Scott will scan into ERAS and transmit as soon as he gets them
  - If applying to SF Match programs, you can use the same letters of rec to apply to Prelim or Transitional programs using ERAS. The early Urology Match uses ERAS, so these letters will already be in the system for you to use for Prelim/Trans programs, but if you are applying to the SF Match and you want to use the same letters in ERAS to apply to Prelim or Transitional year programs you must get copies to Scott Davenport (remember, the SF Match does not use ERAS).

- **Personal Statement**

- **Medical Student Performance Evaluation (MSPE)**
  - Sent to all programs on October 1. This is a national date/rule that all medical schools must adhere to.

- **Medical School Transcripts**
  - In order to scan into ERAS, these must be received on white paper. To insure we receive them on white paper we have a special form you must use when requesting these from the registrars office, it can be found at [http://www.med.umn.edu/students/residency/](http://www.med.umn.edu/students/residency/).
  - Visit the University of Minnesota’s One Stop ([http://onestop.umn.edu/onestop/grades.html](http://onestop.umn.edu/onestop/grades.html)) to view a copy of your transcripts to
see what grades are in before requesting. If a grade is missing that you want on before requesting, contact the department offering the course to get it on

- Remember your target date to get these to Scott to scan into ERAS (see page 5)
- Will automatically go to each program you apply to via ERAS
- Can be updated in ERAS. Just use same request form and process to get an updated copy to Scott Davenport to be placed into ERAS where it will replace the copy already in the system.

- **Photo**
  - We will have a photo shoot over a couple days in July or August. We will use these photos for your residency and commencement program

- **USMLE Transcript**
  - These USMLE Transcripts contain your test history along with your scores
  - If applying to the SF Match you must provide them with a copy of your USMLE Step 1 Score Report as part of your application package for them
  - In ERAS, you will release your USMLE transcripts
  - Once released in ERAS, each program you apply to via ERAS will receive the most up-to-date copy of your USMLE Transcripts when you apply
  - Will have an option to have updated copies resent to each program you have applied to when new scores are placed on them (i.e. Step 2 scores). This is optional and sending Step 2 scores to programs is not a requirement. But certain programs may ask you for them.
# Application Pieces: Who Does What

<table>
<thead>
<tr>
<th>Piece</th>
<th>You</th>
<th>Me</th>
</tr>
</thead>
</table>
| Letters of Recommendation | • Get  
• Have them sent to me for ERAS, or  
• Have writer upload directly into ERAS via LoR Portal  
• Collect, send directly into SF Match | • Scan into your ERAS file, upload and transmit to assigned programs  
• file |
| Medical School Transcripts | • Get set released to me for ERAS  
• Collect and send into SF Match | • Scan into your ERAS file, upload and transmit to programs |
| Personal Statement     | • Create and enter directly into ERAS or send to SF Match |  |
| Photo                  | • Attend shoot  
• Assign to selected programs in ERAS  
• Send into SF Match | • Schedule shoot  
• Place into your ERAS file, upload and transmit to selected programs |
| USMLE Transcripts      | • Release in ERAS  
• Assign to selected programs  
• Retransmit if desire  
• Send score report into SF Match |  |
| MSPE                   | • Create Unique Characteristics and get to me  
• Complete InterviewStream  
• Meet with MSPE writer  
• Review and sign-off on it | • Compile all pieces, enter required data and student information  
• Organize creation and review process  
• Place into your ERAS file, upload and transmit to selected programs |
| Common Application Form | • Complete in ERAS  
• Complete and send into SF Match |  |
The following chart lists the average number of applications sent out for each specialty for this last year’s University of Minnesota match class (includes Class 2014 plus 28 past U of MN Med School grads who re-entered the match)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Average # of Applications Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>29</td>
</tr>
<tr>
<td>Child Neurology</td>
<td>27</td>
</tr>
<tr>
<td>Dermatology</td>
<td>57</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>43</td>
</tr>
<tr>
<td>Emergency Medicine/Family Medicine</td>
<td>2</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>19</td>
</tr>
<tr>
<td>Family Medicine/Preventive Medicine</td>
<td>2</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>24</td>
</tr>
<tr>
<td>Internal Medicine/Dermatology</td>
<td>4</td>
</tr>
<tr>
<td>Internal Medicine/Emergency Medicine</td>
<td>5</td>
</tr>
<tr>
<td>Internal Medicine/Family Practice</td>
<td>2</td>
</tr>
<tr>
<td>Internal Medicine/Medical Genetics</td>
<td>1</td>
</tr>
<tr>
<td>Internal Medicine/Pediatrics</td>
<td>22</td>
</tr>
<tr>
<td>Internal Medicine/Preventive Medicine</td>
<td>2</td>
</tr>
<tr>
<td>Neurology</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Average # of Applications Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics and Gynecology</td>
<td>24</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>79</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>75</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>70</td>
</tr>
<tr>
<td>Pathology-Anatomic and Clinical</td>
<td>25</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>23</td>
</tr>
<tr>
<td>Pediatrics/Medical Genetics</td>
<td>6</td>
</tr>
<tr>
<td>Pediatrics/Psychiatry/Child and Adolescent Psychiatry</td>
<td>5</td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>10</td>
</tr>
<tr>
<td>Plastic Surgery-Integrated</td>
<td>44</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>13</td>
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<tr>
<td>Radiation Oncology</td>
<td>34</td>
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<tr>
<td>Radiology-Diagnostic</td>
<td>34</td>
</tr>
<tr>
<td>Surgery-General</td>
<td>33</td>
</tr>
<tr>
<td>Transitional Year</td>
<td>11</td>
</tr>
<tr>
<td>Urology</td>
<td>62</td>
</tr>
<tr>
<td>Vascular Surgery-Integrated</td>
<td>40</td>
</tr>
</tbody>
</table>

** Preliminary Surgery and Preliminary Medicine are included in the Surgery and Internal Medicine numbers respectively.
ERAS

What is it?
ERAS (Electronic Residency Application Service) is the web based application program that manages your application materials and allows you to: enter application materials, select programs, assign application materials to programs and apply to programs. It is used to apply to programs that participate in the NRMP, Urology, and Military Matches. ERAS was created by and is administered by the AAMC.

Visit https://www.aamc.org/students/medstudents/eras/ for all the interesting details.

How ERAS works
There are four main pieces of the ERAS puzzle, each with a different responsibility:

1. **The applicant**
   a. Registers with ERAS
   b. Completes Profile and keeps up-to-date
   c. Completes Common Application Form and certifies
   d. Designates letter of rec writers
   e. Requests the release of their USMLE Transcripts
   f. Requests Medical School Transcripts be released to Dean’s Office
   g. Request letters of rec and for them to be sent to Dean’s Office
   h. Requests letter writers use LoR Portal
   i. Selects programs
   j. Assigns supporting materials (LoRs, personal statement, USMLE transcripts, photo) to programs
   k. Applies to programs

2. **Dean’s Office**
   a. Distributes registration Tokens
   b. Receives applicants supporting docs (letters of rec, medical school transcripts, MSPE and photos), scans into designated spots in individual student ERAS files, and uploads these materials into the ERAS PostOffice for programs (to which they have been assigned by the applicant) to download
   c. Provide support

3. **Letter writers**
   a. Complete and mail/email/fax in letters to be uploaded, or
   b. Upload letters directly via LoR Portal

4. **Residency Program**
   a. Downloads application materials assigned to them from applicants
   b. Communicates with applicant via ERAS message center

5. **ERAS “PostOffice”**
   a. Central server where each applicants MyERAS file is saved along with their documents
   b. Acts as central site where documents are stored and assigned by applicant and where programs go to download documents assigned to them by applicants
The process for an applicant in ERAS begins in late June or early July with the acquisition of a **Token**. These Tokens are individual codes that will allow applicants to register with ERAS. These Tokens will be distributed by the Dean’s Office (Scott Davenport) via email beginning in late June. Once a Token is received the applicant can use it to register with ERAS beginning July 1.

2. When registering the applicant will complete the **Profile** section of ERAS. This section contains the basic information about the applicant such as name, email address, phone number and is what programs will use to find contact information about a student. The Profile is always accessible and updatable by each applicant.

3. Once registered, the applicant can begin entering information into their **Common Application Form (CAF)**. The CAF can be saved and worked on over a period of time and can be certified beginning **September 15**. Once certified, the CAF cannot be changed. Once certified the applicant may begin applying to programs.

4. Prior to applying to programs the applicant can **designate and certify their letter of rec writers, enter their personal statement and release their USMLE transcripts** in ERAS.
5. Also prior to applying to programs (and also after you have begun applying) the applicant can select programs and assign their supporting documents to them. The documents that applicants will assign to programs are:
   - Letters of Rec (4)
   - Personal Statement (1)
   - USMLE Transcripts
   - Photo

Along with these assigned items, the following will automatically go to each program an applicant applies to and do not require assigning:
   - CAF
   - MSPE
   - Medical School Transcript

6. Once your CAF is certified you can begin applying to the programs (beginning September 15).
   - You will only certify your CAF once, and once certified it can not be changed.
   - The same CAF will be sent to each program you apply to.

7. Once you have begun to apply to programs you will begin to follow the process as shown in the image above on the left. You can continuously select new programs, assign documents, and apply. You can even enter new application materials (designate new letters of rec for example) and assign these to programs you have already applied to, or to new programs you select.

Key points to remember about ERAS

- You will only certify your CAF once. Once certified it is locked and can never be changed.
- You can collect as many letters of rec as you wish, but you can only assign a max of 4 to any one program.
- You do not need to wait till all your letters of rec are in to begin applying. All you need to do is designate and certify your letter writers in ERAS and assign these letters to programs. Once the letters have arrived they will be instantly transmitted to the programs they are assigned to and you have applied to.
- You can select new programs, assign docs and apply to them any time. Does not need to be done all at once.
- You can designate new letters of recommendation at any time and even assign new letters of recommendation and other materials to programs after you have applied to them.
ERAS processing fees are based on the number of programs applied to per specialty. MyERAS automatically calculates your fees and you may pay online. ERAS fees are the same for all applicants. The ERAS processing fee is dependent on the number of programs per specialty and the schedule is as follows:

**ERAS Fees***

<table>
<thead>
<tr>
<th>Under the Same Specialty</th>
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<tbody>
<tr>
<td>Programs Up to 10</td>
<td>$92</td>
</tr>
<tr>
<td>Programs 11-20</td>
<td>$9 each</td>
</tr>
<tr>
<td>Programs 21-30</td>
<td>$15 each</td>
</tr>
<tr>
<td>Programs 31 or more</td>
<td>$26 each</td>
</tr>
</tbody>
</table>

**Example 1**

30 *Emergency Medicine programs* \[\$92 + (\$9 \times 10) + (\$15 \times 10)\] = $332

**Example 2**

20 *OB/GYN programs* \[\$92 + (\$9 \times 10)\] + 10 *Family Medicine programs* \[\$92\] = $274

**Additional Fees**

USMLE Transcript - $70 assessed once per season

*These are ERAS 2014 fees. Expect ERAS 2015 fees to be same or similar*
Medical Student Performance Evaluation (MSPE)

What is it?
As defined by the AAMC:
“The MSPE describes, in a sequential manner, a student’s performance, as compared to that of his/her peers, through three full years of medical school and, as much as possible, the fourth year. The MSPE includes an assessment of both the student’s academic performance and professional attributes.”

The MSPE is a *performance evaluation*, not a recommendation. All medical students across the country get one and they are released nationally on October 1 to all the residency programs you have applied to. The MSPE contains NO ranking information and is NOT specialty specific. To make them as personal as possible you are involved in its creation.

The parts of the MSPE are:
- Identifying Information
- Unique Characteristics (written by student, edited by assigned MSPE writer, max 300 words)
- Academic History
- Academic Progress, including preclinical and clinical record
  - Selection of Clinical Evaluation Comments and grades (this is the bulk of the MSPE)
- Summary Paragraph (written by your MSPE writer)
- Appendices

MSPE Process
1. Make an appointment with your Faculty Advisor
   - a. Must meet with your Faculty Advisor writer before August 1
   - b. Bring copy of CV (and Personal Statement if have a final or rough draft of)
   - c. You *do not* need to know your career specialty before meeting
   - d. Required to do an InterviewStream recording prior to your meeting
2. Draft Unique Characteristics paragraph
   - a. Max 300 words, write in first person
   - b. Email to Scott Davenport the week prior to your meeting
3. Meet with your Faculty Advisor and review your MSPE as is up to that date
4. Continue to communicate with your Faculty Advisor concerning your MSPE and updates to it
5. Review your MSPE in September prior to October 1 release date
The MSPE and your role in its creation
You will author the Unique Characteristics portion of your MSPE with a max of 300 words. You will write it in the **FIRST** person about yourself. Paragraph may address some or all of the following topics:

- Personal values and characteristics
- Activities and rationale for selection
- Research activities
- International studies
- Other interests and hobbies
- Experiences between college and med school
- When appropriate, description of significant challenges or hardships

You will need to get your completed UC to Scott Davenport prior to your summer meeting with your Faculty Advisor. Scott will place into your MSPE and your Faculty Advisor will have access to it and can edit or change as they please.

Examples can be found at [http://www.meded.umn.edu/students/residency/](http://www.meded.umn.edu/students/residency/).
Links, Tweets, Facebook

NRMP
wwwnrmp.org
@TheNRMP
https://www.facebook.com/TheNRMP

San Francisco Match
www.sfmatch.org

AUA (Urology) Match:
http://www.auanet.org/education/urology-and-specialty-matches.cfm
@AmerUrological
https://www.facebook.com/AmerUrological

ERAS Info:
https://www.aamc.org/students/medstudents/eras/
@ERASinfo

MSPE Preparation Guide:

Fellowship and Residency Electronic Interactive Database (FREIDA):
http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-
online.page
@MedEdFREIDA

Medical School page with list of links to each department:
http://www.med.umn.edu/departments/home.html

Careers in Medicine (CiM):
https://www.aamc.org/cim/
@careersinmed
https://www.facebook.com/careersinmed
Acronym – o – rama!!

**AAMC ID** - Association of American Medical Colleges I.D. number. Received when you register on ERAS.

**ADTS** – Automatic Document Tracking System. Accessed through ERAS, you can track the receipt (upload and download) of all of your supporting docs.

**CAF** – Common Application Form. The 15 – 16 page application form you fill out inside MyERAS. You can also print it out to look just like a C.V.

**C.V.** – Curriculum Vitae – Fancy resume´.

**ERAS®**—aka, MyERAS, the Electronic Residency Application Service—is an application (tool) that transmits residency applications, letters of recommendation, Dean's Letters/MSPE, transcripts, and other supporting credentials from applicants and medical schools to residency programs using the Internet.

**LORs** – Letters of Recommendation.

**MSPE** – Medical Student Performance Evaluation. A summary of the medical student’s education, used for applying to residencies and fellowships. Formerly known as The Dean’s Letter.

**NBME** – National Board of Medical Examiners An independent, not-for-profit organization that provides high-quality examinations for the health professions, such as the USMLE Ste 1 and 2 exams.

**NRMP** – National Resident Matching Program. A private, not-for-profit corporation established in 1952 providing a uniform date of appointment to positions in graduate medical education (GME) in the United States. Five organizations sponsor the NRMP: American Board of Medical Specialties (ABMS), American Medical Association (AMA), Association of American Medical Colleges (AAMC), American Hospital Association (AHA), and Council of Medical Specialty Societies (CMSS). (There are some more acronyms for you.)

**ROL** – Rank Order List. Submitted during the ranking portion of the match. The ROL system is found on the NRMP web site.

**USMLE™** - The United States Medical Licensing Examination is sponsored by the Federation of State Medical Boards (FSMB) of the United States, Inc., and the National Board of Medical Examiners® (NBME®). Results of the USMLE are reported to medical licensing authorities in the United States and its territories for use in granting the initial license to practice medicine. The three Steps of the USMLE assess a physician's ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care. This is where your board scores are “transmitted” from through ERAS.

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CV Template (Based on ERAS Residency Common Application Form)

**General Info**
Name
Address
Contact Info (phone, email)

**Medical Education**
Institution name
Degree seeking
Dates attended (MM/YYYY – MM/YYYY)

**Medical School Honors and Awards**
Honor/Award title
Date issued

**Membership in Honorary/Professional Societies**
Name of group
Related dates

**Other Education (non med school)**
Institution name
Location
Education type (undergrad, grad, other)
Degree obtained (BA, BS, MA, MS, PhD, etc…)
Dates attended (MM/YYYY – MM/YYYY)

**Experience**
Type – Work, Volunteer or Research
Organization
Position (title)
Location (Country, State/Province, City)
Average Hours/Week
Description
Dates (from MM/YYYY – MM/YYYY)

**Publications**
Publication type (and related info):
  - Peer reviewed journal articles/abstracts
    (Journal Article(s)/Abstract(s) Title, Author(s), Publication Name, PMID,
     Volume, Issue #, Pages, Month/Year)

  Peer reviewed journal articles/abstracts (other than published)
  (Journal Article(s)/Abstract(s) Title, Author(s), Publication Name, Publication
   Status, Month/Year)
Peer reviewed book chapter
(Chapter Title, Name of Book, Author(s), Editor(s), Publisher, Page(s), City, Year)

Scientific monograph
(Monograph Title, Publication Name, Volume, Issue #, Author(s), Year)

Other articles
(Title of Other Article, Author(s), Publication Name, Month/Year)

Poster presentation
(Poster Presentation Title, Author(s)/Presenters Year, Event/Meeting, Country, State/Province, City)

Oral presentation
(Oral Presentation Title, Author(s)/Presenters, Event/Meeting, State/Province, Country, City, Month/Year)

Peer reviewed online publication
(Online Publication Title, Author(s), URL, Month, Day, Year)

Non peer reviewed online publication
(Online Publication Title, Author(s), URL, Month, Day, Year)

**Language Fluency**
Language
Level of proficiency
Proficiency Description

**Hobbies and Interests**
Just list them

**Other Awards/Accomplishment**
Just list them
Sample personal statement

My decision to pursue a career in obstetrics and gynecology is based on positive and rewarding medical school experiences, and the belief that my personality, attitude, and skills are well suited to the field of obstetrics and gynecology. Many medical school rotations are interesting and challenging, but I did not find any quite as enjoyable and gratifying as obstetrics and gynecology.

Many of the skills I have developed throughout my life will help me in my career as an obstetrician/gynecologist. I have always been a "hands on" person both in my personal and professional life whether as a medical student in the operating room or clinic, as a dental hygienist in the dental office previously, or involved in my outside interests. I learned to be meticulous and a strong team member during my years as a dental hygienist. Preventive education and care were an important part of my role in the dental office and a priority for me. I demonstrated my commitment to this principle by developing and implementing preventive programs both in the office and in the community. I am accustomed to long hours and hard work. While finishing my degree and preparing for medical school, I worked full-time most quarters and still carried a full credit load. I will apply many of these same principles of communication, prevention, and quality patient care as an obstetrician/gynecologist.

I approached the third and fourth years of medical school with curiosity and enthusiasm, but was especially interested in my obstetrics and gynecology rotation. I enjoyed being in the operating room and seeing patients in clinic. Here was clearly an opportunity to apply my interpersonal skills, use my hands in diagnosis and treatment, and provide preventive care and education. This was a specialty with ongoing patient care and the opportunity to establish long term relationships. To solidify my decision I completed a preceptorship at the Marshfield Clinic, a tertiary care center in rural Wisconsin. This experience confirmed by belief that my skills and goals are congruent with a career in obstetrics and gynecology.

I seek a strong residency program that will prepare me for the future. At this time I am leaning toward a clinical career in private practice providing quality care to women of all ages and backgrounds. Pursuing a fellowship in either maternal-fetal medicine or gynecology-oncology are both intriguing possibilities. I expect further exploration and decision making will be a natural part of my residency. I would like to be involved in some clinical research and look forward to teaching, both as a resident and as a physician. I found it a true test of one's knowledge to explain a concept to others and often to be as valuable to the teacher as to the student. During my quarter as an undergraduate teaching assistant in animal biology lab, I gained a new appreciation for the skill and art of being a good teacher. I discovered the exchange between teacher and student to be quite rewarding.

Volunteering has been an important aspect of my life. This has been my way of giving to those less fortunate and expressing appreciation for the good fortune and opportunity I have had. I plan to continue donating time and eventually financial support.

I am eagerly looking forward to my residency and career.
SAMPLE MSPE

MEDICAL STUDENT PERFORMANCE EVALUATION
For

John Q. Student

November 1, 2010

IDENTIFYING INFORMATION
John Q. Student is a fourth-year student at the University of Minnesota Medical School in Minneapolis, MN.

UNIQUE CHARACTERISTICS
As prepared by student:

As a medical student at the University of Minnesota, I have sought to integrate my undergraduate education in philosophy with my commitment to social justice through patient care, activism, and scholarship. During my first two years, I worked as a student volunteer at the Phillips Neighborhood Clinic, which serves uninsured patients in one of Minneapolis' poorest neighborhoods. In keeping with these goals, I co-founded a chapter of Physicians for Human Rights (PHR) at the medical school. In my role as PHR chairperson, I wrote op-ed articles; organized informational lectures for physicians; lobbied at the state and national legislative levels; and initiated a "town hall" meeting to discuss the global AIDS crisis with U.S. Senator Norm Coleman (R-MN), health care professionals, and community activists. I also served for two years as a student representative on the Medical School Diversity Task Force. Finally, I am writing an article on the civic responsibilities of physicians for the University of Minnesota's Consortium on Law and Values in Health, the Life Sciences, and the Environment.

In order to gain insight into the needs of globally underserved communities, I extended my graduation by a year to study abroad. A 2008 Amnesty International Patrick Stewart grant enabled me to complete a research internship examining civil society organizations in South Africa where human rights frameworks are utilized to achieve improvements in health. A grant from the American Medical Women's Association allowed me to undertake an extended clinical outpatient rotation in rural Ecuador. As a medical student, I have also visited Ghana, Uganda, Rwanda, Turkey, Cuba, and Nicaragua.

ACADEMIC HISTORY
Date of Expected Graduation from Medical School: May 6, 2011
Date of Initial Matriculation in Medical School August 6, 2007

Did this student's educational program contain any leave(s) of absence, extension(s), or other gaps?  If yes, explain. No

Was this student required to repeat or otherwise remediate any coursework during his/her medical education?  If yes, explain. No

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Was this student the recipient of any adverse action(s) by the medical school or its parent institution?  If yes, explain. **No**

**ACADEMIC PROGRESS**

**Preclinical/Basic Science Curriculum:**
John Q. Student successfully completed his basic science coursework.

**Core Clinical Clerkships and Elective Rotations** - The following are representative narrative comments from evaluations:

**PEDIATRICS (Summer 2009)**  
Excellent  
John Q. Student, a third year student interested in a career in emergency medicine, did a wonderful job on his pediatric rotation. John Q. Student showed remarkable growth in his knowledge base and clinical skills. He had good participation in conferences and rounds. In the clinic setting he was very strong: "efficient, hard working and thorough". John Q. Student was clearly eager to learn; "a meticulous student who pays close attention to detail". He learns independently and clearly is pleased to be a medical student. John Q. Student presented a well research talk on pediatric poisoning to the entire group using PowerPoint. His sample write up was clear and comprehensive. John Q. Student will be a strong and successful candidate for a residency position.

**MEDICINE (Fall 2009)**  
Excellent  
Concise, organized, pertinent past medical history, major problem list. Thorough exam and Review Of System. Defense of rank order of diagnostic documented - first steps of evaluation plan provided. Punctual, able to work independently, humble, incorporated suggestions readily. Functions well with team. John Q. Student was an asset to the team.

**ADVANCED MEDICINE (Fall 2009)**  
Excellent  
Very motivated to look up new problems.

The student did a good job during his rotation. He has demonstrated interest in learning and improving his skill.

John Q. Student is an independent learner and was a valuable and reliable member of my team. More importantly, he developed relationships with his patients over their short hospital course, building their trust of the team.

**NEUROLOGY (Fall 2009)**  
Excellent  
Excellent student. Intelligent and hard-working.

**PRIMARY CARE CLERKSHIP (Spring 2010)**  
Excellent  
John Q. Student is a very motivated and diligent student and was committed to this rotation. He made efforts to stay longer as the need arose and allowed flexibility of preceptorship. Our nursing and pediatric staff enjoyed working with John Q. Student. He asked pertinent questions of both my patients and their parents and me both during the clinical visits and after the encounters. He was very respectful of my patients/parents and their needs and was not at all pushy or overbearing. He had excellent questions and
insight. This rotation emphasized exposure to a high volume of patients and pathology at the expense of medical student seeing patients independently, but John Q. Student and I worked together to optimize “hands-on/Eyes-on” pathology and findings. He was a delight to have in clinic and will make an excellent G-1 resident.

Performing beyond level of training. Excellent student.

SURGERY (Spring 2010) Honors
John Q. Student was a valuable member of the general surgery team at the VAMC. He was thorough and dependable while working-up and caring for the patients he followed on the service. His technical skills were above average for his peer group and he responded favorably under pressure.

Hardworking and well motivated. Completed all assigned daily patient care responsibilities. Outstanding fund of medical/surgical knowledge, and outstanding clinical problem solving skills. Very well read about surgical problems.

NEPHROLOGY (Summer 2010) Excellent
John Q. Student needs to work on organizing his presentations and work on synthesizing information into a coherent case. Making progress. Absolutely delightful to work with him as he is motivated and stimulated to learn.

More than almost any student I have ever worked with, John Q. Student was/is able to synthesize the history, exam, data, and assess/plan in a coherent manner to provide a story that is clear and very easy to understand. He has a very strong work ethic and is well liked by patients, families, and colleagues. His ability to efficiently evaluate a complex patient will be a great asset in his future career in Emergency Medicine. I hope he chooses to stay at HCMC, if he desires, as he would be a great addition to our hospital.

EMERGENCY MEDICINE (Summer 2010) Excellent
John Q. Student was an enthusiastic and attentive student throughout his emergency medicine elective. His easy acceptance of any suggestion made him a hit with the staff and allowed him to efficiently care for patients during the rotation.

Clinically, John Q. Student is an excellent student, capable of quickly adapting to the systems and routine of the Emergency Department. His technical skills were excellent for his level of training. He was enthusiastic about what he was doing and appeared motivated to learn. He is able to develop realistic and appropriate diagnostic, management and disposition plans for his patients. John Q. Student is a courteous, confident and dedicated young man, with an excellent knowledge base and sound work ethic.

INTERDISCIPLINARY RESEARCH - TOXICOLOGY (Summer 2010) Honors
John Q. Student did an excellent job on the Toxicology/Emergency Medicine clerkship. He demonstrated initiative and perseverance in handling assignments. His presentations on toxicology topics to our staff and residents were very informative and demonstrated that he had gone beyond textbooks to research his topics.

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John Q. Student showed an eagerness to learn and improve his clinical judgment. His clinical knowledge in toxicology improved at an outstanding pace during the clerkship. He was very attentive to detail and anticipated potential problems when doing procedures in the ED.

Although John Q. Student has a quiet demeanor, he interacted extremely well with our staff, gained rapid rapport with patients, and showed dedication to medicine and learning. He was a patient advocate and always considered the patient’s social psychological situations and needs.

He has a strong interest in Emergency Medicine and will be an outstanding G1 resident.

ANESTHESIOLOGY (Fall 2010) Excellent
John Q. Student was one of the better students we had. He had excellent initiative on the wards and in the operating room. He interacted well with the nurses and residents and performed well on his oral examinations. He should consider a career in anesthesiology, although I think he would do well in any field of medicine.

SUMMARY OF PERFORMANCE
As prepared by MSPE writer:

John Q. Student had a strong performance in the basic sciences as demonstrated by his above average score on the USMLE Step 1 examination. He has continued this excellent record of achievement in the clinical setting and has received "Honors" in several of his clinical clerkships. In his first rotation, Pediatrics, he showed remarkable growth in his knowledge base and clinical skills. By the end of his third year he was performing at a level above expectations. John Q. Student is efficient, hardworking, meticulous, and detail-oriented. He writes clearly and comprehensively, and expresses himself concisely. John Q. Student is an independent learner who is motivated, diligent and punctual. His respectful and tactful interpersonal style is appreciated by his teachers and colleagues. John Q. Student possesses a genuine interest in learning, intellectual curiosity and insight, as well as above average technical skills. John Q. Student is well qualified to begin graduate medical education at your institution.

Sincerely,

Your Faculty Advisor