

## 2023 AMCAS® Application Workbook

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This document is intended to serve as a resource for prospective AMCAS applicants. The questions contained in the 2023 AMCAS application are listed below and, where possible, selection choices are also provided. Unless otherwise noted, all questions require a response. *Items in blue are explanatory notes.*

**Beginning May 3, 2022, you may initiate your 2023 AMCAS application at [www.aamc.org/amcas](http://www.aamc.org/amcas).**

This resource is designed to help you prepare your materials for the 2023 AMCAS application but does not replace the online application.

**DO NOT SUBMIT THIS RESOURCE TO AMCAS.**

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## Identifying Information

### *Legal Name*

*You must enter your full legal name and preferred name.*

### **Salutation** (select one)

Capt.	Col.	Dean	Dr.	Ens.
Fr.	Gen.	Hon.	Imam.	Lt.
Ltcol.	Maj.	Miss	Mr.	Mrs.
Ms.	Mx.	N/A	Prof.	Rabbi
Rep.	Rev.	Rhon.	Sen.	Sr.

First Name	Middle Name	Last Name	Suffix

### *Preferred Names*

Salutation	First Name	Middle Name	Last Name	Suffix

### *Alternate Names*

*You are asked to add any names that may appear on transcripts, MCAT scores, and prior AMCAS applications.*

First Name	Middle Name	Last Name	Suffix

### *ID Numbers*

*You should include any identification (ID) numbers that may appear on transcripts and documents. This may include:*

- School-assigned ID numbers*
- MCAT or AMCAS IDs (only if used prior to 2002)*
- Other IDs that may appear on their documents*

1)	2)	3)
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## *Birth and Gender*

### **Gender:**

Man  
Woman  
Another Gender Identity  
Decline to Answer

### **What best describes your current gender identity? (optional, multiple selections allowed)**

Man	Woman
Trans man	Trans woman
Genderqueer/Gender non-conforming	Other (Please Specify [write in])
Non-binary	Agender

### **Please select the set of pronouns you want people to use to refer to you: (optional)**

She/Her/Hers  
He/Him/His  
They/Them/Theirs  
Ze/Hir/Hirs  
Other

### **Birth Information:**

Birth Date:	Birth Country:	Birth State:	Birth County:	Birth City:
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*\*Note: Starting with the 2023 AMCAS application cycle, U.S. territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands) will no longer be country options. They will be located under the country of "United States of America" as "States" for the following sections:*

- *Preferred Address*
- *Permanent Address*
- *Alternate Address*
- *Birth Information*
- *Experiences (Work & Activities)*
- *Schools Attended*
  - *High School Information*
  - *Colleges Information*
- *Parent (Legal Residence and Education School)*
- *Letters of Evaluation*

## Schools Attended

### High School

*If you attended multiple high schools, enter the high school from which you graduated.*

School Name:		
Country:	State:	County:
City:	Graduation Year:	

### Colleges

*You must list every post-secondary institution where you were enrolled for at least one course, even if credits have been transferred, no credits were earned, or you withdrew. This includes taking foreign coursework, a study abroad course, or any military coursework, as well as any college courses taken while in high school.*

School Name:	
Country:	State: City:
Start Date:	End Date:
Program Type (Select One):	Junior College Undergraduate Post-Baccalaureate Graduate
Other Options:	Summer School Only Study Abroad Program
Degree (Select One):	Associate of Arts Associate of Science Bachelor of Arts Bachelor of Science Doctor of Medicine Law Degree Master of Arts Master of Science Other Associate Other Bachelors Other Doctorate Other Masters Ph.D.
Date Earned or Expected:	
Majors:	Minors:

*For each school attended, you must select whether you authorize AMCAS to release your information to the school- designated advisor(s) at each school and indicate if an official transcript from each school is required by AMCAS.*

### *Advisor Release*

The school-designated advisor(s) have met AMCAS-established requirements and are bound by confidentiality. Information transferred includes your personal/demographic information, work/activity information, credit hours, MCAT scores, GPAs, the names and types of your recommenders, the names of any other schools you have attended, the medical schools to which you have applied and what action those schools have taken, and the status of your application with AMCAS. Additionally, if you applied for fee assistance through the AAMC Fee Assistance Program, and in your fee assistance application agreed to release award information to your health professions advisor this information will be made available along with your application information.

**Do you authorize AMCAS to release your application information to the school-designated advisor(s) at this institution?**

Yes

No

### *Transcript Request*

Note: One official transcript is required from each U.S., U.S. Territorial, or Canadian post-secondary institution at which you have attempted course work, regardless of whether credit was earned.

If you click “Yes,” you must have an official transcript sent to AMCAS by the Registrar’s Office of the institution. If you click “No,” this means that you are submitting a Transcript Exception Request and does not preclude you from transcript requirements. AMCAS will review your request and notify you if your Transcript Exception is not granted. This may result in delays for processing your application.

**Does AMCAS require an official transcript from this school? Generally, a transcript is required. Please review this additional information if you need assistance in determining if a transcript is required.**

Yes

No

### *Transcripts*

Required official transcripts must be sent to AMCAS from the Registrar’s Office at each school you have attended. Use the Transcript Request Form to provide the Registrar with the information necessary for sending your transcript to AMCAS.

☐ I understand that I must have my schools send my transcripts.

### *Previous Matriculation*

*You have “matriculated” as a medical school student if you were officially enrolled and attended classes as a candidate for a medical school degree.*

**Have you ever matriculated at, or attended, any medical school as a candidate for a medical degree?**

Yes

No

***Institutional Action***

*You must answer "Yes" even if the action does not appear on or has been deleted or expunged from your official transcripts due to institutional policy or personal petition. You should review the Institutional Action section of the [AMCAS Applicant Guide](#) to help answer this question.*

**Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?**

Yes

No



## Biographic Information

### *Preferred Mailing Address*

*This information can be updated after submission until the close of the application cycle.*

Country:		
State/Province:	County:	City:
Street Address:		
Zip/Postal Code:		
Daytime Phone:	Evening Phone:	Fax:
E-mail:		

### *Permanent Mailing Address*

Country:		
State/Province:	County:	City:
Street Address:		
Zip/Postal Code:		
Daytime Phone:	Evening Phone:	Fax:
E-mail:		

### *Alternate Contact*

*Alternate Contact information may be entered, allowing you to authorize AMCAS and your designated medical schools to release information to this contact relevant to your application and/or admissions status. An Alternate Contact may be especially important if you expect to be out of the country or in an area with limited phone and/or e-mail access.*

**Do you want to designate an alternate contact? AMCAS and your designated medical schools may release information about your AMCAS processing and/or admissions status to this Alternate Contact. (Yes/No)**

Contact Name:		
Relationship:		
Country:		
Street Address:		
State / Province:	City:	Zip/Postal Code:
Daytime Phone:	Evening Phone:	Fax:
E-mail:		

☐ I authorize AMCAS and my designated medical schools to release information about my AMCAS processing and/or admissions status to this Alternate Contact. However, AMCAS and the medical schools are under no obligation to release information to this contact.

### *Citizenship*

Are you a citizen of the United States?

Yes

No

If "No," please provide your country of citizenship and indicate the type of immigration status you currently hold in the United States:

Country:

Please indicate the type of immigration status you currently hold in the United States:

Adjustment of Status

DACA

Exchange Visitor/Student (J1)

Permanent Resident

Refugee/Asylum

Student (F1)

None

Other (write in)

## Legal Residence

Some medical schools are interested in your state and/or county of legal residence for consideration as part of their application review process. Each state has their own qualifications for determining legal residency; medical schools may request additional documentation. You are responsible for researching and understanding a state's qualifications for legal residency before claiming it as your state of legal residence in your AMCAS application. It may be possible to qualify for multiple states of legal residency, but you may select only one in the AMCAS application.

If your state of legal residency changes after submitting your application, you may request that it be changed following the procedure outlined in the Applicant Guide. The updated information will be provided to all medical schools designated in your application.

*Do you have a state of legal residence in the United States?*

Yes

No

If "Yes," please provide your state and county.

State:

County:

## Self-Identification

**How do you self-identify? Please check all that apply. (If you reside in the European Union, do not answer this question.) (Optional)**

☐ Hispanic, Latino, or of Spanish Origin

Argentinian	Colombian	Cuban	Dominican
Mexican/Chicano	Peruvian	Puerto Rican	Other Hispanic, Latino, or of Spanish Origin:

☐ American Indian or Alaskan  
Nation/Tribal Affiliation:

☐ Asian

Bangladeshi	Cambodian	Chinese	Filipino
Indian	Indonesian	Japanese	Korean
Laotian	Pakistani	Taiwanese	Vietnamese
Other Asian:			

☐ Black or African American

African American	African	Afro-Caribbean	Other Black or African-American:
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☐ Native Hawaiian or Other Pacific Islander

Guamanian	Native Hawaiian	Samoan	Other Native Hawaiian or Pacific Islander:
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☐ White

☐ Other:

## Languages

Please add all languages that you speak, including English. For each language, rate your proficiency and use in your childhood home as described in the lists below.

American Sign Language	French	Lithuanian	Serbocroatian
Amharic	French Creole	Malayalam	Slovak
Arabic	German	Miao (Hmong)	Spanish
Armenian	Greek	Mon-Khmer (Cambodian)	Swedish
Bengali	Gujarati	Navajo	Syrian
Cajun	Hebrew	Norwegian	Tagalog
Chinese	Hindi	Pennsylvania Dutch	Tamil
Croatian	Hungarian	Persian	Thai (Laotian)
Czech	Ilocano	Polish	Turkish
Danish	Italian	Portuguese	Ukrainian
Dutch	Japanese	Punjabi	Urdu
English	Korean	Romanian	Vietnamese
Finnish	Kru	Russian	Yiddish
Formosan	Latin	Samoan	Other

Use in Childhood Home:

- Never
- Rarely
- From Time to Time
- Often
- Always

<b>Native/Functionally Native</b>	I converse easily and accurately in all types of situations. Native speakers may think that I am a native speaker, too
<b>Advanced</b>	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.
<b>Good</b>	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.
<b>Fair</b>	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.
<b>Basic</b>	I speak the language imperfectly and only to a limited degree and in limited situations. I have difficulty in or understanding extended conversations.

Language(s)	Proficiency	Use in Childhood Home

### Childhood Information

**1. In what area did you spend the majority of your life from birth to age eighteen?**

Decline to Answer

Country

City

State

Description (check only one):

Military or Government Installation

Rural

Suburban

Urban

Other

**2. Do you believe that this area was medically under-served?**

Yes

Don't Know

No

Decline to answer

**3. Have you or members of your immediate family ever used federal or state assistance programs?**

Yes

Don't Know

No

Decline to answer

**4. What was the income level of your family during the majority of your life from birth to age eighteen? Select the answer that applies.**

Don't know	\$100,000 - \$124,999	\$200,000 - \$224,999	\$375,000 - \$399,000
Less than \$25,000	\$125,000 - \$124,999	\$250,000 - \$174,999	\$400,000 and more
\$25,000 - \$49,999	\$125,000 - \$149,999	\$275,000 - \$299,999	Decline to Answer
\$50,000 - \$74,999	\$150,000 - \$174,999	\$300,000 - \$324,999	
\$75,000 - \$99,999	\$175,000 - \$199,999	\$350,000 - \$374,999	

**5. Did you have paid employment prior to age eighteen?**

Yes

No

Decline to answer

**6. Were you required to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money)?**

Yes

No

Decline to answer

**7. How many people lived in your primary household during the majority of your life from birth to age eighteen? (Enter a number)**

**8. Did you receive a Pell Grant at any time while you were an undergraduate student?**

Yes                      Don't Know  
No                        Decline to answer

**9. How have you paid or did you pay for your post-secondary education? For each of the applicable options below, indicate the average percentage contribution towards your post-secondary education. The percentages entered should equal 100%.**

Academic Scholarship	%
Financial Need-based Scholarship	%
Student Loan	%
Other Loan	%
Family Contribution	%
Applicant Contribution	%
Other	%
<b>TOTAL</b>	<b>100%</b>

*Military Service*

**1. Have you or are you currently serving in the United States Military?**

Yes                      No                      Decline to answer

**2. If "Yes," please indicate your anticipated military status at the time of enrollment to medical school:**

Active Duty                      Veteran  
US Reserves or National Guard                      Other

If Veteran status, please provide your date of separation: (MM/YYYY)

**3. Are you eligible for any of the following GI Bills?**

No  
Yes  
☐ Montgomery GI Bill  
☐ Post 9/11 GI Bill  
☐ Other

*Military Discharge*

1. **Have you ever been discharged by the Armed Forces of the United States? Select ‘No’ if you have never served in the Armed Forces, or are currently serving without previous discharge.**

Yes

No

2. **If “No,” please explain the circumstances of your discharge, including the circumstances leading to your discharge, your period of service, and your rank at the time of discharge.**

Note that a dishonorable or general discharge under other than honorable conditions will not necessarily disqualify you for acceptance or admission. Individual medical schools will review your response for accuracy and completeness, and will consider the information in the context of their overall assessment of your suitability for admission. The Association of American Medical Colleges (AAMC) recommends that all U.S. medical schools verify your response(s) upon your initial acceptance to a medical school by means of a national background check. Failure to disclose information, or the submission of inaccurate or incomplete information on this application, may disqualify you for admission.

3. **If “Yes,” did you receive an honorable discharge or a discharge under honorable circumstances?**

### *Felony*

*You are encouraged to review the Felony section of the [AMCAS Applicant Guide](#) before responding. You will find important information about your responsibility to notify medical schools if your answer to this question changes after submission, as well as state-specific notifications that have been mandated for inclusion alongside our question.*

Applicants need **NOT** disclose any instance where they:

- were arrested but not charged;
- were arrested and charged, but the charges were dropped;
- were arrested and charged, but found not guilty by a judge or jury;
- were arrested and found guilty by a judge or jury, but the conviction was overturned on appeal; or
- received an executive pardon.

Responding “Yes” to this question will not necessarily disqualify you for acceptance or admission. Individual medical schools will review your response for accuracy and completeness, and will consider the information in the context of their overall assessment of your suitability for admission. The Association of American Medical Colleges (AAMC) recommends that all U.S. medical schools verify your response(s) upon your initial acceptance to a medical school by means of a national background check. Failure to disclose information, or the submission of inaccurate or incomplete information on this application, may disqualify you for admission.

**Have you ever been convicted of, or pleaded guilty or no contest to, a Felony crime, excluding 1) any offense for which you were adjudicated as a juvenile, or 2) convictions which have been expunged or sealed by a court (in states where applicable)?**

Yes

No

**If “Yes,” please explain the circumstances of your conviction, including the number of conviction(s), the nature of offense(s) leading to conviction(s), date and location of conviction(s), the sentence(s) imposed, and the type(s) of rehabilitation.**



### *Misdemeanor*

*You are encouraged to review the information labeled “Misdemeanor” in the [AMCAS Applicant Guide](#) before responding. You will find important information about your responsibility to notify medical schools if your answer to this question changes after submission, as well as state-specific notifications that have been mandated for inclusion alongside our question.*

Applicants need **NOT** disclose any instance where they:

- were arrested but not charged;
- were arrested and charged, but the charges were dropped;
- were arrested and charged, but found not guilty by a judge or jury;
- were arrested and found guilty by a judge or jury, but the conviction was overturned on appeal; or
- received an executive pardon.

Responding “Yes” to this question will not necessarily disqualify you for acceptance or admission. Individual medical schools will review your response for accuracy and completeness, and will consider the information in the context of their overall assessment of your suitability for admission. The Association of American Medical Colleges (AAMC) recommends that all U.S. medical schools verify your response(s) upon your initial acceptance to a medical school by means of a national background check. Failure to disclose information, or the submission of inaccurate or incomplete information on this application, may disqualify you for admission.

**Have you ever been convicted of, or pleaded guilty or no contest to, a Misdemeanor crime, excluding 1) any offense for which you were adjudicated as a juvenile, 2) any convictions which have been expunged or sealed by a court, or 3) any misdemeanor convictions for which any probation has been completed and the case dismissed by the court (in states where applicable)?**

Yes

No

*Disadvantaged Status*

**Do you wish to be considered a disadvantaged applicant by any of your designated medical schools that may consider such factors (social, economic or educational)?**

Yes

No

*How do I know if I should be considered disadvantaged?*

The following definitions/questions may help you answer the questions on this page:

*Underserved:* Do you believe, based on your own experiences or the experiences of family and friends that the area in which you grew up was adequately served by the available health care professionals? Were there enough physicians, nurses, hospitals, clinics, and other health care service providers?

*Immediate Family:* The Federal Government broadly defines "immediate family" as "spouse, parent, child, sibling, mother or father-in-law, son or daughter-in-law, or sister or brother-in-law, including step and adoptive relationships."

*State and Federal Assistance Programs:* These programs are specifically defined as "Means-Tested Programs" under which the individual, family, or household income and assets must be below specified thresholds. The sponsoring agencies then provide cash and non-cash assistance to eligible individuals, families, or households. Such programs include welfare benefit programs (federal, state, and local) Aid to Families with Dependent Children (AFDC or ADC); unemployment compensation; General Assistance (GA); food stamps; Supplemental Security Income (SSI); Medicaid; housing assistance; or other federal, state, or local financial assistance programs.

If you answered "Yes," please explain why you believe you should be considered a disadvantaged applicant by your designated medical schools (*1325 characters*):

### Parents and Guardians

*You are required to add all of your parents and/or guardians. If you are unable to provide this information, you may select the checkbox in this section labeled "I am not able to provide this information." We do not collect information for non-living parents.*

Name:

Occupation:

Living?

Yes

No

Don't Know

Gender:

Man

Woman

Other

Decline to Answer

Highest Education Level:

Highest Education Level School Location:

Country

United States:

State

School

City

Canada

Province

School

City

Other

Country

School

City

Country of Legal Residence: (required for all living parents/guardians)

United States:

State

County

Canada:

Province

Other:

Country

☐ I am not able to provide this information

### Siblings

**Please add any siblings you have. Some medical schools want to know information about your brothers or sisters, if you have any.**

Age:

Gender:

Man

Woman

Other

Decline to Answer

### Dependents

**How many dependents do you have? (Enter number)**

## Coursework

*You must enter all the courses you took at each school. Prior to entering coursework, you are encouraged to [watch some brief tutorials](#) to help guide you through the process of entering your coursework.*

In this section, applicants enter all courses in which they have enrolled, regardless of whether credit was earned, for each of the schools attended. Including any course(s) ever enrolled in at any U.S., U.S. Territorial, or Canadian post-secondary institution, regardless of whether credit was earned. This includes, but is not limited to:

- Courses from which the applicant withdrew.
- Courses for which they received a grade of “Incomplete” and for which no final grade has been assigned.
- Courses that have been repeated; Repeated courses and courses removed from the transcript or GPA as a result of academic bankruptcy, forgiveness, or similar institutional policies should be entered exactly as they appeared on the transcript issued prior to removal/repeat.
- Courses that were failed, regardless of whether they have been repeated.
- Courses in which they are currently enrolled or expect to enroll in prior to entering medical school.
- Remedial/developmental courses.
- College-level courses you took while in high school even if they were not counted toward a degree by any college.
- Courses taken at an American college overseas.
- Courses removed from a transcript or GPA as a result of academic bankruptcy, forgiveness, or similar institutional policies.

### Applicants Must:

- Enter courses exactly as they appear on the transcript of the school where they were originally attempted, not as they appear on the transcript of any school which may have accepted the courses in transfer. Only specific types of special courses qualify for an exception to this rule.
- Enter courses in chronological order. Within each term, list the courses in the order in which they appear on the official transcript.

### Add a Course

*You will be asked to enter coursework for each of their academic institutions.*

Academic Year		Academic Term		Year in School		
Course Number		Course Name		Course Classification (The Course Classification Guide can be found in the <a href="#">AMCAS Applicant Guide</a> )		
Credit Hours			Transcript Grade			
Did the course include a lab section?	Lecture Only		Lab Only		Combined Lecture and Lab	
Special Course Types:						
Advanced Placement	CLEP	Deferred Grade	Honors	International Baccalaureate	No Record	Repeat
Audit	Current/Future	Exempt	Incomplete	Military Credit	Pass/Fail	Withdrawal

*Transcript Grade and Credit Hours are required fields to complete if the information appears on your official transcript.*

*In certain cases, it may be appropriate to leave these fields blank. You should review the Coursework section of the [AMCAS Applicant Guide](#) for more information. Failure to include required grades and credit hours may result in application processing delays, missed deadlines, and lost application fees.*

## Work/Activities

*The Work and Activities section is designed to give you the opportunity to include in your application any work or extracurricular activities that you would like to bring to the attention of the medical. You will be able to add up to fifteen (15) entries and will be prompted to summarize each experience in 700 characters. Please refer to [this guide](#), which provides instructions for entering “Completed” and “Anticipated” experience hours.*

*As part of this process, you will be asked to identify up to three (3) experiences that you consider the most meaningful. If you have two or more entries, you will be required to identify at least one as the most meaningful. When considering which experiences are the most meaningful, you might consider the transformative nature of the experience: the impact you made while engaging in the activity and the personal growth you experienced because of your participation.*

*After the required information is entered, you should check the box to select this experience as one of the “Most Meaningful.” An additional 1325 characters are available to summarize why this experience has been selected as one of the most meaningful.*

For each experience entry, applicants can choose the experience type that best describes each experience.

- Artistic Endeavors
- Community Service/Volunteer – Medical/Clinical
- Community Service/Volunteer – Not Medical/Clinical
- Conferences Attended
- Extracurricular Activities
- Hobbies
- Honors/Awards/Recognition
- Intercollegiate Athletics
- Leadership – Not Listed Elsewhere
- Military Service
- Other
- Paid Employment – Medical/Clinical
- Paid Employment – Not Medical/Clinical
- Physician Shadowing/Clinical Observation
- Presentations/Posters
- Publications
- Research/Lab
- Teaching/Tutoring/Teaching Assistant

The following information for each experience must be entered.

Indicate the total number of hours that you spent completing this work experience or activity during the date range that you indicate. If this is a repeated experience, enter the total number of hours for each date range you provide. Indicate the total number of hours you anticipate completing for this experience in the future, if applicable.

Experience Type (see above list):		
Experience Name:		
Organization Name:		
Country:	City:	
Contact Name:	Contact Title:	
Contact's Phone Number:	Contact's E-mail Address:	
Completed Start Date:	Completed End Date:	Completed Hours:
Repeated?	Yes	No
Anticipated Hours?	Yes	No
Anticipated Start Date: (if yes above)	Anticipated End Date (if yes above)	Anticipated Hours (if yes above)
Experience Description ( <b>700 Characters</b> )		
<div></div>		
This is one of my most meaningful experiences:	Yes	No
Most Meaningful Experience Summary ( <b>1325 Characters</b> )		
<div></div>		

## Letters of Evaluation

*A maximum of ten (10) letter entries may be created. Letter entries may be added and assigned to medical schools after you have submitted your application. However, once you have submitted your application, existing letter entries cannot be edited or deleted; they can only be marked "No Longer Being Sent."*

*Letters are accepted electronically via AMCAS Letter Writer Application or Interfolio.*

### Important Information about Letters:

- Applicants may submit their application before creating letter entries in this section.
- Applicants may submit their application prior to letters being received by AMCAS.
- Letter deadlines are established individually by each medical school, so applicants should check their websites for deadline dates.
- Letters sent to AMCAS cannot be released to applicants or letter authors under any circumstances, and are provided only to medical schools that are participating in the AMCAS Letter Service.
- Re-applicants should note that letters received by AMCAS do not rollover to later application years, so advise letter authors to keep a copy of their letter.
- The AAMC publishes a list of guidelines for letter of evaluation authors. A link to the guidelines is on the Letter Request Form applicants will provide to your letter authors.

*\* Applicants must contact schools that do not participate in AMCAS Letters to determine their letter of evaluation requirements. AMCAS will not forward your letters to these schools. [See the list of Participating Schools and Deadlines.](#)*

Applicants can watch ["How to Add Letter of Evaluation Entries & Assign them to Medical Schools" Tutorial](#)

**Note:** Letter writers must send applicant letters through AMCAS, if an applicant is applying to one or more schools participating in the AMCAS Letters Service.

### Add a Letter of Evaluation

Applicants must create one letter entry for each Committee Letter, Individual Letter, or Letter Packet being sent to AMCAS. Most medical schools participate in the AMCAS Letter Service. Please review [additional information about letters of evaluation.](#)

Many medical schools determine whether or not an applicant has met their letter of evaluation/recommendation requirements by the type of letters they receive in support of an application. For example, a medical school may require a committee letter OR three individual letters in support of your application.

[Please review the AMCAS Applicant Guide](#) for more information about Letters of Evaluation.

**Please identify the type of letter you wish to enter. If you are uncertain as to the type of letters provided by your school/institution, please ask your pre-health advisor or career center prior to answering this question.**

#### ☐ Committee Letter:

A committee is a letter authored by a pre-health committee or pre-health advisor and intended to represent your institution's evaluation of you. A committee letter may or may not include additional letters written in support of your application. A Committee Letter is sometimes called a composite letter.

#### ☐ Letter Packet:

A packet or set of letters assembled and distributed by your institution, often by the institution's career center.

☐ *Individual Letter:*

An individual letter refers only to a letter authored by, and representing, a single letter writer. If you have already included an individual letter within either a committee letter or letter packet, you do not need to add a separate entry for the individual letter.

*You are encouraged to select a meaningful Letter Title, as you may need this title later to identify a letter. For example, if this letter were from the University Of X, with a primary contact of John Doe, and you intend to have this letter sent only to MD/PhD programs, you might create a title of "UX\_Doe\_MD\_PhD."*

Letter Title:		Select School:	
Primary Contact/Author	Prefix:	First Name:	Middle Name:
	Last Name:	Suffix:	Title
Phone:		Email:	
Organization Name:			
Address:			
Country:	State:	City:	Zip Code:
Additional Authors (for Letter Packet):			



## Medical Schools

*In this section, you designate the medical schools to which you wish to apply. You may filter by state, deadline, program type, and school. You may apply to one program per school.*

### Add a Medical School

Filters:	State	Deadline
	Program Type	Schools
Program: You may need <b>prior permission</b> from the medical school to select any of the following program types: <ul style="list-style-type: none"> <li>• Deferred/Delayed Matriculant</li> <li>• Early Assurance</li> <li>• Combined Bachelors/Medical Degree</li> <li>• Other Special Program</li> </ul>		
Program (select one):	Regular M.D.	Deferred/Delayed Matriculation
	Combined Bachelors/Medical Degree	Early Decision
	Combined Medical Degree/Graduate	Combined Medical Degree/Ph.D.
Have you applied to this medical school in previous years?	Yes	No

### Background Check

*Upon designating your school selections, you will be informed if the schools participate in the AMCAS-facilitated Criminal Background Check Service. If the schools use this service, you will receive the following notification:*

Upon your initial, conditional acceptance to medical school or by request of a medical school that has placed you on its alternate list, a criminal background check will be initiated.

You will receive an e-mail from Certiphi Screening, Inc. providing additional information and access to a secure form through which you will provide consent for the procurement of this report. Your consent applies to all medical schools that participate in this service, so you will not be asked to provide consent if additional acceptances are offered. For more information, visit <https://students-residents.aamc.org/applying-medical-school/article/criminal-background-check-service/>

### Medical School Selections, Participation, and Program Information

Medical Schools	Letters of Evaluation (LOE)	Criminal Background Check (CBC)	Program Type	Program Deadline	Transcript Deadline	Actions
School Name	Yes / No	Yes / No	Program Type Selection	Deadline Date	Deadline Date	Edit / Delete
School Name	Yes / No	Yes / No	Program Type Selection	Deadline Date	Deadline Date	Edit / Delete
Balance Due:						

## Essays

### *Personal Comments Essay*

*You should enter your Personal Comments in the Essay section of the application.*

*If you indicate you will be applying to a school's M.D.-Ph.D. program, you are required to enter two additional essays: the M.D.-Ph.D. Essay, in which you state your reasons for wishing to pursue the combined M.D.-Ph.D. degree, and a Research Experience Essay, in which you describe significant research experiences.*

*Personal Comments space available is 5,300 characters*

*M.D.-Ph.D. Essay space available is 3,000 characters*

*Research Experience Essay space available is 10,000 characters*

Consider and write your Personal Comments carefully; many admissions committees place significant weight on this section. Make sure you proofread carefully because no changes may be made after you submit your application.

### **What information should I consider including in my personal comments?**

Some questions you may want to consider while drafting this essay are:

- Why have you selected the field of medicine?
- What motivates you to learn more about medicine?
- What do you want medical schools to know about you that hasn't been disclosed in another section of the application?

In addition, you may wish to include information such as:

- Special hardships, challenges or obstacles that may have influenced your educational pursuits
- Commentary on significant fluctuations in your academic record which are not explained elsewhere in your application

Use the space provided to explain why you want to go to medical school.

## Standardized Tests

### MCAT® Scores

MCAT Scores prior to 2003 that have not been released must be released by the applicant at [www.aamc.org/mcat](http://www.aamc.org/mcat). MCAT Scores from 2003 forward are automatically updated in the applicant's application.

### MCAT® Exam Date

Medical schools need to know if they should expect future MCAT scores in support of your application. Do you have an upcoming or recently taken MCAT exam date where official MCAT scores have yet to be released?

Yes

No

### AAMC PREview™ Scores

*The AAMC PREview™ professional readiness exam (formerly known as the AAMC Situational Judgment Test) was developed and is administered by the AAMC. It is a standardized exam designed to help admissions officers assess your readiness to learn about issues related to professionalism in medical school.*

This section will display AAMC PREview (formerly AAMC SJT) scores taken since September 2020. If you have taken the AAMC PREview exam recently and scores for that administration do not appear, note that these scores may be pending for inclusion in your AMCAS application.

Please review your AAMC PREview scores. If you have any questions, please contact PREview at [preview@aamc.org](mailto:preview@aamc.org).

### Other Tests

*You may optionally provide other test scores. Information provided here is not verified by AMCAS.*

**Would you like to include your test score from another exam (such as the GMAT, LSAT or GRE)?** *Note: AMCAS does not verify test scores other than the MCAT.*

Yes

No

### Add Test Score

Test Name:	Test Date:
Test Section:	Test Score: