



**MEDSCHOOLCOACH**  
helping you achieve your medical school dreams

# THE ULTIMATE RESIDENCY APPLICATION GUIDE: YOUR PATH TO SUCCESS IN THE MATCH

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# Welcome to Your Residency Application Guide!

Applying to residency is a meticulous process that demands careful planning and preparation. Understanding the application and matching process is crucial for success. This guide is designed to support you every step of the way, helping you to:

- Better understand the application process
- Assemble your application, including crafting your personal statement and detailing your experiences
- Master interview techniques
- Structure your rank order list effectively

*Let MedSchoolCoach help you match into the residency of your dreams!*



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# Choosing a Medical Specialty

Before diving into the residency application and matching process, it's crucial to discuss how to choose the right specialty. Here are two key principles to consider:

## Set Realistic Expectations

Review [Charting Outcomes on the National Residency Matching Program \(NRMP\)](#) to get an idea of what it takes to match into your desired specialty.

Be honest and direct about your academic performance and its alignment with the competitiveness of the specialty. If aiming for highly competitive fields like dermatology or plastic surgery, consider a backup specialty if necessary.

## Understand What You Want

Some students enter medical school with a clear vision of their future practice, while others start with a goal but end up on a completely different path. Some remain undecided until their third year.

Several basic principles help in determining the type of medical practice that suits you best:

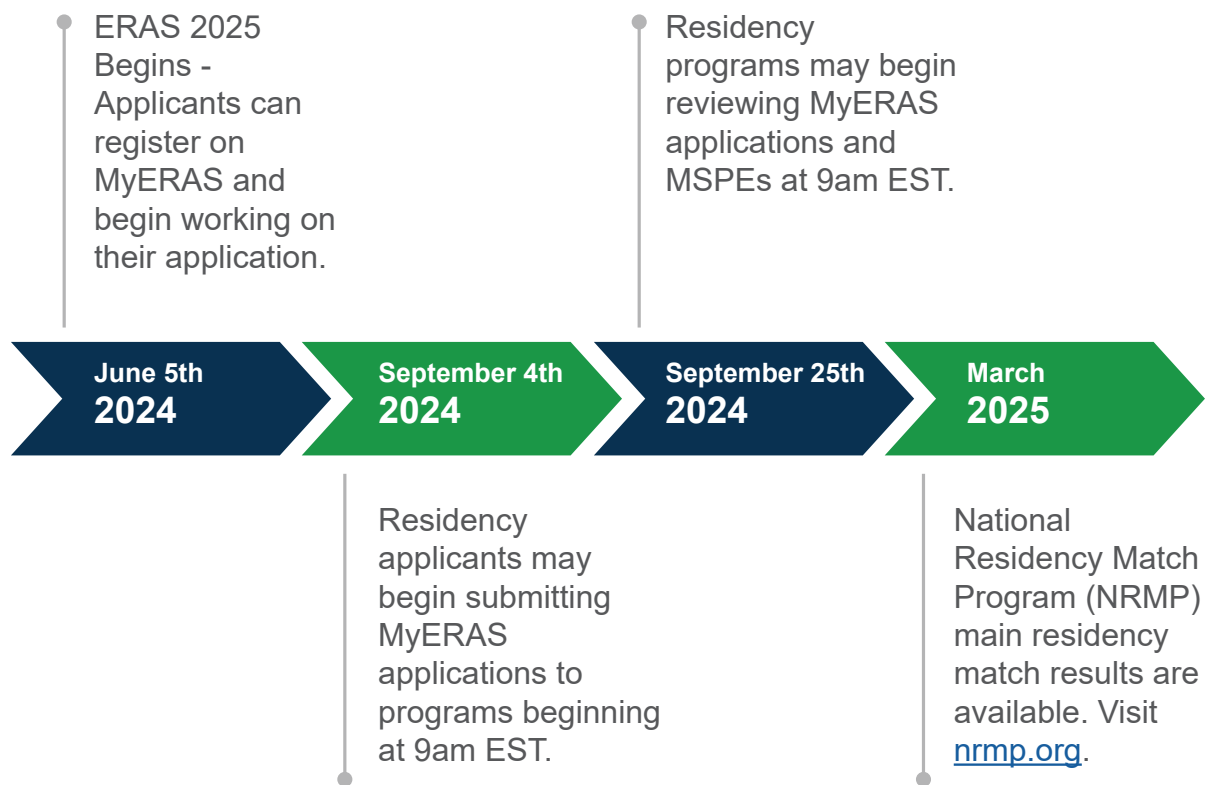
- Do you prefer the tranquility of a quiet office environment with set hours? Outpatient practice may be ideal.
- Are you drawn to the fast-paced environment of a bustling hospital? Inpatient practice might be your preference.
- If the idea of an operating room with a scalpel in hand excites you, surgical specialties could be your calling.
- Are you interested in working in public health? Consider preventive medicine.

Considering these broader aspects of medical practice can help you narrow down your options. For some individuals, the type of medicine practiced is paramount, while for others, the lifestyle associated with the practice is more important. Take time to reflect deeply on these choices and dedicate time during your pre-clinical and clinical years to observe doctors in various fields to gain a comprehensive understanding of what each entails. Spend time with both residents and attending physicians to understand the full scope of each specialty.

# The Application Process

The majority of residency positions are offered through the Electronic Residency Application Service (ERAS). The timeline for ERAS applications varies each year but typically follows a similar structure, commencing in June and culminating with "The Match" in March of the subsequent year.

## ERAS Timeline – 2025 Match



Although the majority of programs operate within this framework, there are several programs that function either independently or in conjunction with it.

**The Military Match** – Students who are in the military and receiving the Health Professional Scholarship Program will be required to apply for a military residency program. Each July, students will receive information from their branch advising them of the application process and timeline for the year. Applications are made in the MODS system. Some military branches will allow applicants to apply for a civilian deferment, which requires a dual application through ERAS, AUA, or SFMatch. The Military Match follows its own timeline and is considered an early match.

**The Urology Match** – Students seeking a position in a Urology residency will utilize ERAS for their application, but will be matched through the AUA match. Urology applicants will only submit an NRMP rank list if they have parallel planned into a specialty that participates in the NRMP. The AUA follows a separate timeline and releases match results prior to the NRMP Match.

**OB-GYN Match** – Beginning with the 2024-2025 application cycle, OB-GYN applicants and programs will transition from ERAS to a newly introduced platform called ResidencyCAS. This transition marks a significant change that could potentially impact applicants, programs, and the entire residency selection process.

**Ophthalmology Match** – Students applying to Ophthalmology will complete their application through ERAS and be matched through SFMatch. All positions in Ophthalmology will either be joint or integrated. Students applying to joint programs may also be required to register for the NRMP. SFMatch follows its own timeline and is considered an early match releasing matching results prior to the NRMP Match.

**Plastic Surgery** – As of July 1st, 2024, applicants to Plastic Surgery will be utilizing the Plastic Surgery Central Application but will match through the NRMP.

[Learn more.](#)

**Preventive Medicine** – Applicants must contact individual programs to determine their process. Some use ERAS, and some use a preventive medicine residency application service. Most use a separate matching service outside the NRMP called the Standardized Acceptance Process, or SAP. However, some use the NRMP. More information can be found from the [American College of Preventive Medicine](#).





# The National **Residency Matching Program (NRMP)**

It's crucial to recognize that the application process and the matching process are distinct entities. For most residency applications, you'll need to register for both systems to participate in the match. The Electronic Residency Application Service (ERAS) enables you to compile and submit your application to programs, which then extend interview offers.

The National Resident Matching Program (NRMP), on the other hand, allows you to rank these programs in order of preference and submit your ranking for their algorithm to match you with a program. NRMP releases calendars annually with deadlines for each step of the process. Typically, NRMP opens in September, with registration deadlines in January, and rank order lists due in February.



# Understanding the Match

The Match functions as an algorithm that compares applicants' rank order lists of programs with the rank order lists developed by programs ranking the applicants. Its aim is to pair them together as optimally as possible, considering every applicant simultaneously. Applicants often question why they can't simply apply, interview, and receive acceptances to programs as they did for medical school. This algorithm-driven process was devised to address a specific issue.

Before the Match, hospitals faced significant pressure to fill their programs, resulting in increasingly early offers extended to medical students, sometimes as early as their second or third years. Students would eagerly accept these offers, prompting hospitals to fill their programs prematurely to secure their future candidates. This led to an increasingly competitive and less equitable process, with students and hospitals filling programs at their discretion throughout the year.

As the residency application process grew more competitive, authorities developed a matching algorithm to standardize the process and pair applicants and programs at a single point in time during the fourth year, leveling the playing field. This approach aimed to ensure fairness and equity in the residency placement process.

Interestingly, the research behind this algorithm even earned a Nobel Prize, highlighting the significance and impact of this innovation on the medical residency application process.

[Learn more about the matching algorithm.](#)







# Planning Your Third- and Fourth-Year Rotations

Before the actual application process begins, a successful bid for residency requires careful planning of the second half of your third year and the first half of your fourth year. Key components of this planning are away rotations and the use of electives. Away rotations are particularly valuable as they allow you to learn more about a program while showcasing your talents. These rotations act as working interviews or audition rotations, making it essential to choose them based on your interest in matching with specific locations. Additionally, away rotations can often serve as required rotations, such as electives or Sub-Internship rotations, and typically include a free interview, eliminating the need for an extra visit.

Regarding timing, it's crucial to avoid the wrong times for audition rotations. The first wrong time is early in your third year when your clinical skills are still developing. The second wrong time is too close to when your rank order list is due in February. The ideal window is from late spring of your third year through the end of that calendar year. It's generally unwise to do your first core rotation as an away rotation at a program you're interested in. For instance, if you haven't done Internal Medicine yet, do not start with an audition rotation in that specialty. You want to make a strong impression, so plan to do a Sub-Internship or elective in that specialty late in your third year or early in your fourth year.

Practically, you cannot use all your electives and away time for audition rotations. Schools have limitations, and you don't want to spend your entire fourth year doing the same rotations at different hospitals, as this would shortchange your clinical education. Most applicants can manage one or two audition rotations, with the rest of their exposure to programs coming from interviews. Each school is different, so be sure to consult with your deans to understand how many away rotations you can do, when you can do them, which specialties are available, and how much time is allocated for electives.

Many away rotations utilize the AAMC Visiting Student Learning Opportunities (VSLO) program. Some programs have their own application process; to find out about requirements and procedures, search "school name + visiting medical student" online. Typically, you will need authorization from your medical school to start the process.

Applications for away rotations should be submitted once programs indicate readiness to receive them, which can be checked through VSLO, program websites, or by contacting programs directly. Reviewing program application timelines starting in January/February is advisable. Deadlines vary by medical school/center, but most away rotations occur from June to September.

Once accepted to preferred away rotations, you should consider withdrawing applications to other programs in the specialty to save time for both you and the programs. Withdrawals can be done through VSLO and/or by emailing the rotation director/coordinator to explain the decision and express interest in applying to them in the match.

Each away rotation program has its own specific requirements, but several common pieces are typically needed:

- CV
- Photo
- Step scores
- Personal Statement or letter of interest
- AAMC Standardized Immunization form

It's advisable to start on the immunization form early in the third year, as some programs require Hepatitis B titers and may necessitate redoing the series. Certain programs also require titers for childhood immunizations.



# ERAS

# Application

Just as it's wise to start preparing your medical school application in advance, applicants should also prepare their residency application well before ERAS opens at the beginning of June.

Students are encouraged to review MyERAS tools and worksheets, including the My ERAS Guide. You can utilize the ERAS Applicant Worksheet as a working draft for your application. This worksheet mirrors what the ERAS application looks like once it opens. ERAS FAQ is another area to review commonly asked questions.

## Gather a Dean's Letter/Medical Student Performance Evaluation (MSPE)

To begin the MSPE (Medical Student Performance Evaluation), start by talking to your Dean. Each school has different policies for this process, but the school will notify you and ultimately generate and upload the letter to ERAS. Most schools automate this process and will provide set deadlines from your Dean. Your school will likely require you to attend a meeting before the MSPE is written and will ask you to present three noteworthy characteristics about yourself.

### Noteworthy Characteristics:

- Provide a maximum of three characteristics highlighting the most salient noteworthy characteristics of the student.
- Follow the word count/character limits provided by your medical school for guidance on limitations.
- Highlight your passions (i.e. underserved, public policy, public health, research, leadership) or consider discussing any significant challenges or hardships that demonstrates your resilience.
- This section is written in third person.

## Examples from the AAMC

- *Student A has shown a dedication to maintaining his health by competing in multiple triathlons during his time in medical school. His commitment to regimented training began during his years of collegiate soccer and continues to this day.*
- *While in medical school, Student A helped organize campus events such as the first ever bone marrow drive and the MLK day of service. His continued commitment to serving his community was demonstrated through his service as a health educator for inner city sixth graders, teaching them about the importance of healthy eating and exercise habits.*
- *Student A has worked diligently on his community capstone research, which pertains to the complex relationship between the emergency department and the homeless. He has spent many hours interviewing the homeless in their home shelter about their experiences. Student A presented his work at a homeless health care collaboration and participated in multiple events and poster presentations.*

## Letters of Recommendation

Letters of recommendation rank as the second most crucial component in the ERAS application, according to the NRMP Residency Program Director Survey. Most are narrative, reflecting on your character, knowledge, skills, and abilities.

### Specific types include:

**SLOE or SLOR:** A standardized comparative evaluation required in specialties like Emergency Medicine, OB/GYN, and Orthopedic Surgery.

**Chair Letter:** Provided by the department chair at the student's medical school, often required for Internal Medicine, General Surgery, Pediatrics, and OB/GYN. It can include historical information and specifics about your interactions with the department. Surgical subspecialties often require a section chief's letter.

The MSPE (Dean's Letter) does not count as a recommendation letter.

You will need a minimum of three letters for most programs, typically from faculty who know them well. Clinical letters are preferred, while research letters can supplement. Aim to have all letters uploaded by mid-July, ensuring submission by the middle of September (for ERAS applications). Specific disciplines may have additional requirements.

You are encouraged to submit the ERAS application even if letters have not been submitted by the time applications have been released to programs (typically mid-to-late September). Students should check ERAS for letter status.



## Requesting a Letter of Recommendation:

When requesting a letter of recommendation, it is crucial to maintain politeness throughout the process. Ideally, you should make the request in person, but if that is not feasible, Zoom or email are acceptable alternatives. Clearly express the desire for a strong and supportive letter, and inquire about the writer's availability, ensuring they have ample time to craft a compelling recommendation.

Specify a deadline for submission and provide supporting materials such as your CV, personal statement (it does not need to be a final draft), evaluations from the rotation, and a photo to refresh the writer's memory if there's a gap since your last interaction. Additionally, share your ERAS ID number for inclusion in the letter and offer to meet for a discussion. This reinforces your commitment to a collaborative and personalized recommendation process.

Do not wait until right before the application process to request letters. If you connect with an attending and perform well, ask them if they would be willing to write a strong letter about 75% of the way through the rotation. Then, request the letter formally at the end of the rotation.

By planning ahead and providing all necessary materials, you ensure that your recommenders can write thorough and effective letters of recommendation that will support your residency application.

## Assigning Letters in ERAS:

While there's no limit to the number of recommendation letters that can be uploaded to ERAS, each program can only receive a maximum of four letters. It is crucial to be aware of the specific letter requirements for each program, which can be found on the residency program's individual webpage. If a program specifies a preference for only three letters, it's essential not to submit a fourth. ERAS allows the flexibility to choose which letters go to each program.

If a letter is uploaded after submitting applications, you must manually assign it to the desired programs in their ERAS application. Additionally, it's encouraged to inform programs via email when a new letter has been submitted.

To use ERAS to request letters, you will need to wait until the service opens in June. The applicant has to enter the LOR writer's name and information and then can generate a letter request form to be sent to the letter writer.

After this step, you must confirm the letter of recommendation. Once the letter is received in ERAS, then they can assign it to the program of choice. [Get more information on the format of the letter from the AAMC](#) and [information on what the letter should include from UCSF](#).



# Write Your Personal Statement

Applicants should start writing their personal statement well in advance of the application deadline. They are allotted 28,000 characters with spaces. If you are applying to more than one specialty, you will need a separate personal statement for each specialty. Technically, you could write a different personal statement for every program, but this is not necessary. You will have the option to assign a specific personal statement to each program.

Writing a strong personal statement starts with structure. A clear format breaks the essay into manageable pieces for the reader to read and for you to write:

- **Introduction** – Open with an anecdote, story, or other creative writing technique to draw the reader in. End this paragraph by introducing your theme(s) to be explored.
- **Body paragraphs 1 to 3** – Develop your themes by focusing on traits that will make you a good physician and prepare you for success in residency and beyond. Avoid telling additional stories or repeating information from your CV or activities. Introduce activities only to illustrate how they've shaped you. Choose a theme and use two activities to demonstrate that you possess a particular skill or trait. This approach shows that the activities are expressions of your character, not just lessons learned from experiences. Why two activities? One is not enough to provide solid evidence, and three or more can seem like a list. Two is the perfect balance.
- **Content** – To make your personal statement truly unique, look beyond your activities and write about something you are passionate about. It does not have to be related to medicine. Some great personal statements involve writers discussing lessons learned from dancing, playing baseball, or teaching. These narratives showcased how they developed humility, compassion, perseverance, diligence, and patience—qualities essential for medicine. By choosing a passion, you can demonstrate how these characteristics are woven into your life. The activity itself becomes an expression of the underlying traits, rather than just a source of those traits.
- **Conclusion** – Wrap it up with a memorable and emotional note. If the introduction draws the reader in, the conclusion should leave a lasting impression.

Here is a snippet from a successful personal statement that highlights attributes of good writing in a personal statement:

*"I began my family medicine clerkship in a community clinic dedicated to the less fortunate. There I found a group of family physicians, each with their own niche, working together to form an incredibly comprehensive team. One physician specialized in the behavioral sciences, amongst other things. He saw the kinds of patients I found so fulfilling to treat on my psychiatry rotation, but he also saw just about everything else under the sun. From depression to skin cancer, to a well-woman exam, I found the pace and surprise of the daily schedule invigorating. What truly impressed me was how he applied the same principles of the one-on-one real, personal connection required in mental-health to every patient. He laughed, he joked, he hugged, he spoke with authority, and to me it seemed like every patient was a member of his own extended family. To me this is what family medicine really means and I will strive to make every patient leave feeling as though they were listened to, understood, and given the best possible medical care available."*

**WARNING:** Aim to integrate description and content throughout your writing. Many applicants tell a story in a paragraph and then add a sentence or two of reflection at the end. This approach works for the work/activities section but not for a personal statement.

Don't think about activities. Think THEMES. Think YOU. Here's some questions to get you thinking:

- What are you great at?
- What are you passionate about?
- What do you like to do?
- What do you have that other applicants don't have?
- Do you have a unique approach to problem solving?
- Do you have a unique way of thinking in general?
- Do you have a unique perspective?
- What values are important to you?

# ERAS Experiences

The Selected Experiences section of the ERAS application helps you convey who YOU are. The information provided should communicate to programs the qualities, skills, and interests that you bring to a graduate medical education program. Your responses will assist programs in understanding who you are, what motivates you, and what your passions are. The student should be authentic and honest to ensure that program directors can effectively evaluate whether they will thrive in their programs. Students will also have the ability to select a 'Key Characteristic' and 'Focus area' as it applies to the activity.

The updated Experiences section consists of two parts: Selected Experiences and Most Meaningful Experiences. In the Selected Experiences, you will identify and describe up to 10 experiences (750 characters for each activity), providing relevant information and context. From these experiences, the student selects up to three as the most meaningful (300 characters for each selected most meaningful activities) and writes short reflections on each.

Should you write out your description in bullet form or paragraph form? If you go with bullets, do not make each bullet a paragraph. If you go with paragraph form, you need to use complete sentences.

## Bullet Form Example:

Applicant A:

- Member of pediatrics interest group
- Attended lectures about pediatrics cases
- Volunteered at events for promoting interest group
- Participated in group meetings

The paragraph form allows for more reflection. Consider that most applicants will have many similar activities, such as participating in an interest group. Let's compare two approaches to highlight the advantages of the paragraph form.

Notice how much more you can convey with a paragraph. If two applicants with identical resumes both used bullet points, how would the program director determine who is the better candidate? Writing in paragraph form allows you to identify and emphasize the unique aspects and attributes of your application, helping you stand out.

## Paragraph Form Example:

Applicant B:

For 2 years now, I have been an active member of the pediatrics interest group. I attend group meetings to learn more about pediatrics, listen to lectures from pediatricians to get an up-close look at practicing pediatrics and help promote the group. Not only have I formed strong friendships and collegial relationships with my fellow members, I have also had a chance to evaluate my own strengths and weaknesses and thoughtfully consider if pediatrics is the right specialty for me. The lessons learned from my membership have bolstered my performance on rotations and I hope will make me a stronger pediatrics resident in the future.

It is important to note that ERAS creates their own standardized, formatted CV based on your experiences section. You will not need to upload your personal CV.

## Impactful Experiences

Program directors seek insights into impactful experiences that applicants have faced or overcome on their journey to residency. These experiences can be from any time, not necessarily during medical school or in the medical field. The question provides an opportunity to share additional background or life experiences not covered elsewhere in the application, excluding the personal statement. It is optional and specifically intended for applicants who have overcome significant challenges. The decision to respond is left to the applicant's discretion, considering the sensitivity of personal information that may be discussed in interviews. In 2023, 56% of residency applicants chose to answer this question.

The following examples can help the student decide whether they should respond to the question and identify the types of experiences that are suitable to share within their MyERAS application. It's important to note that this is not an exhaustive list:

1. Family background (e.g., being the first generation to graduate college).
2. Financial background (e.g., coming from a low-income family, working to support the family during upbringing, participating in work-study programs to pay for college or medical school).
3. Community setting (e.g., facing challenges such as food scarcity, poverty, or high crime rates, experiencing a lack of access to medical care).
4. Educational experiences (e.g., encountering limited educational opportunities, facing challenges in accessing advisors or mentors).
5. Other general life circumstances (e.g., coping with the loss of a family member, serving as a caregiver while balancing work or school responsibilities).

# Publications, Posters, Presentations

The categorization of presentations and publications includes various types such as peer-reviewed journal articles/abstracts, peer-reviewed book chapters, scientific monographs, other articles (including non-peer-reviewed entities), poster presentations, oral presentations (including symposiums, conference presentations, invited talks, etc.), peer-reviewed online publications, and non-peer-reviewed online publications.

ERAS will create their own citation based on what you enter in this section, and it will be included in your ERAS CV. Ensuring accurate and complete entries in this section is crucial, as it reflects your scholarly contributions and professional involvement.

## Program Lists

Due to the vast number of programs offered for each specialty, we cannot provide detailed program list selection assistance. You can use several tools to help formulate your list:

1. [Residency Explorer](#) – A tool that allows you to compare your profile to applicants who previously matched at different programs, helping you understand your competitiveness.
2. [FREIDA, the AMA Residency and Fellowship Database](#) – A comprehensive database provided by the American Medical Association, which includes information on residency and fellowship programs across various specialties.
3. [Match A Resident](#) – This service is mainly used for IMGs. Any applicant with a Basic or Comprehensive package can request a Match A Resident Code by emailing [studentsuccess@medschoolcoach.net](mailto:studentsuccess@medschoolcoach.net).
4. [Texas STAR](#) – This service can only be accessed if your school requests to participate in it.



## Helpful Tools

There are several different tools to help you understand and navigate the residency application process.

- **AAMC's Apply Smart Tool** – This tool allows applicants to see how many applicants applied with a given Step 1 score and what percent matched. It also provides data on the point of diminishing returns, a statistical point where one more program applied to does not confer a significant advantage. This does NOT mean that applying to more schools decreases your chance of matching, just that the rate of return is lower. [Visit AAMC Apply Smart](#).
- **Interactive Charting Outcomes of the Match** – This tool allows the user to identify specific categories (Step scores, research experience, volunteer experience, etc.) and see exactly what percent of applicants matched with these characteristics. By plugging in numbers, one can see their statistical chance of matching, similar to the MCAT/GPA grid utilized for pre-meds. [Visit Interactive Charting Outcomes](#).
- **Main Residency Match Data** – Every year, the NRMP publishes all data on the match. This is where every piece of data can be accessed. The SAP Crystal report (Item number 2 at the top under Data Reports) is particularly useful. You can see in each state how many applicants there are for each specialty and how many match from DO, MD, IMG, and US-IMG. This is particularly useful in structuring applications based on geography to make sure your degree, citizenship, location, and specialty choice are all compatible. [Visit NRMP Main Residency Match Data](#).



# Program Signaling

Program signaling has become a method to demonstrate your interest in a particular school. Data shows that more and more programs are utilizing this method to select applicants for interviews. Approximately 40-80% of the interview slots available for a program can be filled by applicants who signaled the program. Some specialties may select a two-tier system of signaling (i.e., gold vs. silver).

Where you signal is purely a personal choice but can be balanced between top-tier, middle-tier, and lower-tier programs. There are some programs that may not accept signaling. The number of signals that an applicant may send to programs for their respective specialty is typically released in May-June of the application year.

For more detailed information on signaling allotment by specialty, [visit the AAMC's Program Signaling page](#).



# Geographic & Setting Preferences

You can choose up to three geographic preferences out of nine or select "No Preference." You have 300 characters per preference to explain why you chose each one. The geographic areas are defined by the US Census Divisions:

- **Pacific West** : AK, CA, HI, OR, WA
- **Mountain West** : AZ, CO, ID, MT, NM, NV, UT, WY
- **West North Central** : IA, KS, MN, MO, NE, ND, SD
- **East North Central** : IL, IN, MI, OH, WI
- **West South Central** : AR, LA, OK, TX
- **East South Central** : AL, KY, MS, TN
- **South Atlantic** : DC, DE, FL, GA, MD, NC, SC, VA, WV
- **Middle Atlantic** : NJ, NY, PA
- **New England** : CT, ME, MA, NH, RI, VT

## Setting Preferences

Applicants have the option to select Rural, Suburban, Urban, or No Preference and provide a 300-character description explaining their choice.

For more detailed information, access data regarding [Geographic & Setting Preferences](#).





# Letter of Interest & Intent Editing

Letters of Interest can be sent to elicit interviews from programs. They should be a one to two paragraph letter outlining reasons for why you are interested in the program and how the program will help you achieve your goals. It should also comment on how you would contribute to the program.

Letter of intent is similar to letter of interest except that you are notifying your number 1 ranked program that it is their number 1 program and the reasons why. It should be well-written, and explain why the program is your number 1, how it will help you achieve your goals, and how you will contribute to their program.



# Interviews

Before the Interview, You Should:

- Aim to schedule interviews from October to mid-January.
- Establish priorities for residency programs and research the latest developments in your specialty of interest.
- Consider scheduling interviews for lower-priority programs first to become familiar with the process.
- Conduct thorough research on each program before the interview.
- Treat everyone with respect, especially Program Assistants, as they play a crucial role in the process.
- Confirm interview details in advance and plan accordingly, whether in person or virtual, including preparing technology and contingency plans.
- Allocate sufficient time beforehand to gather thoughts, review application materials, and prepare questions.
- Important: Interviews are on a first-come, first-served basis. You should be familiar with how programs will communicate interview invites and schedule them as soon as you are notified of an invitation.

## How to Schedule:

- Interviews may be scheduled through various platforms like ERAS, Interview Broker, Thalamus, or email.
- You should keep track of interview dates on your personal calendar and update the Program List Excel Sheet provided by MedSchoolCoach.

## How Many Interviews Should You Accept?

- The number of interviews needed varies by specialty, ranging from around 11 to 16 programs.
- Refer to resources like Charting Outcomes in the Match to determine the right number.



## Considerations:

- Interviews may vary in length and format, either in person or virtual.
- Many programs offer resident social events the night before interviews, where engaging with residents is encouraged.
- Schedule interviews to minimize burnout, considering your comfort level and impact on rotations.

## Sample residency interview questions:

1. Tell me about yourself.
2. Why this specialty?
3. Why did you signal our program (if they signaled the program)?
4. What attracts you about the program?
5. What excites/frightens you about residency?
6. What are your goals/where do you see yourself in 5-10 years?
7. Picking things from the ERAS application to discuss.
8. How would you describe yourself as a leader?
9. How do you handle stress/time management?
10. What do you like to do for fun/outside of work?
11. What did you enjoy about your medical school?
12. How do you handle negative feedback?
13. Tell me about a specific patient interaction that impacted your decision to pursue this specialty.
14. Strengths/weakness.
15. Discuss red flags on the application.
16. Anything that you would like to share with me that you have not been able to share?
17. Questions for your interviewers.

## General tips on interview day

- **Attire** – Dress professionally and remember this is not a fashion show. If you happen to be up to date on the newest fashion trends, just remember that your interviewer might not. Interview day is probably not the best day for an ironic tie or pink gator boots. Your clothes should be neat and presentable and should not distract from the content of your message. The same goes for jewelry. Try not to wear anything that draws attention away from you.
- **Stature** – Sit upright and lean in just like you would when speaking to a patient. Body language conveys interest, so leaning back with crossed arms may send the wrong message.
- **Ask Questions** – Every interview will end with the same question: What questions do you have for me? The only wrong answer is to walk away without asking questions.



# Rank Order List

The NRMP (National Resident Matching Program) Rank Order List is a list that residency applicants create, ranking the programs where they interviewed in order of preference. Applicants submit this list to the NRMP, indicating their preferred residency programs for training. The NRMP uses a sophisticated algorithm to match applicants with available residency positions based on the preferences expressed in their Rank Order Lists and the preferences of program directors.

You are encouraged to carefully consider their choices, rank all programs where they interviewed, and prioritize them based on personal preferences. The Rank Order List is a critical component of the residency matching process, determining the final outcome of where applicants will train for their residency program.

Considerations when creating a rank list:

- Rank all programs where you interviewed, unless there's a compelling reason not to train there. Consider the choice: "Would you rather go unmatched or train at this program?"
- Ranking more programs increases the probability of matching, so rank every program.
- Prioritize the top-choice program by ranking it #1.
- Rank all programs based on your preferences, without considering perceived matching chances.
- The Match algorithm strives to place students in their highest-ranked program. It prioritizes their preferences, not the program's.
- The Match list is confidential; programs don't know their rank on a student's list, and the student won't know a program's ranking of them.
- Students can certify and decertify their list multiple times before the deadline but should avoid last-minute changes to prevent system issues.
- Refer to the NRMP [video on Making a Rank List](#) for further guidance.

Review the NRMP [video on How the Matching Algorithm Works](#).

## Supplemental Rank Order List

For advanced programs in the NRMP, applicants create a primary Rank Order List (ROL) that includes both categorical and advanced programs. Each ranked advanced program must be accompanied by a supplemental ROL of Preliminary programs. It's important to note that the same program may appear as both a Categorical and Advanced entity, and applicants can and should rank both.

Applicants have the option to attach a single supplemental ROL to each advanced program or create multiple supplemental ROLs, associating different Preliminary program preferences with each advanced program. This flexibility allows applicants to consider factors like location when pairing Preliminary preferences with advanced programs.

For more detailed information, applicants can refer to the NRMP [video on Supplemental Rank Lists](#).



# Applying to Multiple Specialties

Some applicants are not 100% sure on what specialty they are ready to enter, and others may include 'backup specialties' to fill their list. There are certain benefits and drawbacks to creating non-contiguous lists. The term 'contiguous ranks' refers to the number of specialties that appear in a row. For example:

## **Applicant A:**

1. Derm program 1
2. Derm program 2
3. Derm program 3
4. Familymed 1
5. Familymed 2

## **Applicant B:**

1. Derm program 1
2. Familymed 1
3. Derm program 2
4. Familymed 2
5. Derm program 3

Notice that both applicants have three dermatology programs and two-family medicine programs. Applicant A has three contiguous ranks for dermatology and two contiguous ranks for family medicine. Applicant B, however, has no contiguous ranks.

The number of contiguous ranks is crucial. Data from Charting Outcomes in The Match ([nrmp.org/main-residency-match-data](http://nrmp.org/main-residency-match-data)) provides more detail. For instance, in 2019, 30% of dermatology applicants with one contiguous rank matched, whereas 100% of those with 12 or more contiguous ranks matched. Clearly, how you organize your rank list is very important.

This doesn't mean you can't rank multiple specialties, though. That's a separate consideration. In 2019, 89% of dermatology applicants who ranked only one specialty matched, compared to 80% of those who ranked three specialties. This pattern holds true for some specialties, but not all. For example, in orthopedics, the match rate was 87% for applicants who ranked one specialty, but it dropped to 52% for those who ranked two specialties. Having backup specialties isn't inherently good or bad; it varies by specialty and requires careful research based on your chosen field.



# Match Month

The Match occurs over the course of one week in March – Match Week – and culminates on Match Day, which is on a Friday. Applicants are notified on the Monday of that week to let them know if they matched or not, but there are no specifics on where they matched. If you match, you get to participate in a big ceremony at your medical school where typically students walk to the front of a crowd, open up a sealed envelope, and announce their match.

If you find out on Monday that you did NOT match, there's more work to be done. You'll need to work through the Supplemental Offer and Acceptance Program (SOAP).



# The Supplemental Offers and Acceptances Program

SOAP, which stands for Supplemental Offer and Acceptance Program, provides a second opportunity for students initially unmatched to secure a residency spot. At the beginning of Match Week on Monday, students receive an email indicating whether they are fully matched, partially matched, or fully unmatched. Partially matched candidates have secured either a one-year preliminary position or an advanced position but lack a PGY-1 spot. Both partially matched and fully unmatched applicants are eligible to participate in SOAP, provided they are deemed eligible by the NRMP.

The SOAP unfolds across four days, commencing an hour after match notifications are dispatched to students. At the week's outset, SOAP-eligible students gain access to MyERAS to prepare their applications. They have the flexibility to update, change, or re-upload personal information, personal statements, and letters of recommendation. However, changes to MyERAS information, such as activities and publications, are not permitted. Each participating student can apply to a maximum of 45 programs, and personal statements should align with the specialty applied for, bearing in mind that not every specialty will be represented in SOAP.

Programs initiate contact for interviews, and students or mentors must refrain from reaching out until contacted by the program. Interviews may be conducted virtually, by phone, or through email preparation. Students are not required to create rank lists for SOAP. Offers are received at the beginning of each round, allowing two hours for acceptance or rejection. While students can only accept one offer during SOAP, they are encouraged to do so promptly.

While most students receive a single offer in a round, some may have multiple options to consider. It's important to note that additional offers in subsequent rounds are not guaranteed. For more information on [how to view and respond to offers](#), visit the NRMP website.

# International Medical Graduates (IMGs)

International medical graduates (IMGs) face inherent disadvantages compared to American Medical Graduates (AMGs) for several reasons. Primarily, program directors are more familiar with and confident in the medical education that AMGs receive. Because IMGs are less known to many programs and there is a large pool of applicants competing for a limited number of positions, IMGs need to have more competitive statistics.

This means higher USMLE scores, more research, and more volunteer activities to give them an edge in the application process. You will need to do more research than your counterparts to understand where you will be more successful in matching. Make sure to consider applying to primary care specialties and dual applying if required for your score profile.

You will likely need to apply to at least 80 programs per specialty to increase your chances of receiving interviews. Ensuring a robust application with competitive scores and extensive research and volunteer activities can significantly enhance your prospects as an IMG.





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