ERAS 2013 - MyERAS Application Worksheet

This worksheet may be printed and used to begin completing your MyERAS Application off-line.

Questions represent both the Profile portion of MyERAS as well as your online application. All required fields are highlighted in red. Please note, however, that some of these fields are required only in certain circumstances.

Profile

First Name
Middle Name
Last Name
Suffix
Previous Last Name
Preferred Name
Contact E-mail
SSN
Canadian SIN

Present Mailing Address

Country
Street Address
City
State/Province
Zip Code
Preferred Phone
Alternate Phone
Pager
Mobile
Fax

Citizenship

☐ US Citizen
☐ Non-US Citizen - Please indicate one of the following:

Current Visa/Employment Authorization (Select all that may apply):

Use Ctrl to select multiple values.
If you are a foreign national, outside the US, or currently in the US in valid visa status, please respond:
Will you need visa sponsorship through ECFMG (J-1) or the teaching hospital (H1B) in order to participate in US residency training?

☐ Yes  ☐ No*

*If no, Expected Visa/Employment Authorization (Select all that may apply):

USMLE ID [ ] (Required for USMLE transcript transmission)

NBOME ID [ ]

Match Information

American Osteopathic Association Member Number [ ] (Osteopathic Medical Students Only)

American Osteopathic Association Match Number [ ] (Osteopathic Medical Students Only)

American Urology Association Number [ ] (Required for Urology Match Participants Only)

I plan to participate in the NRMP Match  ☐ Yes  ☐ No*

Participating as Couple in NRMP  ☐

Partner’s Name [ ]

Specialties partner is applying to [ ]

☐ I am ACLS (Advanced Cardiac Life Support) certified in the US. Expiration Date [ ] MM / DD / YYYY

☐ I am PALS (Pediatric Advanced Life Support) certified in the US. Expiration Date [ ] MM / DD / YYYY

Alpha Omega Alpha Status (Leave Blank, if Not Applicable) [ ]

Sigma Sigma Phi Status (Leave Blank, if Not Applicable) [ ]
I understand and agree 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 transfer of my personal data to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in the Privacy Policies.

Application

General Tab

Birth Place [Blank] Birth Date (MM/DD/YYYY) [Blank] Gender [Blank]

Permanent Mailing Address [Blank] Copy from Profile

Country [Blank]

Street Address [Blank]

City [Blank]

State/Province [Blank] Zip/Postal Code [Blank]

Phone # [Blank]

Are you committed to fulfill a US military active duty service obligation/deferral?

☐ Yes  ☐ No  Years [Blank]  Branch [Blank]

Do you have any other service obligations? (i.e. Military Reserves or Public Health/State programs)

☐ Yes  ☐ No  Description (255 Char Limit) [Blank]

Education Tab

(Include only Higher Education)

This section allows entries for each Undergraduate and Graduate School you have attended.

Entry 1

☐ None

Institution [Blank]

Location [Blank]

Education Type [Blank]

Field of Study [Blank]

Degree expected or earned [Blank]

Degree [Blank]

Degree Month [Blank]  Degree Year [Blank]
Dates of Attendance
From Month [ ] Year [ ]
To Month [ ] Year [ ] Leave month/year blank if experience is ongoing

Entry 2
None
Institution
Location
Education Type
Field of Study
Degree expected or earned
Degree
Degree Month [ ] Degree Year [ ]
Dates of Attendance
From Month [ ] Year [ ]
To Month [ ] Year [ ] Leave month/year blank if experience is ongoing

Medical Education Tab
This section allows entries for each Medical School you have attended.

Entry 1
Country [ ] Institution
Degree expected or earned
Degree
Degree Month [ ] Degree Year [ ]
Dates of Attendance
From Month [ ] Year [ ]
To Month [ ] Year [ ] Leave month/year blank if experience is ongoing

Entry 2
Country [ ] Institution
Degree expected or earned
Degree
Degree Month [ ] Degree Year [ ]
Dates of Attendance

From  

To  

Leave month/year blank if experience is ongoing

Training Tab

Current/Prior Training

Please include each D.O. Internship, D.O. Residency, M.D. Residency, and/or M.D. Fellowship you have completed or are currently in.

Entry 1

☐ None

Type of Training

Specialty

Institution/Program

Country

State/Province

City

Program Director

Supervisor

Dates of Residency/Osteopathic Internship/Fellowship

From  

To  

Reason for Leaving

(510 Characters)

Entry 2

☐ None

Type of Training

Specialty

Institution/Program

Country

State/Province

City

Program Director
Dates of Residency/Osteopathic Internship/Fellowship

From Month: [ ] Year: [ ]

To Month: [ ] Year: [ ]

Reason for Leaving (510 Characters):

Experience Tab

(Include clinical and teaching experience as work experiences; include all unpaid extra-curricular activities and committees you have served on as volunteer experiences). This section allows entries for each work, volunteer, or research experience.

Entry 1

☐ None

Experience Type: [ ]

Organization: [ ]

Position: [ ]

Supervisor: [ ]

Country: [ ]

State/Province: [ ]

City: [ ]

Average Hours/Week: [ ]

Description (1020 Char):

Reason for Leaving (510 Char):

Dates of Experience

From Month: [ ] Year: [ ]

To Month: [ ] Year: [ ] Leave month/year blank if experience is ongoing
Entry 2

☐ None

Experience Type

Organization

Position

Supervisor

Country

State/Province

City

Average Hours/Week

Description
(1020 Char)

Reason for Leaving
(510 Char)

Dates of Experience

From Month __________ Year ________

To Month __________ Year ________ Leave month/year blank if experience is ongoing

Publications Tab

This section allows entries for each of your publications.

Select from:
Peer Reviewed Journal Articles/Abstracts
Peer Reviewed Journal Articles/Abstracts (Other than Published)
- Statuses: Submitted, Provisional Accepted, Accepted or In-Press
Peer Reviewed Book Chapter
Scientific Monograph
Other Articles
Poster Presentation
Oral Presentation
Peer Reviewed Online Publication
Non Peer Reviewed Online Publication
### Peer Reviewed Journal Articles/Abstracts

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td></td>
</tr>
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</table>

**Format:**
For one author: LastName FirstInitialMiddleInitial
For multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

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<thead>
<tr>
<th>Publication Name</th>
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<tbody>
<tr>
<td>PMID</td>
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<tr>
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<tr>
<td>Issue Number</td>
<td></td>
</tr>
<tr>
<td>Pages</td>
<td>(eg. 200-212)</td>
</tr>
<tr>
<td>Month</td>
<td>Year</td>
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</table>

### Peer Reviewed Journal Articles/Abstracts (Other than Published)

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Author(s)</td>
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For multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

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### Peer Reviewed Book Chapter

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**Format:**
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For multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

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<tr>
<td>State/Province</td>
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<tr>
<td>Year</td>
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<tr>
<td>Scientific Monograph</td>
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<td></td>
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<td>Title</td>
<td></td>
</tr>
<tr>
<td>Publication Name</td>
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<td>Volume</td>
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<tr>
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<td></td>
<td>(eg. 200-212)</td>
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<table>
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<tr>
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</tr>
<tr>
<td>Day</td>
</tr>
<tr>
<td>Year</td>
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<table>
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<td>Author(s)/Presenter(s)</td>
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<td>Event/Meeting</td>
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<tr>
<td>State/Province</td>
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<tr>
<td>Month</td>
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<tr>
<td>Year</td>
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</table>

<table>
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<tr>
<th>Oral Presentation</th>
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<tbody>
<tr>
<td>Title</td>
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</tbody>
</table>
Author(s)/Presenter(s)

Format:
For one author: LastName FirstInitialMiddleInitial
For multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

Event/Meeting

Country

State/Province

City

Month [ ] Year [ ]

Peer Reviewed Online Publication

Title

Author(s)

Format:
For one author: LastName FirstInitialMiddleInitial
For multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

URL

Month [ ] Day [ ] Year [ ]

Non Peer Reviewed Online Publication

Title

Author(s)

Format:
For one author: LastName FirstInitialMiddleInitial
For multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

URL

Licensure Information Tab

Has your medical license ever been suspended/revoked/voluntarily terminated?

☐ Yes  ☐ No  Month [ ] Day [ ] Year [ ]

Reason

(510 Char)
Have you ever been named in a malpractice case?

- Yes
- No

Reason

(510 Char)

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges?

- Yes
- No

Reason

(510 Char)

Have you ever been convicted of a misdemeanor in the United States?

- Yes
- No

If yes, explain

(510 Char)

Have you ever been convicted of a felony in the United States?

- Yes
- No

If yes, explain

(510 Char)

Are you Board Certified?

- Yes
- No

Board Name

DEA Registration Number

Expiration Month  Expiration Year

Note: DEA is for US Medical License holders only
Medical Licenses Tab

State Medical Licenses
This section allows entries for each of your state medical licenses.

☐ None

Entry 1

State

License Type:

License Number

Expiration Month   Expiration Year

Entry 2

State

License Type:

License Number

Expiration Month   Expiration Year

Self Identify

If you are a citizen of a European Country, please do not provide a response, and select "Prefer not to say."

If you prefer not to self-identify, please select "Prefer not to say" and save. If you do select a major category, a subcategory or "Other" must be selected. You are not required to enter text in the field next to "Other."

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

☐ Prefer not to say

☐ Hispanic, Latino, or of Spanish origin

   ☐ Argentinean

   ☐ Colombian

   ☐ Cuban

   ☐ Dominican

   ☐ Mexico/Chicano

   ☐ Peruvian

   ☐ Puerto Rican

Other
☐ American Indian or Alaskan Native

☐ Asian

☐ Bangladeshi

☐ Cambodian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Indian

☐ Indonesian

☐ Laotian

☐ Pakistani

☐ Taiwanese

☐ Vietnamese

☐ Other

☐ Black or African American

☐ African American

☐ Afro-Caribbean

☐ African

☐ Other

☐ Native Hawaiian

☐ Native Hawaiian

☐ Guamanian

☐ Samoan

☐ Other

☐ 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 concepts.

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

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

<table>
<thead>
<tr>
<th>Language</th>
<th>Language</th>
<th>Language</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanian</td>
<td>French Creole</td>
<td>Mon-Khmer, Cambodian</td>
<td>Tamil</td>
</tr>
<tr>
<td>American Sign Language</td>
<td>German</td>
<td>Navajo</td>
<td>Telugu</td>
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<tr>
<td>Amharic</td>
<td>Greek</td>
<td>Nepali</td>
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<tr>
<td>Arabic</td>
<td>Gujarati</td>
<td>Norwegian</td>
<td>Tongan</td>
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<td>Armenian</td>
<td>Hebrew</td>
<td>Patois</td>
<td>Turkish</td>
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<tr>
<td>Bantu</td>
<td>Hindi</td>
<td>Pennsylvania Dutch</td>
<td>Ukrainian</td>
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<tr>
<td>Bengali</td>
<td>Hmong</td>
<td>Persian</td>
<td>Urdu</td>
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<tr>
<td>Bulgarian</td>
<td>Hungarian</td>
<td>Polish</td>
<td>Vietnamese</td>
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<tr>
<td>Burmese</td>
<td>Ilocano</td>
<td>Portuguese</td>
<td>Yiddish</td>
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<tr>
<td>Cajun</td>
<td>Indonesian</td>
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<tr>
<td>Chinese</td>
<td>Italian</td>
<td>Romanian</td>
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<td>Croatian</td>
<td>Japanese</td>
<td>Russian</td>
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<td>Cushite</td>
<td>Kannada</td>
<td>Samoan</td>
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<tr>
<td>Czech</td>
<td>Korean</td>
<td>Serbian</td>
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<tr>
<td>Danish</td>
<td>Kru, Ibo, Yoruba</td>
<td>Serbocroatian</td>
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<tr>
<td>Dutch</td>
<td>Laotian</td>
<td>Slovak</td>
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<tr>
<td>English</td>
<td>Lithuanian</td>
<td>Spanish/Spanish Creole</td>
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<td>Finnish</td>
<td>Malayalam</td>
<td>Swahili</td>
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<td>Mande</td>
<td>Syriac</td>
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</tr>
<tr>
<td>French</td>
<td>Marathi</td>
<td>Tagalog</td>
<td></td>
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</tbody>
</table>
The following two questions are to be answered by International Medical Graduates (IMGs) only.

Will you or your medical school provide a MSPE to the ERAS Documents office at ECFMG?
- Yes
- No

Will you or your medical school provide a transcript to the ERAS Documents office at ECFMG?
- Yes
- No

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

Limiting Aspects
(S10 Char)

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

Reason
(S10 Char)

Hobbies & Interests
(S10 Char)

Medical School Awards
(S10 Char)
When you are ready to certify and submit your online MyERAS Application, ERAS will require you to acknowledge the following statement:

I certify that the information contained within my 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; may also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program. I also understand and agree to the AAMC 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 the Privacy Policies. In addition, I consent to the transfer of my personal data to AAMC in the United States, to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in the Privacy Policies.