

## ERAS 2008 - 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: \_\_\_\_\_      Applicant ID: \_\_\_\_\_

### Present Mailing Address:

Country: \_\_\_\_\_\*  
 Street Address: \_\_\_\_\_\*  
 City: \_\_\_\_\_\*      State/Province: \_\_\_\_\_\*  
 Zip Postal Code: \_\_\_\_\_  
 Preferred Phone: \_\_\_\_\_\*      Alternate Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_      Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### Citizenship: \*

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

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

- B-1 - Temporary visitor for business                                       J-2 - Spouse or child of J-1
- B-2 - Temporary visitor for pleasure                                       O-1 - Extraordinary ability in sciences, arts, education, business, or athletics
- F-1 - Academic student                                       TN - NAFTA trade visa for Canadians and Mexicans
- F-2 - Spouse or child of F-1                                       Diplomatic Service
- H-1 - Temporary worker                                       Immigrant
- H-1B - Specialty occupation, DoD worker, etc.                                       EAD – Employment Authorization
- H-2B - Temporary worker - skilled and unskilled                                       Other
- H-4 - Spouse or child of H-1, H-2, H-3
- J-1 - Visa for exchange visitor

**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 am participating in the NRMP Match.
- I am participating in a match as part of a couple AND I wish to notify programs of this.  
 Partner's Name: \_\_\_\_\_  
 Specialties Partner is applying to: \_\_\_\_\_

USMLE/ECFMG ID: \_\_\_\_\_

NBOME ID: \_\_\_\_\_

**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: \_\_\_\_\_

Are you certified by the Educational Commission for Foreign Medical Graduates (ECFMG)? (for international medical graduates (IMGs) only)

- No       Yes

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.

<b>o None</b>
<p>Institution: _____ *</p> <p>Location: _____ *</p> <p>Education Type: *    <input type="radio"/> Undergraduate    <input type="radio"/> Graduate    <input type="radio"/> Other</p> <p>Major: _____ *</p> <p>Degree expected or earned: *    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Degree: _____</p> <p>Degree Month: _____ Degree Year: _____</p> <p>Dates of Attendance:</p> <p>From: Month: _____ * Year: _____ *</p> <p>To: Month: _____ * Year: _____ Leave month/year blank if experience is ongoing.</p>
<p>Institution: _____ *</p> <p>Location: _____ *</p> <p>Education Type: *    <input type="radio"/> Undergraduate    <input type="radio"/> Graduate    <input type="radio"/> Other</p> <p>Major: _____ *</p> <p>Degree expected or earned: *    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Degree: _____</p> <p>Degree Month: _____ Degree Year: _____</p> <p>Dates of Attendance:</p> <p>From: Month: _____ * Year: _____ *</p> <p>To: Month: _____ * Year: _____ Leave month/year blank if experience is ongoing.</p>

### 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.

<p>Country: _____ *</p> <p>Institution: _____</p> <p>Other Institution: _____</p> <p style="text-align: center;">Only enter an "other" institution if yours is not listed. Most are listed.</p> <p>Degree expected or earned: *    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Degree: _____</p> <p>Degree Month: _____ Degree Year: _____</p> <p>Dates of Attendance:</p> <p>From: Month: _____ * Year: _____ *</p> <p>To: Month: _____ * Year: _____ Leave month/year blank if experience is ongoing.</p>
#2
<p>Country: _____ *</p> <p>Institution: _____</p> <p>Other Institution: _____ *</p> <p style="text-align: center;">Only enter other institution if yours is not listed. Most are listed.</p> <p>Degree expected or earned: *    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Degree: _____</p> <p>Degree Month: _____ Degree Year: _____</p> <p>Dates of Attendance:</p> <p>From: Month: _____ * Year: _____ *</p> <p>To: Month: _____ * Year: _____ Leave month/year blank if experience is ongoing.</p>

### Application - Page 4 – Current/Prior Training

For each osteopathic internship, residency, or fellowship 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.

<b>o None</b>
Type of Training: <input type="radio"/> Osteopathic Internship <input type="radio"/> Residency <input type="radio"/> Fellowship        *
Specialty: _____ *
Institution/Program: _____ *
Country: _____ *        State/Province: _____
City: _____ *
Years: _____ *
Program Director: _____ *        Supervisor: _____ *
<input type="radio"/> Chief Resident (only available for fellowship applicants)
Dates of Residency/Fellowship:
From:    Month: _____ *    Year: _____ *
To:        Month: _____ *    Year: _____ *
Reason for leaving (up to 510 characters): _____ _____
Type of Training: <input type="radio"/> Osteopathic Internship <input type="radio"/> Residency <input type="radio"/> Fellowship        *
Specialty: _____ *
Institution/Program: _____ *
Country: _____ *        State/Province: _____
City: _____ *
Years: _____ *
Program Director: _____ *        Supervisor: _____ *
<input type="radio"/> Chief Resident (only available for fellowship applicants)
Dates of Residency/Fellowship:
From:    Month: _____ *    Year: _____ *
To:        Month: _____ *    Year: _____ *
Reason for leaving (up to 510 characters): _____ _____

### Application - Page 5 - Experience(s)

For each relevant work, research, and volunteer experience/position please provide the requested information. 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
Experience Type: <input type="radio"/> Work <input type="radio"/> Research <input type="radio"/> Volunteer *
Organization: _____ *
Position: _____ *
Supervisor: _____ *
Country: _____ *    State/Province: _____
Average Hours Per 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)
#2 Experience Type: <input type="radio"/> Work <input type="radio"/> Research <input type="radio"/> Volunteer *
Organization: _____ *
Position: _____ *
Supervisor: _____ *
Country: _____ *    State/Province: _____
Average Hours Per 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

(Include Articles/Abstracts, Books, Poster Sessions, Invited National or Regional Presentations)

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

**o None**

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

Publication Type: Select from:\*

- Peer Reviewed Journal Articles/Abstracts (Published)**
- Peer Reviewed Journal Articles/Abstracts (Other than Published)**
- Peer Reviewed Book Chapter (Published)**
- Presentation/Posters**
- Other Articles (Published)**

Title: \_\_\_\_\_ \*

Authors: \_\_\_\_\_ \*

Publication: \_\_\_\_\_ \*

PMID: \_\_\_\_\_ (Publication MEDLINE Unique Identifier)

Volume: \_\_\_\_\_ \* Issue No: \_\_\_\_\_ \*

Pages: \_\_\_\_\_ \*

Month: \_\_\_\_\_ \* Year: \_\_\_\_\_ \*

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

Publication Type: Select from:\*

- Peer Reviewed Journal Articles/Abstracts (Published)**
- Peer Reviewed Journal Articles/Abstracts (Other than Published)**
- Peer Reviewed Book Chapter (Published)**
- Presentation/Posters**
- Other Articles (Published)**

Title: \_\_\_\_\_ \*

Authors: \_\_\_\_\_ \*

Publication: \_\_\_\_\_ \*

PMID: \_\_\_\_\_ (Publication MEDLINE Unique Identifier)

Volume: \_\_\_\_\_ \* Issue No: \_\_\_\_\_ \*

Pages: \_\_\_\_\_ \*

Month: \_\_\_\_\_ \* 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 apply to ACGME accredited programs and you have taken the USMLE, you **must** report that on your CAF. If you **only** apply to AOA accredited programs, you do not have to report the USMLE on your CAF.

**o None**

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

- Status: \*  Passed on  
 Failed on  
 Awaiting results from  
 Will take on  
 Incomplete

Month: \_\_\_\_\_ \*      Year: \_\_\_\_\_ \*

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

- Status: \*  Passed on  
 Failed on  
 Awaiting results from  
 Will take on  
 Incomplete

Month: \_\_\_\_\_ \*      Year: \_\_\_\_\_ \*

### Application - Page 8 - Medical Licensure

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

- Yes Reason (up to 510 characters): \_\_\_\_\_  
\_\_\_\_\_
- No \_\_\_\_\_  
\_\_\_\_\_

Have you ever been named in a malpractice case?\*

- Yes Reason (up to 510 characters): \_\_\_\_\_  
\_\_\_\_\_
- No \_\_\_\_\_  
\_\_\_\_\_

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

- Yes Reason (up to 510 characters): \_\_\_\_\_  
\_\_\_\_\_
- No \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?\*

- Yes Reason (up to 510 characters): \_\_\_\_\_  
\_\_\_\_\_
- No \_\_\_\_\_  
\_\_\_\_\_

Are you Board Certified?\*

- Yes Board Name: \_\_\_\_\_
- No

DEA Registration Number: \_\_\_\_\_ if applicable

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

**Note:** DEA is for US 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 can create as many entries as needed online.

<input type="radio"/> None
<p>State: _____ *</p> <p>License Type *    <input type="radio"/> Full            <input type="radio"/> Temporary or Limited            <input type="radio"/> Inactive</p> <p>License Number: _____</p> <p>Expiration Month: _____                      Expiration Year: _____</p> <p style="text-align: center;"><b>(If a License Number is provided, the Expiration Month and Expiration Year will be required.)</b></p>
<p>State: _____ *</p> <p>License Type *    <input type="radio"/> Full            <input type="radio"/> Temporary or Limited            <input type="radio"/> Inactive</p> <p>License Number: _____</p> <p>Expiration Month: _____                      Expiration Year: _____</p> <p style="text-align: center;"><b>(If a License Number is provided, the Expiration Month and Expiration Year will be required.)</b></p>

### Application - Page 10 - Race

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, 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.

You may create as many entries as needed online.

<input type="radio"/> No Answer
<p><input type="radio"/> White</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> American Indian or Alaskan Native Please specify the name of enrolled or principal tribe: _____</p> <p><input type="radio"/> Asian:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Asian Indian</li> <li><input type="radio"/> Pakistani</li> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> Filipino</li> <li><input type="radio"/> Japanese</li> <li><input type="radio"/> Korean</li> <li><input type="radio"/> Vietnamese</li> <li><input type="radio"/> Other: _____</li> </ul> <p><input type="radio"/> Native Hawaiian or Other Pacific Islander:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Native Hawaiian</li> <li><input type="radio"/> Guamanian or Chamorro</li> <li><input type="radio"/> Samoan</li> <li><input type="radio"/> Other Pacific Islander: _____</li> </ul> <p><input type="radio"/> Other: _____</p>

## Application - Page 11 - Ethnicity

This page allows entries for ethnicity. You are not required to identify your ethnicity. If you choose not to, 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 below. 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: \_\_\_\_\_

### Application - Page 12 - Miscellaneous

To be answered by International Medical Graduates only.  
See [www.ecfm.org/eras](http://www.ecfm.org/eras) for information and mailing instructions

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, intern, 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

Limiting Aspects (up to 510 characters): \_\_\_\_\_

No

\_\_\_\_\_

No Response

\_\_\_\_\_

\_\_\_\_\_

Was your medical education/training extended or interrupted?\*

Yes

Reason (up to 510 characters): \_\_\_\_\_

No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language Fluency (Other than English): (255 characters)

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, or if employed, may constitute cause for termination from the program, and will also result in expulsion from ERAS and investigation by the AAMC per the [attached policy](#) (a link to the policies will be available for review online).