

ERAS 2010 - MyERAS Application Worksheet

This worksheet may be printed and used to begin completing your ERAS application off-line.

The questions represent both the Profile portion of MyERAS as well as the 12 pages of your online application. All required fields are marked with an asterisk (*). Please note, however, that some of these fields are required only in certain circumstances. For example, if you state that you did earn or expect to receive a degree from an institution, you will be required to enter that degree.

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: _____* ZipCode: _____

Preferred Phone: _____* Alternate Phone: _____ Pager: _____

Mobile: _____ Fax: _____

Citizenship: *

- US Citizen
- Foreign National
- Permanent Resident
- Conditional Permanent Resident
- Refugee/asylum/displaced

Current and Expected Visa Types: (for Foreign Nationals only - select all that may apply)

- B-1** - Temporary visitor for business
- B-2** - Temporary visitor for pleasure
- F-1** - Academic student
- F-2** - Spouse or child of F-1
- 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, H-3
- J-1** - Visa for exchange visitor
- J-2** - Spouse or child of J-1
- O-1** - Extraordinary ability in sciences, arts, education, business, or athletics
- TN** - NAFTA trade visa for Canadians and Mexicans
- E-2** - Treaty investor, spouse and children
- Diplomatic Service**
- Immigrant**
- EAD** - Employment Authorization
- Other**

USMLE ID: _____ (Required for USMLE transcript transmission)

NBOME ID: _____ (Required for COMLEX transcript transmission)

Match Participation:

AOA Member Number: _____ (for osteopathic medical students only)

AOA Match Number (NMS number): _____ (for osteopathic medical students only)

AUA Number: _____ (required for Urology Match participants only)

- I plan to participate in the NRMP Match.
- I am applying as part of a couple AND wish to notify programs of this.

Partner's Name: _____

Specialties partner is applying to: _____

Alpha Omega Alpha Status, if applicable:

- Member of AOA
- AOA elections held in Senior Year
- No AOA Chapter at my School

Sigma Sigma Phi Status, if applicable: (for osteopathic applicants only)

- Member of SSP
- SSP elections held in Senior Year
- No SSP Chapter at my School

I am ACLS (Advanced Cardiac Life Support) certified in the U.S.A. Expiration Date: _____

I am PALS (Pediatric Advanced Life Support) certified in the U.S.A Expiration Date: _____

International Medical Graduates (IMGs) only

Are you certified by the Educational Commission for Foreign Medical Graduates (ECFMG)?

- Yes
- No

Month: _____ Year: _____

Application - Page 1 - General

Birth Place: _____

Birth Date: _____

Gender: *

- Female
- Male
- No Response

Permanent Mailing Address:

Country: _____*

Street Address: _____*

City: _____* State/Province: _____ Zip/Postal Code: _____

Phone: _____

Are you committed to fulfill U.S. military active duty service obligations/deferments? *

- Yes
- No

If Yes: Years: _____ Branch: _____

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

- Yes
- No

Description (up to 255 characters): _____

Application - Page 2 – Education (include only higher education)

For each non-medical educational institution you have attended, please provide the requested information. This worksheet has space for you to make two entries. You may create as many entries as needed online.

Entry 1:

None

Institution: _____ *

Location: _____ *

Education Type: * Undergraduate Graduate Other

Major: _____ *

Degree expected or earned: * Yes No Degree: _____

Degree Month: _____ Degree Year: _____

Dates of Attendance:

From: Month: _____ * Year: _____ *

To: Month: _____ * Year: _____ Leave month/year blank if experience is ongoing.

Entry 2:

None

Institution: _____ *

Location: _____ *

Education Type: * Undergraduate Graduate Other

Major: _____ *

Degree expected or earned: * Yes No Degree: _____

Degree Month: _____ Degree Year: _____

Dates of Attendance:

From: Month: _____ * Year: _____ *

To: Month: _____ * Year: _____ Leave month/year blank if experience is ongoing.

Application - Page 3 - Medical Education

For each medical school you have attended, please provide the requested information. This worksheet has space for you to make two entries. You may create as many entries as needed online.

Entry 1:

Country: _____ * Institution: _____

Other Institution: _____ *Only enter an "other" institution if yours is not listed. Most are listed.*

Degree expected or earned: * Yes No

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: _____

Other Institution: _____ *Only enter an "other" institution if yours is not listed. Most are listed.*

Degree expected or earned: * Yes No

Degree: _____ Degree Month: _____ Degree Year: _____

Dates of Attendance:

From: Month: _____ * Year: _____ *

To: Month: _____ * Year: _____ *Leave month/year blank if experience is ongoing.*

Application - Page 4 – Current/Prior Training

For each residency, fellowship or osteopathic training position you have held or currently are in, regardless of the amount of time spent there, please provide the requested information. This worksheet has space for you to make two entries. You may create as many entries as needed online.

None

Entry 1:

Type of Training:^{*} Residency Fellowship Osteopathic training

Specialty: _____^{*} Institution/Program: _____^{*}

Country: _____^{*} State/Province: _____ City: _____^{*}

Years: _____^{*}

Program Director: _____^{*} Supervisor: _____^{*}

Chief Resident (only available for fellowship applicants)

Dates of Residency/Fellowship/Osteopathic training:

From: Month: _____^{*} Year: _____^{*}

To: Month: _____^{*} Year: _____^{*}

Reason for leaving (up to 510 characters): _____

Entry 2:

Type of Training:^{*} Residency Fellowship Osteopathic training

Specialty: _____^{*} Institution/Program: _____^{*}

Country: _____^{*} State/Province: _____ City: _____^{*}

Years: _____^{*}

Program Director: _____^{*} Supervisor: _____^{*}

Chief Resident (only available for fellowship applicants)

Dates of Residency/Fellowship/Osteopathic training:

From: Month: _____^{*} Year: _____^{*}

To: Month: _____^{*} Year: _____^{*}

Reason for leaving (up to 510 characters): _____

Application - Page 5 - Experience(s)

Provide the requested information for each relevant work, research, and volunteer experience/position. Include clinical and teaching experience as work experiences, and include all unpaid extracurricular activities and committees you have served on as volunteer experiences. This worksheet has space for you to make two entries. You may create as many entries as needed online.

o **None**

Entry 1:

Experience Type: o Work o Research o Volunteer *

Organization: _____* Position: _____*

Supervisor: _____*

Country: _____* City: _____* State/Province: _____*

Average Hours/Week: _____

Description (up to 1020 characters): _____

Reason for leaving (up to 510 characters): _____

Dates of Experience:

From: Month: _____* Year: _____*

To: Month: _____* Year: _____ (*Leave month/year blank if experience is ongoing*)

Entry 2:

Experience Type: o Work o Research o Volunteer *

Organization: _____* Position: _____*

Supervisor: _____*

Country: _____* City: _____* State/Province: _____*

Average Hours/Week: _____

Description (up to 1020 characters): _____

Reason for leaving (up to 510 characters): _____

Dates of Experience:

From: Month: _____* Year: _____*

To: Month: _____* Year: _____ (*Leave month/year blank if experience is ongoing*)

Application - Page 6 - Publications

For each publication/presentation, please provide the requested information by publication type, as indicated. Each publication may request different information based on citation requirements, provide the requested information by publication type, as indicated. You may create as many entries as needed online.

The fields marked with an asterisk (*) must be filled in, but only if you have publications to enter. If you have no publications to enter, select **None**.

o **None**

Publication Type:*

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:

Title: _____ *

Author(s): _____ *

Format for one author: LastName FirstInitialMiddleInitial

Format for multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

Publication Name: _____ *

PMID: _____ (*Publication MEDLINE Unique Identifier*)

Volume: _____ * Issue No: _____ * Pages: _____ *

Month: _____ * Year: _____ *

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

Journal Article/Abstract Title: _____ *

Author(s): _____ *

Format for one author: LastName FirstInitialMiddleInitial

Format for multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

Publication Name: _____ *

Publication Status: Submitted, Provisional Accepted, Accepted **or** In-Press

Application - Page 6 - Publications *(continued)*

For each publication/presentation, please provide the requested information per publication type, as indicated. Each publication may request different information based on citation requirements, provide the requested information by publication type, as indicated. You may create as many entries as needed online.

The fields marked with an asterisk (*) must be filled in, but only if you have publications to enter.

Peer Reviewed Book Chapter:

Chapter Title: _____* Name of Book: _____*

Author(s): _____*

Format for one author: LastName, FirstInitial.MiddleInitial

Format for multiple authors: LastName, FirstInitial.MiddleInitial., & LastName, FirstInitial.MiddleInitial

Editor(s): _____* Publisher: _____*

Pages: _____* Country: _____* State/Province: _____*

City: _____* Year: _____*

Scientific Monograph:

Monograph Title: _____* Publication Name: _____*

Volume: _____* Issue No.: _____*

Select from: Pages, Part No., Serial No. or Whole No.*

Author(s): _____*

Format for one author: LastName, FirstInitial.MiddleInitial

Format for multiple authors: LastName, FirstInitial.MiddleInitial., & LastName, FirstInitial.MiddleInitial

Editor(s): _____* Publisher: _____*

Year: _____*

Other Articles:

Title of Other Article: _____*

Author(s): _____*

Format for one author: LastName FirstInitialMiddleInitial

Format for multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

Month: _____* Day: _____* Year: _____*

Application - Page 6 - Publications *(continued)*

For each publication/presentation, please provide the requested information per publication type, as indicated. Each publication may request different information based on citation requirements, provide the requested information by publication type, as indicated. You may create as many entries as needed online.

The fields marked with an asterisk (*) must be filled in, but only if you have publications to enter.

Presentations

Poster Presentation:

Poster Presentation Title: _____ *

Author(s)/Presenter(s): _____ *

Format for one author: LastName, FirstInitial

Format for multiple authors: LastName, FirstInitial., LastName, FirstInitial

Event/Meeting: _____ *

Country: _____ * State/Province: _____ *

City: _____ * Month: _____ * Year: _____ *

Oral Presentation:

Oral Presentation Title: _____ *

Author(s)/Presenter(s): _____ *

Format for one author: LastName, FirstInitial

Format for multiple authors: LastName, FirstInitial., LastName, FirstInitial

Event/Meeting: _____ *

Country: _____ * State/Province: _____ *

City: _____ * Month: _____ * Year: _____ *

Application - Page 6 - Publications *(continued)*

For each publication/presentation, please provide the requested information per publication type, as indicated. Each publication may request different information based on citation requirements, provide the requested information by publication type, as indicated. You may create as many entries as needed online.

The fields marked with an asterisk (*) must be filled in, but only if you have publications to enter.

Online Publications

Peer Reviewed Online Publication:

Online Publication Title: _____ *

Author(s): _____ *

Format for one author: LastName FirstInitialMiddleInitial

Format for multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

URL: _____ *

Month: _____ * Day: _____ * Year: _____ *

Non Peer Reviewed Online Publication:

Online Publication Title: _____ *

Author(s): _____ *

Format for one author: LastName FirstInitialMiddleInitial

Format for multiple authors: LastName FirstInitialMiddleInitial, LastName FirstInitialMiddleInitial

URL: _____ *

Month: _____ * Day: _____ * Year: _____ *

Application - Page 7 - Examinations

For each examination you have taken, please provide the requested information. This worksheet has space for you to make two entries. You may create as many entries as needed online. (Osteopathic applicants: include the exams (COMLEX or USMLE) that lead to the medical licensure route you intend to pursue.)

Note to osteopathic applicants only: Before you certify your ERAS application, consider whether you will apply to ACGME- and/or AOA-accredited programs. If you plan to apply to ACGME-accredited programs and you have taken the USMLE, you **must** report that on your CAF. If you **only** plan to apply to AOA accredited programs, you do not have to report the USMLE on your CAF.

None

Entry 1:

Exam: _____* (ex. USMLE Step 1, NBME Part 1, COMLEX Step 1, etc.)

Status:*

- Passed
- Failed
- Awaiting Results
- Will take
- Incomplete

Month: _____*

Year: _____*

Entry 2:

Exam: _____* (ex. USMLE Step 1, NBME Part 1, COMLEX Step 1, etc.)

Status:*

- Passed
- Failed
- Awaiting Results
- Will take
- Incomplete

Month: _____*

Year: _____*

Application - Page 8 - Medical Licensure

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

Yes No

Reason (up to 510 characters): _____

Have you ever been named in a malpractice case?*

Yes No

Reason (up to 510 characters): _____

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

Yes No

Reason (up to 510 characters): _____

Have you ever been convicted of a felony?*

Yes No

Reason (up to 510 characters): _____

Are you Board Certified?*

Yes No

Board Name: _____

DEA Registration Number: _____ (if applicable)

Expiration Month: _____ Expiration Year: _____

Note: DEA is for U.S. medical license holders only.

Application - Page 9 - State Medical Licenses

For each state license you have, please provide the requested information. This worksheet has space for you to make two entries. You may create as many entries as needed online.

None

Entry 1:

State: _____*

License Type:*

- Full
- Temporary or Limited
- Inactive

License Number: _____

Expiration Month: _____ Expiration Year: _____

(If a License Number is provided, the Expiration Month and Expiration Year will be required.)

Entry 1:

State: _____*

License Type:*

- Full
- Temporary or Limited
- Inactive

License Number: _____

Expiration Month: _____ Expiration Year: _____

(If a License Number is provided, the Expiration Month and Expiration Year will be required.)

Application - Page 10 - Race (Optional)

This page allows entries for race identification. You may select one or more races. You are not required to identify your race. If you choose not to identify your race, please select "No Answer."

Please note that some races require you to either select from a drop-down box, or to specify "other" if your race is not listed.

No Answer

White

Black

American Indian or Alaskan Native

Please specify the name of enrolled or principal tribe: _____

Asian:

Asian Indian

Pakistani

Chinese

Filipino

Japanese

Korean

Vietnamese

Other: _____

Native Hawaiian or Other Pacific Islander:

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander: _____

Other: _____

Application - Page 11 - Ethnicity (Optional)

This page allows entries for ethnicity. You are not required to identify your ethnicity. If you choose not to identify your ethnicity, please select "No Answer."

You may indicate whether you're Spanish/Hispanic/Latino/Latina or not. If you indicate Spanish/Hispanic/Latino/Latina, you may make one or more selections from the list. If your selection does not appear in the drop-down menu, enter your own selection where it states "Specify Other."

- No Answer**

- Not Spanish/Hispanic/Latino/Latina
- Spanish/Hispanic/Latino/Latina

Select all that apply:

- Mexican, Mexican American, Chicano/Chicana
- Puerto Rican
- Cuban
- Other

Specify Other: _____

Hobbies and Interests: (510 characters)

Medical School Awards: (510 characters)

Other Awards/Accomplishments: (510 characters)

Membership in Honorary/Professional Societies: (255 characters)

When you are ready to certify and submit your online Common Application Form (CAF), ERAS will require you to acknowledge the following statement:

I certify that the information contained within my ERAS 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 (a link to the policies will be available for review online); may also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program.