

# ERAS Overview

The Electronic Residency Application Service

MS4 Class Meeting #2

June 27, 2023

# ERAS Overview

## Agenda

- Review of MS4 Class Meeting #1
- Navigating ERAS
- Identifying and Applying to Programs within ERAS

# Review

# Timeline Review: July - August

## July – August

Take Step 2 by 7/15

Organize CV (follow template)

Meet with Dr. Fromme, if you have not already done so

+ Second meeting to review MSPE

Ask for Letters of Recommendation

Write your Personal Statement

+ Send a draft to your career and specialty advisors for review

Edit your ERAS application to near completion

*This timeline is designed for students applying through the regular match.*

# Timeline Review: August – Early September

**August – early September**

MSPE Review

Continue to edit your ERAS application and

Personal Statement

LORs uploaded (aim for Sept. 15)

# Timeline Review: September 6-27

- September 6** Beginning of the three-week period where you can certify  
and submit your ERAS application  
(Programs will NOT receive apps before 9/27)
- September 15** NRMP registration opens  
(You must register for both ERAS and the NRMP)
- September 27** Programs begin receiving applications & MSPEs

# Timeline: October - January

**Oct – Jan**

Residency Interviews

**January 9**

Urology rank list deadline

**January 30**

Ophthalmology rank list deadline

**January 31**

NRMP standard registration deadline

# LORs: How many letters do I need?

## Categorical Programs: 3-4 total letters

- 3 clinical letters
- 1 research letter (if appropriate)

*Note: You cannot submit more than 4 letters to a single program.*

## Advanced Programs: 6-7 total letters

- Prelim/Transitional Year: 3 clinical letters
- Advanced Program: 3 clinical letters  
1 research letter (if appropriate)

*Note: Letter writers can use the same letter for both applications, as long as they are generic in their specialty recommendation.*

*(i.e. "I recommend John Doe for your residency program" instead of "I recommend John Doe for your Pediatric residency program")*



# LORs: Do I need a Chair's Letter?

- Medicine\*
- Medicine-Pediatrics\*
- Preliminary Medicine\*
- Neurosurgery
- Obstetrics and Gynecology
- Orthopedic Surgery
- Otolaryngology (Section Chief)
- Pediatrics (some programs)\*
- Plastic Surgery (Section Chief)
- Surgery
- Urology (Section Chief)

*\*Another faculty member writes the letter in conjunction with the Chair.*

**Emergency Medicine, Neurosurgery, and OB/GYN** utilize a “Standardized Letter of Evaluation” (SLOE), and Plastic Surgery is starting to do the same. Check with the section for details, and refer to your Residency Process Booklet.

If you are applying in **both Preliminary Medicine and transitional programs**, you could use the same set of letters for both if the letters are generic in their specialty designation.

# Important Staff

## Strategy/LoRs

Career Advisor  
Specialty Advisor  
Dr. Woodruff

## Personal Statement

Career Advisor  
Specialty Advisor

## MSPE/Grade Concerns

Dr. Fromme

## Couples' Matching

Career Advisor  
Dr. Woodruff

## CV/ERAS Logistics

Tyler Lockman

# Navigating ERAS:

## The Electronic Residency Application Service

# Definitions

## ERAS

The Electronic Residency Application Service

ERAS is the web-based program students and staff use to compile and distribute residency application components.

## NRMP

The National Resident Matching Program

The NRMP is a nationwide non-profit organization that standardizes the residency matching process. Students submit rank lists to NRMP, *not* through ERAS.

***You must register for both ERAS and the NRMP!***

# Register

Dear Dr. Tyler Lockman,

Welcome to MyERAS! Your AAMC ID is 14340378 and your User Name is TYLERLOCKMAN.  
You will use this User Name to access all AAMC applications.

To return to MyERAS, or if you need additional information on ERAS, please visit

[https://urldefense.com/v3/https://students-residents.aamc.org/applying-residency/applying-residencies-eras/;!!MvNZe7V6M35iZPhbgng-hfU!woD8FJP8YaWe6lUaW5LBwZJUdrorkmOUj3IBD5aDtvBSQqD2OpW5U7QcWEqAd6HlsLmB6q4KoheyDEdhfJFJ\\$](https://urldefense.com/v3/https://students-residents.aamc.org/applying-residency/applying-residencies-eras/;!!MvNZe7V6M35iZPhbgng-hfU!woD8FJP8YaWe6lUaW5LBwZJUdrorkmOUj3IBD5aDtvBSQqD2OpW5U7QcWEqAd6HlsLmB6q4KoheyDEdhfJFJ$).

Things to remember:


1. All passwords are case-sensitive. The password 'DOCTOR' is not the same as the password 'doctor'.
2. You will not be able to certify your application until September 7th at 9:00 AM ET.
3. Being registered with ERAS does not mean that you are registered with the NRMP or any other Match. To register with the NRMP, visit their Web site:

[https://urldefense.com/v3/http://www.nrmp.org;!!MvNZe7V6M35iZPhbgng-hfU!woD8FJP8YaWe6lUaW5LBwZJUdrorkmOUj3IBD5aDtvBSQqD2OpW5U7QcWEqAd6HlsLmB6q4KoheyDCKhiip4\\$](https://urldefense.com/v3/http://www.nrmp.org;!!MvNZe7V6M35iZPhbgng-hfU!woD8FJP8YaWe6lUaW5LBwZJUdrorkmOUj3IBD5aDtvBSQqD2OpW5U7QcWEqAd6HlsLmB6q4KoheyDCKhiip4$)

Sincerely,


MyERAS Support  
[myeras@aamc.org](mailto:myeras@aamc.org)

# MyERAS Dashboard

AAMC MyERAS

DashboardApplication Documents Programs Message Center Interviews

DashboardERAS 2024 Season - Residency

**Tyler Lockman**  
AAMC ID 14340378  
tlockman@bsd.uchicago.edu

### Application

Personal Information	Incomplete
Biographic Information	Incomplete
Education	Incomplete
Experience	Incomplete
Licensure	Incomplete
Publications	Incomplete

[VIEW/PRINT APPLICATION](#)  
[VIEW/PRINT CV](#)

### Documents

Uploaded but Unassigned LoRs	0
Unassigned Personal Statements	0
MS Transcript	Not Uploaded
MSPE (Dean's Letter)	Not Uploaded
Photo	Uploaded

### Programs

Saved Programs	3
Programs Applied to	0

### Resources

Please visit our [Tools for Residency Applicants](#) for useful information on the ERAS process.

**Need Help?**  
For faster service check out our [FAQ's](#) before emailing or calling our client technical support team.

Send us a message >  
📞 202-862-6264  
**Monday - Friday 8am - 6pm ET**  
[MyERAS Terms and Conditions](#)

# Application

# ERAS Personal Information

VIEW/PRINT MYERAS APPLICATIONVIEW/PRINT CV

\*Indicates required fields.

Help

Application

Personal Information

AAMC Account Information

Basic Information

Address

Work Authorization

Match Information

Additional Information

SAVE PERSONAL INFORMATION

Biographic Information

Education

Experience

Licensure

Publications

Certify & Submit

AAMC Account Information

First Name \*Tyler

Middle Name

Last Name \*Lockman

Suffix

Gender \*Male

Email \*tlockman@bsd.uchicago.edu

Birth Date \*

☒ I authorize the release of the Birth Date provided in MyERAS to programs

Checking this box releases your birth date from MyERAS to programs to which you apply; it does not impact inclusion of your birth date on Supporting Documents. You may change this selection after certification, however programs may have received the information prior to your change. To save your selection, save the Personal Information page.

EDIT ACCOUNT INFORMATION

Basic Information

Previous Last Name

Preferred Name

Preferred Phone \*7737023333

Mobile Phone

Alternate Phone

Fax

Pager

Select the set of pronouns you want people to use to refer to you.

He/Him/His

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CHICAGO  
UChicago Medicine

Pritzker School  
of Medicine

ERAS 16



# ERAS Personal Information (continued)

## Application

☒ **Personal Information** <sup>1</sup>

☒ AAMC Account Information

☒ Basic Information

☐ Address

☒ **Work Authorization**

☒ Match Information

☐ Additional Information

SAVE PERSONAL INFORMATION

☐ Biographic Information

☐ Education

☐ Experience

☐ Licensure

☐ Publications

☐ Certify & Submit

Are you currently authorized to work in the United States? \*

☒ Yes ☐ No

What is your current work authorization?\*

U.S. Citizen or National, Legal Perman... ▾

If you currently reside in the United States or Canada, please select where:

Illinois ▾

## Match Information

### NRMP Match

I plan to participate in the NRMP Match \*

☒ Yes ☐ No

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 by registering or participating with MyERAS 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

### Urology Match

AUA Member Number:

Required for Urology Match

# ERAS Personal Information (continued)

Application

☒ Personal Information <sup>1</sup>

☒ AAMC Account Information

☒ Basic Information

☐ Address

☒ Work Authorization

☒ Match Information

☐ Additional Information

SAVE PERSONAL INFORMATION

☐ Biographic Information

☐ Education

☐ Experience

☐ Licensure

☐ Publications

☐ Certify & Submit

Participating as a couple in NRMP

☐ Yes ☒ No

Urology Match

AUA Member Number:

Required for Urology Match

Additional Information

USMLE ID:

Required for USMLE Transcript Transmiss

☐ I am ACLS (Advanced Cardiovascular Life Support) certified in the U.S.A.:

☐ I am PALS (Pediatric Advanced Life Support) certified in the U.S.A.:

☐ I am BLS (Basic Life Support) certified in the U.S.A.:

Alpha Omega Alpha Status:

--Select--

Gold Humanism Honor Society Status:

--Select--

SAVE PERSONAL INFORMATION

# Biographic Information—Optional

\*Indicates required fields. [Help](#)

## Application

- ☐ Personal Information <sup>1</sup>
- ☒ **Biographic Information**
- ☒ **Self Identification**
- ☐ Language Fluency
- ☐ Military Information
- ☐ Geographic Preferences
- ☐ Setting Preference
- ☐ Hometown(s)

**SAVE BIOGRAPHIC INFORMATION**

- ☐ Education
- ☐ Experience
- ☐ Licensure
- ☐ Publications
- ☐ Certify & Submit

### Self Identification

**1** If you reside in the European Union, do not answer this question. Please ignore this section.

This section allows you to indicate how you self-identify. You must select a major category prior to being able to select a sub-category. Sub-categories will be disabled until a major category is selected. When selecting "Other" as a sub-category, the text field is limited to 120 characters but is not a required field. If you prefer not to self-identify, please ignore this section.

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

☐ Hispanic, Latino, or of Spanish origin

<input type="checkbox"/> Argentinean	<input type="checkbox"/> Colombian	<input type="checkbox"/> Cuban
<input type="checkbox"/> Dominican	<input type="checkbox"/> Mexican/Chicano	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other Hispanic	<input type="text"/>

☐ American Indian or Alaskan Native

☐ Tribal affiliation

☐ Asian

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Indian	<input type="checkbox"/> Indonesian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian

# Biographic Information (continued)

## Application

- ☐ Personal Information ⓘ
- ☒ **Biographic Information**
- ☒ Self Identification
- ☒ Language Fluency
- ☐ Military Information
- ☐ Geographic Preferences
- ☐ Setting Preference
- ☐ Hometown(s)

**SAVE BIOGRAPHIC INFORMATION**





- ☐ Education
- ☐ Experience
- ☐ Licensure
- ☐ Publications
- ☐ Certify & Submit

### Language Fluency \*

Please add separate entries for your native language(s) and each additional language you speak by using the Add Entry button. All applicants should add an entry for English with the appropriate proficiency designated.

For any language not listed, consider adding the language and your proficiency to your personal statement.

+ ADD ENTRY

Language	Proficiency	Actions
English	Native/functionally native	 
Spanish/Spanish Creole	Basic	 

### Military Information

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

☐ Yes ☐ No

Do you have any other service obligations? (e.g. - Military Reserves, Public Health/State programs, etc.) \*

☐ Yes ☐ No

# Education

\*Indicates required fields. [Help](#)

## Application

- ☐ Personal Information
- ☐ Biographic Information
- ☒ Education
  - ☒ Higher Education
  - ☐ Medical Information
  - ☐ Postgraduate Training
  - ☐ Additional Information

**SAVE EDUCATION**

- ☐ Experience
- ☐ Licensure
- ☐ Publications
- ☐ Certify & Submit

### Higher Education \*

This section allows multiple entries for each Undergraduate and Graduate School you have attended. Click Add Entry and complete the required fields, then Save. If you have no Education records, click None.

[+ ADD ENTRY](#)

Institution Name	Dates Attended	Actions
Northwestern University	8-2018/8-2020	<a href="#">✎</a> <a href="#">✖</a>
Arizona State University	8-2016/12-2018	<a href="#">✎</a> <a href="#">✖</a>

### Medical Education \*

This section allows entries for each Medical School you have attended. Complete the required fields and Save. The page will refresh and additional entries can be added by clicking Add Entry.

**Country:** United States of America

**Institution:** University of Chicago Division of the Biological Sciences The Pritzker School of Medicine

**Degree expected or earned:** Yes

**Degree**

Doctor of Medicine (M.D.)

**Degree Month\*** **Year\***

June 2024

**Dates of Education**

**From Month\*** **Year\***

August 2020

**To Month** **Year**

June 2024

# Adding a Post-Baccalaureate

\*Indicates required fields.

Application

- ☐ Personal Information
- ☐ Biographic Information
- ☒ Education
  - ☒ Higher Education
  - ☐ Medical Information
  - ☐ Postgraduate Training
  - ☐ Additional Information
- ☐ Experience
- ☐ Licensure
- ☐ Publications
- ☐ Certify & Submit

**SAVE EDUCATION**

**Higher Education \***

This section allows multiple entries for each Undergraduate and Graduate School you have attended. Click Add Entry and complete the required fields, then Save. If you have no Education records, click None.

**+ ADD ENTRY**

**Higher Education**

\* Indicates required fields.

**Institution\***

Bryn Mawr College

**Location\***

Bryn Mawr, PA

**Education Type\***

Other

**Field of Study\***

Postbaccalaureate premedical program

**Degree expected or earned\***

No

**Dates of Attendance**

**From Month\***

August

**To Month**

June

**Year\***

2019

**Year**

2020

**CANCEL** **SAVE**

# Education (continued)

☒ Higher Education

☒ **Medical Information**

☐ Postgraduate Training

☐ Additional Information

SAVE EDUCATION

☐ Experience

☐ Licensure

☐ Publications

☐ Certify & Submit

## Postgraduate Training \*

Please add an entry for any current or prior AOA Internship, AOA Residency, AOA Fellowship, ACGME Residency or ACGME/RCPSC/UCNS Fellowship in which you have trained, regardless of the length of time spent in the training. After completing the required fields, click Save. Additional entries may be added as needed.

+ ADD ENTRY

NONE

## Additional Information

Membership in Honorary/Professional Societies

Student Member, AAMC  
Student Member, American Medical Association

160 characters left of 225

Medical School Awards

Joseph B. Kirsner Research Award for Excellence (2021), Pritzker Summer Research Program  
University of Chicago Student Leadership Bridge Builder Award (2023)

353 characters left of 510

Other Awards/Accomplishments

Dean's List (7 semesters), Arizona State University  
Summa Cum Laude honors, Arizona State University

410 characters left of 510

SAVE EDUCATION

# Experience

Application

☐ Personal Information

☐ Biographic Information

☐ Education

☒ Experience

☒ Selected Experiences

☐ Impactful Experience

☐ Additional Questions

SAVE EXPERIENCE

☐ Licensure

☐ Publications

☐ Certify & Submit

VIEW/PRINT MYERAS APPLICATION

VIEW/PRINT CV

Help

\* Indicates required fields.

Selected Experiences \*

First, identify and describe **up to 10 experiences** that communicate who you are, what you are passionate about, and what is most important to you. After saving, then identify and describe **up to 3 experiences** that you found the most meaningful.

+ ADD ENTRY

NONE

Impactful Experience

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

How do I know if I should respond to this question?

Please describe any challenges or hardships that influenced your journey.


750 characters left of 750

Additional Questions

Was your medical education/training extended or interrupted? \*

☐ Yes

☐ No

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of Medicine

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# Experience: Adding an Entry (Research Experience)

**Experience** ✕

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

After saving, then identify and describe **up to 3 experiences** that you found the most meaningful.

\* Indicates required field.

Organization\*  
The University of Chicago Department of Medicine

Experience Type\*  
Research

Position Title\*  
Student Researcher

Start Date\*  
06/2021

End Date  
mm/yyyy

Country\*  
United States of America

State/Province\*  
Illinois

City\*  
Chicago

Postal Code

Participation Frequency  
Weekly (recurring)

Setting ⓘ  
Urban

CANCEL SAVE

☐ Yes ☐ No

**Experience** ✕

Start Date\*  
06/2021

End Date  
mm/yyyy

Country\*  
United States of America

State/Province\*  
Illinois

City\*  
Chicago

Postal Code

Participation Frequency  
Weekly (recurring)

Setting ⓘ  
Urban

Primary Focus ⓘ  
Quality improvement

Key Characteristic ⓘ  
--Select--

Context, Roles & Responsibilities ⓘ

- Investigated geriatric patients through longitudinal Scholarship and Discovery experience (quality and safety track).
- First-authored manuscript accepted for publication

848 characters left of 1020

CANCEL SAVE

☐ Yes ☐ No

# Experience: Adding an Entry (Work Experience)

## Experience

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

After saving, then identify and describe **up to 3 experiences** that you found the most meaningful.

\* Indicates required field.

Organization\*

Northwestern University

Experience Type\*

Work

Position Title\*

Research assistant

☐ I am currently working in this role.

Start Date\* End Date\*

06/2018 06/2020

Country\* State/Province\*

United States of America Illinois

City\*

Evanston

Postal Code

Participation Frequency

Weekly (recurring)

Setting

--Select--

CANCEL UPDATE

## Experience

Start Date\* End Date\*

06/2018 06/2020

Country\* State/Province\*

United States of America Illinois

City\*

Evanston

Postal Code

Participation Frequency

Weekly (recurring)

Setting

--Select--

Primary Focus

Medical education

Key Characteristic

--Select--

Context, Roles & Responsibilities

- Recruited and briefed study participants.
- Completed literature review of XYZ
- Led drafting of manuscript submitted for publication

885 characters left of 1020

CANCEL UPDATE

# Experience: Adding an Entry (Volunteer Experience)

Experience

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

After saving, then identify and describe **up to 3 experiences** that you found the most meaningful.

\* Indicates required field.

Organization\*

Washington Park Children's Free Health Clinic

Experience Type\*

Volunteer/service/advocacy

Position Title\*

Board Member and Medical Student Volunteer

☐ I am currently working in this role.

Start Date\*

10/2020

End Date\*

09/2021

Country\*

United States of America

State/Province\*

Illinois

City\*

Chicago

Postal Code

Participation Frequency

Monthly (recurring)

Setting

Urban

CANCEL

SAVE

Experience

Start Date\*

10/2020

End Date\*

09/2021

Country\*

United States of America

State/Province\*

Illinois

City\*

Chicago

Postal Code

Participation Frequency

Monthly (recurring)

Setting

Urban

Primary Focus

--Select--

Key Characteristic

--Select--

Context, Roles & Responsibilities \*

- Served as Treasurer of the executive board of student-run free clinic serving pediatric population on Chicago's South Side.
- Coordinated grant submission and fundraising events
- Provided primary care services under the supervision of University of Chicago physicians

CANCEL

SAVE

# Experience: Adding an Entry (Teaching Experience)

### Experience

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

After saving, then identify and describe **up to 3 experiences** that you found the most meaningful.

\* Indicates required field.

Organization\*

University of Chicago Pritzker School of Medicine

Experience Type\*

Teaching/mentoring

☒ I am currently working in this role.

Position Title\*

Peer Educator, Clinical Pathophysiology & Therapeutics

Start Date\*

06/2023

End Date

mm/yyyy

Country\*

United States of America

State/Province\*

Illinois

City\*

Chicago

Participation Frequency

Daily (recurring)

Setting

--Select--

CANCEL SAVE

### Experience

Start Date\*

06/2023

End Date

mm/yyyy

Country\*

United States of America

State/Province\*

Illinois

City\*

Chicago

Participation Frequency

Daily (recurring)

Setting

--Select--

Primary Focus

--Select--

Key Characteristic

--Select--

Context, Roles & Responsibilities

- Selected to teach review sessions for required second-year medical course
- Positions only offered to the top 20 students in the class
- Anticipated to start in November 2023

844 characters left of 1020

CANCEL SAVE

# Experience: Adding an Entry (Extracurriculars)

### Experience

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

After saving, then identify and describe **up to 3 experiences** that you found the most meaningful.

\* Indicates required field.

Organization\*

University of Chicago Pritzker School of Medicine

Experience Type\*

Other extracurricular activity, club, hobby

Position Title\*

Class Representative, Dean's Council

☒ I am currently working in this role.

Start Date\* End Date

10/2020 mm/yyyy

Country\* State/Province\*

United States of America Illinois

City\* Postal Code

Chicago

Participation Frequency Setting

Monthly (recurring) --Select--

CANCEL SAVE

### Experience

Start Date\* End Date

10/2020 mm/yyyy

Country\* State/Province\*

United States of America Illinois

City\* Postal Code

Chicago

Participation Frequency Setting

Monthly (recurring) --Select--

Primary Focus ?

--Select--

Key Characteristic ?

Teamwork and Leadership

Context, Roles & Responsibilities \*?

Elected by peers to represent interests of the class at monthly Dean's Council meetings.  
Shared peers concerns with medical school administrators and communicated information back to classmates.

822 characters left of 1020

CANCEL SAVE

# Experiences: Most Meaningful

VIEW/PRINT MYERAS APPLICATION VIEW/PRINT CV

\*Indicates required fields. Help

## Application

- ☐ Personal Information
- ☐ Biographic Information
- ☐ Education
- ☒ Experience
- ☐ Licensure
- ☐ Publications
- ☐ Certify & Submit

### Selected Experiences \*

First, identify and describe **up to 10 experiences** that communicate who you are, what you are passionate about, and what is most important to you. After saving, then identify and describe **up to 3 experiences** that you found the most meaningful.

#### What made this experience most meaningful?

**Class Representative, Dean's Council - University of Chicago Pritzker School of Medicine - 10/2020 (Present)**

**Teamwork and Leadership**

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

Description\*

Enter Description

300 characters left of 300

CANCEL SAVE

### Impactful Experience

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

How do I know if I should respond to this question?

# Experiences: Impactful Experience

Work

The following examples can help you decide whether you should respond to the question 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 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)

Impactful Experience

Please describe your financial background.

Please consider your experiences that may be relevant to your application.

How do I know if I should respond to this question?

Please describe any challenges or hardships that influenced your journey.

750 characters left of 750

Additional Questions

Was your medical education/training extended or interrupted? \*

☐ Yes ☐ No

SAVE EXPERIENCE

# Experience: Final Screen

Application

☐ Personal Information ⓘ

☐ Biographic Information

☐ Education

☒ Experience

☐ Additional Questions

☒ Selected Experiences

☒ Impactful Experience

☐ Additional Questions

SAVE EXPERIENCE

☐ Licensure

☐ Publications

☐ Certify & Submit

Impactful Experience

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

How do I know if I should respond to this question?

Please describe any challenges or hardships that influenced your journey.

750 characters left of 750

Additional Questions

Was your medical education/training extended or interrupted? \*

☒ Yes ☐ No

I took time off between my MS3 and MS4 years to pursue research in Emergency Medicine, finalize publications, and dedicate time to a family member undergoing a health crisis.

338 characters left of 510

SAVE EXPERIENCE



# Licensure: Not Necessary

VIEW/PRINT MYERAS APPLICATION VIEW/PRINT CV

\*Indicates required fields. Help

### Application

- ☐ Personal Information
- ☐ Biographic Information
- ☐ Education
- ☒ Experience
- ☒ Licensure
  - ☒ State Medical Licenses
  - ☐ Additional Questions
- ☐ Publications
- ☐ Certify & Submit

SAVE LICENSURE

#### State Medical Licenses \*

After completing the required fields, click Save. Additional entries may be added as needed.

+ ADD ENTRY NONE

#### Additional Questions

Are you able to carry out the responsibilities of a resident 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

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


Are you Board Certified? \*

☐ Yes ☐ No

# Publications

Publications

ERAS 2024 Season - Residency ▾



**Tyler Lockman**  
AAMC ID 14340378  
tlockman@bsd.uchicago.edu

[VIEW/PRINT MYERAS APPLICATION](#) [VIEW/PRINT CV](#)

[Help](#)

\* Indicates required fields.

Application

☐ Personal Information ⓘ

☐ Biographic Information

☐ Education

☒ Experience

☒ Licensure

☒ Publications

☐ Certify & Submit

SAVE PUBLICATIONS

Publications

\* Indicates required fields.

Publication Type\*

--Select--

Peer Reviewed Journal Articles/Abstracts

Peer Reviewed Journal Articles/Abstracts (Other than Published)

Peer Reviewed Book Chapter

Scientific Monograph

Poster Presentation

SAVE PUBLICATIONS

# Publications (continued)

Publications

✕

\* Indicates required fields.

Publication Type\*

Peer Reviewed Journal Articles/Abstracts

Journal Article(s)/Abstract(s) Title\*

Post-Discharge Mortality Among Elderly Patients

208 characters left of 255

Author(s)\*

Lockman TJ, Doe JR, Pincavage A, Lee W

Publication Name\*

Journal of Hospital Medicine

Article URL

https://www.example.com

PMID

98451014

Volume\*

135

Issue Number\*

11

Pages\*

218-233

Month\*

October

Year\*

2022

CANCEL

SAVE

# Publications (continued)

The image shows a web application interface for managing publications. A modal window titled 'Publications' is open, displaying a form with several required fields. A red box highlights the 'Publication Status' dropdown menu, which is currently open, showing options: '--Select--', Submitted, Under Review, Accepted/In-Press, and Pre-Print. The form also includes fields for 'Publication Type', 'Journal Article(s)/Abstract(s) Title', 'Author(s)', 'Publication Name', 'Article URL', and 'Year'. The background shows a sidebar with navigation options like 'Personal Information', 'Biographic Information', 'Education', 'Experience', 'Licensure', and 'Publications' (which is selected). The top navigation bar includes 'Dashboard', 'Application', and 'Documents'. The user's name 'Lockman' and email 'lockman@bsd.uchicago.edu' are visible in the top right corner.

Publications

\* Indicates required fields.

Publication Type\*

Peer Reviewed Journal Articles/Abstracts (Other than Published)

Journal Article(s)/Abstract(s) Title\*

255 characters left of 255

Author(s)\*

LastName, FirstInitial.MiddleInitial., & LastName, FirstInitial.MiddleInitial

Publication Name\*

Publication Status\*

--Select--

Submitted

Under Review

Accepted/In-Press

Pre-Print

Article URL

https://www.example.com

Year\*

--Select--

CANCEL SAVE

Lockman

14340378

lockman@bsd.uchicago.edu

VIEW/PRINT CV

Help

quired information.

Actions

SAVE PUBLICATIONS

# Guiding Principles for Listing Publications

- Be honest in representing all of your myriad accomplishments—but do not try to pad your application
  - Certain situations *will* require that you list things twice under two separate categories
  - Use your best judgement, and then...
  - **Consult your Career Advisor!**
- When it is not reasonable to list multiple similar or identical publications/presentations, list them once under their “highest value”. In order, that is:
  1. Manuscript
  2. Published abstract
  3. Oral presentation
  4. Poster presentation
- National > Regional > Local

# FAQs: How to List Publications

Q: For poster presentations, should we list internal conferences like Medical Education Day or SRP?

*A: Yes. Include poster presentations given at any formal, organized event, even if they are internal.*

Q: If I was listed as an author on a poster or oral presentation but did not present it, should I list it?

*A: Yes, you may include it as a poster; annotate who the presenting author was with an asterisk or “[presenting author]” in the author line. Make sure you list the authors in the correct order.*

Q: If I am going to do an oral presentation in a month, do I put "anticipated" oral presentations?

*A: Yes, you may do that.*

# FAQs: How to List Publications (continued)

Q: Does my thesis defense count as an oral presentation?

*A: No, it does not count as a separate oral presentation. It will be implied by your PhD.*

Q: Do presentations in front of my departments or during rounds count?

*A: No.*

Q: Are abstracts considered published if they are published in a conference booklet only?

*A: No, abstracts are not considered published if they are not disseminated beyond the conference. If they were a poster, though, you may put it in the poster section. Do not list things twice (i.e. once in a poster section and once in an abstract section—just list the abstract, if published).*

Q: Can I list manuscripts currently in preparation?

*A: No. However, if they have been submitted, you can choose submitted from the drop-down in ERAS. Be prepared to answer any questions about the status of the manuscripts.*

# View/Print ERAS Application or CV for Proofreading

Lockman, Tyler (14340378) MyERAS Application

**General Information**

Name: Lockman, Tyler Applicant ID: 2024519334  
Previous Last Name: AAMC ID: 14340378  
Preferred Name:  
Designated Pronouns: He/Him/His  
Most Recent Medical School:  
Email: tlockman@bsd.uchicago.edu USMLE ID:  
Gender: Male NRMP ID:  
Birth Date: Participating in the NRMP Match: Yes  
Authorized to Work in the U.S.: Yes Participating as a Couple in NRMP: No  
Current Work Authorization: U.S. Citizen or National, Legal Permanent Resident, Refugee, Asylee

**Self Identification:**

**Present Mailing Address:** 1569 E Main St  
Apt 12  
Chicago, IL 60637  
Preferred Phone #: 7737023333  
Alternate Phone #:  
Mobile #:  
Pager #:  
Fax #:

**Permanent Mailing Address:** 1569 E Main St  
Apt 12  
Chicago, IL 60637  
Phone: 7737023333

Military Service Obligation/Deferral?  
Other Service Obligation?

Are you able to carry out the responsibilities and requirements at the specific training programs to which you are applying Yes  
with or without reasonable accommodations?

Misdemeanor Conviction in the United States? No  
Felony Conviction in the United States? No

**Geographic and Setting Preferences**

No Response  
No Response

**Medical Licensure**

ACLS:  
PALS:  
BLS: Yes BLS Expiration Date: 06/14/2024

Page 1

Lockman, Tyler (14340378) Curriculum Vitae

Lockman, Tyler  
AAMC ID: 14340378

**Present Mailing Address**  
Preferred Phone: 7737023333  
Alternate Phone:  
Mobile Phone:  
tlockman@bsd.uchicago.edu

**Permanent Mailing Address**  
924 E 57th St RM 104  
Chicago, IL 60637-1455

**Medical Education**  
University of Chicago Division of the Biological Sciences The Pritzker School of Medicine, United States of America

**Education**  
**Graduate** - Northwestern University, Evanston, IL  
Higher Education Administration and Policy  
08/2018 - 06/2020  
M.S.; 06/2020  
**Undergraduate** - Arizona State University, Tempe  
Journalism  
08/2016 - 12/2018  
B.A.; 12/2018

**Class Representative, Dean's Council**  
University of Chicago Pritzker School of Medicine  
10/2020 - Present  
Other extracurricular activity, club, hobby  
Chicago, IL  
- Elected by peers to represent interests of the class at monthly Dean's Council meetings.  
- Shared peers concerns with medical school administrators and communicated information back to classmates.  
Most Meaningful - Being a Dean's Council representative provided an invaluable opportunity to grow as a leader and teammate. I honed my ability to listen actively in order to understand emerging issues and my my ability to communicate on my peers' behalf. I also grew as a collaborator working with fellow reps.

**Peer Educator, Clinical Pathophysiology & Therapeutics**  
University of Chicago Pritzker School of Medicine  
Teaching Assistant  
06/2023 - Present  
Chicago, IL  
- Selected to teach review sessions for required second-year medical course  
- Positions only offered to the top 25 students in the class  
- Anticipated to start in November 2023

Page 1

Disclaimer: Do not disclose or distribute applicant information to persons outside the institution/ERAS readying process.

Lockman, Tyler (14340378)

Application Documents Programs Message Center Interviews


**Tyler Lockman**  
AAMC ID 14340378  
tlockman@bsd.uchicago.edu

VIEW/PRINT MYERAS APPLICATION VIEW/PRINT CV




# Documents

# Documents: Personal Statements

AAMC MyERAS

DashboardApplicationDocumentsProgramsMessage CenterInterviews

Personal StatementsERAS 2024 Season - Residency

**Tyler Lockman**  
AAMC ID 14340378  
tlockman@bsd.uchicago.edu

Help

**Personal Statements**  
Letters of Recommendation  
Additional Documents

Personal statements may be used to personalize your application with any additional information not collected in the application. This statement should reflect your personal perspective and experiences accurately and must be your own work and not the work of another author or the product of artificial intelligence. You may create as many personal statements as needed, but only one may be assigned to each program. Please review the allowable formatting detailed in the user guide. As a reminder, please only copy and paste plain text into the text editor.

+ CREATE NEW

Search

You have not added any Personal Statements. Click 'Create New' to add a Personal Statement

# Documents: Personal Statements (Continued)

The screenshot shows the 'Create Personal Statement' form in the AAMC MyERAS system. The form is titled 'Create Personal Statement' and includes a close button (X). A red box highlights the 'Personal Statement Title' field, which is required (indicated by an asterisk). The field contains the text 'Personal Statement (Prelim Programs)'. Below the title field is the 'Personal Statement Content' field, which is a large text area with a rich text editor toolbar. The toolbar includes buttons for Bold (B), Italic (I), Underline (U), Strikethrough (ABC), Bulleted List (List), Numbered List (List), Indent (Decrease/Increase), Undo (Undo), Redo (Redo), Text Color (A), Background Color (A), and Link (Link). The 'Personal Statement Content' field is currently empty. At the bottom right of the form are 'CANCEL' and 'PREVIEW' buttons. The background shows the MyERAS dashboard with navigation links for Dashboard, Application, Documents, Programs, Message Center, and Interviews. The user's name, Tyler Lockman, and email, tlockman@bsd.uchicago.edu, are visible in the top right corner.

**Create Personal Statement**

\* Indicates required field.

**Personal Statement Title: \***

Enter a title that will enable you to easily identify your personal statement(s) when assigning it to programs. The title you enter is only visible to you.

Personal Statement (Prelim Programs)


**Personal Statement Content: \***

If you choose to copy and paste your text into the Personal Statement Content field, please do so from a text file. You will be able to format your text within the Personal Statement Content field using the options below.

B I U ABC List List Decrease Increase Undo Redo A A Link

CANCEL PREVIEW

# Personal Statement Preview

AAMC MyERAS

Personal Statement

Documents

Personal Statement

Letters of Recommendation

Additional Documents

Create Personal Statement

<

>

🔍

🔍

Lockman, Tyler(14340378)

Personal Statement

Enter text of PS here. Be careful about formatting – use Notepad or any text based application to copy and paste (NOT MS Word). You can use up to 28,000 characters.

Enter text of PS here. Be careful about formatting – use Notepad or any text based application to copy and paste (NOT MS Word). You can use up to 28,000 characters. Enter text of PS here. Be careful about formatting – use Notepad or any text based application to copy and paste (NOT MS Word). You can use up to 28,000 characters. Enter text of PS here. Be careful about formatting – use Notepad or any text based application to copy and paste (NOT MS Word). You can use up to 28,000 characters. Enter text of PS here. Be careful about formatting – use Notepad or any text based application to copy and paste (NOT MS Word). You can use up to 28,000 characters. Enter text of PS here. Be careful about formatting – use Notepad or any text based application to copy and paste (NOT MS Word). You can use up to 28,000 characters.

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BACK

SAVE

Interviews

Lockman

14340378

@bsd.uchicago.edu

Help


application. You

he allowable

# Documents: Personal Statements (Continued)

Personal Statements

ERAS 2024 Season - Residency ▾



**Tyler Lockman**  
AAMC ID 14340378  
tlockman@bsd.uchicago.edu

Help

Personal Statements

Letters of Recommendation

Additional Documents

Personal statements may be used to personalize your application with any additional information not collected in the application. This statement should reflect your personal perspective and experiences accurately and must be your own work and not the work of another author or the product of artificial intelligence. You may create as many personal statements as needed, but only one may be assigned to each program. Please review the allowable formatting detailed in the user guide. As a reminder, please only copy and paste plain text into the text editor.

+ CREATE NEW

Search

Title	Status	Actions
Personal Statement (Prelim Programs)	<div>Saved - 06/14/2023</div>	<div><div>⋮</div><div>EDIT</div><div>VIEW / PRINT</div><div>ASSIGN</div><div>DELETE</div></div>

# Documents: LORs

## Letters Of Recommendation ERAS 2024 Season - Residency ▾



**Tyler Lockman**

AAMC ID 14340378

tlockman@bsd.uchicago.edu

Help

Personal Statements

**Letters of Recommendation**

Additional Documents

In order for an LoR Author to upload a letter on your behalf, you **MUST** complete the following steps for **each** LoR that you intend to use during the application season.

1. Click **Add New** to enter and save LoR information.
2. Confirm the LoR entry by marking the associated checkbox and selecting *Only checked* in the Confirm drop down list.  
*Note:* You may only edit and/or delete a LoR entry prior to confirming.
3. Select *Download Letter Request* or *Email Letter Request* in the associated Action column to provide your LoR Author with the form.

+ ADD NEW

🔍 Search by Name, Title/Dept., or Specialty

You have not added any LoR Authors. Click Add New to add an LoR Author.

# Documents: LORs (continued)

## Add Letter of Recommendation

For guidance on correctly entering your LoR Author details, contact your LoR Author.

\* Indicates required fields.

LoR Author Name:\*

James Woodruff, MD

LoR Author Title/Department:\*

Professor of Medicine/Department of Medicine

Specialty to which this letter will be assigned:

Preliminary Programs

**Note:** Specialty field will only be viewable to applicants, their Designated Dean's Office and the LoR Author - not programs.

### Additional LoR Information\*

- ☐ This LoR Author is a Program Director in a current/previous residency or fellowship where I trained. (Applies to Residents/Fellows only)
- ☐ This LoR Author is a Department Chair where I completed my clerkship training. Group departmental letters must be signed by the team composing the letter.

☒ None of the above.

I waive my right to view my Letter of Recommendation:\*

☒ Yes ☐ No

CANCEL

SAVE

# Documents: LORs (continued)

## Documents

Personal Statements

Letters of Recommendation

Additional Documents

In order for an LoR Author to upload a letter on your behalf, you MUST complete the following steps for **each** LoR that you intend to use during the application season.

1. Click *Add New* to enter and save LoR information.
2. Confirm the LoR entry by marking the associated checkbox and selecting *Only checked* in the Confirm drop down list.

**Note:** You may only edit and/or delete a LoR entry prior to confirming.

3. Select *Download Letter Request* or *Email Letter Request* in the associated Action column to provide your LoR Author with the form.

+ ADD NEW

Search by Name, Title/Dept., or Specialty

CONFIRM (1)



LoR Information

Specialty

Letter ID

Status



H. Barrett Fromme, MD, MPHE - Professor of Pediatrics



Preliminary Programs

10DSL6SCEE

Confirmed for Uplo



Keme Carter, MD - Associate Professor of Medicine



Preliminary Programs

Not Confirmed for



# Documents: LORs (continued) | Confirm your LOR

## Documents

Personal Statements

Letters of Recommendation

Additional Documents

In order for an LoR Author to upload a letter on your behalf, you MUST complete the following steps for **each** LoR that you intend to use during the application season.

1. Click *Add New* to enter and save LoR information.
2. Confirm the LoR entry by marking the associated checkbox and selecting *Only checked* in the Confirm drop down list.

### Confirm Letters of Recommendation

Are you certain that you want to confirm the selected LoR Author(s) for upload? Once confirmed, an LoR Author entry cannot be deleted or otherwise modified.

MyERAS Password: \*

CANCEL


CONFIRM

<input checked="" type="checkbox"/>	Letter ID	Status
<input checked="" type="checkbox"/>	10DSL6SCCE	Confirmed for Uplo
<input checked="" type="checkbox"/>	Keme Carter, MD - Associate Professor of Medicine	Preliminary Programs

# Documents: LORs (continued) | Generate Letter Request Form

Letters Of Recommendation

ERAS 2024 Season - Residency ▾



**Tyler Lockman**  
AAMC ID 14340378  
tlockman@bsd.uchicago.edu

Help

Personal Statements

**Letters of Recommendation**

Additional Documents

In order for an LoR Author to upload a letter on your behalf, you MUST complete the following steps for **each** LoR that you intend to use during the application season.

1. Click **Add New** to enter and save LoR information.
2. Confirm the LoR entry by marking the associated checkbox and selecting **Only checked** in the Confirm drop down list.  
*Note: You may only edit and/or delete a LoR entry prior to confirming.*
3. Select **Download Letter Request** or **Email Letter Request** in the associated Action column to provide your LoR Author with the form.

+ ADD NEW

CONFIRM

<input type="checkbox"/>	LoR Information	Specialty	Letter ID	Status	Actions
<input type="checkbox"/>	James Woodruff, MD - Professor of Medicine/Department of Medicine	Preliminary Programs	12L6CKZQEC	Confirmed for Upload - 06/14/2023	<div><div></div><div></div><div></div></div>
<input type="checkbox"/>	H. Barrett Fromme, MD - Professor of Pediatrics	Anesthesiology	12L6CKZRED	Confirmed for Upload - 06/27/2023	<div><div></div><div></div><div></div></div>

Download Letter Request

Email Letter Request

# Documents: LORs (continued) | Email a Letter Request Form

Documents

Personal Statement

Letters of Recommendation

Additional Documents

Email Letter Request

LoR Information

Specialty

H. Barrett Fromme, MD, MPHE - Professor of Pediatrics

Preliminary Programs

LoR Author's email address \*

hfromme@peds.bsd.uchicago.edu

LoR Request Message \*

Hi Dr. Fromme.

Thank you so much for agreeing to write me a letter of recommendation! I would appreciate if you could submit your letter by Sept. 10 so I can ensure I submit my application on time

I am requesting that you submit my Letter of Recommendation (LoR) to the Electronic Residency Application Service (ERAS), which transmits my LoR(s) to the residency programs to which I am applying

CANCEL

PREVIEW

# Documents: LORs (continued) | Email a Letter Request Form

Dashboard Application Documents

## Email Letter Request

\* Indicates required field.

To send the letter request email, please complete the following steps:

1. Review the LoR Information and Specialty for accuracy.
2. Enter the LoR Author's email address.
3. Enter a LoR request message for the LoR Author or use the default message.
4. Click Preview to view the email details the LoR Author will receive.

LoR Information	Specialty
H. Barrett Fromme, MD - Professor of Pediatrics	Anesthesiology

LoR Author's email address\*

hfromme@bsd.uchicago.edu

LoR Request Message\*

Thank you so much for agreeing to write me a letter of recommendation. I would appreciate it if you could upload your letter no later than September 15, 2023 so that I can submit my application on time. This letter is for my application in Anesthesiology.

I am requesting that you upload my Letter of Recommendation (LoR) to the Electronic Residency Application Service, which


20 characters left of 1020

CANCEL PREVIEW

# Documents: LORs (continued) | Generate a PDF Letter Request Form

Electronic Residency  
Application Service

ERAS

AAMC

ERAS Letter of Recommendation (LoR) Request

ERAS Application Season: 2024  
ERAS Letter ID: 12L6CKZRED

I am requesting that you submit my Letter of Recommendation (LoR) to the Electronic Residency Application Service (ERAS), which transmits my LoR(s) to the residency programs to which I am applying.

ERAS Letter of Recommendation Portal (LoRP)

The Electronic Residency Application Service (ERAS) Letter of Recommendation Portal (LoRP) is a centralized service that allows LoR Authors to upload LoRs for applicants applying to ERAS residency programs.

ERAS has established a set of guidelines that should be reviewed prior to writing and uploading LoRs using the LoRP.

For more information about the LoRP guidelines, additional resources, and to access the LoRP login, please visit [https://www.aamc.org/services/eras/282520/lor\\_portal.html](https://www.aamc.org/services/eras/282520/lor_portal.html).

- Review the information below. If any information is inaccurate, contact the applicant directly so they can make corrections.
- Login to the ERAS LoRP to upload this letter using the unique ERAS Letter ID above.

Applicant Details

Name	Lockman, Tyler
AAMC ID	14340378
Preferred Phone Number	7737023333
Preferred Email	<a href="mailto:tlockman@bsd.uchicago.edu">tlockman@bsd.uchicago.edu</a>

LoR Details

LoR Author Name	H. Barrett Fromme, MD
LoR Author Title/Department	Professor of Pediatrics
Specialty to which this letter will be assigned	Anesthesiology

# Additional Documents

## Additional Documents

ERAS 2024 Season - Residency ▾



**Tyler Lockman**

AAMC ID 14340378

tlockman@bsd.uchicago.edu

Help

Personal Statements

Letters of Recommendation

**Additional Documents**

Document	Status		Actions
USMLE Transcript <small>There is a one-time processing fee of \$80 for USMLE transcripts.</small>	Not Authorized	• <b>Student</b>	Actions ▾
Medical Student Performance Evaluation (MSPE)	Not Uploaded	<b>PSOM (by 9/27)</b>	No Action Required
Medical School Transcript	Not Uploaded	<b>PSOM</b>	No Action Required
Photo	Uploaded - 06/12/2023	<b>Student</b>	Actions ▾

# USMLE Transcripts

## Three steps to releasing your scores:

1. Authorize release through ERAS to sync current scores
2. Assign the USMLE score to a specific program (under the Programs section)
3. If you receive updated Step 2 scores after submitting, go back into MyERAS and **retransmit** your scores

# Programs



# AAMC Apply Smart

[Home](#) / [Applying to Residency](#) / [Apply Smart for Residency](#)

## Apply Smart for Residency

Applying to residency involves a complicated set of steps and decisions. The AAMC is committed to providing information to help you apply smarter for residency. We have curated a series of resources that explain the process and ensure that the residency program you select is the right fit for you.



### Understanding the Application Process

Get answers to your questions about the residency application process. This section features the timeline that will guide you through the process and distills key information, including what is required for each step in the process.

### Researching Residency Programs and Building an Application Strategy

The AAMC provides tools and data to help residency applicants build an effective application strategy.

[Sign In To MyERAS](#)

[Sign In To Residency Explorer™ Tool](#)

### Supporting the Transition to Residency

The transition to residency is a time of critical importance in a medical student's journey to become a physician. The AAMC is developing tools and information to better support students, their advisors, and program directors during this phase.

[LEARN MORE](#)

### Advisors: Advise Smart

Login to Careers in Medicine to view key resources for your students.

[LEARN MORE](#)

[Program Directors: Select Smart](#)

# NRMP Residency Explorer

Residency Explorer™ Tool

[About](#)

[FAQ](#)

[Help](#)

## RESIDENCY EXPLORER™ TOOL

The Residency Explorer tool will allow you to explore and compare residency programs in 23 specialties and compare your profile to applicants who matched at each program.

We encourage you to consult with a trusted advisor or mentor as you research programs.

*To begin using the Residency Explorer tool, click [Login to Account](#) and sign in using your AAMC username and password. If you do not have an AAMC account, follow the steps to create an account.*

[Login to Account](#)

The Residency Explorer tool delivers insights about residency programs based on original-source, verified data.

# When using the Apply Smart data, remember...

- No advice is one-size-fits-all.
- You may receive different advice from different advisors or mentors.
  - This is a complex process with multiple possible approaches and a high degree of uncertainty.
  - This happens all the time in life, not just in residency advising!
- Use all data and advice at your disposal to make the best decisions for you.

# Programs (searching by number)

The screenshot shows the AAMC MyERAS dashboard for Tyler Lockman. The 'Programs' dropdown menu is open, showing options like 'Search Programs', 'Saved Programs', 'Programs Applied To', 'Programs Withdrawn From', 'Assignments Checklist', and 'Assignments Report'. The 'Search Programs' option is highlighted. Below the dashboard, a text box contains a paragraph about the Department of Anesthesiology at Boston Medical Center, with the NRMP ID '# 1257040C0' highlighted in blue. A red arrow points from the highlighted NRMP ID in the text box to the 'Search Programs' option in the dropdown menu.

Dashboard ERAS 2024 Season - Residency

Application Documents Programs Message Center Interviews

Search Programs  
Saved Programs  
Programs Applied To  
Programs Withdrawn From  
Assignments Checklist  
Assignments Report

Resources  
Please visit our Tools for Residents and Applicants for useful information on the ERAS process.  
Need Help?  
For faster service check out our FAQ's before emailing or calling our client support team.

6pm ET  
ERAS 2024 Season - Residency


The Department of Anesthesiology at Boston Medical Center offers two program tracks for the NRMP match. The Categorical track (# 1257040C0) is a 4-year program which includes a preliminary surgical year in conjunction with the Boston VA Healthcare System. The Advanced track (# 1257040A0) is a 3-year program where the applicant would need to secure a first-year position elsewhere. We offer 9 positions in the NRMP match each year; in the 2013 match we had 4 Advanced and 5 Categorical positions available.

This is an NRMP ID, *not* an Accreditation ID. If you are looking up a program by number and not finding it, it's likely to be an NRMP ID. We recommend searching by specialty instead.

# Programs (searching by specialty)

Search Programs

ERAS 2024 Season - Residency



**Tyler Lockman**  
AAMC ID 14340378  
tlockman@bsd.uchicago.edu

[View All Signals](#) [Help](#)

Search Programs

Saved Programs

Programs Applied To

Programs Withdrawn From

Payment History

Assignments Checklist

Assignments Report

Select a Specialty\*

Anesthesiology

x

Select a State

Illinois

x

Select a Program

Select program

Search By Accreditation ID

Filter by Training Type

☐ Advanced

☐ Categorical

☐ Preliminary

☐ Reserved for Physician Only

☐ Categorical (Osteopathic)

☒ Accepting Applications

☐ Osteopathic Recognition

COLLAPSE ROWS

SAVE PROGRAMS (0 PROGRAMS)

Program Name ↑	City ↑	State ↑	Signaling Status ↑ ?	Status ↑
^ Advocate Health Care/Advocate Illinois Masonic Medical Center Program ⓘ	Chicago	Illinois	Accepting Signals	Participating
Accreditation ID: 0401621040				
<input type="checkbox"/> Anesthesiology - Reserved for Physician Only - NRMP Program Code: 2117040R0 Residency Explorer				
<input type="checkbox"/> Anesthesiology - Categorical - NRMP Program Code: 2117040C0 Residency Explorer				

# Saving Programs

Programs Selected

HIDE ALL PROGRAM DETAILS

Program Name	Specialty	Location	Accreditation ID	Status
^ Loyola University Medical Center Program	Anesthesiology	Maywood,IL	0401611046	Participating
<input checked="" type="checkbox"/> Anesthesiology   NRMP Program Code: 1170040C0 (Categorical)				
^ University of Chicago Program	Anesthesiology	Chicago,IL	0401611044	Participating
<input checked="" type="checkbox"/> Anesthesiology   NRMP Program Code: 1160040C0 (Categorical)				

CANCEL

CONFIRM



# Assigning Documents

Assign Documents For University of Chicago Program (Anesthesiology)

^ **Letters of Recommendation- Select up to 4 (four)**

Only Letters of Recommendation (LoRs) in Uploaded or Imported status can be assigned to programs.

An inactive checkbox below indicates that the letter author has not yet uploaded the Letter of Recommendation. Any letters not listed below need to be confirmed for upload from the Letters of Recommendation section of the Documents tab, where you will also find the status for all LoRs. For questions regarding the status of your LoR, please contact the letter author.

LoR Information	Specialty	Letter ID
<input type="checkbox"/> James Woodruff, MD - Professor of Medicine/Department of Medicine	Preliminary Programs	12L6CKZQEC

^ **Personal Statements - Select 1 (one)**

☐ Personal Statement (Prelim Programs)

^ **Additional Documents - Select all that apply**

☐ You have not Authorized Release of USMLE yet. Please [Authorize Release of USMLE](#)

☐ Photo

CANCEL SAVE



# Assigning Documents

- If you do not see an LOR listed, you probably did not “confirm” it in the LOR section.
- You cannot assign an LOR until it has been uploaded.
- Only YOU can see how you’ve titled the LORs, so make sure they are clearly labeled.

# Assignment Report

Assignments Report ERAS 2024 Season - Residency ▾



**Tyler Lockman**

AAMC ID 14340378

tlockman@bsd.uchicago.edu

[View All Signals](#) [Print](#) [Help](#)

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[Assignments Report](#)

## Saved Programs

### McGaw Medical Center of Northwestern University Program

**Location** Chicago, Illinois

**Specialty** Anesthesiology (ACGME)

**Program Director** Dr. Louanne Carabini MD

**Phone** 312-695-1259

**Email** sejones@nm.org

**Tracks Saved** Anesthesiology/4 Yr | NRMP Program Code: 2247040C0 (Categorical)

#### Documents Assigned

There are no documents assigned to this program.

### University of Chicago Program

**Location** Chicago, Illinois

**Specialty** Anesthesiology (ACGME)

**Program Director** Junaïd Nizamuddin M.D.

**Phone** 773-702-6842

**Email** jnizamuddin@bsd.uchicago.edu

**Tracks Saved** Anesthesiology | NRMP Program Code: 1180040C0 (Categorical)

#### Documents Assigned

**Personal Statement (Prelim Programs)**

# Using Program Signaling in ERAS

**AAMC MyERAS**

**Dashboard** | Application | Documents | **Programs** | Message Center | Interviews

**Dashboard** ERAS 2024 Season - Residency

**Application**

- Personal Information *Incomplete*
- Biographic Information *Incomplete*
- Education *Incomplete*
- Experience *Incomplete*
- Licensure *Incomplete*
- Publications *Incomplete*

[VIEW/PRINT APPLICATION](#)

[VIEW/PRINT CV](#)

**Documents**

- Uploaded but Unassigned LoRs 0
- Unassigned Personal Statements 0
- MS Transcript Not Uploaded
- MSPE (Dean's Letter) Not Uploaded
- Photo Uploaded

**Programs**

- Saved Programs** 3
- Programs Applied To 0

**Resources**

Please visit our Tools for Residency Applicants for useful information on the ERAS process.

**Need Help?**

For faster service check out our FAQ's before emailing or calling our client technical support team.

[Send us a message](#) >

📞 202-862-6264

**Monday - Friday 8am - 6pm ET**

[MyERAS Terms and Conditions](#)

**Tyler Lockman** (TL)

- Search Programs
- Saved Programs**
- Programs Applied To
- Programs Withdrawn From
- Assignments Checklist
- Assignments Report

# Using Program Signaling in ERAS

Saved Programs

ERAS 2024 Season - Residency ▾

Search Programs

Saved Programs

Programs Applied To

Programs Withdrawn From

Payment History

Assignments Checklist

Assignments Report

TYLER LOCKMAN

TYLER LOCKMAN

AAMC ID 14340378

tlockman@bsd.uchicago.edu

View All Signals

Help

Saved Signals Overview

What is Signaling?

Program signaling is a way for applicants to express interest in specific residency programs, and it is one of the factors that programs consider when deciding whom to invite for an interview. For more information, please visit the 2024 MyERAS® Application FAQs.

Use the filters below to narrow down the list of programs you have saved in the Actions menu.

SINGLE TIER (1)

TWO TIER (2)

NOT PARTICIPATING (0)

Signal Count

Internal Medicine

7 Available | 0 Assigned | 0 Applied

Total Items: 1

Items per page: 5

Page 1 of 1

Saved Programs

Select a Specialty\*

Select specialty

Search

COLLAPSE ROW

+ ADD PROGRAMS

APPLY (0 PROGRAMS)

Program Name ↑

Specialty ↑

City ↑


State ↑

Signaled? ↑

Signaling Status ↑

Actions

You have not selected a Specialty from the Select a Specialty menu.

 THE UNIVERSITY OF  
CHICAGO  
UChicago Medicine

Pritzker School  
of Medicine

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# Using Program Signaling in ERAS

[Programs Applied To](#)  
[Programs Withdrawn From](#)  
[Payment History](#)  
[Assignments Checklist](#)  
[Assignments Report](#)

• **How do I Signal?** You can assign or remove a program signal from a saved program in the Actions menu.

SINGLE TIER (1)

TWO TIER (2)

NOT PARTICIPATING (0)

Specialty

Signal Count ⓘ

Internal Medicine

7 Available | 0 Assigned | 0 Applied

Total Items: 1

Items per page: 5

Page 1 of 1

### Saved Programs - Internal Medicine

Select a Specialty\*

Internal Medicine (1 Saved) x

Search

COLLAPSE ROWS

+ ADD PROGRAMS

APPLY (0 PROGRAMS)

<input type="checkbox"/>	Program Name ↑	Specialty ↑	City ↑	State ↑	Signaled? ↑	Signaling Status ↑ ⓘ	Actions
<input type="checkbox"/>	<a href="#">University of Chicago Program ⓘ</a>	Internal Medicine	Chicago	Illinois	No	Accepting Signals	<div><div>Assign Signal (7 remaining)</div><div>Assign Documents</div><div>Delete</div></div>

Accreditation ID: 1401611123

Internal Medicine - Categorical - NRMP Program Code: 1160140C0

Residency Explorer (Categorical)

APPLY (0 PROGRAMS)

# Using Program Signaling in ERAS

Programs Applied To

Programs Withdrawn From

Payment History

Assignments Checklist

Assignments Report

information, please visit the [2024 myERAS® Application FAQs](#).

- **How do I Signal?** You can assign or remove a program signal from a saved program in the Actions menu.

SINGLE TIER (1)

TWO TIER (2)

NOT PARTICIPATING (0)

Specialty

Internal Medicine

Signal Count ⓘ

6 Available | 1 Assigned | 0 Applied

Total Items: 1

Items per page: 5

Page 1 of 1

Saved Programs - Internal Medicine

Select a Specialty\*

Internal Medicine (1 Saved)

Search

COLLAPSE ROWS

+ ADD PROGRAMS

APPLY (0 PROGRAMS)

<input type="checkbox"/>	Program Name ↑	Specialty ↑	City ↑	State ↑	Signaled? ↑	Signaling Status ↑ ⓘ	Actions
<input type="checkbox"/>	<a href="#">University of Chicago Program ⓘ</a>	Internal Medicine	Chicago	Illinois	Yes	Accepting Signals	<div><div>Remove Signal</div><div>Assign Documents</div><div>Delete</div></div>

Accreditation ID: 1401611123

Internal Medicine - Categorical - NRMP Program Code: 1160140C0

Residency Explorer (Categorical)

APPLY (0 PROGRAMS)

# Using Program Signaling in ERAS

Programs Applied To

Programs Withdrawn From

Payment History

Assignments Checklist

Assignments Report

information, please visit the 2024 MyERAS® Application FAQs.

• How do I Signal? You can assign or remove a program signal from a saved program in the Actions menu.

SINGLE TIER (1)

TWO TIER (2)

NOT PARTICIPATING (0)

Specialty	Gold Signal Count	Silver Signal Count
Anesthesiology	5 Available   0 Assigned   0 Applied	10 Available   0 Assigned   0 Applied
Dermatology	3 Available   0 Assigned   0 Applied	25 Available   0 Assigned   0 Applied

Total Items: 2Items per page:Page 1 of 1

Saved Programs - Anesthesiology

Select a Specialty\*

Anesthesiology (1 Saved)

Search

COLLAPSE ROWS

+ ADD PROGRAMS

APPLY (0 PROGRAMS)

Program Name	Specialty	City	State	Signaled?	Signaling Status	Actions
<input type="checkbox"/> ^ University of Chicago Program	Anesthesiology	Chicago	Illinois	No	Accepting Signals	<div><div>Assign Gold Signal (5 remaining)</div><div>Assign Silver Signal (10 remaining)</div><div>Assign Documents</div><div>Delete</div></div>

Accreditation ID: 0401611044

Anesthesiology - Categorical - NRMP Program Code: 1160040C0

Residency Explorer

# Using Program Signaling in ERAS

[Programs Applied To](#)  
[Programs Withdrawn From](#)  
[Payment History](#)  
[Assignments Checklist](#)  
[Assignments Report](#)

information, please visit the 2024 myERAS® Application FAQs.

- **How do I Signal?** You can assign or remove a program signal from a saved program in the Actions menu.

SINGLE TIER (1)

TWO TIER (2)

NOT PARTICIPATING (0)

Specialty	Gold Signal Count	Silver Signal Count
Anesthesiology	4 Available   1 Assigned   0 Applied	10 Available   0 Assigned   0 Applied
Dermatology	3 Available   0 Assigned   0 Applied	25 Available   0 Assigned   0 Applied

Total Items: 2

Saved Programs - Anesthesiology

Select a Specialty\*

Anesthesiology (1 Saved)

Search

COLLAPSE ROWS

+ ADD PROGRAMS

APPLY (0 PROGRAMS)

<input type="checkbox"/>	Program Name	Specialty	City	State	Signaled?	Signaling Status	Actions
<input type="checkbox"/>	<a href="#">University of Chicago Program</a>	Anesthesiology	Chicago	Illinois	Gold	Accepting Signals	<div><div>Remove Gold Signal</div><div>Switch to Silver Signal (10 remaining)</div><div>Assign Documents</div><div>Delete</div></div>

Accreditation ID: 0401611044

Anesthesiology - Categorical - NRMP Program Code: 1160040C0

[Residency Explorer](#)



# Fees

## Programs

Search Programs

**Saved Programs**

Programs Applied To

Programs Withdrawn From

**Payment History**

Assignments Checklist

Assignments Report



- Click the program name to view program information or to manage your training selection(s) for a program.
- Use the menu items in the Action column to assign documents to a program or to delete a program from your Saved Programs list.
- To apply to program(s) or preview an invoice, mark the checkbox(es) to select each program, and then click *Apply/Preview Invoice*.

+ ADD PROGRAMS

🔍 Search by Program Name, Specialty, City, State or ID

0 Programs Selected

APPLY / PREVIEW INVOICE

HIDE ALL PROGRAM DETAILS

☐

Program Name ↑

Specialty ↑

City ↑

State ↑

Accreditation  
ID

Actions

☐

Loyola University Medical Center  
Program

Anesthesiology

Maywood

Illinois

0401611046

Actions ▾

# 2023-24 ERAS Fees

Base Fee, 1-10 applications	\$99
Applications 11-20	\$19 each
Applications 21-30	\$23 each
Applications > 31	\$27 each
USMLE Transcript Fee	\$80

- Example 1
  - **30 Emergency Medicine programs:**  $[\$99.00 + (10 \times \$19.00) + (10 \times \$23.00)] = \$519$
- Example 2
  - **20 OB/GYN programs**  $[\$99.00 + (10 \times \$19.00)]$  + **10 Family Medicine programs**  $[\$99.00] = \$388$

# 2023-24 NRMP Match Fees

Base Fee	\$70 for 20 ranks
Late registration fee	\$50 if you register after January 31
Couples	\$45 per partner (+additional stepped fees over 100 ranks)
Additional Programs	\$30 for every program ranked above 20 ranks

*From the NRMP: The NRMP also has capped at 300 the number of ranks allowed for individual applicants and applicants participating in the Match as a couple. In addition... there will be a new Length of Rank Order List Fee. Lists with 100 or more ranks will incur stepped fees, up to a maximum of \$200 until the 300 rank cap is reached. These changes are being made to prevent applicants from entering over-long ROLs, some of which have exceeded 700 ranks without any apparent benefit to the applicants' Match outcome.*

# Pritzker 2022-23 Data

Data from our annual post-Match survey

*9. How much money do you estimate that you spent applying and interviewing during the residency application season (including application, travel, and hotel costs)? Please round to the nearest \$50.*

Statistic	Value
Mean	\$1,872
Median	\$1,225
Mode	\$500
Standard Deviation	\$1,859
Valid Responses	70
Total Responses	70

*Richard in Financial Aid is here to work with you to help with these costs.  
Also, look out for info on our free alumni hosting program when traveling for interviews!*

# Certify and Submit

VIEW/PRINT MYERAS APPLICATION VIEW/PRINT CV

Help

Application

☐ Personal Information

☐ Biographic Information

☐ Education

☐ Experience

☐ Licensure

☐ Publications

☒ Certify & Submit

Application Checklist

Once you have certified your application, it will be irrevocably locked and no changes will be permitted. Your application, once certified, is provided to all programs to which you apply during this ERAS season. Please take the additional time to proofread your application for any errors or omissions. The Personal Information section, including your NRMP ID, remains editable after certifying.

All required fields must be completed and each section of the application must be Saved in order to certify.

Personal Information Incomplete

- At least one required field was left blank.
- At least one non-required field was left blank.

Biographic Information Incomplete

- At least one non-required field was left blank.
- At least one required field was left blank.

Education Incomplete

- At least one non-required field was left blank.
- At least one required field was left blank.

Experience Incomplete

- At least one required field was left blank.

Licensure Incomplete

- None has been selected for State Medical Licenses entry
- At least one non-required field was left blank.
- At least one required field was left blank.

Publications Incomplete

- At least one required field was left blank.

PREVIEW APPLICATION

# Certify and Submit

Application

Personal Information

Biographic Information

Education

Experience

Licensure

Publications

Certify & Submit

/Voluntarily Terminated:

Ever Named in a Malpractice Suit?

Past History?

No

No

No

State Medical Licenses

None

Medical Education

Institution & Location	Dates Attended	Degree	Date of Degree
University of Chicago Division of the Biological Sciences The Pritzker School of Medicine, USA	8/2014 - 6/2018	Yes, M.D.	6/2018

Medical Education/Training Extended or Interrupted?

Yes

Explanation

I took a year off after my third year to pursue research in Emergency Medicine, finalize publications, and dedicate time to a family member undergoing a health crisis.

Medical School Honors/Awards

Peer Educator for winter 2017 Clinical Pathophysiology and Therapeutics (offered to top 25 students in class); Summer Research Program Award for Overall Excellence in Scientific Quality, Content, and Ability to Answer Questions (2015)

Membership in Honorary/Professional Societies

Student Member, American College of Physicians

Education

Education	Institution & Location	Dates Attended	Degree	Degree Date	Field of Study
Undergraduate	University of Michigan-Ann Arbor Ann Arbor, MI	8/2008 - 6/2012	Yes, B.A.	6/2012	English
Other	Gaucher College Towson, MD	6/2013 - 6/2014	No		Post-baccalaureate pre-medical program


Current/Prior Training

None

Experience


Experience	Organization & Location	Position	Dates	Supervisor	Average Hours/Week
Volunteer Experience	The University of Chicago Pritzker School of Medicine Chicago, IL, USA	Peer Educator	11/2017 - 12/2017	Scott Stern, MD, and Aliya Husain, MD	15

# Certify & Submit

AAMC MyERAS

DashboardApplicationDocumentsProgramsMessage CenterInterviews

Application SubmissionERAS 2023 Season - Residency



**Tyler Lockman**  
AAMC ID 14340378  
tlockman@bsd.uchicago.edu

[VIEW/PRINT MYERAS APPLICATION](#)[VIEW/PRINT CV](#)

### Certify & Submit

#### MyERAS Application Release

Do you give your Designated Dean's Office permission to view your application once it has been submitted? \*

☐ Yes ☐ No

#### Certify \*

☐

I certify that the information contained within the MyERAS application is complete and accurate to the best of my knowledge. 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 also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program. I also understand and agree to the AAMC Website 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 these 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 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.

Certified by: Lockman, TylerDate: May 24, 2023

#### Submit

Password \*

[BACK](#)[SUBMIT](#)

# Adding Programs After September 6

You can add programs *after* you have submitted your  
ERAS application,

*but you must re-assign your USMLE scores and photo*



# Top 5 ERAS Points

1. Hit “Save” all of the time, and proofread.
  - View your ERAS application in both CV and “application” formats
  - Print your Assignment Report and make sure you assigned all your documents
2. Remember to click the final “Certify and Submit” button between September 6-27, and have your credit card ready! (We will send a reminder. Many reminders.)
3. Be deliberate when naming and assigning your letters and personal statements.
4. Track the status of your LORs and assign LORs to programs once they arrive.
5. You can add programs after Sept. 6, but be sure to re-assign your documents and USMLE scores.

# Upcoming Class Meetings

**September 18**

MS4 Class Meeting #3: Interviewing for Residency

**January 22, 2024**

MS4 Class Meeting #4: Preparing your Rank List

**March 15, 2024**

Match Day!