2026 AMCAS® Application Workbook

This document is intended to serve as a resource for prospective The American Medical College Application Service® (AMCAS®) applicants. The questions contained in the 2026 AMCAS application are listed below and, where possible, selection choices are also provided. Unless otherwise noted, all questions require a response. All listed character counts are inclusive of letters and spaces. *Items in blue are explanatory notes.*

Beginning May 1, 2025, you may initiate your 2026 AMCAS application at [www.aamc.org/amcas.](www.aamc.org/amcas)

This resource is designed to help you prepare your materials for the 2026 AMCAS application but does not replace the online application.

DO NOT SUBMIT THIS RESOURCE TO THE AMCAS PROGRAM.

New Features of the 2026 AMCAS Application

The 2026 AMCAS application has a few new features:

- The interface for creating new Letter of Evaluation requests has been updated, including a new email feature for contacting letter authors.
- Applicants may answer "no" to the Institutional Action question if the action was deleted, expunged, or otherwise removed from their record by the institution.
- Reapplicant data will roll over for the Military Discharge, Misdemeanors, Felonies, and Institutional Actions sections.

Contents

Identifying Information
If you reside in the European Union, do not answer this question.

Legal Name

You must enter your full legal name and preferred name.

Salutation (select one)

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

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

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)

Birth Date and Birth Place

Birth Information:

Birth Date:	Birth Country:	Birth State:	Birth City:

Gender Identity and Pronouns

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	Another Gender Identity (Please Specify [write in])
Non-binary	Agender

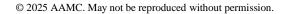**Please select the set of pronouns you want people to use to refer to you: (optional)**
She/Her/Hers
He/Him/His
They/Them/Theirs
Ze/Hir/Hirs
Another Pronoun set

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 the AMCAS program 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 the AMCAS program.

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, PREview® 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 the AMCAS program. 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 the AMCAS program to release your application information to the school-designated advisor(s) at thisinstitution?

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 the AMCAS program 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. The AMCAS program will review your request and notify you if your Transcript Exception is not granted. This may result in delays in processing your application.

Does the AMCAS program 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 the AMCAS program 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 the AMCAS program.

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

Previous Matriculation

You have previously matriculated as a medical school student if you were officially enrolled and attended classes as a candidate for a medical school degree regardless of country (U.S. MD school, U.S. DO school, Caribbean school, or other foreign school). Learn more about previous matriculation.

The following pop-up help text will appear if "Learn more about previous matriculation" is selected.

Collecting this information is essential to the admissions process, as it helps medical schools better understand your academic journey and potential for success in medical school. Prior matriculation can provide valuable insights into professional, academic, or personal growth experiences. Providing complete and accurate responses to this question is important and demonstrates your commitment to a thorough and thoughtful application process. All applicants should complete this section carefully and accurately.

Have you ever matriculated at, or attended, any medical school (US MD Schools, US DO Schools, Caribbean Schools, and other Foreign Schools) as a candidate for a medical degree?

Yes   No

If you marked "Yes" to previously matriculated to any medical school, you must provide the name of all medical schools to which you previously matriculated, the degree you sought, and why you are reapplying to medical school this time.

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Institutional Action

If you were ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or a conduct violation, you must answer "Yes." However, you may answer "No" if the action was deleted, expunged, or otherwise removed from your record by the institution.

Examples of institutional actions include, but are not limited to, academic probation, academic standing warnings, suspension, residence hall policy violations, and ethics policy violations. Please review these important instructions 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?

You must answer "Yes," even if such action did not interrupt your enrollment, require you to withdraw, or appear on your official transcripts. You may answer "No" if the action was deleted or expunged from your record by the institution.

Yes   No

Please choose the appropriate Institutional Action Category from the dropdown below.

Academic

Conduct

Both

Please briefly explain each institutional action received and the date(s) of occurrence.

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Biographic Information

The Biographic Information section captures details such as your contact information, citizenship, legal residence, language proficiency, self-identified ethnicity and race, parent(s) or guardian(s), siblings, dependents, and any criminal convictions. While some of this information may be used by schools for research and reporting purposes, it also helps admissions officers gain a deeper understanding of your journey and background. This context provides insight into the experiences that may have shaped your path to medical school and may resonate with the mission and values of individual institutions, supporting their goals in advancing healthcare and serving their communities.

Some information is centrally managed by the AAMC and cannot be edited on this page. To edit your preferred email address and citizenship, go to My AAMC Profile.

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 the AMCAS program 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? The AMCAS program 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 the AMCAS program and my designated medical schools to release information about my AMCAS processing and/or admissions status to this Alternate Contact. However, the AMCAS program 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

Race/ethnicity data is provided to schools for research, program evaluation, and reporting purposes.

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

☐ American Indian or Alaskan Native

Tribal affiliation:

☐ Asian

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

☐ Black or African American

African	African American	Afro-Caribbean	Ethiopian
Haitian	Jamaican	Nigerian	Somali
Some other Black or African American:			

☐ Hispanic or Latino

Argentinian	Colombian	Cuban	Dominican
Mexican or Mexican American	Peruvian	Puerto Rican	Salvadorian
Some other Hispanic or Latino:			

☐ Middle Eastern or North African

Arab	Egyptian	Iranian	Israeli
Lebanese	Moroccan	Palestinian	Syrian
Some other Middle Eastern or North African:			

☐ Native Hawaiian or Pacific Islander

Chamorro	Fijian	Marshallese	Native Hawaiian
Samoan	Tongan	Some other Native Hawaiian or Pacific Islander:	

☐ White

English	French	German	Irish
Italian	Polish	Some other White:	

☐ Some other race or ethnicity:

Tribal Affiliation

This optional question is intended to provide an opportunity to share additional information about yourself. Read Tribal Affiliation FAQs.

Do you self-identify with an American Indian or Alaska Native tribe?
     Yes   No

If "Yes" is selected above, the following question will be asked, and a response selection will be required.

Choose the one option that best describes your affiliation.
    I am an enrolled member of an American Indian or Alaska Native tribe
    I am not an enrolled member of an American Indian or Alaska Native tribe

A response to the following question is required once the question above is answered.

Based on your response above, please complete the following section. Guidance on Tribal Affiliation Categories.
    Federally Recognized Tribe [dropdown]
    State Recognized Tribe or Non-Federally Recognized Tribe [write-in]

If you self-identify with Indigenous tribes, other than American Indian or Alaska Native, please enter the name(s) below [write-in]. If not, leave blank.

The following pop-up help text will appear if "Guidance on Tribal Affiliation Categories" is selected.
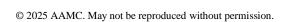
Guidance on Tribal Affiliation Categories

Federally Recognized Tribe: "Recognition" is a legal term meaning that the United States recognizes a government-to-government relationship with a tribe and that a tribe exists politically in a "domestic dependent nation" status. Federally recognized tribes possess certain inherent powers of self-government and entitlement to certain federal benefits, services, and protections because of the special trust relationship.
https://www.justice.gov/otj/about-native-americans

State Recognized Tribe: State recognized tribes are Indian tribes and heritage groups that are recognized by individual states for their various internal state government purposes. *https://www.acf.hhs.gov/ana/fact-sheet/american-indians-and-alaska- natives-what-are-state-recognized-tribes*

Non–Federally Recognized Tribe: While the term "non-federally recognized tribe" is not defined in federal laws, it can include state recognized tribes and tribal entities without state or federal recognition. *https://www.achp.gov/sites/default/files/whitepapers/2018-06/GuidetoWorkingwithNon-FederallyRecognizedTribesintheSection106Process.pdf*

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

Native/Functionally Native	I converse easily and accurately in all types of situations. Native speakers 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.
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.
Basic	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

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Childhood Information

In this subsection, you must answer questions related to your childhood, including questions about how you paid for college. If you lived in multiple places during your childhood (from birth to age eighteen), select the area that best reflects where you spent a significant portion of time or that is most relevant to the experiences you plan to share in this section.

1. **From birth to age eighteen, where did you live the longest? If you lived in multiple areas, select where you spent the majority of your time.**

    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	%
TOTAL	**100%**

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.

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

   Yes   No

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)?

<div align="center">Yes   No</div>

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.

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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

Other Impactful Experiences
This question is designed to help promote holistic review by providing admissions officers with a snapshot of applicants' lived experiences. In addition, the question is designed to give applicants the opportunity to provide additional context about the challenges they may have experienced during their lives. It is intended for applicants who have had impactful life experiences and faced or overcome challenges in various areas such as family background, financial background, community setting, education, religion, or other life experiences. Learn more about this question.

To provide some additional context around each individual's application, admissions committees are interested in learning more about the challenges applicants may have overcome in life. The following question is designed to give you the opportunity to provide additional information about yourself that is not easily captured in the rest of the application.

Please consider whether this question applies to you. Medical schools do not expect all applicants to answer "yes" to this question. This question is intended for applicants who have overcome major challenges or obstacles. Some applicants may not have experiences that are relevant to this question. Other applicants may not feel comfortable sharing personal information in their application.

Have you overcome challenges or obstacles in your life that you would like to describe in more detail? This could include lived experiences related to your family background, financial background, community setting, educational experiences, and/or other life circumstances. *How do I know if I should answer "yes" to this question? [This link in the application will direct to the help text – see below for details.]*

> Yes   No

Please use the space below to describe why you selected "yes." This text and the textbox only appear if "yes" is selected for this question.

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This pop-up help text will appear if "How do I know if I should answer "yes" to this question?" is selected.

Other Impactful Experiences Description
The following examples can help you decide whether you should respond "yes" to the question, and if so, what kinds of experiences you could share. Please keep in mind that this is not a fully inclusive list and any experiences you choose to write about should be ones that directly impacted *your* life opportunities.

Example Experiences
- *Family background:* serving as a caretaker of a family member (e.g., siblings, parent/guardian), first generation to college
- *Community setting:* rural area, food scarcity, high poverty or crime rate, lack of access to regular health care (e.g., primarily used urgent care clinics or emergency room, no primary care physician)
- *Financial background:* low-income family, worked to support family growing up, work-study to pay for college, federal or state financial support
- *Educational experience:* limited educational opportunities, limited access to advisors or counselors who were knowledgeable/supportive of higher education requirements
- *Other general life circumstances* that were beyond your control and impacted your life and/or presented barriers (e.g., religion)

Writing Instructions
- *Select the most impactful experiences*. Describe the challenge(s) or hardship(s) you consider most impactful in your life.
- *Write about how experiences impacted your life*. Write about any topics you deem important to discuss, including

information that might be mentioned elsewhere in your application (e.g., your personal statement). You can use the space provided in this question to further elaborate on those topics, if desired.

- *Use a narrative style format.* Describe your impactful experience(s) in a narrative format to help admissions committees understand your story but be mindful of the 1,325-character limit.

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:

Accountant, Auditor	General and Operations Manager	Other Services Occupation
Advertising, Marketing, Promotions, Public Relations, and Sales Manager	Health Technologist or Technician	Other Teacher or Instructor
Aircraft Pilot or Flight Engineer	Homemaker	Other Transportation Occupation
Architect, Surveyor, or Cartographer	Installation, Maintenance, and Repair	Personal Care and Service (e.g., Flight Attendant, Hairdresser, Concierge)
Arts, Design, Entertainment, Sports, and Media Occupations	Insurance Sales Agent	Pharmacist
Building and Grounds Cleaning and Maintenance	Lawyer, Judge	Physical Scientist (e.g., Astronomers, Physicists, Chemist, Hydrologists)
Business Operations or Financial Specialist	Life Scientist (e.g., Zoologist, Animal, Food, Soil, or Biological Scientist)	Physician
Business Owner	Material Recording, Scheduling, and Dispatching Worker	Physician Assistant
Chef or Head Cook	Military	Podiatrist
Chief Executive	Motor Vehicle Operator (e.g., Ambulance, Bus, Taxi, or Truck Driver)	Postsecondary Teacher (e.g., College Professor)
Chiropractor	Not Applicable	Primary, Secondary, or Special Education School Teacher
Computer Specialist, Mathematical Science	Nursing, Psychiatric, or Home Health Aide	Production Occupations
Construction and Extraction (e.g., Construction Laborer, Electrician)	Occupational and Physical Therapist Assistant or Aide	Protective Service (e.g., Fire Fighting, Police Officer, Correctional Officer)
Construction Manager	Operations Specialties Manager (e.g., IT or HR manager)	Real Estate Sales Agent
Cook or Food Preparation Worker	Optometrist	Registered Nurse
Counselor, Social Worker, or Other Community and Social Service Specialist	Other Agriculture, Maintenance, Repair, and Skilled Crafts Occupation	Religious Worker (e.g., Clergy, Director of Religious Activities or Education)
Dentist	Other Architecture and Engineering Occupation	Retail Sales Worker
Dietitian or Nutritionist	Other Business, Executive, Management, Financial Occupation	Sales Representative
Don't Know	Other Education, Training, and Library Occupation	Sales Supervisor, Retail Sales
Engineer	Other Healthcare Practitioners and Technical Occupation	Secretary or Administrative Assistant
Engineering Manager	Other Healthcare Support Occupation	Social Scientist and Related Worker
Farming, Fishing, and Forestry	Other Occupation	Supervisor of Administrative Support Workers
Financial Clerk	Other Office and Administrative Support Occupation	Therapist
Food and Beverage Serving Worker (e.g., Bartender, Waiter, Waitress)	Other Professional Occupation	Veterinarian

Living?

    Yes   No   Don't Know

Gender:

    Man   Woman   Another Gender Identity   Decline to Answer

Highest Education Level:
    Degree:
        Less than high school
        High School Graduate (high school diploma or equivalent)
        Some college, but no degree
        Associate Degree (AS,AN,etc.)
        Bachelor Degree (BA,BS, etc.)
        Some graduate, but no degree
        Masters degree
        Doctorate of medicine (MD)
        MD/PhD
        Doctor of Osteopathic Medicine/Osteopathy (DO)
        Doctor of Jurisprudence
        Doctor of Chiropractic
        Doctor of Optometry
        Doctor of Pharmacy
        Doctor of Podiatric Medicine/Podiatry
        Doctor of Veterinary Medicine
        Doctor of Philosophy PhD
        Doctor of Science
        Doctor of Education
        Other Doctorate Degree
        Don't know

    Highest Education Level School Location:

United States	State	School	City
Canada	Province	School	City
Other	Country	School	City

    School:

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
How many siblings (if any) grew up in the same household as you from birth to age eighteen? Some medical schools use this information to gain a deeper understanding of your background.

Age:

Gender:
    Man   Woman   Another Gender   Decline to Answer
                                                           Identity

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 AMCAS Applicant Guide)*		
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 orextracurricular 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. 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 1,325 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
- Social Justice/Advocacy
- 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 First Name:	Contact Last 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 (**700 Characters**)			
This is one of my most meaningful experiences:	Yes		No
Most Meaningful Experience Summary (**1325 Characters**)			

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 AAMC Letter Writer Portal or Interfolio.

Select Your Letters of Evaluation/Recommendation

You are not required to assign letters of evaluation to a medical school prior to submitting your AMCAS application. However, after you submit your application, letter assignments cannot be changed. Your letters do not have to be received by the AMCAS program (for medical schools participating in AMCAS Letter Service) before you submit your application.

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 the AMCAS program.
- Letter deadlines are established individually by each medical school, so applicants should check their websites for deadline dates.
- Letters sent to the AMCAS program 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.
- Reapplicants should note that letters received by the AMCAS program do not roll over 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 their letter authors.

*Applicants must contact schools that do not participate in the AMCAS Letter Service to determine their letter of evaluation requirements. The AMCAS program 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

Your letter authors must send your letters through the AMCAS program if you are applying to one or more schools participating in the AMCAS Letter Service.

Add a Letter of Evaluation

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

Many medical schools determine whether 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 letter 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 Type:		Letter Title:	
Select School:			
Primary Contact/Author	Prefix:	First Name:	Middle Name:
	Last Name:	Suffix:	Title
Organization Name:			
Phone Number:		Email:	
Additional Authors (for Letter Packet):			

If the AMCAS program receives a letter that you have not yet associated with your application, you will see the letter under the "Received Letters" section. You can add this letter as a new letter entry or match this letter to an existing entry in your application.

If you would like to add a letter to your application, you need to associate it with a letter request. To associate a letter with a new letter request, click on "Add This Letter." If a letter should be associated with one of your existing letter requests, click on "Match This Letter." **Only letters you add to your application will be sent to medical schools.** How to Match Letter of Evaluation Entries & Assign Them to Medical Schools Tutorial.

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 **prior permission** from the medical school to select any of the following program types: • Deferred/Delayed Matriculant • Early Assurance • Combined Bachelors/Medical Degree • Other Special Program		
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

AAMC PREview® Exam Requirement

Upon designating your school and program selections, you will be informed whether an AAMC PREview® exam score is required, recommended, being explored for future use, or not applicable. If not applicable, no information will be listed.

AAMC PREview Exam Required – You must submit a PREview score to complete your application.
AAMC PREview Exam Recommended – You may apply with or without a PREview score.
A Situational Judgement Test is Required – You may submit a PREview® score to satisfy this requirement.
Exploring PREview for Future Use – You may apply with or without a PREview scores.

Background Check

Upon designating your school selections, you will be informed whether 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

Consider and write your Personal Comments carefully; many admissions committees place significant weight on this section. This essay should reflect your personal perspective and experiences accurately. 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?*

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.

5300 characters

MD/PhD Essay

This essay should reflect your personal perspective and experiences accurately. Make sure you proofread carefully because no changes may be made after you submit your application.

Please state your reasons for wishing to pursue the combined MD/PhD degree.

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3000 characters

Significant Research Essay
Your response will only be forwarded to your designated MD/PhD program(s).

If your research resulted in a publication on which you were an author, please provide the full citation in the Work/Activities section of your application.

Please describe your significant research experiences. In your statement, please specify your research supervisor's name and affiliation, the duration of the experience, the nature of the problem studied, and your contributions to the project. This essay should reflect your personal perspective and experiences accurately. Make sure you proofread carefully because no changes may be made after you submit your application.

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10000 characters

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.
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

If "yes" is selected, you will be asked to choose an exam date from the following dropdown.

Select the appropriate test date from the list below.

PREview® Scores

This section will display AAMC PREview 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.

PREview® Exam Date

Please remember to keep this information current, especially after initial submission, as it alerts medical schools when to expect your PREview exam scores.

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

Yes   No

If "yes" is selected, you will be asked to choose an exam date from the following dropdown.

Select the appropriate test date from the list below.

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:

Certification Statements

To complete and submit your application, you must certify the following statements by checking each box in the application and selecting the *Agree* button.

- I certify that the information in this application and associated materials is current, complete, and accurate to the best of my knowledge.
- I certify that all my writing, including personal comments, essays for MD-PhD applicants, and descriptions of work/activities, is my own. Although I may utilize mentors, peers, advisors, and/or AI tools for brainstorming, proofreading, or editing, my final submission is a true reflection of my own work and represents my experiences. I acknowledge that no changes can be made after submission and will thoroughly proofread my work. Quotations are allowed if I cite the source.
- I have read, understand, and agree to comply with the AMCAS Applicant Guide, including the provisions noting that I am responsible for monitoring and ensuring the progress of my application process by checking the Main Menu of my application.
- I understand that I am responsible for reviewing my application after AMCAS processing is complete. I am responsible for notifying the AMCAS program of any discrepancies resulting from the verification process by using the Academic Change Request process, located in the Quick Links section of the Main Menu.
- I have read, understand, and agree to comply with the Application and Acceptance Protocols for Applicants, which sets forth guidelines for ethical conduct during the application process and defines important application cycle dates.
- I have read, understand, and accept the AAMC's Policies and Procedures for Investigating Reported Violations of Admissions and Enrollment Standards, which sets forth the AAMC's practices for investigating and reporting discrepancies in credentials, attempts to subvert the admissions process, inaccuracies, material omissions, or other attempts to subvert the admissions process.
- I understand that I am responsible for learning the admission requirements, application policies, and due dates for each school to which I am applying and that I am not eligible for a refund of AMCAS fees if I do not meet the admission requirements of the medical schools to which I apply.
- I understand that, unless advised otherwise by the recipient school, I am required to inform the admissions office of each medical school to which I apply if I am convicted of, or plead guilty or no contest to, a misdemeanor or felony crime after the date of my original application submission and prior to medical school matriculation. I understand that this communication must be in writing and must occur within 10 business days of the conviction.
- I understand that I am required to inform the admissions office of each medical school to which I apply if I become the subject of an institutional action after the date of original application submission and prior to medical school matriculation. I understand that this communication must be in writing and must occur within 10 business days of the occurrence of the institutional action.
- I acknowledge and agree that my sole remedy in the event of any errors or omissions relating to the handling or processing of my application is to obtain a refund of my AMCAS application fee; however, I may be eligible for a refund only if I have notified the AMCAS program of any errors or omissions within 10 days of application processing completion.
- I understand that the AMCAS program has my permission to release information, at the request of the medical school(s), to a third party to prepopulate online secondary applications.
- I understand that any medical school in which I enroll may release my relevant student records to the AAMC for inclusion in the AAMC Student Records System (SRS), a secure, centralized enrollment database on the national medical student population. Access to SRS is limited to medical school administrators and select AAMC staff. The student records released to the AAMC may include information about my enrollment status, attendance, degree program, graduation plans, and demographic and contact information. Released student records will not include information about my academic performance, such as coursework grades or test scores. The AAMC uses SRS data for accreditation purposes, data services, outcomes studies, program evaluations, research projects, and other data activities in support of the medical education community and may release the data to a limited number of third parties. All AAMC uses and release of data will be consistent with the AAMC's privacy policies.
- I understand that my access and use of this application is governed by the AAMC Website Terms and Conditions and the AAMC Privacy Statement, including the AAMC Policies Regarding the Collection, Use, and Dissemination of Medical School and Applicant Data, which I agreed to when I created an AAMC account and which I continue to agree to by my access and use of the AAMC website, including this service. I acknowledge the following regarding my personal information:
  - The AAMC may release my application information to any school to which I submit my application.
  - The AAMC may release information regarding my matriculation status, including any commitment to matriculate I indicate to the AMCAS program, to any medical school to which I submit my application.
  - I understand that once released to a school, my personal information will be subject to the school's privacy policies.

- o I agree to the processing and storage of my personal information on servers located in the United States.
- o I acknowledge that if I wish to exercise any rights I may have under applicable law regarding my personal information I should refer to the AAMC Privacy Statement or contact privacy@aamc.org or amcashelp@aamc.org to make such a request.