

ERAS & Residency Applications in Focus

The Electronic Residency
Application Service (and beyond)



Pritzker School
of Medicine

MS4 Class Meeting #2.5 | June 29, 2026



ERAS & Residency Applications in Focus

Agenda

- Navigating ERAS & filling out your applications
- Identifying and applying to programs within ERAS

Navigating ERAS & ResidencyCAS: Filling Out Your Application

Definitions

ERAS

The Electronic Residency Application Service

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

ResidencyCAS

The OB/GYN & EM specific application, used by ALL programs in these specialties

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 or ResidencyCAS 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/ ;!!MyIu0v6UfBA57LoN!-Gvn2x3YJn7ZXsH3c5DK1m7X tYwHq3af56TaHitmgg1krnGXYWagFTPXCFXHBp0iqOTZH6tKxQET4UTaofl\\$](https://urldefense.com/v3/https://students-residents.aamc.org/applying-residency/applying-residencies-eras/;!!MyIu0v6UfBA57LoN!-Gvn2x3YJn7ZXsH3c5DK1m7XtYwHq3af56TaHitmgg1krnGXYWagFTPXCFXHBp0iqOTZH6tKxQET4UTaofl$) .

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 2nd 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 ;!!MyIu0v6UfBA57LoN!-Gvn2x3YJn7ZXsH3c5DK1m7X tYwHq3af56TaHitmgg1krnGXYWagFTPXCFXHBp0iqOTZH6tKxQETzxtk6D\\$](https://urldefense.com/v3/http://www.nrmp.org;!!MyIu0v6UfBA57LoN!-Gvn2x3YJn7ZXsH3c5DK1m7XtYwHq3af56TaHitmgg1krnGXYWagFTPXCFXHBp0iqOTZH6tKxQETzxtk6D$)

Sincerely,

MyERAS Support
myeras@aamc.org

MyERAS Dashboard

AAMC MyERAS | Dashboard | Application | Documents | Programs | Message Center | **Thalamus Core**

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

Dashboard

ERAS 2027 Season - Residency

Application

Personal Information	Saved
Biographic Information	Saved
Education	Saved
Experience	Saved
Licenses & Certifications	Saved
Scholarly Work	Saved
Specialty Questions	Not Saved

[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: 0

Programs Applied to: 0

Share Interview Information with Dean's office

Share Program Signals with Dean's Office

Resources

- Tools for Residency Applicants
- Frequently Asked Questions (FAQ's)
- Learn about Fee Assistance Program
- MyERAS Terms and Conditions

ERAS Support +1 (202) 862-6264
Monday - Friday 8am - 6pm ET

[CONTACT ERAS](#)

ResidencyCAS Dashboard

RESIDENCYCAS
CENTRALIZED APPLICATION SERVICE

Tyler Lockman
CAS ID: 5659656426

[ADD PROGRAMS](#)

WHAT'S NEXT?

This is a testing environment for the ResidencyCAS application. No submission from this environment will be considered valid.

Add Programs
You haven't yet selected any programs to apply to. Explore and add programs to your application!
[ADD PROGRAMS](#)

Colleges Attended
Entering your colleges and universities attended is required for subsequent sections of the application. Enter them early to get a head start!
[COLLEGES ATTENDED](#)

Medical School Attended
Entering your medical school is required for subsequent sections of the application. Enter them early to get a head start!
[MEDICAL SCHOOL ATTENDED](#)

Signals
You have signals remaining to assign to your designated programs. Applicants who used signals have been five times more likely to receive interviews.
[SIGNALS](#)

STATUSES

[EVALUATIONS](#)

Application

CAS Status

IN PROGRESS RECEIVED COMPLETED

Personal Information

0/2 SECTIONS

- Extended Profile
- Biographic Information
- Contact Information
- Race & Ethnicity
- Work Authorization
- Other Information
- Match Information

Academic History

0/7 SECTIONS

- Colleges Attended
- Medical School Attended
- Medical School Release
- High School Attended3
- USMLE and COMLEX Scores
- Interruptions in Medical School Education
- Residencies & Fellowships

Supporting Information

0/11 SECTIONS

- Experiences & Activities
- Employment (Non-Medical)
- Hobbies and Interests
- OR-GYN Personal Statement
- Publications

Program Materials

0/2 SECTIONS

- Evaluations
- Signals

[Chat](#)


[CONTINUE](#)

ResidencyCAS Dashboard

RESIDENCYCAS
CENTRALIZED APPLICATION SERVICE

Tyler Lockman
CAS ID: 5659656426

ADD PROGRAMS



ACADEMIC HISTORY 0/7

- Colleges Attended
- Medical School Attended
- Medical School Release**
- High School Attended3
- USMLE and COMLEX Scores
- Interruptions in Medical School Education
- Residencies & Fellowships

WHAT'S NEXT?

This is a testing environment for the ResidencyCAS application. No submission from this environment will be considered valid.

Add Programs

PREVIOUS: (not yet selected any programs to apply to. Explore and add programs to your application)

Medical School Release

You must review and respond to the following release statement to submit your application. Once you submit your application, your responses cannot be edited. Visit the [Applicant Help Center](#) for more information.

* Indicates required field

MEDICAL SCHOOL RELEASE

Will you allow your degree-granting medical school (or the ECFMG/Intealth organization for IMG applicants) access to view your application and interview invitations?*

Yes
 No

Chat

SAVE & CONTINUE

Application

ERAS Personal Information

VIEW/PRINT MYERAS APPLICATION VIEW/PRINT CV

*Indicates required fields. [Help](#) Last Updated - 06/04/2026 12:09 PM ET

Application

- Personal Information ¹
- AAMC Account Information
- Basic Information
- Address
- Work Authorization
- Match Information
- Identification Numbers

SAVE PERSONAL INFORMATION

AAMC Account Information ²

First Name *	Tyler	Gender *	Man
Middle Name		Email *	tlockman@bsd.uchicago.edu
Last Name *	Lockman	Birth Date *	
Suffix			

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

¹ 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
<input type="text"/>	<input type="text"/>	US <input type="text" value="+1 (773) 702-3333"/>
Mobile Phone	Alternate Phone	Fax Number
US <input type="text" value="+1"/>	US <input type="text" value="+1"/>	US <input type="text" value="+1"/>
Pager Number		
US <input type="text" value="+1"/>		

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

He/Him/His

ERAS Personal Information (continued)

Application

- Personal Information
- AAMC Account Information
- Basic Information
- Address
- Work Authorization
- Match Information
- Identification Numbers

SAVE PERSONAL INFORMATION

- Biographic Information
- Education
- Experience
- Licenses & Certifications
- Scholarly Work
- Specialty Questions
- Certify & Submit

Work Authorization

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

Yes No

* What is your current work authorization?

U.S. Citizen or National, Legal Permanent R... ▾

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: No NRMP ID has been transferred to ERAS. Transfers occur once daily. Please confirm you have completed registration with the NRMP for the 2027 Main Residency Match®, entered your AAMC ID correctly in the NRMP's R3® system, and that your date of birth matches in both ERAS and R3 for your NRMP ID to be populated in the next transfer. Contact the ERAS Help Desk for assistance.

- If you are already registered for The Match®, your NRMP ID will be displayed here when it becomes available.
- NRMP ID is not required to Certify & Submit your application, but it is required to participate in The Match.
- Please note that 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

ResidencyCAS Personal Information



PERSONAL INFORMATION 4/8

- Extended Profile ✓
- Biographic Information ⚠
- Contact Information ⚠
- Geographic Connections
- Race & Ethnicity

[← PREVIOUS](#)
Work Authorization

Match Information

Please note that registering or participating with ResidencyCAS does not automatically register you for The Match®. You will need to register with the National Resident Matching Program® (NRMP®) separately at <https://www.nrmp.org>.

You can edit this section after submission.

[VIEW LESS](#)

* Indicates required field

REGISTER FOR THE MATCH

I plan to participate in the NRMP Match: *

- Yes
 No

Are you participating in the NRMP Match® as part of a couple? *

- Yes
 No



SAVE & CONTINUE

Biographic Information—Optional

*Indicates required fields. [Help](#)

Application

- Personal Information ¹
- 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

- Argentinean
- Colombian
- Cuban
- Dominican
- Mexican/Chicano
- Peruvian
- Puerto Rican
- Other Hispanic

American Indian or Alaskan Native

- Tribal affiliation

Asian

- Bangladeshi
- Cambodian
- Chinese
- Filipino
- Indian
- Indonesian
- Japanese
- Korean
- Laotian

Biographic Information (continued)

Application

- Personal Information
- Biographic Information**
- Self Identification
- Language Proficiency**
- Military Information
- Geographic Preferences
- Setting Preference
- Hometown(s)

SAVE BIOGRAPHIC INFORMATION

- Education
- Experience
- Licenses & Certifications
- Publications
- Certify & Submit

Language Proficiency *

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

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

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

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

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

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

Do you meet or exceed the Advanced level of proficiency in English? *

Yes No

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

+ ADD ENTRY

Language

Spanish/Spanish Creole

Actions



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

Geographic Preferences & Hometowns

Do not skip this section!

Application

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

SAVE BIOGRAPHIC INFORMATION

- Education
- Experience
- Licenses & Certifications
- Publications
- Certify & Submit

Geographic Preferences

Indicate your preference (or lack thereof) by selecting **up to 3** United States Census divisions or "I do not have a division preference".

Who will see my responses?

- New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)
- Middle Atlantic (New Jersey, New York, Pennsylvania)
- East North Central (Illinois, Indiana, Michigan, Ohio, Wisconsin)
- West North Central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)
- South Atlantic (Washington DC, Delaware, Florida, Georgia, Maryland, North Carolina, Puerto Rico, South Carolina, Virginia, West Virginia)
- East South Central (Alabama, Kentucky, Mississippi, Tennessee)
- West South Central (Arkansas, Louisiana, Oklahoma, Texas)
- Mountain (Arizona, Colorado, Idaho, Montana, New Mexico, Nevada, Utah, Wyoming)
- Pacific (Alaska, California, Hawaii, Oregon, Washington)
- I do not have a division preference

Setting Preference

Indicate your preference (or lack of preference) for rural or urban settings. ⓘ

- Rural
- Rural or Suburban
- Suburban
- Suburban or Urban
- Urban
- No Preference

Please describe your setting preference or lack of preference:

Geographic Connections - ResidencyCAS

RESIDENCYCAS
CENTRALIZED APPLICATION SERVICE

Tyler Lockman
CAS ID: 5659656426

ADD PROGRAMS

Geographic Connections

This section allows you to indicate up to three locations you have a particularly strong connection with. It can be--but doesn't have to be--where you grew up or lived for a period of time and can be different from your current address as collected in the Contact Information section. It can also be somewhere you yourself have not lived but where your significant other's family or other social support system may be located, for instance.

Once you submit your application, you cannot edit this section. Visit the [Applicant Help Center](#) for more information.

VIEW LESS

* Indicates required field

ADD GEOGRAPHIC CONNECTIONS

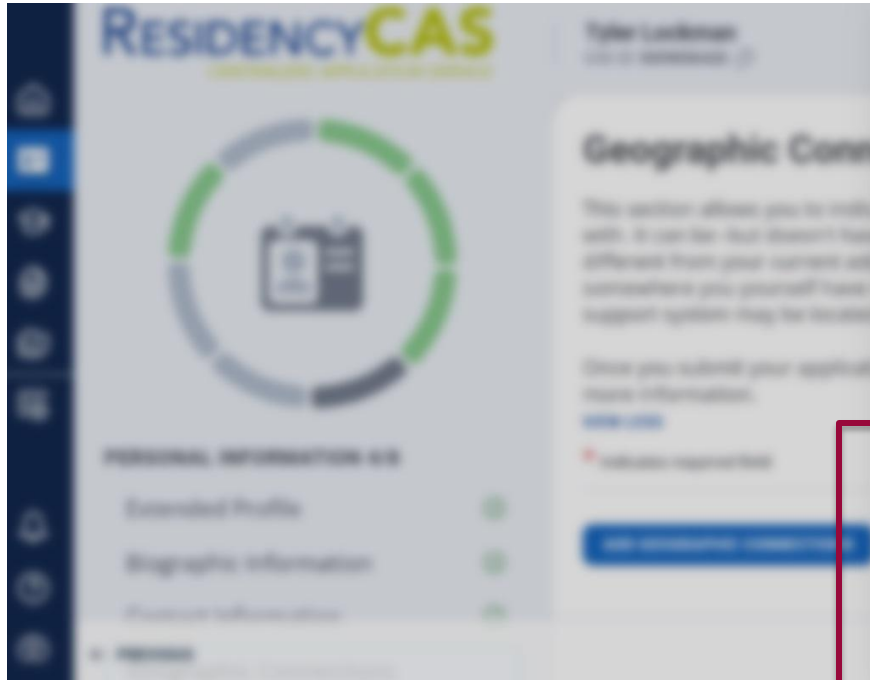
CONTINUE

PERSONAL INFORMATION 4/8

- Extended Profile
- Biographic Information
- Contact Information

← **PREVIOUS**
Geographic Connections

Geographic Connections - ResidencyCAS



Add Geographic Connections

Country:*

United States

City/Town:*

Phoenix

State/Province:*

Arizona

What connection do you have to this location?*

CANCEL

SAVE

Education

Your graduation date: **June 2027**

Application

- Personal Information ⓘ
- Biographic Information
- Education**
 - Higher Education**
 - Medical Information
 - Postgraduate Training
 - Extensions & Interruptions
 - Honors & Awards
 - Professional Memberships
- Experience
- Licenses & Certifications
- 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.

NONE

Medical Education *

Please make sure there is an entry 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

*Degree Month/Year

MM/YYYY

Dates of Education

*From Month/Year

MM/YYYY

*To Month/Year

MM/YYYY

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.

NONE

Adding a Post-Baccalaureate

Higher Education

* Country: United States of America

* State/Province: Pennsylvania

* School/Institution: Bryn Mawr College

* School/Institution Name: Bryn Mawr College
This update will be reflected on your application.

* City: Bryn Mawr

* Education Type: Other

* Field(s) of Study: Premedical

Select or enter as many as needed.

* Degree expected or earned: No

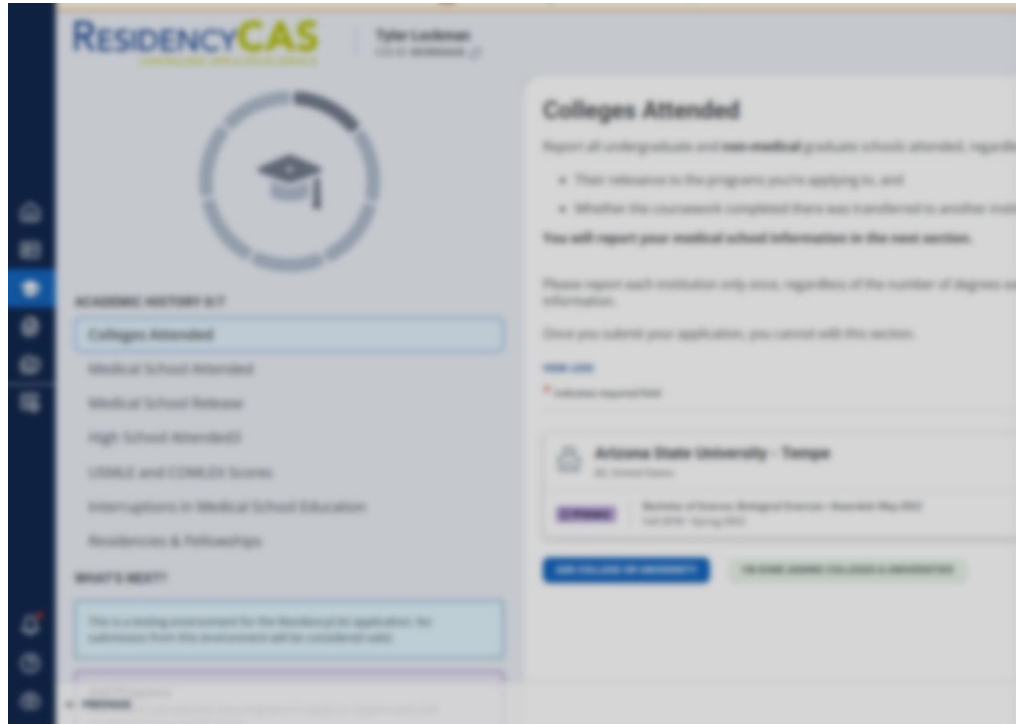
Dates of Attendance

* From Month/Year: 08/2021

* To Month/Year: 06/2022

CANCEL SAVE

Adding a Post-Baccalaureate (ResidencyCAS)



Add College Or University

INSTITUTION INFORMATION

College or University Name*

Is this your primary college or university?
Your primary college or university is the college or university where you have earned or will earn your first bachelor's degree. If you have not yet pursued a bachelor's degree, it is the college or university where you have completed the most credits.

What type of term system does this college or university use?*

Quarter
 Semester
 Trimester

You are currently attending this college or university

Select the first and last terms you attended this institution, regardless of gaps in attendance.

First Semester* Month Year

Last Semester* Month Year

YOUR DEGREE(S)

Adding a Post-Baccalaureate (ResidencyCAS)

< Add Degree ×

DEGREE DETAILS

Have you received this degree?*

Degree Awarded
 Degree In Progress

What type of degree is it?*

Certificate

When did you earn this degree?*

Month: June Year: 2022

MAJORS & MINORS

Major*
Premedical

Secondary Major

Minor

CANCEL **CONTINUE**

Extensions/Interruptions - ERAS

Academic/Professionalism: Interruptions or Extensions *

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

Have you had any **academic** extensions, leaves, gaps, or breaks in your educational program due to **repeated or remediated coursework**?

Yes No

Have you had any **professional** extensions, leaves, gaps, or breaks in your educational program due to **professionalism sanctions or any other adverse actions** by your medical school or its parent institution?

Yes No

Extensions/Interruptions - ResidencyCAS

The screenshot displays the ResidencyCAS application interface. At the top left, the logo for ResidencyCAS (Centralized Application Service) is shown, along with the user's name, Tyler Lockman, and CAS ID: 5659656426. A navigation sidebar on the left includes icons for Home, My Profile, Academic History, My Programs, My Residencies, and My Notifications. The main content area is titled 'Interruptions in Medical School Education' and includes a sub-header 'ACADEMIC HISTORY 1/7'. Below this, a list of categories is shown: 'Colleges Attended', 'Medical School Attended', 'Medical School Release' (with a checkmark), 'High School Attended3', 'USMLE and COMLEX Scores', 'Interruptions in Medical School Education' (highlighted in a blue box), 'Residencies & Fellowships', and 'WHAT'S NEXT?'. The 'WHAT'S NEXT?' section contains a message: 'This is a testing environment for the ResidencyCAS application. No submission from this environment will be considered valid.' Below this, there is a 'Add Programs' section with a message: 'You haven't yet selected any programs to apply to. Explore and add programs to your application.' A 'PREVIOUS' button is located at the bottom left of this section. On the right side of the main content area, there are two buttons: 'ADD INTERRUPTIONS IN MEDICAL SCHOOL EDUCATION' (highlighted with a red box) and 'I'M NOT ADDING ANY INTERRUPTIONS IN MEDICAL SCHOOL EDUCATION'. At the bottom right, there are 'Chat' and 'CONTINUE' buttons.

Extensions/Interruptions - ResidencyCAS

RESIDENCYCAS

Add Interruptions In Medical School Education

Select the reason for the gap:*

Personal

Would you like to provide any additional details?

250 characters remaining 0 words

When did the gap start?*

Month: Sep Day: DD Year: 2022

When did the gap end?*

Month: Aug Day: DD Year: 2023

CANCEL SAVE

Experiences

The screenshot shows the ERAS application interface. On the left is a navigation menu with sections: Personal Information, Biographic Information, Education, Experience, Licenses & Certifications, Publications, and Certify & Submit. The 'Experience' section is expanded, showing sub-sections: Selected Experiences, Impactful Experience, and Hobbies & Interests. A red arrow points to the 'Selected Experiences' sub-section. The main content area has a header '*Indicates required fields.' and a 'Help' icon. The 'Selected Experiences' section contains instructions: '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.' Below this is a '+ ADD ENTRY' button and a 'NONE' option. The 'Impactful Experience' section has instructions: '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?' Below this is a text input field with a character count of '750 characters left of 750'. The 'Hobbies & Interests' section has instructions: 'Please provide details regarding your hobbies and interests.' Below this is a text input field with a character count of '300 characters left of 300'. A 'SAVE EXPERIENCE' button is located at the bottom right of the form.

Limits

ERAS – 10 Activities

ResidencyCAS - 12

SF Match

Different

categories: Research

Activities, Specialty

Electives/Related

Activities, Public Service

Experiences – All applications

- Experience descriptions = **Bullet points from your CV**
 - No need to write narrative descriptions or reflection, other than Most Meaningful
- *Some* combining of activities is OK
 - Research (by PI or Department), PE/Teaching positions, Free Clinics, multiple roles with same org/group
 - **Do NOT overdo it**; these limits are in place to keep your application concise

Experience: Adding an Entry (Research Experience)

Experience [Close]

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 [Close]

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*
06/2018

End Date*
06/2020

Country*
United States of America

State/Province*
Illinois

City*
Evanston

Postal Code

Participation Frequency
Weekly (recurring)

Setting
--Select--

CANCEL UPDATE

Experience

Start Date*
06/2018

End Date*
06/2020

Country*
United States of America

State/Province*
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

751 characters left of 1020

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

Position Title*
Peer Educator, Clinical Pathophysiology & Therapeutics

I am currently working in this role.

Start Date*
06/2023

End Date
mm/yyyy

Country*
United States of America

State/Province*
Illinois

City*
Chicago

Postal Code

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

Postal Code

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 (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

* Experience Type

* Position Title

I am currently working in this role.

* Start Date End Date

CANCEL SAVE

Experiences: Most Meaningful

The screenshot shows an application form for 'Selected Experiences'. The form is titled 'Selected Experiences *' and includes instructions: '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.' A modal dialog box is open, titled 'What made this experience most meaningful?'. The dialog lists an experience: 'Class Representative, Dean's Council, University of Chicago Pritzker School of Medicine - 10/2020 (Present)'. Underneath, the category 'Teamwork and Leadership' is highlighted with a red box. The dialog also contains a 'Description*' field with a text area and a character count of '300 characters left of 300'. At the bottom of the dialog are 'CANCEL' and 'SAVE' buttons. The background form shows a sidebar with navigation options: Personal Information, Biographic Information, Education, Experience (selected), Selected Experiences (selected), Impactful Experiences, and Additional Questions. There is also a 'SAVE EXPERIENCE' button and a list of experiences with checkboxes and dropdown menus.

Experiences: Impactful Experience

Work Northwestern University Research assistant 6/2018 - 6/2020

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

SAVE EXPERIENCE

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 any financial background, family background, or other general life circumstances that influenced your journey. This question is intended for applicants who have faced challenges or hardships. Other applicants may not have.

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


SAVE EXPERIENCE

Additional Questions

Was your medical education/training extended or interrupted? *

Yes No

ResidencyCAS: Reflective Statement



Tyler Lockman
CAS ID: 5659656426

Optional Reflective Statement

Once you submit your application, you cannot edit this section. Visit the [Applicant Help Center](#) for more information.

* Indicates required field

OPTIONAL REFLECTIVE STATEMENT

You are invited to share a pivotal life event, challenge, or hardship that has deeply influenced your personal journey and professional development, shaping your commitment to a medical career or significantly impacting your path to date.

750 characters remaining 0 words

Chat

SAVE & CONTINUE

SUPPORTING INFORMATION 0/15

- Experiences & Activities
- Employment (Non-Medical)
- Hobbies and Interests

[← PREVIOUS](#)

Experiences: Hobbies & Interests

- This section allows you to share outside interests and activities that may shine a light on who you are outside your medical school activities and experiences. Pull from your CV, and consider what kinds of things you want programs to know about you + what might make good conversation starters.

Don't include anything you would not be comfortable discussing with a PD!

Hobbies & Interests

Please provide details regarding your hobbies and interests.

300 characters left of 300

Hobbies & Interests - ResidencyCAS

RESIDENCYCAS
CENTRALIZED APPLICATION SERVICE

Tyler Lockman
CAS ID: 5659656426

ADD PROGRAMS

Hobbies and Interests

This section allows you to indicate your hobbies and interests outside of your academic pursuits. **You may add up to 3 hobbies and interests.**

Once you submit your application, you cannot edit this section. Visit the [Applicant Help Center](#) for more information.

* Indicates required field

ADD HOBBIES AND INTERESTS I'M NOT ADDING ANY HOBBIES AND INTERESTS

Chat

CONTINUE

← PREVIOUS NEXT →

Hobbies & Interests - ResidencyCAS

RESIDENCYCAS Tyler Lockman

Hobbies and Interests

This section allows you to indicate your hobbies and interests outside of your medical training.

Once you submit your application, you cannot edit this section. Add the hobbies and interests you would like to list.

Add Hobbies And Interests ×

Title:*

Description:*

399 characters remaining 14 words

CANCEL **SAVE**

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 *

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

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 → Scholarly Work

What has changed?

- Only allows for inclusion of peer-reviewed work: journal articles, abstracts, book chapters, oral presentations, and poster presentations
 - No op-eds, letters to the editor, podcasts, workshops, non-peer reviewed publications, etc. (Consider other places to include these on your app)
- Duplicate presentations of the same project (i.e., at different conferences) can ALL be listed together
- “Most Meaningful” → Up to 3 items
- “Scholarly Collections”

Scholarly Work

*Indicates required fields. Help

Application

- Personal Information
- Biographic Information
- Education
- Experience
- Licenses & Certifications
- Scholarly Work
- Scholarly Work

SAVE SCHOLARLY WORK

- Specialty Questions
- Certify & Submit

Scholarly Work *

Click the **Add Entry** button to create an entry for each of your scholarly work items and fill in the required information. You will be able to group together any related work once your scholarly work entry has been saved. You can also indicate **up to three items** that represent your **most meaningful works** by clicking the star icon that appears next to each entered item. If you have no scholarly work, click None.

Add Entry Manage Scholarly Collections Preview as Program Sort by

- Post-Discharge Mortality Among Elderly Patients** ★
 - Doe A, Brown M, Lee WW
 - Journal of Hospital Medicine (Oct 2025); 135(11): 218-233. Cited in PubMed; PMID: 94851014. Pub Status: Published
 - ★ Most Meaningful Journal Article (peer-reviewed) First Author Post-Discharge Mortality Among Elderly Patients
- Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality** ☆
 - Doe A, Brown M, Lee WW
 - Journal of the American Medical Association (Jan 2026); Pub Status: Accepted/In-Press
 - Journal Article (peer-reviewed) First Author Post-Discharge Mortality Among Elderly Patients
- Quality of Care for Hospitalized Elders and Post-Discharge Mortality** ☆
 - Doe A, Brown M, Lee WW
 - 1. Society of Hospital Medicine Converge. Nashville, TN, United States of America; Mar 2026
 - 2. Society of General Internal Medicine Annual Meeting. Boston, MA, United States of America; Mar 2025
 - Oral Presentation First Author
- Quality of Care for Hospitalized Vulnerable Elder and Post-Discharge Mortality** ☆
 - Doe A, Brown M, Lee WW
 - 1. Pritzker Summer Research Forum. Chicago, IL, United States of America; Aug 2024
 - Poster Presentation First Author

SAVE SCHOLARLY WORK

Publications → Scholarly Work

Publications ERAS 2024 Season - Residency ▾

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

VIEW/PRINT MYERAS APPLICATION VIEW/PRINT CV

*Indicates required fields. Help

Application

- Personal Information
- Biographic Information
- Education
- Experience
- Licensure
- Publications**
- Certify & Submit

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

Scholarly Work: Journal Article

Add Journal Article (peer-reviewed)

CANCEL

A journal article has been submitted to, has been accepted by, is in-press, or has been published by a publication that only publishes peer-reviewed articles.

Details

* Article Title

Post-Discharge Mortality Among Elderly Patients

208 characters left out of 255

* Publication Name

Journal of Hospital Medicine

227 characters left out of 255

Authors

Enter author(s) names in the order they appear in publication using this format: Lastname FirstInitialMiddleInitial with multiple author names separated by a comma.
Example: Cameron Blake Smith would become Smith CB

Please select **Your Name** and click the "B" button so that your name appears in bold text.
Example: Smith AB, Cline J, Garcia MM, **Youname YY**

* Authors

B

Lockman T, Doe J, Pincavage A, Lee W

219 characters left out of 255

* Are you the first author?

Yes No

Status

* Publication Status

Published

* Publication Date

10/2024

MM/YYYY

* Volume

135

* Issue Number

11

* Pages

218-223

Article URL

https://www.example.com

Please enter the full URL, beginning with http:// or https://

PMID (PubMed Identifier)

98451014

CANCEL

SAVE

Accepted

Status

* Publication Status

Accepted/In-Press

* Accepted/In-Press Date

MM/YYYY

Pre-print URL

https://www.example.com

Please enter the full URL, beginning with http:// or https://

CANCEL

SAVE

Submitted

Status

* Publication Status

Submitted

* Submitted Date

MM/YYYY

CANCEL

SAVE

Scholarly Work: Presentations

Add Oral Presentation

CANCEL

Include presentations given to any audience where a submission and selection process occurred. This would not include presentations that were required for coursework, or local presentations during a rotation (e.g., Journal Club, Morbidity & Mortality, Noon Conference).

Details

* Oral Presentation Title

Post-Discharge Morality Among Elderly Patients

209 characters left out of 255

Authors

Enter author(s) names in the order they appear in publication using this format: Lastname FirstinitialMiddleinitial with multiple author names separated by a comma.
Example: Cameron Blake Smith would become Smith CB

Please select **Your Name** and click the "B" button so that your name appears in bold text.
Example: Smith AB, Cline J, Garcia MM, **Youname YY**

* Authors

B

Lockman T, Doe J, Pincavage A, Lee W

219 characters left out of 255

* Are you the first author?

Yes No

Events

* Events Presented

+ ADD EVENT

CANCEL

SAVE

Add Event

×

* Event/Meeting Name

Enter Event/Meeting name

* Presentation Date

MM/YYYY

* Country

- Select Country -

State/Province

- Select State/Province -

City

Enter city

Event/Meeting Link

http://www.example.com

Please enter the full URL, beginning with http:// or https://

Conference Abstract URL

http://www.example.com

Please enter the full URL, beginning with http:// or https://

CANCEL

SAVE & ADD ANOTHER

SAVE

Scholarly Work: Presentations

*Indicates required fields. [Help](#)

Application

- Personal Information
- Biographic Information
- Education
- Experience
- Licenses & Certifications
- Scholarly Work**
- Scholarly Work

SAVE SCHOLARLY WORK

- Specialty Questions
- Certify & Submit

Scholarly Work *

Click the **Add Entry** button to create an entry for each of your scholarly work items and fill in the required information. You will be able to group together any related work once your scholarly work entry has been saved. You can also indicate **up to three items** that represent your **most meaningful works** by clicking the star icon that appears next to each entered item. If you have no scholarly work, click None.

- Post-Discharge Mortality Among Elderly Patients** ☆
Doe A, Brown M, Lee WW
Journal of Hospital Medicine (Oct 2025); 135(11): 218-233. Cited in PubMed; PMID: 94851014. Pub Status: Published
- Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality** ☆
Doe A, Brown M, Lee WW
Journal of the American Medical Association (Jan 2026); Pub Status: Accepted/In-Press
- Quality of Care for Hospitalized Elders and Post-Discharge Mortality** ☆
Doe A, Brown M, Lee WW
1. Society of Hospital Medicine Convergence. Nashville, TN, United States of America, Mar 2026
2. Society of General Internal Medicine Annual Meeting. Boston, MA, United States of America; Mar 2025
- Quality of Care for Hospitalized Vulnerable Elder and Post-Discharge Mortality** ☆
Doe A, Brown M, Lee WW
1. Pritzker Summer Research Forum. Chicago, IL, United States of America; Aug 2024

SAVE SCHOLARLY WORK



Publications - ResidencyCAS

The screenshot shows the ResidencyCAS interface. On the left is a dark blue navigation sidebar with icons for Home, Profile, Home, My Applications, My Programs, My Dashboard, My Experiences, My Publications, My Hobbies, My Profile, and My Account. The main header features the ResidencyCAS logo and the user's name, Tyler Lockman, with CAS ID 5659656426 and an 'ADD PROGRAMS' button. The 'Publications' section is highlighted with a red box and contains the text: 'Add any publications that you have in this section. You may add up to 30 publications. Once you submit your application, you cannot edit this section. Visit the [Applicant Help Center](#) for more information.' Below this is a legend for required fields and two buttons: 'ADD PUBLICATIONS' and 'I'M NOT ADDING ANY PUBLICATIONS'. A 'CONTINUE' button is located at the bottom right. The left sidebar shows 'SUPPORTING INFORMATION 0/11' with 'Employment (Non-Medical)' selected and a warning icon.

RESIDENCYCAS
CENTRALIZED APPLICATION SERVICE

Tyler Lockman
CAS ID: 5659656426

ADD PROGRAMS

Publications

Add any publications that you have in this section. You may add up to 30 publications.

Once you submit your application, you cannot edit this section. Visit the [Applicant Help Center](#) for more information.

* Indicates required field

ADD PUBLICATIONS **I'M NOT ADDING ANY PUBLICATIONS**

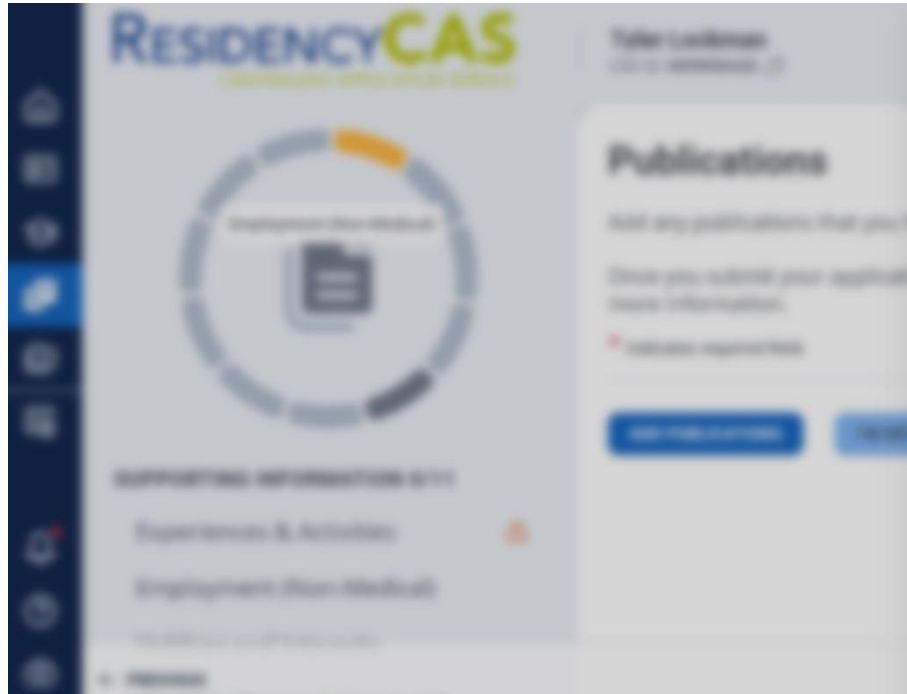
CONTINUE

SUPPORTING INFORMATION 0/11

- Experiences & Activities
- Employment (Non-Medical)**
- Hobbies and Interests

← PREVIOUS
OB-GYN Personal Statement

Publications - ResidencyCAS



Add Publications



Publication Type: *

Published Peer-Reviewed Journal Articles/Abstracts

Submitted or Accepted Peer-Reviewed Journal Articles/Abstracts

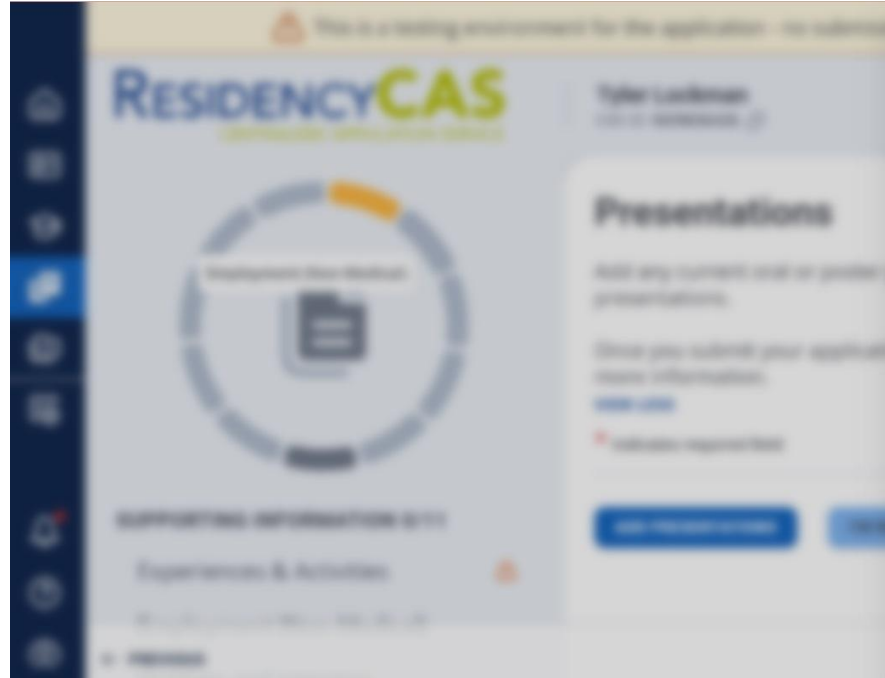
Book Chapter

Other Published Work

CANCEL

SAVE

Presentations - ResidencyCAS



Add Presentations ×

Presentation Type: *

- Oral Presentation
- Poster Presentation

CANCEL SAVE

Guiding Principles for Scholarly Work

- Be honest in representing all of your myriad accomplishments—but do not try to pad your application
 - Check your references/publication specifics very carefully for accuracy
 - Certain situations *will* require that you list things twice under two separate categories
 - Use your best judgement, and then...
 - **Consult your Career Advisor or Tyler!**
- You can list presentations on which you were not the presenter
 - Don't overdo it; list one iteration
 - Recommendation: include an asterisk for presenting author OR [presenting author] next to their name

FAQs: How to List Scholarly Work

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.

FAQs: How to List Scholarly Work (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 include manuscripts currently in preparation?

A: No. However, if they have been submitted, you can choose submitted from the drop-down. 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
Preferred Name: AAMC ID: 14340378
Designated Pronouns: He/Him/His
Most Recent Medical School: USMLE ID:
Email: tlockman@bsd.uchicago.edu NRPMP ID:
Gender: Male Participating in the NRPMP Match: Yes
Birth Date: Participating as a Couple in NRPMP: No
Authorized to Work in the U.S.: Yes
Current Work Authorization: U.S. Citizen or National, Legal Permanent Resident, Refugee, Asylee

Self Identification:

Permanent Mailing Address:
1569 E Main St
Apt 12
Chicago, IL 60637
Preferred Phone #: 773 7023333
Alternate Phone #: Phone: 773 7023333
Mobile #: Paper #: Fax #:

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 with or without reasonable accommodations? Yes

Minor Conviction in the United States? No

Felony Conviction in the United States? No

Geographic and Setting Preferences

No Response

No Response

Medical Licensure

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

Page 1

Lockman, Tyler (14340378) Curriculum Vitae

Present Mailing Address Permanent Mailing Address
Preferred Phone: 773 7023333 924 E 57th St RM 104
Alternate Phone: Chicago, IL 60637-1455
Mobile Phone: tlockman@bsd.uchicago.edu

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 06/2023 - Present
Teaching/mentoring 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: This web interface or database application information is provided for the applicant's personal use only.

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

Dashboard Application Documents Programs Message Center Thalamus Core

Personal Statements

ERAS 2027 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. 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)

Dashboard Application Documents Programs

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 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 S [List Bulleted] [List Numbered] [Link] [Text Color] [Background Color] [Text Direction]

CANCEL PREVIEW

Personal Statements

Letters of Recommendation

Additional Documents

Tyler Lockman
AMC ID 14340378
lockm@bsd.uchicago.edu

Help

is statement should reflect your many personal statements as order, please only copy and paste

Personal Statement Preview

AAMC MyERAS

Create Personal Statement

Interviews ▾

Lockman, Tyler(4340378) 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.

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lockman
14340378
@bsd.uchicago.edu

Help

application. You
he allowable


BACK SAVE

Documents

- Personal Statement
- Letters of Recommendation
- Additional Documents

Documents: Personal Statements (Continued)

Personal Statements ERAS 2025 Season - Residency

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

[Help](#)

Personal Statements

Letters of Recommendation

Additional Documents

+ CREATE NEW

Search

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. 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.

Title	Status	Actions
Personal Statement (Prelim Programs)	Saved - 06/20/2024	<ul style="list-style-type: none">EDITVIEW / PRINTASSIGNDELETE

Documents: Personal Statements (Continued)

- When you might have multiple versions of your Personal Statement in ERAS
 - Prelims
 - Dual application
 - Tailored PS (program, region, city, etc.)
 - Program expectation (rare, but pay attention)
 - We do NOT recommend writing a tailored PS for every program to which you apply; this is not necessary
- ResidencyCAS: Only one version allowed
- SF Match: Autobiographical sketch (500 words) + 2 essay questions (multiple versions allowed)

Documents: LORs

Dashboard Application Documents Programs

Letters Of Recommendation

ERAS 2027 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

Dept., or Specialty

CONFIRM

<input type="checkbox"/>	LoR Author ↑	Specialty	Request Status ↓↑	Actions
<input type="checkbox"/>	James Woodruff, MD Request ID: WLBN-BRZF4-5RV9Q	Internal Medicine	Confirmed for Upload Jun 04, 2026	⋮
<input type="checkbox"/>	Victoria Barbosa Standardized Request ID:	Dermatology	Not Confirmed for Upload	⋮

Total Items: 2

Items/page: 10 Page 1 of 1 |< > >>

Documents: LORs (continued)

Dashboard Application Documents Programs

Letters Of Recommendation ERAS 2027 Season - Residency-

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

Personal Statements
Letters of Recommendation
Additional Documents

Add Letter of Recommendation

* Author Name: James Woodruff, MD

* Author Email:

This field is required.

Select Specialty to which this letter will be assigned: Internal Medicine

* Do you want to request a Standardized Letter (SLOE, SLOR, eSLOE, SEL) or a Narrative Letter?

Standardized Letter Narrative Letter

* Do you need this letter to fulfill a Department Chair letter requirement?

Yes No

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

Yes No

CANCEL ADD

CONFIRM

Actions

Jun 04, 2026

Page 1 of 1

Documents: LORs (continued)

Dashboard Application Documents Programs

Letters of Recommendation ERAS 2027 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

<input checked="" type="checkbox"/>	LoR Author ↑	Specialty	Request Status ↓↑	Actions
<input type="checkbox"/>	James Woodruff, MD Request ID: WLBN-BRZF4-5RV9Q	Internal Medicine	Confirmed for Upload Jun 04, 2026	⋮
<input checked="" type="checkbox"/>	Victoria Barbosa Standardized Request ID:	Dermatology	Not Confirmed for Upload	⋮

Total Items: 2

Items/page: 10 Page 1 of 1 |< < > >|

Documents: LORs (continued) | Confirm your LOR

The screenshot displays the MyERAS interface for managing Letters of Recommendation (LORs). At the top, the user is identified as Tyler Lockman, AAMC ID 14340378, with an email of tlockman@bsd.uchicago.edu. The main heading is 'Letters Of Recommendation' for the 'ERAS 2027 Season - Residency'. A sidebar on the left contains links for 'Personal Statements', 'Letters of Recommendation', and 'Additional Documents'. The main content area provides instructions for authors and a list of LORs. A modal dialog is currently open, titled 'Confirm Letters of Recommendation', with the following text: '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.' Below this text is a field for the 'MyERAS Password:'. The dialog has 'CANCEL' and 'CONFIRM' buttons. In the background, a table lists LORs, with one entry for 'Victoria Barbosa' (Standardized, Dermatology) marked as 'Not Confirmed for Upload'. The bottom of the page shows 'Total Items: 2', 'Items/page: 10', and 'Page 1 of 1'.

Documents: LORs (continued) | Generate Letter Request Form

Dashboard Application Documents Programs

Letters Of Recommendation ERAS 2027 Season - Residency

Personal Statements
Letters of Recommendation
Additional Documents

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

Help

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)

<input checked="" type="checkbox"/>	LoR Author ↑	Specialty	Request Status ↓↑	Actions
<input type="checkbox"/>	James Woodruff, MD Request ID: WLBN-BRZF4-SRV9Q	Internal Medicine	Confirmed for Upload Jun 04, 2026	<ul style="list-style-type: none">Download Letter RequestEmail Letter Request
<input checked="" type="checkbox"/>	Victoria Barbosa Standardized Request ID:	Dermatology	Not Confirmed for Upload	

Total Items: 2 Items/page: 10 Page 1 of 1

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



ERAS Narrative Letter of Recommendation (LoR) Request

ERAS Application Season: 2027
ERAS Letter ID: WLBN-BRZF4-5RV9Q

By requesting my participation, I agree to provide a Letter of Recommendation (LoR) to the Electronic Residency Application Service (ERAS), which transmits my letters to the residency programs to which I am applying.

AAMC Letter Writer Portal	
<p>The AAMC Letter Writer Portal is a centralized service that allows LoR Authors to upload LoRs for applicants applying to ERAS residency programs.</p> <p>The ERAS team has established a set of guidelines that should be reviewed prior to writing and uploading LoRs using the Letter Writer Portal.</p> <p>For more information about the AAMC Letter Writer Portal guidelines and additional resources, please visit ERAS® for Letter of Recommendation Authors AAMC.</p> <ul style="list-style-type: none">Review the information below. If any information is inaccurate, contact the applicant directly so they can make corrections.	
Applicant Details	
Name	Doe, Alex
AAMC ID	14340378
Phone Number	+1 (773) 702-3333
Email	AlexRDoe@ERAS@gmail.com
LoR Details	
LoR Author Name	James Woodruff, MD
Specialty to which letter will be assigned	Internal Medicine
Department Chair letter requirement	No
Waive rights to view this letter	This applicant has indicated that they WAIVE their right to view this letter now and in the future under the Family Educational Rights and Privacy Act (FERPA). The applicant has acknowledged that this letter is for the specific purpose of supporting my application for residency.
Standardized or Narrative?	Narrative

This document is for instructional purposes only and **should not be included** when uploading a letter.

Documents: LORs - ResidencyCAS

The screenshot shows the ResidencyCAS interface. On the left is a dark blue sidebar with icons for Home, Messages, Programs, Documents, Evaluations (highlighted), Signals, and Help. The main header area includes the ResidencyCAS logo, the user's name 'Tyler Lockman' with CAS ID '5659656426', and a 'MY PROGRAMS - 1' button. The central content area is titled 'Evaluations' and contains text explaining that users can request letters of recommendation and standardized letters of evaluation (SLOE). It lists three key steps: 1) All program evaluations must be submitted electronically via the ResidencyCAS evaluator portal, Liaison Letters. 2) Research each program's requirements. 3) Prepare your evaluators. At the bottom right of the content area is a blue 'CONTINUE' button.

RESIDENCYCAS
CENTRALIZED APPLICATION SERVICE

Tyler Lockman
CAS ID: 5659656426

MY PROGRAMS - 1

Evaluations

In this section, you can request letters of recommendation and a standardized letter of evaluation (SLOE).

Before getting started, consider the following:

- All program evaluations must be submitted electronically via the ResidencyCAS evaluator portal, Liaison Letters.
- **Research each program's requirements.** Determine whether your programs have specific requirements regarding evaluator roles or relationships before listing evaluators on your application. Many programs have strict guidelines and completed program evaluations cannot be removed or replaced.
- **Prepare your evaluators.** Once you choose your evaluators, be sure to inform them about the process and that they will be completing the program evaluation through ResidencyCAS's Liaison Letters. We recommend getting their preferred email address and asking that they monitor that inbox for your evaluation request (which will come from noreply@residencycas.org), including any junk or spam folders. Once you enter an email address and click Save, an email request will be immediately sent to that individual.

PROGRAM MATERIALS 0/2

Evaluations

Signals

WHAT'S NEXT?

← PREVIOUS

CONTINUE

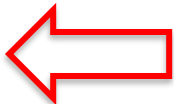
Documents: LORs – ResidencyCAS (continued)

The screenshot shows a vertical navigation bar on the left with icons for Home, My Profile, My Programs, My Documents, My Letters, My Evaluations, My Notifications, My Help, and My Account. The main content area is titled 'WHAT'S NEXT?' and contains two sections: 'Add Programs' with the text 'Have you added all the programs you want to apply to?' and an 'ADD PROGRAMS' button; and 'Signals' with the text 'You have signals remaining to assign to your designated programs.' and a 'SIGNALS' button. Below this is a 'STATUSES' section with an 'EVALUATIONS' button and a right-pointing arrow. At the bottom left of the interface is a '← PREVIOUS' button.

Liaison letters. We recommend getting their preferred email address and asking that they monitor that inbox for your evaluation request (which will come from noreply@residencycas.org), including any junk or spam folders. Once you enter an evaluator and click Save, an email request will be immediately sent to that individual.

Once you have requested a letter, an email request will automatically be sent to the evaluator on your behalf. Please advise your evaluator to look for this email in their inbox, as well as their spam or junk-mail folder, as emails do occasionally get filtered out.

You may assign your letters to specific programs when requesting an evaluation. You can also assign letters in bulk after finishing your request. Visit the [Applicant Help Center](#) for more information.
[VIEW LESS](#)



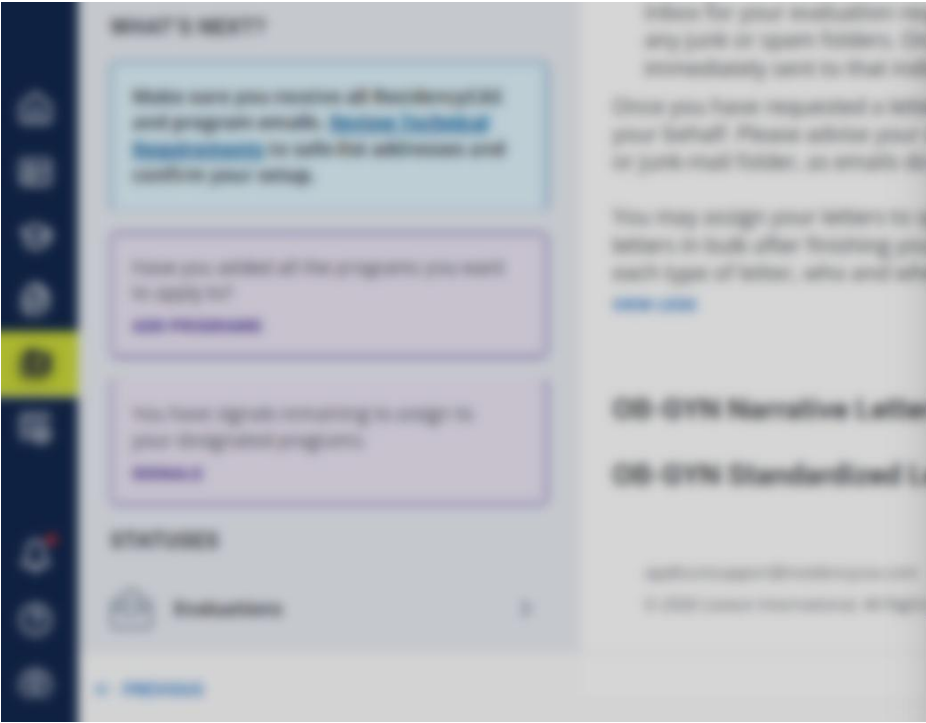
OB-GYN Narrative Letter of Recommendation +
OB-GYN Standardized Letter of Evaluation +



applicantssupport@residencycas.com Help Center Privacy Policy Browser Compatibility & Accessibility
© 2025 Liaison International. All Rights Reserved

CONTINUE

Documents: LORs – ResidencyCAS (continued)



Evaluation Request ✕

Evaluator's Information

First Name*

Last Name*

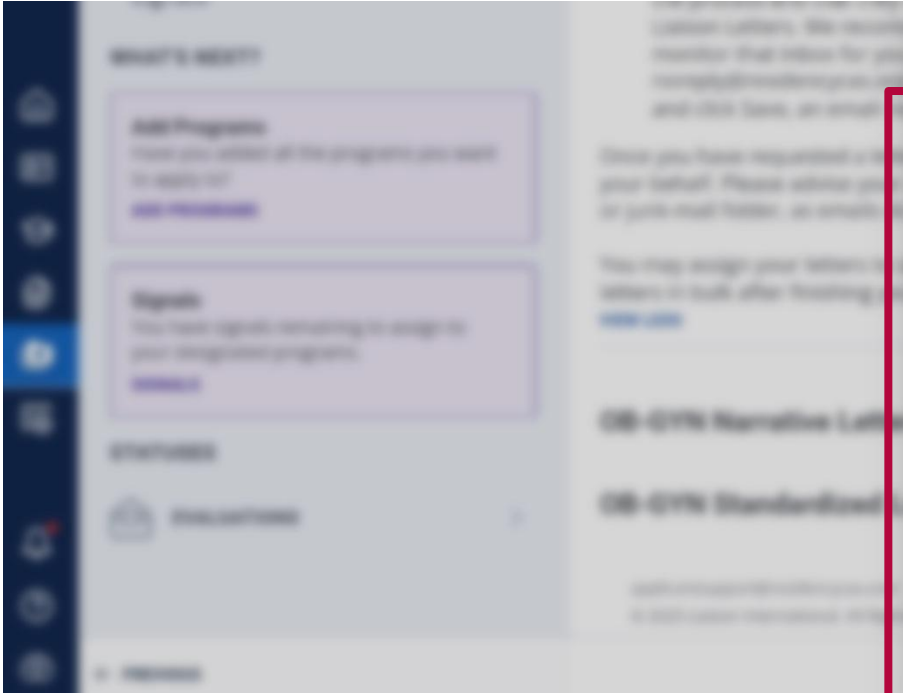
Email Address*

Requested Due Date*

Month: Day: Year:

Assign

Documents: LORs – ResidencyCAS (continued)



Evaluation Request ×

Releases

I waive my rights of access to this evaluation*

Yes
 No

Permission to Contact Reference*

I hereby give permission to contact this reference via email to request the completion of the reference form and letter of reference. If my reference does not submit an online reference form in response to the email request, it is my sole responsibility to contact the reference directly to ensure all references required by my designated schools, programs, or sites are received by the deadline.

Permission for Schools, Programs, or Sites to Contact Evaluator*

I understand that the schools, programs, or sites to which I am applying may contact the evaluator either to verify the information provided

CANCEL Assign **REQUEST**

Documents: LORs – ResidencyCAS (continued)

Signals
You have signals remaining to assign to your designated programs.
SIGNALS

STATUSES

EVALUATIONS >

← PREVIOUS

letters in bulk after finishing your request. Visit the [Applicant Help Center](#) for more information.

[VIEW LESS](#)

Evaluations must be assigned to the program(s) you'd like to receive them. **ASSIGN**

OB-GYN Narrative Letter of Recommendation

Carrie Smith **ASSIGN**

Requested on Jan 27, 2025

OB-GYN Standardized Letter of Evaluation



applicantssupport@residencycas.com [Help Center](#) [Privacy Policy](#) [Browser Compatibility & Accessibility](#)
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CONTINUE

Additional Documents

Dashboard Application Documents Programs

Additional Documents ERAS 2027 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>Scores must be authorized for release to ERAS via the FSMB</small>	Scores Not Retrieved	Student PSOM ACTIONS
Medical Student Performance Evaluation (MSPE)	Not Uploaded	No Action Required
Medical School Transcript	Not Uploaded	PSOM Student No Action Required
Photo	Uploaded - 06/04/2026	ACTIONS

Applies to ERAS, ResidencyCAS, and SF Match. List Tyler Lockman + tlockman@bsd.uchicago.edu for submission

MSPE Request - ResidencyCAS



Tyler Lockman
CAS ID: 5659656426

MY PROGRAMS - 1

Medical School Performance Evaluation

In this section, request your medical school performance evaluation, also known as a Dean's Letter. Click "Request" and review the contact information for your medical school registrar or dean's office. Note that this contact information has been provided by your medical school. If you attended an unlisted US or Canadian medical school, you will have the opportunity to enter your school's contact information.

[VIEW LESS](#)


* Indicates required field

University of Chicago Division of the Biological Sciences The Pritzker School of Medicine

* Required

REQUEST

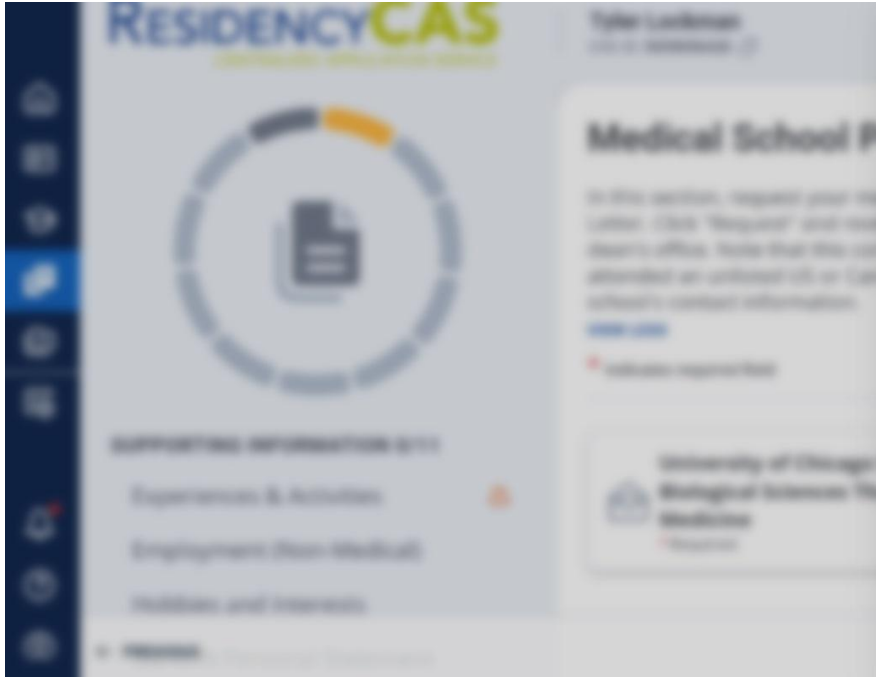
SUPPORTING INFORMATION 0/11

- Experiences & Activities 
- Employment (Non-Medical)
- Hobbies and Interests

← PREVIOUS [PERSONAL STATEMENT](#)

CONTINUE

MSPE Request – ResidencyCAS (continued)



MSPE Request



MSPE Form Instructions: The following contact information has been provided by your Medical School. Please fill out any missing information and send your request.

Medical School*

First Name of Contact*

Last Name of Contact*

Email Address of Contact*

CLOSE

REQUEST

USMLE Transcripts

Two steps to releasing your scores:

1. Initiate score retrieval from FSMB (next slide) and pay fee
 - You do not have to pay for transmission twice between applications
2. Assign the USMLE transcript to specific programs (under the Programs section)

You should all have a Step 2 score at the time of submission. Do not delay Step 2 to the point of not having a score when programs receive your application.

USMLE Transcripts (continued)

USMLE Release

Applicants who have completed the USMLE exam will need to register with the [FSMB Portal](#). Once you have authorized and paid for your transcript to be transferred to AAMC in the FSMB portal, fill out the section below to let ERAS know that we can begin to retrieve your USMLE exam results.

* Indicates required field.

Please enter and confirm that your USMLE ID is correct:

USMLE ID

Do you permit ERAS to retrieve your USMLE scores from FSMB and transmit your USMLE exam results to the programs that you designate? *

If you select:

Yes

- You will need to assign your USMLE exam transcript to the programs you apply to in order for ERAS to process your request and provide your exam results to the program.
- Via FSMB, ERAS will provide a complete history of your exam results that are available at [the time you authorized FSMB to release your transcript to ERAS](#). If additional transcript exam scores become available after you have applied to programs it is your responsibility to retransmit your transcripts to the programs.
- The selection cannot be changed once saved.

No

- The selection can be updated to 'Yes' at any point during the ERAS season.
- You will not be able to assign the USMLE exam transcript to any programs you apply to.

Yes No

CANCEL SAVE

USMLE Transcripts (continued)

Unavailable in ResidencyCAS until Aug. 24, 2026

Requesting an Official Exam Score

Before requesting your official licensing exam scores, be sure to enter the following details in your application. These must be listed for your official scores to be matched to your application.

- Enter your date of birth in the **Biographic Information** section.
- Enter your medical school in the **Medical School Attended** section.

To request an official USMLE or COMLEX score:

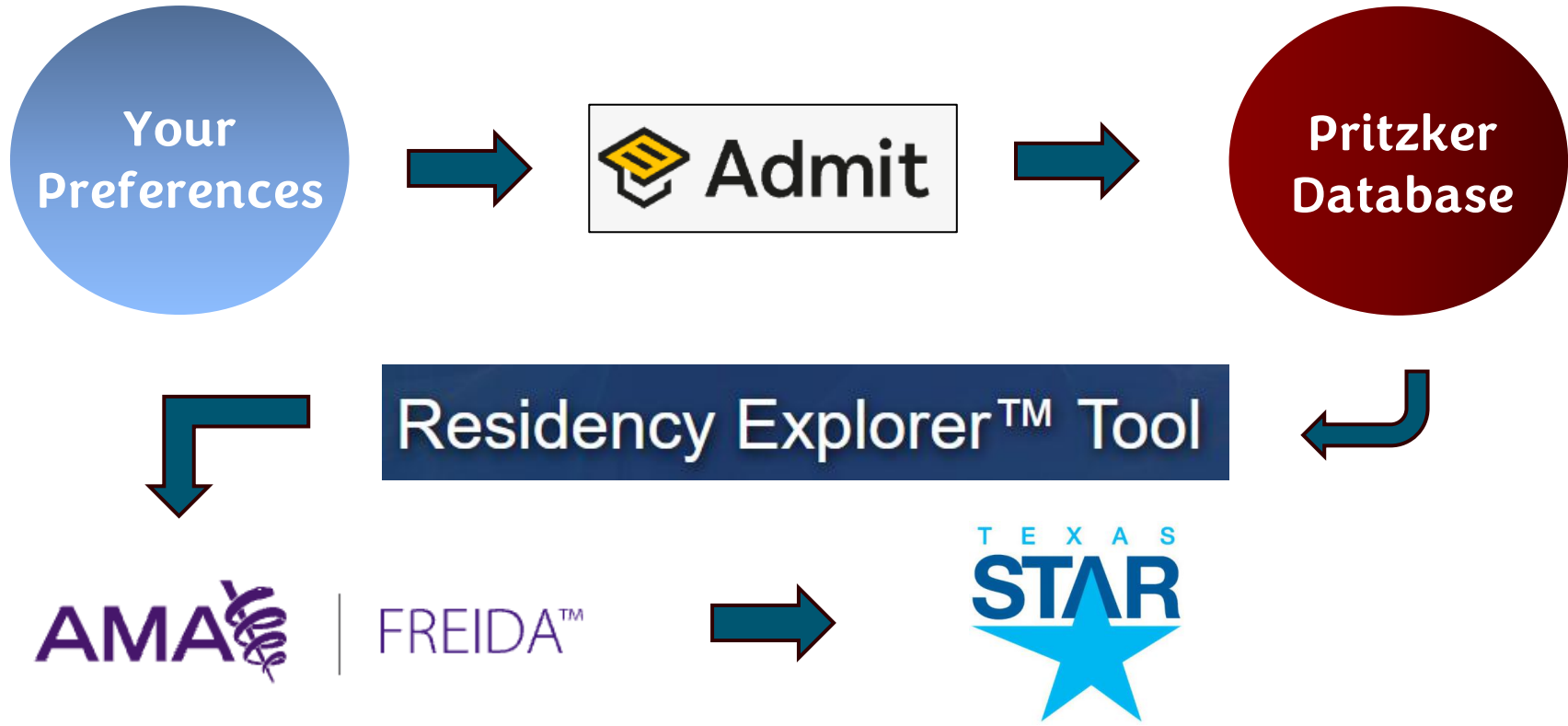
1. Click **Request USMLE and COMLEX Scores**.
2. Select your test and enter your test ID. The ID must be listed for your official scores to be matched to your application.
3. In the **Releases** section, select the checkbox to indicate you understand and accept that your scores will be released to ResidencyCAS and all programs you apply to.
4. Complete the order process.
 - If you're requesting COMLEX scores, enter payment details and place your order.
 - Note: credit cards from some countries are not accepted by PayPal, our payment processor. This restriction only affects payments for COMLEX scores and does not apply to ResidencyCAS application fees, which are generally accepted from most countries. If you're unable to select your card's billing country during COMLEX payment, you can use a card from one of the [more than 200 approved countries](#), a PayPal account linked to an accepted payment method, or a [Visa Prepaid Card](#).
 - If you're requesting USMLE scores, [complete the order with FSMB](#) before requesting scores in your ResidencyCAS application.

Note the following:



- Scores are sent to ResidencyCAS in batches and then posted to applications; therefore, it might take up to 24 hours for scores to post to your application.
- Only scores that you requested will post to your application.
- While you won't be able to see the actual score, you can confirm that your scores have been received in the USMLE and COMLEX Scores section.

Programs

Program List Resources



NRMP Residency Explorer: Your Central Resource

 About  Data  Help  FAQ

Residency Explorer™ Tool

The Residency Explorer™ tool empowers learners to explore and identify residency programs where they are a competitive candidate and that align with their career interests and personal needs. It is the only resource with source-verified data from multiple reputable organizations involved in the transition to residency.

We encourage you to review Residency Explorer guidance resources on appropriate data interpretation and use, as well as 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.

For an optimal Residency Explorer experience, we recommend accessing the tool on a desktop device, as certain features are best viewed in this format.

[Login to Account](#)

When using the 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 specialty)

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

Search Programs

- Saved Programs (0)
- Programs Applied To (0)
- Programs Withdrawn From (0)
- Payment History
- Assignments Checklist
- Assignments Report
- Review Program Signals

Anesthesiology

Select Anesthesiology programs may participate in program signaling (5 gold and 10 silver signals). Please visit the [ERAS application webpage](#) for information, guidance, timelines, and resources on completing the ERAS application

The Organization of Program Director Associations (OPDA) provides specialty-specific guidance developed by program directors to help applicants navigate the residency application process. Visit the [OMSS OPDA Program Directors Association Guides page](#) to access guidance for this specialty.

Posted: June 12, 2026

*Select a Specialty: Anesthesiology x

Select a State: Illinois x

Select a Program: Select program

Search By Accreditation ID

Filter by Training Type: View All

- Advanced
- Categorical
- Preliminary
- Reserved for Physician Only
- Categorical (Osteopathic)

Filter by Visa Support: View All

Accepting Applications Osteopathic Recognition

Items/page: 10 Page 1 of 1 |< < > >|

Saving Programs

Search

COLLAPSE ROWS **SAVE PROGRAMS (2 PROGRAMS)**

University of Chicago Program	Chicago	Illinois	Accepting Signals	Participating
Accreditation ID: 0401611044 Residency Explorer				
<input checked="" type="checkbox"/>	Anesthesiology - Advanced - NRMP Program Code: 1160040A0			
<input checked="" type="checkbox"/>	Anesthesiology - Categorical - NRMP Program Code: 1160040C0			
University of Illinois College of Medicine at Chicago Program	Chicago	Illinois	Accepting Signals	Participating
Accreditation ID: 0401611041 Residency Explorer				
<input checked="" type="checkbox"/>	Anesthesiology - Categorical - NRMP Program Code: 1150040C0			
<input type="checkbox"/>	Reserved for Physician Only - Reserved for Physician Only - NRMP Program Code: 1150040R0			

Assigning Documents in “Saved Programs”

Saved Programs - Anesthesiology

Search [] COLLAPSE ROWS + ADD PROGRAMS APPLY (0 PROGRAMS)

<input type="checkbox"/>	Program Name ↑	Specialty ↓↑	City ↓↑	State ↓↑	Signaled? ↓↑	Signaling Status	Signal	Actions
<input type="checkbox"/>	University of Chicago Program	Anesthesiology	Chicago	Illinois	No	Accepting Signa...	Signal ▾	⋮ Assign Documents Delete
<p>Accreditation ID: 0401611044 Residency Explorer</p> <p>Anesthesiology - Advanced - NRMP Program Code: 1160040A0</p> <p>Anesthesiology - Categorical - NRMP Program Code: 1160040C0</p>								
<input type="checkbox"/>	University of Illinois College of Medicine at Chicago Program	Anesthesiology	Chicago	Illinois	No	Accepting Signa...	Signal ▾	⋮
<p>Accreditation ID: 0401611041 Residency Explorer</p> <p>Anesthesiology - Categorical - NRMP Program Code: 1150040C0</p>								

Total Items: 2 Items/page 10 Page 1 of 1

Assigning Documents

Assign Documents For University of Chicago Program (Anesthesiology)

To assign any of the documents listed below to multiple programs at once, go to the Documents section. Choose Assign from the Actions menu next to that document and check the boxes next to each program.

^ **Letters of Recommendation - Select up to 4 (four)** **1**

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	Internal Medicine	WLBN-BRZF4-5RV9Q

^ **Personal Statements - Select 1 (one)** **2**

You currently have no Personal Statements to assign. To create a Personal Statement, go to [Personal Statements](#).

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

You have not Authorized Release of USMLE yet. Please [Authorize Release of USMLE](#) **3**

Photo **4**

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.

Assignment Report

Assignments Report ERAS 2024 Season - Residency ▾



Tyler Lockman

AAMC ID 14340378

tlockman@bsd.uchicago.edu

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

[Search Programs](#)

[Saved Programs](#)

[Programs Applied To](#)

[Programs Withdrawn From](#)

[Payment History](#)

[Assignments Checklist](#)

[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 Junaid Nizamuddin M.D.

Phone 773-702-6842

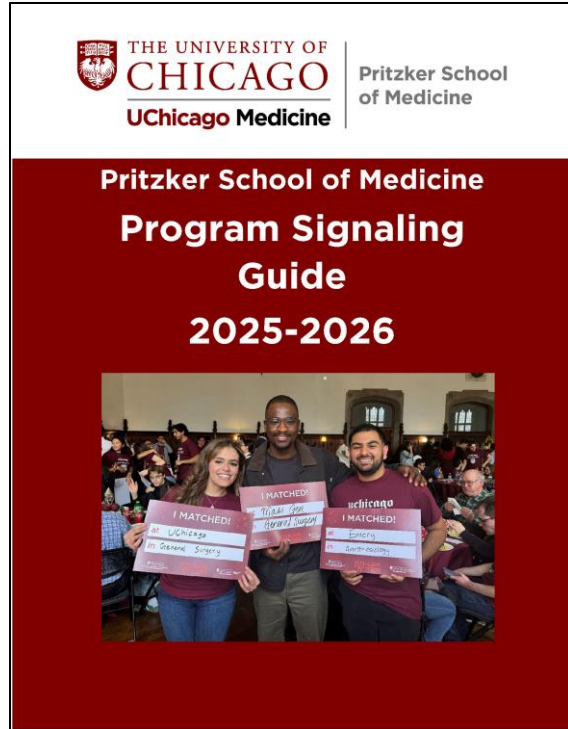
Email jnizamuddin@bsd.uchicago.edu

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

Documents Assigned

Personal Statement (Prelim Programs)

Program Signals



- Pritzker Program Signaling Guide to be released in early July

- Program Signal Q&A:

Thursday, July 9, 4:30 p.m.
(Zoom)

Using Program Signaling in ERAS

AAMC MyERAS Dashboard Application Documents Programs Message Center Thalamus Core

Dashboard ERAS 2027 Season - Residency

Application

Personal Information	Saved
Biographic Information	Saved
Education	Saved
Experience	Saved
Licenses & Certifications	Saved
Scholarly Work	Saved
Specialty Questions	Not Saved

[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	2
Programs Applied to	0

Share Interview Information with Dean's office

Share Program Signals with Dean's Office

Residency

Search Programs

Saved Programs

Programs Applied To .edu

Programs Withdrawn From

Assignments Checklist

Assignments Report

Review Program Signals

MyERAS Terms and Conditions

ERAS Support +1 (202) 862-6264
Monday - Friday 8am - 6pm ET

[CONTACT ERAS](#)

Using Program Signaling in ERAS

Saved Programs ERAS 2026 Season - Residency

AAMC ID 14340378
tlockman@bsd.uchicago.edu

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

Programs

- Search Programs
- Saved Programs (5)**
- Programs Applied To (0)
- Programs Withdrawn From (0)
- Payment History
- Assignments Checklist
- Assignments Report
- Review Program Signals

Saved Signals Overview

- What is Signaling?** Program signaling is a way for applicants to express interest in specific programs. It is one of the factors programs consider when deciding whom to invite for an interview. For more information, please visit the [2026 MyERAS® Application FAQs](#).
- How do I Signal?** You can assign or remove a program signal from a saved program in the Signal menu.

SINGLE TIER (0) **TWO TIER (1)** NOT PARTICIPATING (0)

Specialty	Gold Signal Count	Silver Signal Count
Internal Medicine	3 Available 0 Assigned 0 Applied	12 Available 0 Assigned 0 Applied

Saved Programs

Select specialty

Search

Total Items: 0

[+ ADD PROGRAMS](#) [APPLY \(0 PROGRAMS\)](#)

Items per page: 10 0 of 0

Using Program Signaling in ERAS

Assignments Report

Review Program Signals

Saved Programs - Internal Medicine

*Select a Specialty

Internal Medicine (5 Saved) x

Search

COLLAPSE ROWS

+ ADD PROGRAMS

APPLY (0 PROGRAMS)

<input type="checkbox"/>	Program Name ↑	Specialty ↓↑	City ↓↑	State ↓↑	Signaled? ↓↑	Signaling Status ↓↑	Signal	Actions
<input type="checkbox"/>	Loyola University Medical Center Program	Internal Medicine	Maywood	Illinois	No	Accepting Signals	<input type="button" value="Signal"/>	<ul style="list-style-type: none">Assign Gold Signal (3 remaining)Assign Silver Signal (12 remaining)
Accreditation ID: 1401621128 Residency Explorer								
Internal Medicine - Categorical - NRMP Program Code: 1170140C0								
<input type="checkbox"/>	McGaw Medical Center of Northwestern University Program	Internal Medicine	Chicago	Illinois	No	Accepting Signals	<input type="button" value="Signal"/>	
Accreditation ID: 1401621119 Residency Explorer								
Internal Medicine - Categorical - NRMP Program Code: 2247140C0								
<input type="checkbox"/>	Rush University Medical Center Program	Internal Medicine	Chicago	Illinois	No	Accepting Signals	<input type="button" value="Signal"/>	

Total Items: 5

Items per page: 10 Page 1 of 1

Using Program Signaling in ERAS

Search Programs

Saved Programs (5)

Programs Applied To (0)

Programs Withdrawn From (0)

Payment History

Assignments Checklist

Assignments Report

Review Program Signals

- **What is Signaling?** Program signaling is a way for applicants to express interest in specific programs. It is one of the factors programs consider when deciding whom to invite for an interview. For more information, please visit the [2026 MyERAS® Application FAQs](#).
- **How do I Signal?** You can assign or remove a program signal from a saved program in the Signal menu.

SINGLE TIER (0) **TWO TIER (1)** NOT PARTICIPATING (0)

Specialty	Gold Signal Count	Silver Signal Count
Internal Medicine	3 Available 0 Assigned 0 Applied	11 Available 1 Assigned 0 Applied

Saved Programs - Internal Medicine

*Select a Specialty

Internal Medicine (5 Saved)

Q Search

COLLAPSE ROWS + ADD PROGRAMS APPLY (0 PROGRAMS)

<input type="checkbox"/>	Program Name ↑	Specialty ↓↑	City ↓↑	State ↓↑	Signaled? ↓↑	Signaling Status ↓↑	Signal	Actions
<input type="checkbox"/>	Loyola University Medical Center Program	Internal Medicine	Maywood	Illinois	Silver	Accepting Signals	Signal	<ul style="list-style-type: none">Switch to Gold Signal (3 remaining)Remove Silver Signal

Accreditation ID: 1401621128 [Residency Explorer](#)

Internal Medicine - Categorical - NRMP Program Code: 11701400C

Total Items: 5

Items per page: 10 Page 1 of 1

Using Program Signaling in ERAS

Programs Applied To (0)

Programs Withdrawn From (0)

Payment History

Assignments Checklist

Assignments Report

Review Program Signals

SINGLE TIER (1) TWO TIER (1) NOT PARTICIPATING (0)

Specialty Signal Count

Family Medicine 5 Available | 0 Assigned | 0 Applied

Saved Programs - Family Medicine

*Select a Specialty

Family Medicine (1 Saved) x

Search

COLLAPSE ROWS + ADD PROGRAMS APPLY (0 PROGRAMS)

<input type="checkbox"/>	Program Name ↑	Specialty ↓↑	City ↓↑	State ↓↑	Signaled? ↓↑	Signaling Status ↓↑	Signal	Actions
<input type="checkbox"/>	Contra Costa Regional Medical Center Program	Family Medicine	Martinez	California	No	Accepting Signals	Signal	⋮

Accreditation ID: 1200531050 [Residency Explorer](#)

Family Medicine - Categorical - NRMP Program Code: 20711200C

Total Items: 1

Items per page: 10 Page 1 of 1

Assign Signal (5 remaining)

Using Program Signaling in ERAS

Review Program Signals ERAS 2026 Season - Residency

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View All Signals Help

Programs

- Search Programs
- Saved Programs (6)
- Programs Applied To (0)
- Programs Withdrawn From (0)
- Payment History
- Assignments Checklist
- Review Program Signals**

Review Program Signals allows you to review the signals that you have assigned to saved programs and programs applied to.

Specialty ↑	Program Name ↓↑	Signal Assigned ↓↑	Saved/Applied ↓↑
Family Medicine	Contra Costa Regional Medical Center Program	Yes	Saved
Internal Medicine	Loyola University Medical Center Program	Silver	Saved

Total Items: 2 Items per page: 25 Page 1 of 1

Using Program Signals in ResidencyCAS

The screenshot displays the ResidencyCAS interface. On the left is a dark blue navigation sidebar with icons for Home, My Profile, My Programs, My Applications, My Signals, My Evaluations, My Notifications, My Help, and My Account. The main content area is light blue and features a large circular graphic with a folder icon. Below this, the 'PROGRAM MATERIALS 0/2' section includes 'Evaluations' and 'Signals' (highlighted in light blue). The 'WHAT'S NEXT?' section contains an 'Add Programs' button and a question: 'Have you added all the programs you want'. At the bottom left of this section is a 'PREVIOUS' button with a left arrow. The right side of the interface is titled 'Signals' and contains the following text: 'In this section, you can designate signals to individual programs. Signals serve as an opportunity to indicate interest in preferred programs. Click on the "Signal" button to get started. Visit the [Applicant Help Center](#) for more information. Once you submit your application to a program, you cannot assign or unassign signals from that program. [VIEW LESS](#)'. Below this text is a card for 'Obstetrics and Gynecology' with a 'SIGNAL' button (pencil icon). The card shows selection statistics: '0 of 3 Gold selected' (with a yellow 'G' icon) and '0 of 15 Silver selected' (with a grey 'S' icon). A blue speech bubble icon is on the right side of the card. At the bottom right of the interface is a blue 'CONTINUE' button.


Signals

In this section, you can designate signals to individual programs. Signals serve as an opportunity to indicate interest in preferred programs.

Click on the "Signal" button to get started. Visit the [Applicant Help Center](#) for more information.

Once you submit your application to a program, you cannot assign or unassign signals from that program.

[VIEW LESS](#)

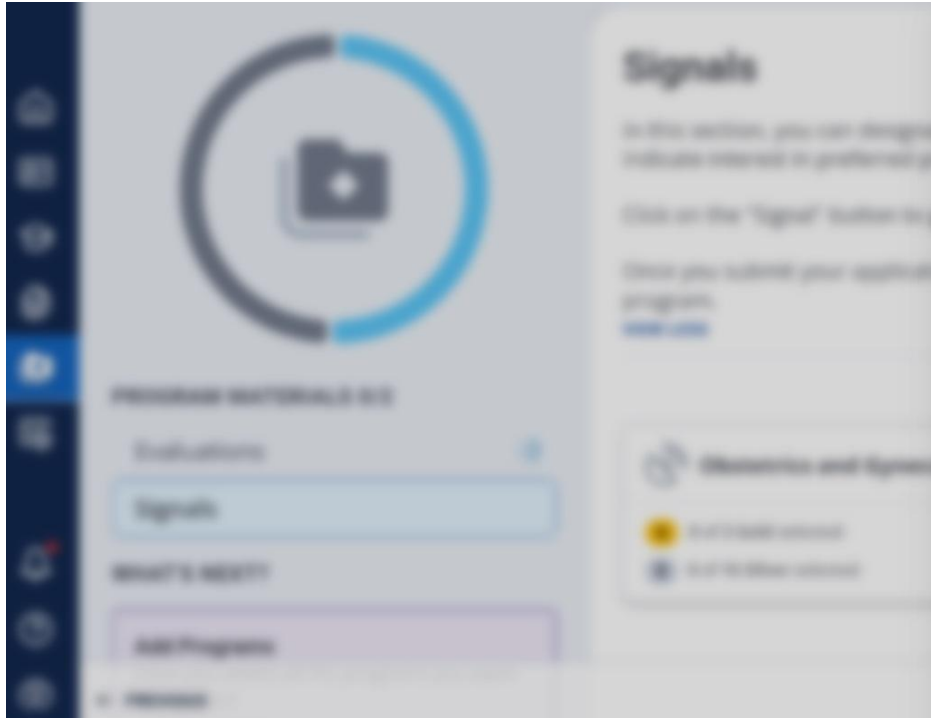
 **Obstetrics and Gynecology** SIGNAL

G 0 of 3 Gold selected

S 0 of 15 Silver selected

[CONTINUE](#)

Using Program Signals in ResidencyCAS



Signal Obstetrics And Gynecology Programs ×

GOLD

SILVER

You can assign up to **3 Gold Signals**.

Search

2 of 3 selected

Obstetrics-Gynecology 2247220C0

✓ Northwestern McGaw/NMH/VA-IL - Obstetrics and Gynecology

G

Obstetrics-Gynecology 1150220C0

✓ U Illinois COM-Chicago - Obstetrics and Gynecology

G

Obstetrics-Gynecology 1779220C0

CLOSE

APPLY & CONTINUE

Using Program Signals in ResidencyCAS

The screenshot displays the ResidencyCAS interface. On the left is a dark blue sidebar with navigation icons: Home, Profile, Programs, Documents, Add Programs, Signals, Notifications, Help, and Support. The main content area is divided into sections:

- PROGRAM MATERIALS 0/2**: Includes 'Evaluations' and 'Signals' (highlighted in light blue).
- WHAT'S NEXT?**: Contains two boxes:
 - Add Programs**: 'Have you added all the programs you want to apply to?' with an 'ADD PROGRAMS' button.
 - Signals**: 'You have signals remaining to assign to your designated programs.' with a 'SIGNALS' button.
- STATUSES**: Includes a 'PREVIOUS' button.

The right side shows a 'VIEW LESS' link and a detailed view for 'Obstetrics and Gynecology' with a 'SIGNAL' button. It lists selected programs:

- 2 of 3 Gold selected**
 - U Illinois COM-Chicago - Obstetrics and Gynecology: Obstetrics-Gynecology 1150220C0
 - Univ of Chicago Med Ctr-IL - Obstetrics and Gynecology: Obstetrics-Gynecology 1160220C0
- 1 of 15 Silver selected**
 - U Wisconsin Hospital and Clinics - Obstetrics and Gynecology: Obstetrics-Gynecology 1779220C0

A blue speech bubble icon is on the right, and a 'CONTINUE' button is at the bottom right.

Fees

Programs

Search Programs

Saved Programs

Programs Applied To

Programs Withdrawn From

Payment History

Assignments Checklist

Assignments Report

i

- 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

<input type="checkbox"/>	Program Name ↑	Specialty ↑	City ↑	State ↑	Accreditation ID	Actions
<input type="checkbox"/>	^ Loyola University Medical Center Program i	Anesthesiology	Maywood	Illinois	0401611046	Actions ∨

2027 ERAS Fees

Base Fee, 1-30 applications	\$11 each
Applications > 31	\$30 each
USMLE Transcript Fee (to FSMB)	\$70

- Example 1
 - **30 Internal Medicine programs:** $[\$11 \times 30] = \330
- Example 2
 - **35 Internal Medicine programs** $[(\$11 \times 30) + (\$30 \times 5)]$ + **7 Family Medicine programs** $[\$11 \times 7] = \557

ERAS Fee Assistance Program – automatic if you qualified for FAP on AMCAS

2027 ResidencyCAS Fees

Base Fee, 1-18 programs	\$99
19-30 programs	\$18 per program
31+ programs	\$23 per program
USMLE Transcript Fee (to FSMB)	\$70

** Special pricing of \$10 per program will be given to applicants applying to 9 or fewer programs within a specialty

Fee waiver program: Qualified applicants can apply to up to 18 programs at no cost

2027 NRMP Match Fees

Base Fee	\$85 for up to 20 ranks
Late registration fee	\$50 extra if you register after January 31
Couples	\$45 per partner (+additional program fees over 20 ranks) (in addition to \$70 base fee each)
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 2025-26 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	\$2,025
Median	\$1,000
Mode	\$1000
Valid Responses	78
Total Responses	78

*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

Certify & Submit

ERAS 2027 Season - Residency



Tyler Lockman
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[VIEW/PRINT MYERAS APPLICATION](#) [VIEW/PRINT CV](#) [Help](#)

Application

- Personal Information
- Biographic Information
- Education
- Experience
- Licenses & Certifications
- Scholarly Work
- Specialty Questions
- 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 remains editable after certifying. Responses to specialty specific questions can be added at any time prior to applying to programs in those specialties. Only programs in that specialty will have access to your responses.

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

Personal Information [Saved](#)
At least one non-required field was left blank.

Biographic Information [Saved](#)
At least one non-required field was left blank.

Education [Saved](#)
At least one non-required field was left blank.
None has been selected for Postgraduate Training entry

Experience [Saved](#)
At least one non-required field was left blank.

Licenses & Certifications [Saved](#)
At least one non-required field was left blank.
None has been selected for State Medical Licenses entry

Scholarly Work [Saved](#)
At least one non-required field was left blank.

Specialty Questions (optional) [Not Saved](#)
No specialty question responses have been added

[PREVIEW APPLICATION](#)

Certify & Submit

AAMC MyERAS

Dashboard Application Documents Programs Message Center Interviews

Application Submission ERAS 2023 Season - Residency

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[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, Tyler Date: May 24, 2023

Submit

Password *

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

Adding Programs After September 23

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

but you must re-assign your USMLE scores, LoRs, and photo

Top 5 Application Points

1. Hit “Save” all of the time and **proofread**.
 - View your 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 2-23, 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. 23, but be sure to assign your documents and USMLE scores.

Upcoming Class Meetings

July 9	Optional Program Signaling Q&A (4:30 pm on Zoom)
September 14	MS4 Class Meeting #3: Interviewing for Residency
January 19, 2027	MS4 Class Meeting #4: Preparing your Rank List
March 19, 2027	Match Day!