Supplemental ERAS® Application Guide

August 2021

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Last updated: August 31, 2021

Contents

About the Supplemental ERAS® Application

The supplemental ERAS application features new questions that will help applicants showcase their interests and experiences to programs. This new information will help residency programs better understand how applicants' interests and experiences align with their program environment, mission, and goals. It is being offered by the Association of American Medical Colleges (AAMC) as part of ongoing efforts to improve the MyERAS® application.

The supplemental application is separate and distinct from the standard MyERAS application. It will be administered online and will take most applicants less than 60 minutes to complete. It consists of four sections:
- Past Experiences
- Geographic Information
- Preference Signaling
- Work Preferences (research only; optional)

Before You Begin

Eligibility

Applicants to the 2022 ERAS cycle who are applying for a residency position in the following specialties may be asked to complete the supplemental application:
- Dermatology
- General surgery (categorical only)
- Internal medicine (categorical and preliminary)

Applicants to participating residency programs will have the opportunity to complete **both** the MyERAS application and the supplemental application. The two applications contain different information.

All sections and questions within the supplemental ERAS application are optional. There are no required questions for submitting either the supplemental ERAS application or the main MyERAS application.

ERAS Policies

Applicants must agree to the ERAS terms and conditions before starting the supplemental ERAS application. All information regarding ERAS policies can be found on the ERAS website at https://students-residents.aamc.org/applying-residencies-eras/eras-policies.

No Fees

There are no fees for the supplemental ERAS application.

Submission and Submission Windows

The supplemental ERAS application will open on Sept. 1 at 9:00 a.m. ET, and close on Sept. 30, 2021, at 11:59 p.m. ET. You will be able to complete the application anytime during this window. There are two windows for the supplemental application content to be communicated to residency programs.

	Supplemental ERAS application open to applicants	Applications and signals provided to participating programs
Window 1	Sept. 1, at 9 a.m. to Sept. 19, 2021, at 11:59 p.m. ET	Sept. 29, 2021, at 9 a.m. ET
Window 2	Sept. 20-30, 2021, at 11:59 p.m. ET	Oct. 6, 2021, at 9 a.m. ET

Data for applicants who complete the supplemental application and apply to a participating program after October 6 will be updated weekly.

Accessing the Application

The application process is initiated when an applicant saves one or more programs in dermatology, general surgery, or internal medicine in the MyERAS application. Approximately 24 hours after you save a program, the AAMC will send you an invitation email with a personalized link to the supplemental application.

1. Applicants must save one or more programs by September 29 to receive an invitation.
2. **The AAMC will begin sending email invitations on Sept. 1, 2021. Emails will be sent from the email address SuppERASApp@aamc.org.**
3. The AAMC will send invitation emails daily, (Monday to Friday) from Sept. 1 through Sept. 30, 2021, to applicants who save or apply to a program in one of the participating specialties.
4. AAMC will send weekly reminder emails between Sept. 1 and Sept. 30 until you complete the supplemental application.
5. AAMC will send a confirmation email after you submit the supplemental application.

It is not necessary to complete the entire application in one sitting. You may save it and return to the point where you left off by using the personalized link in your invitation email. **Do not share your personalized link to the supplemental application with others as they will have access to your information and answers.**

We recommend using a computer (desktop or laptop) to complete the supplemental application to ensure that you can see all questions and your responses on the screen. However, you may complete it using any internet-enabled computer, tablet, or smartphone.

Supported Browsers

- Latest version of
  - Chrome
  - Firefox
  - Edge
  - Safari
- For optimal performance, Internet Explorer 9, 10, and 11 are not recommended

Updating Your Email

Please verify that your email address is correct in the My AAMC Profile tab in the ERAS application. The supplemental ERAS application invitation and subsequent reminders will be sent to you via the email address you provide in your profile.

Confirming Your AAMC ID

Upon entering the supplemental ERAS application, please verify that your AAMC ID is correct. Your AAMC ID will appear at the top of the User Agreement screen within the supplemental ERAS application.

Submitting the Supplemental Application

You will need to complete the supplemental application only once.

Your application will only be complete after you choose "yes" to answer the final question: "Would you like to submit your supplemental ERAS application?"

Once you submit your supplemental ERAS application, the AAMC will share your responses to past experience, geographic information (dermatology and internal medicine only), and preference signal questions with participating programs to which you apply.

- If you submit your application by or before September 19, your responses will be final and shared with programs.
- If you leave the question blank until after September 19, you can continue to make changes until the final deadline on September 30. However, you must be sure to select "Yes" below before the final deadline in order for programs to see your response.
- If you leave the question blank or select "no," then your responses will NOT be shared with the programs to which you applied.

Your supplemental ERAS application data will not be shared with participating programs until you have applied to them in ERAS.

Program Use

Participating Programs

Programs in dermatology, general surgery (categorical only), and internal medicine (preliminary and categorical) are eligible to make use of the supplemental ERAS application. A list of participating programs is available on the supplemental ERAS application website.

How will programs use these data?

Each program will determine how it will incorporate application data and signals into its application review process. Examples include, but are not limited to, using the data and signals as part of the initial application screening, secondary screening, or as a complement to the traditional interview process. If you have questions about how a participating program is using these data, please contact the participating program directly.

Preparing for the Supplemental ERAS Application

Your responses to the supplemental application will help programs get to know you. It is to your advantage to be as authentic and honest as possible to help ensure that you are effectively evaluated by the programs where you could thrive.

The supplemental application is separate from the standard MyERAS application, but there are some similar components (see below). We recommend drafting your standard ERAS application first because it will help you complete some sections in the supplemental ERAS application.

Standard MyERAS Application	Supplemental ERAS Application
All relevant experiences related to work, research, etc.	Top 5 meaningful experiences related to training, work, research, etc.
Publications	Research outputs can be included if they were a result of specific research experiences listed as part of the top 5 experiences
No defined space to communicate geographic preferences	Geographic division and urban and rural setting preferences
No defined space to communicate program preferences	Preference signals

General Tips

- Consult with your student affairs dean, advisor, or mentor as you begin working on the supplemental application. As with your standard MyERAS application, consider having someone you trust review your responses for clarity and grammar.
- Be mindful of character limits for written responses. Spaces are included in the character count.
- Respond to each question in the supplemental application completely. The supplemental application is separate from the standard MyERAS application, and the content will be communicated to programs separately. As a result, programs may not have your standard MyERAS application in front of them while reviewing your supplemental application responses. Referencing your MyERAS application instead of providing a response in the supplemental application may compromise the value of your supplemental application to programs.

Past Experiences

What is the past experiences section?

The experiences section is designed to showcase who you are and your journey to residency by highlighting experiences you identify as particularly meaningful or other impactful experiences that you overcame on your journey to residency.

- First, you will be asked to **identify up to 5 experiences** that have been most important to your development and career goals.
  - You may list less than 5 experiences. Program directors are interested in experiences that are noteworthy and important to you.
  - These experiences could have occurred prior to or during medical school, may reflect a variety of experience types (e.g., work, research, volunteer), and may include clinical experiences.

- Second, you will be asked a series of questions for each experience that highlight key characteristics of the experience. For **medical, volunteer, and research experiences,** you will be asked to provide additional details through a series of questions.

- Third, you will be asked to briefly describe why each experience was most meaningful. How was the experience instrumental on your journey to residency?

- You will have an opportunity to **highlight any other impactful experiences,** if applicable, that affected your journey to residency that you would like to discuss in more detail. These experiences could be related to family background, financial background, community setting, education, or general life.

What will be shared with programs?

Your full responses to these questions will be shared directly with programs via the supplemental application dashboard.

Tips for completing this section

- We recommend completing the MyERAS application *before* beginning the supplemental application. Doing so will give you an opportunity to reflect on all of your relevant experiences before selecting the top 5 you wish to highlight in the supplemental application.

- We recommend preparing your responses, especially narrative responses, in advance and outside of the application system so that you and any reviewers can easily review your responses before entering them into the supplemental application. This step will also streamline the process for entering your responses in the system.

Experiences Questions

General Experiences Questions

Question Topic	Response Options and Related Descriptions
Position Title (up to 100 characters)	The position title should be specific enough so that it is distinct from your other experiences. Example: "Teaching Assistant, Biology 101" vs. "Teaching Assistant."
Organization Name (up to 100 characters)	Organization or institution name
Start Date	Date on which the experience started. To save time, type the date as MM/DD/YYYY rather than using the calendar to select a date. *You must include "/"between MM, DD, and YYYY for the system to recognize the date.* If you cannot remember the exact start date, select the best approximate date (e.g., if you started sometime in mid-August of a given year, you can write 08/15/XXXX).
End Date, Ongoing	Date on which the experience ended. To save time, type the date as MM/DD/YYYY rather than using the calendar to select a date. *You must include "/"between MM, DD, and YYYY for the system to recognize the date.* If you cannot remember the exact end date, select the best approximate date (e.g., if you ended sometime in mid-August of a given year, you can write 08/15/XXXX). If you have not yet completed the experience, please enter "09/30/2021" as the End Date and check the box under *Ongoing.*
Frequency of Participation	Indicate the frequency of participation: o One time (not recurring) o Daily (recurring) — multiple days per week during the time frame noted (e.g., full-time work) o Weekly (recurring) — once or twice per week (e.g., volunteering at a soup kitchen each weekend, leading a weekly tutoring session) o Monthly (recurring) — once or twice per month (e.g., volunteering at a homeless shelter once a month) o Quarterly (recurring) — three or four times per year (e.g., volunteering at a community center during holiday events) o Annually (recurring) — once per year (e.g., an annual half-marathon for charity)
Type of Experience	Indicate the type of experience: o Education/training (includes clinical training such as clerkships, away rotations, subinternships, structured observerships, etc.) o Military service o Professional organization (includes societies, associations, etc., at the local, regional, national, or international levels) o Research

Question Topic	Response Options and Related Descriptions
	o Teaching/mentoring (includes paid teaching positions such as high school teacher as well as teaching assistant, tutor) o Volunteer/service/advocacy (includes unpaid experiences, service, advocacy) o Work (includes paid clinical, nonclinical, business, or entrepreneurial experiences) o Other extracurricular activity, club, hobby (includes sports, music, theater, student government, etc.)
Location	Indicate the location of the experience: o United States o International o Virtual
Setting	Indicate the setting for the experience: o Not applicable o Rural: population of 2,500 or less; sparsely populated o Urban: population of 50,000 or more; continuously built-up and densely populated o Multiple settings
Knowledge of Medicine or Health Care Required	Indicate whether the experience required knowledge of medicine or healthcare: o Yes o No

Medical/Health Care Experiences Questions

Question Topic	Response Options and Related Descriptions
Institution	Select the type of institution that *best* describes the institution or reflects the *primary* institution where the experience took place. Select *Other* if the experience aligns with an institution that is not listed. Select *Multiple institutions* if the experience aligns with multiple institutions. o Biomedical/health care research facility o Community hospital o Community health clinic (e.g., FQHC) o Long-term care facility (e.g., nursing home, assisted living) o Outpatient facility o Private practice o University/academic hospital o Veterans Affairs hospital o Other (e.g., global health, mobile clinic, fire department, training or education facility) o Multiple institutions
Patient Care, if applicable	If the experience included patient care, indicate the type of patient care: o Not applicable o Outpatient care: does *not* require overnight stay o Inpatient care: requires overnight stay o Both inpatient and outpatient care

Question Topic	Response Options and Related Descriptions

Clinical Training Type, if applicable	If the experience included clinical training, indicate the type of clinical training:
	   o Not applicable
	   o Core clerkship/Away rotation
	   o Subinternship/Acting internship/Externship
	   o Structured observership/Shadowing (no direct patient care)

Research Experiences Questions

Question Topic	Response Options and Related Descriptions

Research Type	Indicate the type of research:
	   o <u>Basic science/bench</u> — provides a foundation of knowledge for applied science, laboratory based
	   o <u>Clinical/translational</u> — explores new, or refinements to, treatments, medications, or diagnostic techniques, clinically/patient care based
	   o <u>Educational (medical education)</u> — evaluates educational policies, instructional technology and resources, teachers or mentors, and learners, improving teaching and learning practices
	   o <u>Epidemiological/public health/public policy</u> — studies the distribution of diseases or health-related conditions in different populations, determinants of health, strategies to prevent illness, impact of public policy
	   o <u>Quality improvement</u> — studies improvements in processes or outcomes and patient safety
	   o Other

If applicable, please select one research output or scholarly work from the research experience that you believe is the most impactful or important to the field.	

Type of Research Output or Scholarly Work	If applicable, indicate output type:
	   o Not applicable
	   o Oral presentation/podium presentation
	   o Peer-reviewed published research article
	   o Peer-reviewed book chapter
	   o Poster
	   o Non-peer-reviewed publication (e.g., invited article, commentary, book chapter)
	   o Unpublished outputs (e.g., manuscript, white paper, report)
	   o Other

Citation for Research Output	If applicable, provide the citation for the *one* research output or scholarly work identified using the following format: For published, accepted, or submitted written piece: Journal. Title, Authors. Date Published, Date Accepted ("Accepted on...") or Date Submitted ("Submitted on..."). Include PubMed ID, if applicable. For presented, accepted, or submitted poster or presentation: Title. Meeting. Authors. Date Presented, Date to be presented ("To be presented on..."), or Date Submitted ("Submitted on...").
Contribution to Research Output	Indicate whether you were the lead or a collaborator for each of the following research activities: o Literature search/review

Question Topic	Response Options and Related Descriptions
	o Research question/hypothesis development o Study design o Data collection o Data analysis o Authoring text o Editorial feedback "Lead" might include the following: o Identifying goals or objectives o Identifying resources, people, processes, systems, or tools needed o Creating and adjusting a plan to achieve goals or objectives o Determining or delegating the responsibilities and tasks needed to be completed o Monitoring and evaluating progress and performance o "Collaborator" might include the following: o Completing tasks assigned to you o Completing tasks that contribute in a substantial way to the activity
Additional Research Outputs	o Yes o No Some research experiences may include multiple research outputs or scholarly works. This question allows you to communicate to programs that you have multiple research outputs and direct them to your MyERAS publications for additional citations.

Volunteer Experiences Questions

Question Topic	Response Options and Related Descriptions
Primary and Secondary Focus or Population	Select the option that *best* describes the primary and secondary focus or population served through the volunteer experience. o Not applicable o Children (e.g., after-school care, Big Brothers Big Sisters) o Disabilities o Elderly o English as a second language (ESL) o First responder (e.g., paramedic, EMT) o Health disparities o Health education o Homelessness o Hospice o Hunger (e.g., food bank, soup kitchen) o Immigration o Improving access to medical care o Incarcerated or formerly incarcerated o International health (medical mission) o Interpersonal violence (e.g., domestic, community) o LGBTQ+ o Occupational health and safety o Pathways to careers in medicine and science o Poverty

Question Topic	Response Options and Related Descriptions
	o Public health o Social justice/advocacy (e.g., racial, reproductive, environmental) o Substance use/addiction o Tutoring/teaching o Veterans o Other

Meaningful Experiences Description

Question	Response Options and Related Descriptions
Why the Experience Was Meaningful (up to 300 characters)	For each experience, briefly describe why the experience was meaningful. What did you learn from the experience? How was it instrumental in your career development? How did it shape your career goals?

Other Impactful Experiences Question

Question	Response Options and Related Descriptions
Other Impactful Experiences (up to 750 characters)	Program directors are interested in learning more about other impactful experiences applicants may have encountered or overcome on their journey to residency. This question is designed to give applicants the opportunity to provide additional information about their background or life experiences that is not captured elsewhere in the application (e.g., information written in this question should not be the same as what is included in the personal statement). The experiences described can be from any point in your lifetime; they do not have to be during medical school or related to the field of medicine. Below is a list of some relevant types of impactful experiences that could be discussed, as well as *some* examples of each: o Family background (e.g., first generation to college) o Financial background (e.g., low-income family, worked to support family growing up, work-study to pay for college) o Community setting (e.g., food scarcity, poverty or crime rate, lack of access to medical care) o Educational experiences (e.g., limited educational opportunities, access to advisors or mentors) o Other general life circumstances (e.g., loss of a family member, serving as a caregiver while working or in school) 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 other impactful experiences similar to those described above.

Geographic Information

What is the geographic information section?

The geographic information section is designed to give applicants who wish to do so the opportunity to describe their interest in particular geographic divisions or urban or rural settings.

- First, you will be asked to select up to three geographic divisions you prefer. You will also be given the option of indicating that you do not have or do not wish to communicate a preference. You will have an opportunity to concisely explain your selection(s).
- Second, you will be asked to indicate a level of preference for an urban or rural setting and provide a short explanation for your preference.

What will be shared with programs?

Geographic information will be shared with participating programs in dermatology and internal medicine, as described below. Geographic information will NOT be shared with general surgery programs.

For dermatology and internal medicine, the following information will be shared:

For geographic division preference:
- If you indicate a preference for a division, your preference for that division and any additional information about your preference will be shared only with programs in that division. Your preference for that division will *not* be shared with programs outside of that division.
- If you indicate "I do not have a division preference," this selection will be shared with all programs.
- If you do not indicate a preference for the division in which a program is located or indicate "I do not wish to communicate a division preference," no division preference information will be shared with any of the programs.

For urban or rural setting:
- If you indicate a preference for setting, your setting preference and any additional information about your preference for setting will be shared with all programs.

Tips for completing this section

- The geographic division preferences question uses nine U.S. geographic divisions identified by the U.S. Census Bureau. Please be sure to refer to the map to ensure that you know which U.S. census division includes the state(s) you prefer.

- If you do not have a preference for the geographic division where you receive residency training, you should select "no preference" and explain why you do not have a preference. Programs understand that other factors (e.g., finding a program with research opportunities) outweigh a geographic preference for some applicants.

- If you do not wish to share any information about geographic preferences with programs, you should select "do not wish to communicate."

- If you do not have a preference for the setting where you attend residency or receive training, you should select "no preference" on the rating scale.

Geographic Information Questions

Geographic Division Preferences

Question	Description

Indicate your preference for a division(s) or lack of preference	You may select up to three U.S. census divisions:
	
	  o Pacific West: AK, CA, HI, OR, WA
	  o Mountain West: AZ, CO, ID, MT, NM, NV, UT, WY
	  o West North Central: IA, KS, MN, MO, NE, ND, SD
	  o East North Central: IL, IN, MI, OH, WI
	  o West South Central: AR, LA, OK, TX
	  o East South Central: AL, KY, MS, TN
	  o South Atlantic: DC, DE, FL, GA, MD, NC, SC, VA, WV
	  o Middle Atlantic: NJ, NY, PA
	  o New England: CT, ME, MA, NH, RI, VT
	
	Or you may select either of these responses:
	  - I do not have division preference
	  - I do not wish to communicate a division preference
	Note: if you select either of these options, you cannot select any other option listed for this question.

Share information about your preference for each division you select (up to 300 characters), if applicable	A separate textbox will be available for *each* division you select. You can use this space to explain why you have a preference for that division. *Remember, this response will be shared only with programs in that division.*
Share information about your lack of division preference (up to 300 characters), if applicable	A separate textbox will be available if you select "I have no division preference." You can use the space to explain why you have no division preference. *Remember, this response will be shared with all programs.*

Urban or Rural Setting Preferences

Question	Description

Indicate your preference for urban and rural settings	You may rate two settings:
	
	  o Rural: population of 2,500 or less; sparsely populated area
	  o Urban/Metropolitan: population of 50,000 or more; continuously built-up and densely populated area
	
	Use the rating scale below for each setting:
	  o No preference
	  o Slight preference
	  o Strong preference
	
	Remember, this response will be shared with all programs.

Question	Description
Share information about your urban and rural setting preferences (up to 300 characters)	You can use this space to explain your preference for urban or rural settings (or explain why you have no preference). *Remember, this response will be shared with all programs.*

Preference Signaling

What is preference signaling?

Preference signaling refers to a process in which applicants express interest in a residency program at the time of application. Preference signals are intended to be used by programs as one of many data points in deciding whom to invite to interview.

Preference signaling does NOT affect the number of applications you submit.

What will be shared with programs?

Your preference signals will be provided to programs that are participating in the supplemental ERAS application and to which you applied. As with the rest of the supplemental application content, these data will be provided separately from the standard ERAS application.

Programs will not see whether an applicant participated in signaling. They will only see whether an applicant signaled their program.

Tips for completing this section

- When deciding where to signal, you are encouraged to consider the strength of your application, your ultimate career goals, and your personal circumstances with the relative competitiveness, mission, and goals of the programs to which they apply. We encourage you to work with your advisors and faculty and resident mentors as you consider this.

- The following data may be helpful to you as you consider where to signal:
    - AAMC data on the point of diminishing returns
    - Residency Explorer™ tool
    - NRMP data related to the 2020 Match
    - Program listings in the MyERAS application

- You may consider signaling programs in which you have a particular interest that is not evident in your application, such as geographic preference or interest in a particular area of research or program mission focus.

- You should not signal the program at your medical school or any program at which you completed an in-person clinical subinternship or away rotations. Programs have been told about this policy and should expect that all students will have a strong interest in their home program or places they completed an in-person clinical subinternship or away rotation.

- You may consider signaling

- o Your previous home program (applicable to those who are reapplying this year in that specialty, but please consult your previous home program)
- o A program where you have attended a virtual Subinternship
- o A program where you were supposed to attend a Subinternship but didn't as a result of COVID-19
- o A program that you did research with only

Questions

Question	Description
In which of the following specialties are you planning to apply for a residency position? (Select all that apply.) o Dermatology o General surgery (categorical only) o Internal medicine (categorical) o Internal medicine (preliminary)	If you are applying to multiple specialties, you will be able to submit signals separately to each specialty.
Use the drop-down menu below to select up to **three dermatology programs** to which you want to submit a signal. Program 1 Program 2 Program 3	There is no rank order for the signals. You should not submit a signal to the dermatology program at your medical school or any program where you completed an in-person away rotation or subinternship. A drop-down menu with a list of programs will be available to make your selections.
Use the drop-down menu below to select up to **five general surgery programs** to which you want to submit a signal. Program 1 Program 2 Program 3 Program 4 Program 5	There is no rank order for the signals. You should not submit a signal to the general surgery program at your medical school or any program where you completed an in-person away rotation or subinternship. A drop-down menu with list of programs will be available to make your selections.
Use the drop-down menu below to select up to **five internal medicine-categorical programs** to which you want to submit a signal. Program 1 Program 2 Program 3 Program 4 Program 5	There is no rank order for the signals. You should not submit a signal to the internal medicine program at your medical school or any program where you completed an in-person away rotation or subinternship. A drop-down menu with list of programs will be available to make your selections.
Use the drop-down menu below to select up to **five internal medicine-preliminary**	There is no rank order for the signals.

Question	Description
programs to which you want to submit a signal. Program 1 Program 2 Program 3 Program 4 Program 5	You should not submit a signal to the internal medicine program at your medical school or any program where you completed an in-person away rotation or subinternship. A drop-down menu with list of programs will be available to make your selections.

Contact ERAS Client and Technical Support Team

SuppERASApp@aamc.org
202-862-6264
Monday-Friday 8 a.m.-6 p.m. ET