

MyERAS....a tutorial

- The purpose of this tutorial is to provide a broad overview of what information is required when applying to residency programs through the Electronic Residency Application Service (ERAS).
- This tutorial is only a guideline, as some requirements may have changed.



Step One

Logging Into MyERAS



MyERAS

AAMC ID:

Password:

Login

Register

Forgot Password

FIRST LOGIN: Register using the token provided by Student Affairs. During registration you will be assigned an AAMC ID to be used for subsequent logins.

Look here for interview offers and other important information.

Electronic Residency
Application Service

ERAS



Jane Smith AAMC ID: 99000010

[logout](#)

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)

[Home](#) [Profile](#) [Checklist](#) [Messages](#) [Password](#) [Site Map](#)

QUICK STATS

Common application form:	- not submitted
Program applications:	- no applications sent
Message center:	- no new messages

MYERAS ALERT:

Due to the damage from hurricane Katrina, ERAS emphasizes the importance of contacting programs prior to applying to confirm they are accepting applications.

- Times when MyERAS is closed for maintenance
- MyERAS Tips
- Information about browsers
- What about extra documents?

Use QUICK STATS to track your progress, to see new messages, and to get answers to common questions.



Step Two

Completing the Profile

Profile information should be kept up-to-date throughout the Application Season

First Name: <input type="text" value="Jane"/> *	Middle Name: <input type="text"/>	Last Name: <input type="text" value="Smith"/> *	Suffix: <input type="text" value="v"/>	Previous Last Name: <input type="text"/>
Contact Email:	<input type="text" value="erashelp@aamc.org"/> *			
Confirm Email:	<input type="text" value="erashelp@aamc.org"/> *			
SSN:	<input type="text"/>	Canadian SIN:	<input type="text"/>	

Present Mailing Address:

Country:	<input type="text" value="v"/> *	All fields containing an * must be completed.	
Street Address:	<input type="text"/> *		
City:	<input type="text"/> *		
State/Province:	<input type="text" value="Not Applicable"/> v	Zip/Postal Code: <input type="text"/>	
Preferred Phone:	<input type="text"/> *	Alternate Phone: <input type="text"/>	Fax: <input type="text"/>
Pager:	<input type="text"/>	Mobile: <input type="text"/>	

Profile information continued

Citizenship: *

Current Visa:

Expected Visa (the visa you expect to be holding when you are in a program):

- | | |
|--|--|
| <input type="checkbox"/> B-1 - Temporary visitor for business | <input type="checkbox"/> J-2 - Spouse or child of J-1 |
| <input type="checkbox"/> B-2 - Temporary visitor for pleasure | <input type="checkbox"/> O-1 - Extraordinary ability in sciences, arts, education, business or athletics |
| <input type="checkbox"/> F-1 - Academic student | <input type="checkbox"/> TN - NAFTA trade visa for Canadians and Mexicans |
| <input type="checkbox"/> F-2 - Spouse or child of F-1 | <input type="checkbox"/> E-2 - Treaty investor, spouse and children |
| <input type="checkbox"/> H-1 - Temporary worker | <input type="checkbox"/> Diplomatic Service |
| <input type="checkbox"/> H-1B - Specialty occupation, DoD worker, etcetera | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> H-2B - Temporary worker- skilled and unskilled | <input type="checkbox"/> EAD-Employment Authorization |
| <input type="checkbox"/> H-4 - Spouse or child of H-1, H-2, H-3 | <input type="checkbox"/> Other |
| <input type="checkbox"/> J-1 - Visa for exchange visitor | |

select all that may apply

USMLE ID: (Required for USMLE Transcript transmission)

NBOME ID: (Required for COMLEX Transcripts transmission)

ID numbers are located on your score sheet. Student Affairs can provide your NBOME ID if needed, but does not have access to USMLE IDs.

Profile information continued

Match Information:

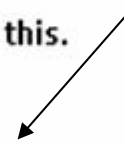
AOA Member Number *
 AOA Match Number (NMS number)
 AUA Number (Required for Urology Match Participants Only)

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

Partner's Name:

Specialties Partner is applying to:

This is a hyperlink to information about the allopathic match.



* What you need to know about the NRMP Match

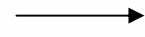
I am ACLS (Advanced Cardiac Life Support) certified in the USA. Exp. Date: MM / DD / YYYY

I am PALS (Pediatric Advanced Life Support) certified in the USA. Exp. Date: MM / DD / YYYY

Sigma Sigma Phi Status, Leave blank if not applicable:

Alpha Omega Alpha Status, Leave blank if not applicable:

ALWAYS save before continuing to the next page.





Step Three

Completing the Common
Application Form (CAF)

[Get a copy of the
Worksheet \(pdf\)](#)[View your CAF](#)[View your CV](#)[Submit your Application](#)**QUICK STATS**

Page One- General Information	Saved
Page Two- Education	Saved
Page Three- Medical Education	Saved
Page Four- Previous Residency/Fellowship	Not Saved
Page Five- Experience	Saved
Page Six- Publications	Not Saved
Page Seven- Exams	Saved
Page Eight- Licensure Information	Saved
Page Nine- State Medical Licenses	Not Saved
Page Ten- Race	Not Saved
Page Eleven - Ethnicity	Not Saved
Page Twelve - Misc.	Saved

This page is a snapshot of your progress within the Common Application Form.

Account Application Documents Programs Help

Home General Education Medical Education Residencies/Fellowships Experience Publications Exams Licensure Information Medical Licenses Race Ethnicity Misc.

Page 1 - General

Birth Place:

Birth Date: (MM / DD / YYYY)

Gender: *

Permanent Mailing Address:

copy from Profile:

Country: *

Street Address: *

City: *

State/Province:

Zip/Postal Code:

Phone #:

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

Yes No Years: Branch:

Do you have any other service obligations? (ie Military Reserves or Public Health/State programs) *

Yes No Description: (255 character limitation [Check Count](#))

Military students need to
complete this information.

save cancel

Next Page >>

*Clicking on **next** does not save your information.

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)[Home](#) [General](#) [Education](#) [Medical Education](#) [Residencies/Fellowships](#) [Experience](#) [Publications](#) [Exams](#) [Licensure Information](#) [Medical Licenses](#) [Race](#) [Ethnicity](#) [Misc.](#)**Page 2 - Education****(Include only Higher Education)**

This page allows entries for each Undergraduate and Graduate School you have attended. Complete the required fields and *Save*. The page will refresh to allow additional entries.

Texas A&M University September 1998 - June 2002 ...[\[edit \]](#) [\[delete \]](#)

**To enter an Education record, just begin typing
below and click the save button when you are done.**

Institution: ***Location:** ***Education Type:** ***Major:** ***Degree expected or earned:** ***Degree:** **Degree Month:** **Degree Year:** **Dates of Attendance:****From Month:** * **Year:** ***To Month:** **Year:** *Leave month/year blank if experience is ongoing*

Page 3 - Medical Education

This page allows entries for each Medical School you have attended. Complete the required fields and Save. The page will refresh to allow additional entries.

ZZZ AAMC Dean's Office - Test Site 3 August 2003 . . . [\[edit \]](#)

To enter a Medical Education record, just begin typing below and click the save button when you are done.

Country: United States Of America
Institution: ZZZ AAMC Dean's Office - Test Site 3

TCOM does not have a regional clinical campus

Have you spent six or more months at a regional clinical campus?

Clinical Campus: NO

Degree expected or earned: Yes *
Degree: Doctor of Osteopathy (D.O.)
Degree Month: May Degree Year: 2007

Dates of Attendance:
From Month: August * Year: 2003 *
To Month: Year: Leave month/year blank if experience is ongoing

save cancel Next Page >>

Page 4 - Residencies/Fellowships

This page allows entries for each residency or fellowship. Complete the required fields and Save. The page will refresh to allow additional entries.

Fields marked with an asterisk (*) are required, but only if you have Residencies or Fellowships.
If you have no Residencies or Fellowships, select: [NONE]

Specialty: *

Institution/Program: *

Country: *

State/Province: *

City: *

Years: *

Program Director: *

Supervisor: *

Dates of Residency/Fellowship:
From Month: * Year: *

This page to be completed ONLY by physicians in a residency or fellowship.

Reason for Leaving: (510 characters [Check Count](#))

save cancel

Next Page >>

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)[Home](#) [General](#) [Education](#) [Medical Education](#) [Residencies/
Fellowships](#) [Experience](#) [Publications](#) [Exams](#) [Licensure
Information](#) [Medical
Licenses](#) [Race](#) [Ethnicity](#) [Misc.](#)**Page 5 - Experience**

(Include Clinical and Teaching experience as work experiences, include all unpaid extra-curricular activities and committees you have served on as volunteer experiences)

This page allows entries for each work, volunteer, or research experience. Complete the required fields and Save. The page will refresh to allow additional entries.

Work - UNT Health Science Center September 2003 ... [edit] [delete]
Volunteer - Christian Medical Association March 2003 - March 2003 ... [edit] [delete]

To enter a Work Experience record, just begin typing below and click the save button when you are done.

Experience Type: Work Experience * *

Organization: UNT Health Science Center *

Position: Academic Tutor *

Supervisor: Peg Dansereau * for research experience only

Description: (1020 characters [Check Count](#))

Provided one on one and group tutoring in basic science courses for students needing additional assistance.

Reason for Leaving: (510 characters [Check Count](#))

Dates of Experience:

From **Month:** September * **Year:** 2003 *

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

save

cancel

Next Page >>

Page 5 - Experience

(Include Clinical and Teaching experience as work experiences, include all unpaid extra-curricular activities and committees you have served on as volunteer experiences)

This page allows entries for each work, volunteer, or research experience. Complete the required fields and Save. The page will refresh to allow additional entries.

Work - UNT Health Science Center September 2003 ...

[edit] [delete]

Volunteer - Christian Medical Association March 2003 - March 2003 ...

[edit] [delete]

To enter a Work Experience record, just begin typing
below and click the save button when you are done.

Experience Type: Volunteer Experience * *

Organization: Christian Medical Association *

Position: Member *

Description: (1020 characters [Check Count](#))

Traveled to Pueblo, Mexico during Spring Break to provide
medical care to the under-privileged.

Reason for Leaving: (510 characters [Check Count](#))

Dates of Experience:

From Month: March * Year: 2003 *

To Month: March Year: 2003 Leave month/year blank if experience is ongoing

save

cancel

Next Page >>

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)[Home](#) [General](#) [Education](#) [Medical Education](#) [Residencies/
Fellowships](#) [Experience](#) [Publications](#) [Exams](#) [Licensure
Information](#) [Medical
Licenses](#) [Race](#) [Ethnicity](#) [Misc.](#)

Page 6 - Publications

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

This page allows entries for each of your publications. Complete the required fields and *Save*. The page will refresh to allow additional entries.

Those fields marked with an asterisk (*) must be filled in, but only if you have Publications, etc to enter. If you have no Publications to enter, select: [[NONE](#)]

Title: *

Authors/Presenters: *

Publication/Organization: *

Month: Year: (Year is only required if Month is selected)

Volume:

Pages:

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)[Home](#) [General](#) [Education](#) [Medical Education](#) [Residencies/
Fellowships](#) [Experience](#) [Publications](#) [Exams](#) [Licensure
Information](#) [Medical
Licenses](#) [Race](#) [Ethnicity](#) [Misc.](#)

Page was successfully saved.

Page 7 - Examinations

This page allows entries for each examination you have taken. Complete the required fields and Save. The page will refresh to allow additional entries. ***IMPORTANT USMLE STEP 2 INFORMATION**

USMLE Step 2 CK (Clinical Knowledge)	Awaiting Results December 2006 . . .	[edit] [delete]
USMLE Step 1	Passed December 2005 . . .	[edit] [delete]
USMLE Step 1	Failed September 2005 . . .	[edit] [delete]
Osteopathic - COMLEX Part 1	Passed April 2005 . . .	[edit] [delete]
Osteopathic - COMLEX Level 2 PE	Passed September 2006 . . .	[edit] [delete]
Osteopathic - COMLEX Level 2 CE	Will Take January 2007 . . .	[edit] [delete]

To enter an examination record, select from the drop down windows below and click the save button when you are finished.

Exam: *
Status: * : Month: * Year: *

NOTE: It is the opinion of this institution that you should enter all ATTEMPTS at ANY board exam.

Page 8 - Licensure Information

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

- Yes No

Reason: (510 character limitation [Check Count](#))

Have you been named in a malpractice case? *

- Yes No

Reason: (510 character limitation [Check Count](#))

This section continued on the next slide

Licensure information continued from previous slide

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

Yes No

Reason: (510 character limitation [Check Count](#))

Have you ever been convicted of a felony? *

Yes No

Reason: (510 character limitation [Check Count](#))

Are you Board Certified? *

Yes No

Board Name:

DEA Registration Number :

Expiration Month : **Expiration Year :**

Note: DEA is for US Medical License holders only

save

cancel

Next Page >>

Page 9 - State Medical Licenses

This page allows entries for each of your state medical licenses. Complete the required fields and Save. The page will refresh to allow additional entries.

Those fields marked with an asterisk (*) must be filled in, but only if you have state medical licenses, etc to enter. If you have no state medical licenses to enter, select: [NONE]

State : *
License Type : *
License Number :
Expiration Month : Year:

save

cancel

Next Page >>

This page will only be completed by physicians who are currently licensed and applying for residency/fellowship.

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)[Home](#) [General](#) [Education](#) [Medical Education](#) [Residencies/
Fellowships](#) [Experience](#) [Publications](#) [Exams](#) [Licensure
Information](#) [Medical
Licenses](#) [Race](#) [Ethnicity](#) [Misc.](#)**Page 10 -Race**

To begin, click "Add" to the right of the race that you wish to add. This question is optional, if you choose not to indicate your race, please select "No Answer".

No Answer [Add](#)**White** [Add](#)**Black** [Add](#)**American Indian or Alaskan Native** [Add](#)Please specify the name of enrolled or principal tribe: **Asian** [Add](#)Please specify all that apply: Specify if other: **Native Hawaiian or Other Pacific Islander** [Add](#)Please specify all that apply: Specify if other: **Other** [Add](#)Please specify: [Next Page >>](#)

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)[Home](#) [General](#) [Education](#) [Medical Education](#) [Residencies/
Fellowships](#) [Experience](#) [Publications](#) [Exams](#) [Licensure
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Licenses](#) [Race](#) [Ethnicity](#) [Misc.](#)

Page 11 - Ethnicity

This question is optional, you are not required to identify your ethnicity. If you choose not to, add "No Answer".

To enter your ethnicity as Spanish/Hispanic/Latino/Latina, make that selection, then make a selection from the drop down menu, and click on "Add".

Any ethnicity selections you have already entered will be listed below. To remove a selection you have already entered, click the "delete" button located to the right.

If you have selected "No Answer" and wish to change that, make your selection and click add - the new selection will be automatically saved.

- No Answer
- Not Spanish/Hispanic/Latino/Latina
- Spanish/Hispanic/Latino/Latina

Select all that apply

Specify Other:

[save](#)[cancel](#)[Next Page >>](#)

Page 12 - Miscellaneous

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

- Yes No
 No Response

Limiting Aspects: (510 characters [Check Count](#))

Was your medical education/training extended or interrupted? *

- Yes No

Reason: (510 characters [Check Count](#))

I was chosen an a predoctoral research fellow for the department of Osteopathic Manipulative Medicine. This selection extended by enrollment by one year. At graduation I will also receive a Master of Science in Clinical Research and Education.

Miscellaneous section continued on next slide.

Language Fluency (Other than English): (255 characters [Check Count](#))

Conversational Spanish.

Hobbies & Interests: (510 characters [Check Count](#))

Music, reading, hiking.

Medical School Awards: (510 characters [Check Count](#))

Outstanding Student in Renal 1
Nominated for Student D.O. of the Year

Other Awards/Accomplishments: (510 characters [Check Count](#))

Membership in Honorary/Professional Societies: (255 characters [Check Count](#))

American Osteopathic Association
American Medical/Texas Medical Association
American College of Osteopathic Family Physicians

save

cancel

Next Page >>



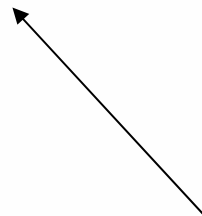
Step Four

Creating and Assigning
Documents

QUICK STATS	
Letters of Recommendation:	2
Personal Statements:	0
USMLE Transcript Released:	Not yet
COMLEX Transcript Released:	Not yet

How do I . . . ?

- How do I designate a Letter writer?
- When will programs get my documents?



Use hyperlinks to get complete how-to instructions and answers to other important questions.

Account

Application

Documents

Programs

Help

Home

USMLE
Transcript

COMLEX
Transcript

Personal
Statements

Letters of
Recommendation

You cannot request a USMLE transcript until you have entered a USMLE ID in [Profile](#)

What you need to know about USMLE Transcripts . .

The authorization and distribution of your USMLE transcript is a four-step process. You need to:

1. Verify that the correct USMLE ID is in the Profile.
2. Authorize the release of your transcript.
3. Decide whether you want to have it resent automatically when a new score becomes available.
4. Assign your transcript to your programs. (Under the Programs tab)

Account

Application

Documents

Programs

Help

Home

USMLE
Transcript

COMLEX
Transcript

Personal
Statements

Letters of
Recommendation

You cannot request a COMLEX transcript until you have entered an NBOME ID in [the Profile](#)

What you need to know about COMLEX Transcripts . .

COMLEX is an exam administered by the National Board of Osteopathic Medical Examiners (NBOME). Normally, only students and graduates of US Osteopathic medical schools, who have a D.O. degree rather than an M.D., take the COMLEX exam.

If you are not sure if you have taken the COMLEX exam, you should not request a COMLEX transcript. If you took COMLEX Level 1 **prior** to June 1998, you must follow-up with the NBOME to ensure that your transcript request is processed properly.

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)

[Home](#) [USMLE Transcript](#) [COMLEX Transcript](#) [Personal Statements](#) [Letters of Recommendation](#)

[Create a Personal Statement](#)

Personal Statements:

No Personal Statements created yet

Click here to create a new Personal Statement. You may copy and paste from a WORD document directly into the space provided.

NOTE: Multiple Personal Statements may be created. At the minimum, you should create a Personal Statement for each specialty to which you apply. Name them something that will distinguish them such as PSYCHIATRY or ANESTHESIA. You are the only person who will see the name.

[Account](#)[Application](#)[Documents](#)[Programs](#)[Help](#)[Home](#)[USMLE
Transcript](#)[COMLEX
Transcript](#)[Personal
Statements](#)[Letters of
Recommendation](#)[Designate a New Letter of Recommendation Writer](#)

Letter of Recommendation Writers:

[Edit / View LoR Writer #1 - Dr. John Smith, ER](#)[\[print cover letter \]](#) [\[Assignments \]](#)[Edit / View LoR Writer #2 - Dr. Cedric Pratt, Dept. of Surgery](#)[\[print cover letter \]](#) [\[Assignments \]](#)

Click here to add LOR writer information and make assignments.

NOTE: Enter the information for each LOR writer you intend to use. Once you have chosen programs you may then assign the letters you wish to use. You have complete control over which letters are sent to specific programs. A minimum of three (3) letters are required for most programs, however ERAS allows for no more than four (4) letters to be sent to any one program. The dean's letter DOES NOT count as a letter of recommendation.

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)[Home](#) [USMLE Transcript](#) [COMLEX Transcript](#) [Personal Statements](#) [Letters of Recommendation](#)

LoR 1 Dr. John Smith, ER is currently assigned to:

1. **Texas Tech University (Amarillo) Categorical Program - Internal Medicine TX, Amarillo**

Note:

- **Grayed out program names** had this Letter of Recommendation assigned to them at one point after you had applied to the program. This means the letter may have been transmitted before you un-assigned it. However, this letter is currently not assigned to the program.
- **Blue program names** have not yet been applied to, these programs will not receive this document until you apply. If you un-assign the Letter before you apply to the program, they will never receive it.

This is a list of programs to which Dr. John Smith's letter was assigned.



Step Five

Selecting Programs

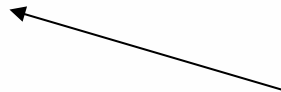
QUICK STATS	
Number of Programs Selected:	1
Number of Programs Applied to:	0

Applying to Programs

1. Search and Select Programs
2. Assign Documents and Select types of training
3. Apply to Programs

How do I . . . ?

- How do I change a document assignment?
- How do I designate a Letter writer?



Use the hyperlinks for "how-to" information.



Electronic Residency
Application Service

ERAS



Jane Smith AAMC ID: 99000010

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[Home](#) [Search Osteopathic Programs](#) [Search Allopathic Programs](#) [Programs selected](#) [Programs applied to](#) [Preview Invoice](#) [Apply to Programs](#) [Invoice History](#) [Assignments Report](#)

AOA ID:

State & Training & Specialty:

State:

Training Type: [help](#)

Associated Specialty:

Either type in an AOA ID (or the first few numbers of the AOA ID) for a program or select the State/training type/Specialty pairing to look up a program.

Use pull-down menus to narrow your search.

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)

[Home](#) [Search Osteopathic Programs](#) [Search Allopathic Programs](#) [Programs selected](#) [Programs applied to](#) [Preview Invoice](#) [Apply to Programs](#) [Invoice History](#) [Assignments Report](#)

ACGME ID:

State & Specialty:

Either type in an ACGME ID (or the first few numbers of the ACGME ID) for a program or select the State/Specialty pairing to look up a program.

Use pull-down menus to narrow your search.

[Account](#) [Application](#) [Documents](#) [Programs](#) [Help](#)

[Home](#) [Search Osteopathic Programs](#) [Search Allopathic Programs](#) [Programs selected](#) [Programs applied to](#) [Preview Invoice](#) [Apply to Programs](#) [Invoice History](#) [Assignments Report](#)

Programs I am interested in

To edit/add training selection and document assignments, or view information for a program click on its name

[delete all programs](#)

You are interested in 1 program(s)

[[delete](#)] [Texas Tech University \(Amarillo\) Categorical Program](#), Amarillo, TX
Internal Medicine

Programs are listed as “selected” until payment is made then they are moved to “Programs applied to”

Account Application Documents Programs Help

Home Search Osteopathic Programs Search Allopathic Programs Programs selected Programs applied to Preview Invoice Apply to Programs Invoice History Assignments Report

Select the Programs you wish to preview an invoice for

If a program does not have a checkbox next to it, you may not apply to it at this time.

- [Texas Tech University \(Amarillo\) Categorical Program](#), , Texas Tech University (Amarillo) Categorical Program, Amarillo, TX
Internal Medicine

Preview an Invoice for the selected programs

To preview your anticipated costs, place a check mark in the box and hit Preview an Invoice.

