

# 2025 ERAS<sup>®</sup> Applicant Worksheet



This worksheet may be printed and used to begin completing your MyERAS<sup>®</sup> application offline. **All required fields are highlighted in red and marked with an asterisk.** Please note: Some of these fields are required only in certain circumstances.

## AAMC Account Information

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First Name*	Gender*
Middle Name	Email*
Last Name*	Birth Date*
Suffix	I authorize the release of my birth date to programs.

## Basic Information

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Previous Last Name	Preferred Phone*
Preferred Name	Mobile Phone
Preferred Pronoun	Alternate Phone
	Fax
	Pager

## Address

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### Current Mailing Address

Address 1\*

Address 2

Country\*

State *(Required for U.S. & Canadian addresses.)*

City\*

Postal Code

Is your permanent address the same as your current mailing address?\*    Yes    No

### Permanent Address

Address 1

Address 2

Country

State

City

Postal Code

Phone

## Work Authorization

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Are you currently authorized to work in the United States?\*      Yes      No

What is your current work authorization?\*

Will you need visa sponsorship through ECFMG (J-1) or the teaching hospital (H-1B) to complete the entirety of your GME training?\*

Yes      No

If yes, please select the visa(s) for which you will seek sponsorship. Select all that apply.\*

H-1B      J-1

\*Eligibility for ECFMG J-1 visa sponsorship is not to be presumed. For details on ECFMG J-1 requirements and restrictions, please visit <http://www.ecfm.org/evsp/requirements.html>.

If no, please identify which of the following will serve as your basis for work authorization for the entirety of your GME training without any need for visa sponsorship. Select all that apply.\*

U.S. Citizen or National, Legal Permanent Resident, Refugee, Asylee

Adjustment of Status applicant (Green Card application) (EAD)

DACA – Deferred Action for Childhood Arrivals

Diplomatic Service

E-2 – Treaty investor, spouse, and children (EAD)

Employment Authorization Document (EAD)

F-1 – Academic student (EAD, OPT)

H-1 – Temporary worker

H-1B – Specialty occupation, DoD worker, etc.

H-2B – Temporary worker – skilled and unskilled

H-4 – Spouse or child of H-1, H-2, H2-3 (EAD)

J-1 – Visa for exchange visitor

J-2 – Spouse or child of J-1 (EAD)

L-2 – Dependent of Intra-Company Transferee (EAD)

O-1 – Extraordinary ability in sciences, arts, education, business, or athletics

TN – NAFTA trade visa for Canadians and Mexicans

Other

If you currently reside in the United States or Canada, please identify your current state or province of residence.

## Match® Information

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### NRMP® Match

I plan to participate in the NRMP Match      Yes      No

If yes, NRMP ID:

- *If you are already registered for the NRMP Match and have your NRMP ID, please enter it.*
- *If you currently do not have your NRMP ID, please enter it as soon as you receive it. NRMP ID is not required to certify & submit your application and can be added once you have received your NRMP ID.*
- *Please note that registering or participating with the MyERAS® system does not automatically register you for The Match. You will need to register with the NRMP separately at <https://www.nrmp.org>.*

Participating as a couple in NRMP ?      Yes      No

If yes, partner's name:

Specialties partner is applying to:

### Urology Match®

AUA Member Number:

## Identification Numbers

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USMLE/ECFMG ID:

NBOME ID: *(Required for D.O. applicants.)*

American Osteopathic Association Member Number:

## Biographic Information

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### Self-Identification

This section allows you to indicate how you self-identify. When selecting "Other" as a subcategory, the text field is limited to 120 characters; however, it is not a required field. If you prefer not to self-identify or if you reside in the European Union, please ignore this section.

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

#### American Indian or Alaska Native

Tribal affiliation:

#### Asian

Bangladeshi

Cambodian

Chinese

Filipino

Indian

Indonesian

Japanese

Korean

Laotian

Pakistani

Taiwanese

Vietnamese

Some other Asian:

#### Black or African American

African American

Afro-Caribbean

African

Ethiopian

Haitian

Jamaican

Nigerian

Somali

Some other Black:

#### Hispanic, Latino, or of Spanish origin

Argentinean

Colombian

Cuban

Dominican

Mexican or Mexican American

Peruvian

Puerto Rican

Salvadoran

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 Pacific Islander:

#### White

English

French

German

Irish

Italian

Polish

Some other White:

Some other race or ethnicity:

## Language Fluency

Please use these definitions to assess and describe your level of proficiency in all the languages you speak.

**Native/Near native** - I converse easily and accurately in all types of situations, including communicating health care concepts. Native/near-native speakers may think that I am a native/near-native speaker too.

**Advanced** - I speak very accurately, and I understand other speakers very accurately. Language ability rarely hinders me in performing any task, including communicating health care concepts, requiring this language. Native/near-native speakers have no problem understanding me, but they probably perceive that I am not a native/near-native speaker.

**Good** - I speak well enough to participate in most conversations. Native/near-native speakers notice some errors in my speech or my understanding, but I am generally able to repair the conversation if errors or misunderstandings occur. I have some difficulty communicating health care concepts.

**Fair** - I speak and understand well enough to have casual conversations about current events, work, family, or personal life and can get the general idea of most everyday conversations. Native/near-native speakers notice many errors in my speech or my understanding. I have difficulty communicating about health care concepts.

**Basic** - I speak the language at a level that permits me to understand and respond to 2-3 word entry-level questions and meet minimum courtesy requirements. I have difficulty in or understanding conversations. I am unable to understand or communicate most health care concepts.

Do you meet or exceed the Advanced level of proficiency in English?                      Yes                      No

If you speak a language other than English, in which of the following languages do you meet or exceed the Good level of proficiency?

- |                        |                   |                      |                        |
|------------------------|-------------------|----------------------|------------------------|
| Afrikaans              | Finnish           | Laotian              | Serbian                |
| Albanian               | Formosan          | Lithuanian           | Serbocroatian          |
| American Sign Language | French            | Malayalam            | Sinhalese              |
| Amharic                | French Creole     | Mande                | Slovak                 |
| Arabic                 | Fulani            | Marathi              | Spanish/Spanish Creole |
| Armenian               | German            | Mon-Khmer, Cambodian | Swahili                |
| Bantu                  | Greek             | Navajo               | Swedish                |
| Bengali                | Gujarati          | Nepali               | Syriac                 |
| Bisayan                | Hawaiian          | Norwegian            | Tagalog                |
| Bulgarian              | Hebrew            | Patois               | Tamil                  |
| Burmese                | Hindi             | Pennsylvania Dutch   | Telugu                 |
| Cajun                  | Hmong             | Persian              | Thai                   |
| Chinese                | Hungarian         | Polish               | Tongan                 |
| Croatian               | Ilocano           | Portuguese           | Turkish                |
| Cushite                | Indonesian        | Punjabi              | Ukrainian              |
| Czech                  | Irish Gaelic      | Romanian             | Urdu                   |
| Danish                 | Italian           | Russian              | Vietnamese             |
| Dutch                  | Jamaican Creole   | Samoan               | Yiddish                |
| English                | Japanese          |                      |                        |
|                        | Kannada           |                      |                        |
|                        | Karen             |                      |                        |
|                        | Korean            |                      |                        |
|                        | Kru, Igbo, Yoruba |                      |                        |

If other, please specify:

## Military Information

Are you committed to fulfill a U.S. military active duty service obligation/deferment?\*

Yes	No
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If yes, number of years remaining: Branch:

Do you have any other service obligations (e.g., military reserves, public health/state programs)?\*

Yes	No
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If yes, describe:  
*255-character limit*

## Hometown(s)

Hometown is an area(s) where you currently or previously lived and feel strong ties or sense of belonging to. You may enter up to three hometowns. Refer to page 10 for guidance around setting.

Country\*:

State/Province:

City\*:

Postal Code:

Setting:

## Geographic Preferences

The division preferences section offers you an opportunity to communicate your preference or lack of preference for particular geographic divisions. Indicate your preference (or lack of preference) for up to three U.S. Census divisions.

- If you select a particular division, then only programs located in the division and to which you apply will see your response.
- If you select "I do not have a division preference," then all programs to which you apply will see your response.
- If you skip this section, then no information will be provided to any program.

### Entry 1

U.S. Census division:

Please describe your preference or lack of preference for the division you selected (300-character limit):

### Entry 2

U.S. Census division:

Please describe your preference or lack of preference for the division you selected (300-character limit):

**Entry 3**

U.S. Census division:

Please describe your preference or lack of preference for the division you selected (300-character limit):

**Setting Preferences**

The setting preferences section is designed to give applicants the opportunity to communicate their preference or lack of preference for urban or rural settings.

Indicate your preference or lack of preference for rural or urban settings.

Please describe your setting preference or lack of preference (300-character limit):

**Education**

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**Higher Education**

This section allows multiple entries for each undergraduate and graduate school you have attached.

Since most non-U.S. educational systems do not follow the U.S. model, almost all students and graduates of international medical schools will indicate "None."

None

**Entry 1**

Institution*			Location*
Education Type*	Field(s) of Study*		
Degree Expected or Earned*			
If Yes: Degree		Month	Year
Dates of Attendance: From Month*	From Year*	To Month*	To Year*

**Entry 2**

Institution*			Location*
Education Type*	Field(s) of Study*		
Degree Expected or Earned*			
If Yes: Degree		Month	Year
Dates of Attendance: From Month*	From Year*	To Month*	To Year*

**Medical Education**

This section allows entries for each medical school you have attended.

**Entry 1**

Country\*

Institution\*

Degree\*

Degree Month\*

Degree Year\*

Dates of Education

From Month\*

From Year\*

To Month\*

To Year\*

**Entry 2**

Country\*

Institution\*

Degree\*

Degree Month\*

Degree Year\*

Dates of Education

From Month\*

From Year\*

To Month\*

To Year\*



**Postgraduate Training**

Please add an entry for each of your current or prior trainings. If necessary, please work with your supervisor to determine an end date for a training you are currently completing.

If your program was accredited by the American Osteopathic Association (AOA) when you completed your training, please select the option with "AOA" noted in the Type of Training and Specialty menus.

None

**Entry 1**

Type of Training\*

Specialty\*

Institution/Program\*

Country\*

State/Province

City\*

Postal Code\*:

Location Setting:

Program Director\*

Supervisor\*

Dates of Residency/Fellowship:

From Month\*

From Year\*

To Month\*

To Year\*

**Extensions & Interruptions**

Have you had any unplanned professionalism or academic issues in your medical education or training that caused an interruption or extension?

Note: This section is not intended to solicit information about your health, disability, or family status.

Yes

No

If yes, please use the space below to explain the reason, the time frame it occurred, what steps you took to address it, and what you learned from it.

**Honors & Awards**

**Honor Societies**

Sigma Sigma Phi Status:

*(D.O. applicants only)*

Alpha Omega Alpha Status:

Gold Humanism Honor Society Status:

**Other Honors or Awards:**

Honor or Award Type:

Name:

Description:

Date Received:

**Professional Memberships**

Organization Name:

## Selected Experiences

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Please identify and describe up to 10 experiences that communicate who you are, what you are passionate about, and what is most important to you.

### Entry 1

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and Responsibilities:

*750-character limit*

### Entry 2

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and Responsibilities

*750-character limit*

#### Guidance for Settings:

- **URBAN:** The central part of a city; high population density; high density of structure such as houses, buildings, railways; public transportation more readily available for commuting; most jobs are non-agricultural.
- **SUBURBAN:** Smaller urban area around a city; less populated than a city; serves mainly as residential area for city's workforce; mostly residential with single-family homes, stores, and services; more parks and open spaces than a city; limited public transportation and private vehicles needed for commuting.
- **RURAL:** Large amounts of undeveloped land; low population density; open areas of land with few homes or buildings; no public transportation; private vehicles needed for commuting; main industries likely to be agriculture or natural-resource extraction.

**Entry 3**

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and  
Responsibilities

*750-character limit*

**Entry 4**

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and  
Responsibilities

*750-character limit*

**Entry 5**

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and  
Responsibilities

*750-character limit*

**Entry 6**

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and  
Responsibilities

*750-character limit*

**Entry 7**

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and  
Responsibilities

*750-character limit*

**Entry 8**

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and  
Responsibilities

*750-character limit*

**Entry 9**

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and  
Responsibilities

*750-character limit*

**Entry 10**

Organization\*

Experience Type\*

Position Title\*

I am currently working in this role.

Start Date\*

End Date\*

Country\*

State/Province\*

City\*

Postal Code\*

Participation Frequency

Setting

Primary Focus Area

Key Characteristics

Context, Roles, and  
Responsibilities

*750-character limit*

**Selected Experiences | What made this experience meaningful?**

Identify and describe up to 3 of the 10 experiences that you found the most meaningful.

Reflect on the experience, why it was meaningful, and how it influenced you. Weave in the focus area or key characteristic you tagged. This should not describe what you did in the experience or list a set of skills that you developed or demonstrated during the experience.

**1 of 3 Meaningful Experiences**

Description:

*300-character limit*

**2 of 3 Meaningful Experiences**

Description:

*300-character limit*

**3 of 3 Meaningful Experiences**

Description:

*300-character limit*



## Impactful Experiences

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Program directors are interested in learning more about other impactful experiences applicants may have encountered or overcome on their journey to residency. This section is designed to give applicants the opportunity to provide additional information about their background or life experiences that is not captured elsewhere in the application (e.g., information written in this section should not be the same as what is included in the personal statement).

Please describe any challenges or hardships that influenced your journey to residency. This could include experiences related to family background, financial background, community setting, educational experiences, and/or general life experiences.

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

The following examples can help you decide whether you should respond to the section and what kinds of experiences are appropriate to share on the MyERAS application. Please keep in mind that this is not a fully inclusive list:

- Family background (e.g., first generation to graduate college).
- Financial background (e.g., low-income family, worked to support family growing up, work-study program to pay for college).
- Community setting (e.g., food scarcity, poverty or crime rate, lack of access to medical care).
- Educational experiences (e.g., limited educational opportunities, limited access to advisors or mentors).
- Other general life circumstances (e.g., loss of a family member, serving as a caregiver while working or in school).

*750-character limit*

## Hobbies & Interests

Please provide details regarding your hobbies and interests.

*300-character limit*

**Licenses & Certifications**

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Please add an entry for any of your state medical licenses.

None

**Entry 1**

State\*

License Type\*

License Number\*

Expiration Month\*

Expiration Year\*

**Entry 2**

State\*

License Type\*

License Number\*

Expiration Month\*

**Additional Questions**

Are you able to carry out the responsibilities of a resident, intern, or a fellow in the specialties and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, and interpersonal and communication requirements with or without reasonable accommodations?\*

Yes      No      No Response

Has your medical license ever been suspended/revoked/voluntarily terminated?\*      Yes      No

Have you been named in a malpractice case?\*      Yes      No

Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges? (Note: This section is not intended to solicit information about your health, disability, or family status).\*      Yes      No

Have you ever been convicted of a misdemeanor in the United States?\*      Yes      No

Have you ever been convicted of a felony in the United States?\*      Yes      No

If yes, please explain.\*

## Board Certifications

Are you board certified?\*      Yes      No

If yes,  
Certifying Board:

If other, Board Name:

Certification(s):

## Other Certifications

Do you have other medical or health care related certifications?      Yes      No

Certification(s):

Date Received:

Valid Until:

## DEA Registration

DEA Registration Number:

Expiration Month

Expiration Year

## Publications

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Add an entry for each of your publications.

### Peer-Reviewed Journal Articles/Abstracts

Journal Article(s)/  
Abstract(s) Title\*  
*255-character limit*

Author(s)\*

*(Last Name, First InitialMiddle Initial)*

Publication Name\*

Publication MEDLINE Unique Identifier (PMID)

Publication Volume\*

Issue Number\*

Pages\*      *(e.g., 200-212)*

Month\*

Year\*

Article URL

### Peer-Reviewed Journal Articles/Abstracts (Other Than Published)

Journal Article(s)/  
Abstract(s) Title\*  
*255-character limit*

Author(s)\*

*(Last Name, First InitialMiddle Initial)*

Publication Name\*

Publication Status\*

Month\*

Year\*

Article URL

**Peer-Reviewed Book Chapter**

Chapter Title\*  
*255-character limit*

Name of Book\*

Author(s)\*

*(Last Name, First InitialMiddle Initial)*

Editor(s)\*

*(Last Name, First InitialMiddle Initial)*

Publisher\*

Pages\* *(e.g., 200-212)*

URL

Country\*

Year\*

**Scientific Monograph**

Monograph Title\*  
*255-character limit*

Publication Name\*

Volume\*

Issue Number\*

*(e.g., 200-212)*

Author(s)\*

*(Last Name, First InitialMiddle Initial)*

Year\*

URL

**Other Articles**

Title of Other Article\*  
*255-character limit*

Author(s)\*

*(Last Name, First InitialMiddle Initial)*

Publication Name\*

Publication Date\*

*(MM/DD/YYYY)*

Article URL

**Poster Presentation**

Poster Presentation Title\*  
*255-character limit*

Author(s)/Presenter(s)\*

*(Last Name, First InitialMiddle Initial)*

Event/Meeting\*

Country\*

State/Province

City\*

Presentation Date\*

Event/Meeting URL

Poster URL

**Oral Presentation**

Oral Presentation Title\*  
*255-character limit*

Author(s)/Presenter(s)\*

*(Last Name, First InitialMiddle Initial)*

Event/Meeting\*

Country\*

State/Province

City\*

Presentation Date\*

Event/Meeting URL

Presentation URL

**Peer-Reviewed Online Publication**

Online Publication Title\*  
*255-character limit*

Author(s)\*

*(Last Name, First InitialMiddle Initial)*

URL\*

Publication Date\* *(MM/DD/YYYY)*

**Non-Peer-Reviewed Online Publication**

Online Publication Title\*  
*255 Character Max*

Author(s)\*

*(Last Name, First InitialMiddle Initial)*

URL\*

Publication Date\* *(MM/DD/YYYY)*

## Program Signals

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Program signals offer applicants the opportunity to express interest in a residency program at the time of application.

*Additional information coming soon! Please visit the [MyERAS Application and Program Signaling webpage](#) for more information. This worksheet will be updated as new information becomes available.*

*Signals must be designated prior to applying and are sent at the time of application. Below are the specialties participating in program signals and their allotted signals. Participating programs will be available by July.*

- Anesthesiology (5 gold, 10 silver signals)
- Child Neurology & Neurodevelopmental Disabilities (3 signals)
- Dermatology (3 gold, 25 silver signals)
- Diagnostic Radiology & Interventional Radiology (6 gold, 6 silver signals)
- Emergency Medicine (5 signals)
- Family Medicine (5 signals)
- General Surgery (15 signals)
- Internal Medicine (3 gold, 12 silver signals)
- Internal Medicine and Psychiatry (2 signals)
- Neurological Surgery (25 signals)
- Neurology (8 signals)
- Orthopedic Surgery (30 signals)
- Otolaryngology (25 signals)
- Pathology (5 signals)
- Pediatrics (5 signals)
- Physical Medicine and Rehabilitation (8 signals)
- Public Health and General Preventive Medicine (3 signals)
- Psychiatry (10 signals)
- Radiation Oncology (4 signals)
- Thoracic Surgery (3 signals)
- Transitional Year (12 signals)

## Certification

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I certify that the information contained within the MyERAS application is complete and accurate to the best of my knowledge. All written passages, such as the personal statement and descriptions of work/activities are my own and have not been written, in part or in whole, by another author and I might use mentors, peers, and/or AI tools for brainstorming, proofreading, or editing, my final submission represents my own work and accurately reflects my experiences. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by the AAMC per the [attached policy](#) (PDF); may result in expulsion from ERAS; or, if employed, may constitute cause for termination from the program. I also understand and agree to the [AAMC Web Site Terms and Conditions](#) and to the [AAMC Privacy Statement](#) and the AAMC Policies Regarding the Collection, Use and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data ([attached policy](#), PDF) and to the AAMC's collection and other processing of my personal data according to these privacy policies. In addition, I consent to the transfer of my personal data to the AAMC in the United States, to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in these Privacy Policies.\*