The Universal Application for Residency was developed by the Association of American Medical Colleges (AAMC) in collaboration with hundreds of residency program directors. It is designed to provide information generally required for consideration by program directors and to facilitate the residency application process. All programs are urged to accept this application in lieu of requiring the submission of a unique form and many programs have adopted this form as the application for their program. Applicants are encouraged to submit copies to all programs in which they would like to be considered.

Developed by the

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Distributed by the

NATIONAL RESIDENT MATCHING PROGRAM
2501 M Street, NW, Suite 1
Washington, DC 20037-1307
### Position Beginning In

1. **NAME** *(LAST) (FIRST) (MIDDLE)*
2. **SOCIAL SECURITY NUMBER**

3. I AM APPLYING TO THE FOLLOWING GRADUATE PROGRAM: **PROGRAM DESCRIPTION**

4. **NAME OF HOSPITAL**

5. **CITY** **STATE** **ZIP**

### Medical Education

6. **MEDICAL SCHOOL(S) (NAME)**

   **CITY**

   **STATE/COUNTRY**

7. **MONTH/YEAR OF MATRICULATION AT MEDICAL SCHOOL**

8. **MONTH/YEAR OF (ANTICIPATED) GRADUATION**

9. ELECTIVES COMPLETED/PLANNED (PLACE A "Y" AFTER PLANNED SENIOR ELECTIVES)

### Honors/Awards

10. **HONORS/AWARDS**

### Graduate Education

11. **GRADUATE SCHOOL(S)**

   **DATES ATTENDED** FROM (MO/YR) TO (MO/YR)

   **GRADUATE DEGREE (IF ANY)**

   **AREA OF STUDY**

   **A. NAME**

   **CITY** **STATE**

   **B. NAME**

   **CITY** **STATE**

### Undergraduate Education

12. **UNDERGRADUATE COLLEGE(S)**

   **DATES ATTENDED** FROM (MO/YR) TO (MO/YR)

   **DEGREE (IF ANY)**

   **MAJOR**

   **A. NAME**

   **CITY** **STATE**

   **B. NAME**

   **CITY** **STATE**

   **C. NAME**

   **CITY** **STATE**
14. SERVICE OBLIGATIONS (NATIONAL HEALTH SERVICE CORPS, ARMED FORCES SCHOLARSHIP, STATE PROGRAMS, ETC.)

☐ I AM NOT REQUIRED TO FULFILL ANY SERVICE OBLIGATIONS

☐ I AM COMMITTED TO FULFILL A SERVICE OBLIGATION BEGINNING __________________________ (M/D/YR)

NUMBER OF YEARS COMMITTED □
APPLICATION FOR RESIDENCY - PAGE THREE

15. NAME (LAST) (FIRST) (MIDDLE)

16. SOCIAL SECURITY NUMBER

17. ECFMG Registration (if applicable)

18. SHALL PARTICIPATE IN NRMP MATCH

19. NRMP CODE (enter "pending" if unknown)

20. PRESENT ADDRESS (STREET)

21. NUMBER OF DEPENDENTS

22. VISA STATUS (IF APPLICABLE)

23. CITIZENSHIP

24. PERMANENT ADDRESS: C/O (NAME OF PERSON THROUGH WHOM I CAN ALWAYS BE CONTACTED)

I plan to take the examinations checked below before I begin the Graduate Medical Education program for which I am now applying:

25. ☐ USMLE, STEP I ☐ USMLE, STEP II ☐ USMLE, STEP III

I have already passed the examinations checked below on the dates indicated:

26. ☐ NBME, PART I: __________________ (DATE) ☐ NBME, PART II: __________________ (DATE) ☐ NBME, PART III: __________________ (DATE)

☐ USMLE, STEP I: __________________ (DATE) ☐ USMLE, STEP II: __________________ (DATE) ☐ USMLE, STEP III: __________________ (DATE)

☐ FLEX: __________________ (DATE) __________________ (STATE(s) of licensure)

LIST ANY ADDITIONAL EXAMINATIONS PASSED (FMGEMS, DAY 1; FMGEMS, DAY 2; VQE, DAY 1; VQE, DAY 2; ECFMG MEDICAL SCIENCE EXAM):

INTERVIEW SCHEDULING

27. ☐ THE FOLLOWING GENERAL TIME PERIOD IS MOST CONVENIENT FOR ME: FROM: ___________ TO: ___________

☐ I AMABLE TO SCHEDULE AN INTERVIEW ON THE FOLLOWING SPECIFIC DATE(s):

_____________ (DATE) _______________ (DATE) _______________ (DATE)

☐ I AM NOT ABLE TO COME FOR AN INTERVIEW

I have read and I understand the instructions for the completion of this application. I certify that the information submitted on these application materials is complete and correct to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

28. SIGNATURE OF APPLICANT: __________________ DATE: ___________

NOTE: THE SIGNATURE AND DATE ON EACH APPLICATION MUST BE ORIGINAL.
LETTERS OF REFERENCE, IN ADDITION TO THE DEAN'S LETTER, HAVE BEEN REQUESTED FROM THE FOLLOWING INDIVIDUALS:

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<th>29. NAME AND TITLE</th>
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30. (CHECK ONE)  
☐ I HEREBY WAIVE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.  
☐ I DESIRE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

_________________________   ________________________
SIGNATURE                  DATE

_________________________
NAME OF APPLICANT - TYPE OR PRINT

NOTE: THE SIGNATURE AND DATE ON THIS STATEMENT MUST BE ORIGINAL.