HOD ACTION: Council on Medical Education Report 6 adopted, and the remainder of the report filed.

REPORT 6 OF THE COUNCIL ON MEDICAL EDUCATION (A-17)
Standardizing the Allopathic Residency Match System and Timeline
(Resolution 310-A-16)
(Reference Committee C)

EXECUTIVE SUMMARY

This report is in response to Resolution 310-A-16, "Standardizing the Allopathic Residency Match System and Timeline," which asks that the American Medical Association (AMA) support the movement toward a single United States residency match system and notification timeline for all non-military allopathic specialties, and work with the Association of University Professors in Ophthalmology, American Academy of Ophthalmology, Society of University Urologists, American Urological Association, and any other appropriate stakeholders to switch ophthalmology and urology to the National Resident Matching Program (NRMP).

The specialties of ophthalmology and urology have had their own match programs for many years, primarily because both specialties require a preliminary year of training (GY1). The matches occur earlier in the academic year than for specialties in the NRMP, which allows applicants successfully matched into GY2 positions to then attempt to match into GY1 positions in the NRMP. For some applicants, this system can be advantageous.

For example, successful applicants to early match programs will have resolved some or all of the guesswork involved in finding a GY1 position. Receiving interview offers for a GY2 position in a particular geographic area can help in application and interview strategies for a GY1 position, and once the match has occurred, the applicant can submit a tailored rank order list for the GY1 position. Potentially unsuccessful candidates who do not receive interview offers from early match programs will still have time to apply to programs in other specialties.

The limitations of the early match process, however, include additional planning, a drawn-out application and interview season, and substantial financial costs for the applicant (especially for ophthalmology applicants), without the advantages available through the NRMP. Since 1988 the NRMP has had the capability to match applicants simultaneously into GY1 and GY2 positions—the same process for many applicants to radiology programs that require a preliminary GY1 position. Furthermore, the NRMP allows two applicants to link their rank order lists in such a way as to maximize their opportunity to match into programs in the same geographic area—the so-called "couples match." Neither of these more sophisticated matching processes is available in the early match programs. Finally, the NRMP offers far more detailed match analyses and statistics that can assist applicants and their advisors in crafting match strategy.

The two specialties that hold early matches are the primary beneficiaries of the current system. Ophthalmology and urology are able to control their own matches; peruse, interview, and claim future residents before other specialties; and earn income from the process. To unduly burden the approximately 1,100 applicants annually to these two specialties during the already stressful period of attempting to enter GME, without a commensurate benefit, seems unwarranted.

Accordingly, the Council's recommendations include encouraging the specialty stakeholders to move their matches into the NRMP and encouraging the NRMP to consider developing sequential matches to accommodate specialties that require preliminary training.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 6-A-17

Subject: Standardizing the Allopathic Residency Match System and Timeline (Resolution 310-A-16)

Presented by: Patricia Turner, MD, Chair

Referred to: Reference Committee C (Kenneth M. Certa, MD, Chair)

INTRODUCTION

Resolution 310-A-16, "Standardizing the Allopathic Residency Match System and Timeline," introduced by the Michigan Delegation and referred by the American Medical Association (AMA) House of Delegates, asks that our AMA: 1) support the movement toward a single United States residency match system and notification timeline for all non-military allopathic specialties; and 2) work with the Association of University Professors in Ophthalmology, American Academy of Ophthalmology, Society of University Urologists, American Urological Association, and any other appropriate stakeholders to switch ophthalmology and urology to the National Resident Matching Program (NRMP).

Testimony heard by Reference Committee C at the 2016 Annual Meeting was largely in upport of Resolution 310, despite some opposition. Testimony focused on such issues as: 1) the difficulties of couples attempting to navigate two different match systems, i.e., one run by the NRMP, and the other, taking place prior to the NRMP match, run by a specialty organization; 2) the relative transparency and quantity of data provided by the NRMP versus the specialty organizations, which allows individuals in the NRMP match to better gauge their competitiveness than individuals participating in a specialty match; and 3) concerns that the specialties that run their own matches have a potential financial conflict of interest.

Testimony in opposition to the resolution came mostly from the affected specialties, which expressed satisfaction with the current system and a reluctance to switch to a shared match and timeline. In addition, it was noted that applicants in these specialty match programs are afforded the opportunity to participate in an "early match."

Due to the conflicting testimony and the complexity of these issues, the resolution was referred for a report back to the House of Delegates and assigned to the Council on Medical Education. This report includes: 1) the history and processes of the urology match and the ophthalmology match; 2) the advantages of a separate, early match or a single match; and 3) examples of specialties that successfully left an early matching process to join the NRMP.

BACKGROUND

Currently, the vast majority of allopathic specialties use the application and matching services provided by the Electronic Residency Application Service (ERAS) and the NRMP. Urology and ophthalmology, however, do not, in part or wholly. In addition, the match process for these two specialties occurs earlier in the year than for the NRMP. (Note: While the resolution referred to an "allopathic" match system, all programs participating in the ophthalmology match, urology match, and the NRMP are accredited by the Accreditation Council for Graduate Medical Education [ACGME]. As osteopathic-focused programs become ACGME-accredited they will join these match systems.)

History and Process of the Ophthalmology Match

Training in ophthalmology requires three years of the field, preceded by one year of general medical training, typically while in a preliminary position. The ophthalmology residency matching program was established in 1977 by the Association of University Professors of Ophthalmology (AUPO), and is part of the San Francisco Match (SF Match).[1] Ophthalmology was the first specialty with a matching algorithm created by August Colenbrander, MD, who created matches for other specialties that eventually became the SF Match.[2] Applicants apply to ophthalmology programs through a common application system (CAS), also maintained by the SF Match. The SF Match matches applicants to graduate year 2 (GY2) positions in ophthalmology programs. This match occurs each January; therefore, successfully matched applicants will be able to tailor their applications in ERAS and rank order lists (ROLs) in the NRMP for a preliminary (GY1) position for the NRMP main match, which occurs in March.[3] Thus, students interested in ophthalmology must submit applications through two different application services and match services. This system was created before the NRMP added the process of creating a supplemental ROL in 1988, which allows for two simultaneous matches (GY1 and GY2) for one applicant.

Scheduling. The CAS for the SF Match opens in June. The first week of September is considered a good target date for applicants to have completed their application and uploaded documents. Some international medical graduates and all graduates of Canadian medical schools have to mail some of their documentation. The CAS only allows three letters of recommendation, and all three are distributed to the programs that the applicant is applying to; specifically tailored letters to individual programs are not possible. Meanwhile, medical schools are responsible for uploading the Medical Student Performance Evaluation (MSPE) for U.S. seniors of osteopathic and allopathic medical schools. It may take up to two weeks for CAS to distribute complete applications to programs. In December, programs and applicants may begin submitting their ROLs; the deadline is the first week in January. The following week, match results are available to medical schools, programs, and applicants, and vacancies (unfilled positions) are posted on the SF Match website.[1]

In conjunction with the SF Match scheduling, an applicant interested in ophthalmology training must find a GY1 position, most likely through ERAS and the NRMP, with different calendars and deadlines, which are described later in this report.

Fees for the SF Match. A $100 registration fee for applicants covers registration and matching. In addition, the CAS charges fees for the initial distribution of applications:

Number of CAS Distributions	Fees
1 - 10	$60 total
11 - 20	$10 per program
21 - 30	$15 per program
31 - 40	$20 per program
41 or more	$35 per program

Subsequent distributions of applications (after the initial distribution) cost $35 per program.

The registration fee for new ophthalmology programs is $325, which includes the membership fee for the current year. An annual membership fee for programs is $125, regardless of the number of positions the program offers.[1]

Match statistics. The SF Match website posts statistics for the ophthalmology match for the past 11 matches. Although these data are not as comprehensive as those provided by the NRMP, the viewer can get an estimate of the competitiveness of the ophthalmology match. For example, in the 2016 match, U.S. seniors (presumably both osteopathic and allopathic) made up 92% of those who matched. All but two of the 469 positions were filled, the average USMLE Step 1 score of matched applicants was 244 (average score of unmatched applicants was 229), the average number of applications per applicant was 68 (with approximately 110 programs participating), and the average number of interview offers received was 4.4 per applicant.[4]

History and Process of the Urology Match

Originally, students and urology residency programs did not use a centralized system of pairing up. In 1985, however, the American Urological Association (AUA) created the urology match, with advice from August Colenbrander, MD, who created the ophthalmology match; like ophthalmology, urology requires a prior year of training before a resident begins urology training in GY2. The AUA elected not to use the services of the NRMP, since at that time the NRMP did not manage simultaneous matches of GY1 and GY2 years, nor did it choose the services of the SF Match, as the AUA and the American Board of Urology desired to more closely monitor resident training from entry into the match through to board certification.[5] Applicants intending to match into a urology program must register with the Urology Residency Match Program (Urology Match) on the AUA's website. The AUA does not have its own application services; students are directed to ERAS to apply to urology programs. This match occurs each January. Successfully matched applicants must then obtain GY1 positions, generally in surgery. Unlike ophthalmology, urology programs tend to have arrangements for GY1 positions with local surgical programs. Students are advised that "applicants matched with certain urology training programs will have adequate time to go through the NRMP match for the general training which is required prior to beginning urological training. This is a formality required by some surgery department/divisions and they will provide the code to submit on the preference form for the NRMP match."[6]

Scheduling. In June, students register with the Urology Match on the AUA's website. Students must then apply to programs of interest; although most urology programs participate in ERAS, it is not a requirement of the AUA Match that they do so. Programs and students can submit their ROLs in November. The deadline occurs during the first week of January. During the second week, the match is held, and the results are announced to students, medical schools, and programs during the third week. Those matching into urology programs that do not have a GY1 surgical position "built-in" then need to register with the NRMP and submit their ROL.[6]

Fees for the Urology Match. Students registering with the Urology Match pay a $75 fee. Programs pay a $100 fee to register for the match, and $25 per position posted in the match.

Match statistics. The AUA website posts match statistics for six years, with more detailed statistics available for 2016.[7] Again, as with ophthalmology, the statistics provided are not as detailed as what the NRMP offers, but the viewer can get an estimate of the competitiveness of the Urology Match. For example, in the 2016 match, 77% of the 356 U.S. seniors (presumably both osteopathic and allopathic) who submitted a ROL matched into a program, and 51% of whom got their first or second choice. U.S. seniors made up 85% of those who matched. All but one of the 295 positions was filled, the average number of applications per applicant was 65 (with 124 programs participating), the average number of interviews taken by applicants was 10, and the average number of programs ranked by applicants who matched was 14.

ADVANTAGES OF SEPARATE AND COMBINED MATCHES

Advantages of a Separate Specialty Match System

Presumably many successful applicants to ophthalmology and urology programs are relieved to learn the news of their match earlier than their peers, and to have some or all of the guesswork involved in finding a GY1 position removed by an early match. Receiving interview offers for a GY2 position in a particular geographic area can help in application and interview strategies for a GY1 position. Once the match has occurred, submitting a precisely tailored ROL for the GY1 position reduces potential conflict in choices. Potentially unsuccessful candidates who do not receive interview offers from early match programs still have time to apply to programs in other specialties through ERAS. It is generally assumed, however, that the two specialties operating the matches are the main beneficiaries of an early match, both in the scheduling and in the ownership, which provide financial benefits as well.

The early match allows the two specialties to get an early view and pick of applicants who could also be successful candidates for other specialties, particularly other surgical specialties. Owning the process of the match can be financially remunerative as well, especially in the case of the SF Match, as it runs its own application service. The AUPO owns the SF Match, which runs several other matches as well, such as for plastic surgery (independent programs), and 23 fellowships. Revenue generated for the AUPO from the SF Match in 2014 was $1.4 million.[8] The ophthalmology match is by far the biggest match for the SF Match. There were 726 CAS registrants in the 2016 ophthalmology match. At the average number of 68 applications per applicant, those fees would have generated close to $1.1 million.

The AUPO could retain the CAS for ophthalmology programs but have the match run by the NRMP; unlike ERAS, which requires 80% of programs in a specialty to participate, the NRMP does not have minimum proportion of programs within a specialty to agree to use their matching services. Any number of ophthalmology programs could use the NRMP for matching.

Besides the Urology Match, the AUA also administers matches for five urology fellowships. Since the AUA does not manage the applications for the Urology Match or for the fellowships, the income generated by running the matches is not comparable to what the AUPO can realize. For example, there were 468 registrants in the 2015 Urology Match, paying $75 each, totaling $35,100. Program participation would have generated nearly $20,000 for registration and fees per vacancy. The main value of the match for the AUA is likely its stated interest in more closely monitoring resident training from entry into the match through to fellowship training.[5]

Advantages of Moving to a Single Match

The primary impetus of the early match for ophthalmology and urology, as well as other specialties that once had an early match (and do no longer), was the need to interview and match applicants for their GY2 year. There was still time after the early match for the applicant who did not match into one of these specialties to attempt to find a GY1 position in another specialty through the NRMP. For the applicant who did match into one of these specialties, there was adequate time to tailor an application for a GY1 position, apply through ERAS, and match into a GY1 position through the NRMP.

In 1988, however, the NRMP began offering GY2 positions through its match, and in turn providing the opportunity for applicants to create a supplemental ROL to match into a GY1 position. For every program with GY2 positions that an applicant is interested in pursuing, the applicant can pair preferences for programs that have GY1 positions. Applicants thus have the possibility of simultaneously securing GY1 and GY2 positions. It is possible to match into a GY2 position and not the corresponding GY1 position, in which case the applicant needs to obtain a GY1 position in the Supplemental Offer and Acceptance Program (SOAP). The NRMP matching algorithm will not place an applicant in a GY1 position until the applicant has matched into a GY2 position.[9]

In addition, beginning in 1984, the NRMP included another sophisticated match process that enables two applicants to link their ROLs. Commonly called the “couples match,” the two applicants’ ROLs form pairs of program choices that are considered in the algorithm. A match only occurs when both members of the couple match into a linked pair of programs; i.e., if partner A matches into a rank 1 program, but partner B does not match into a rank 1 program, a match does not occur, and the algorithm will continue processing until both partners are matched into similarly ranked programs.

In contrast, neither the SF Match nor the Urology Match can process linked ROLs. Applicants to urology or ophthalmology using the NRMP for matching into GY1 positions may link their ROLs with a partner. For couples in which one member is matching into a GY2 NRMP position, such as for radiology, and the other into a GY1 position, the “couples match” can aid the process, but only insofar as linking the primary ROL, not the supplemental ROL. For example, partner A ranks a radiology advanced program (GY2) in Boston as rank 1, with a supplemental ROL for a GY1 position in the Boston area. Partner B ranks a GY1 in the Boston area as rank 1. Both partners may match into their rank 1 programs, but there is no corresponding guarantee of partner A matching into the rank 1 GY1 position on the supplemental ROL. Partner A may match into a GY1 position farther down the ROL. To prepare for such possibilities, paired ROLs can be become fairly complicated and lengthy, particularly in cases of GY2 positions and supplemental ROLs.[10,11]

Nonetheless, despite this complexity, participants in the “couples match” are generally successful in the NRMP match. Match rates have been above 90 percent since the NRMP starting linking

ROLs, and in 2016 the match rate was 95.7% for one or both members of the couple, the highest ever.[12]

In addition, the greater size and sophistication of the NRMP as a matching organization may protect it (and applicants) from error. In 2005, the Urology Match had to be re-run. Several programs found themselves unexpectedly unfilled. After review, it was found that one of the criteria in the match was not applied correctly, skewing the outcome; namely, the ROLs of program directors had been considered more heavily than the ROLs of applicants. ROLs of applicants were always to be prioritized over the ROLs of program directors. The match was run again, and four days later new results were announced. Upon further review, it was found that the misapplication of the matching algorithm was secondary to human error, coupled by a lack of review of the results. More safeguards were applied, and no problems have been reported since.[5]

Additional benefits of the NRMP and ERAS over the Urology Match and the SF Match include the availability of additional data for review and consideration by students, program directors, and medical school advisors. The NRMP releases annual or semi-annual reports based on analysis of NRMP match data, as well as of surveys of program directors and applicants. Historical statistics and reports are posted on the NRMP website as well.[13] ERAS also has available statistics going back several years.[14] Although both the AUA and the SF Match post statistics on their website, what is available is not nearly as comprehensive and potentially helpful to applicants and their advisors as what is offered by the NRMP and ERAS.

The fact that these two specialties interview and match earlier than all other specialties may affect the ability of students to best utilize their 3rd and 4th years. Scheduling electives, sub-internships, etc., in ophthalmology or urology in the 3rd year may mean displacement of some fields into the 4th year. Some faculty have observed that the 4th year of medical school for many students appears squandered after the NRMP match; this period of "senioritis" starts even earlier for those successfully matched into urology or ophthalmology.[15]

Probably the most compelling advantages to applicants of standardizing the match process are cost and convenience. Ophthalmology applicants use two separate application and matching services. A few ophthalmology programs have an integrated GY1 year, but most do not. Therefore, applicants need to apply using ERAS, and match using the NRMP, for that position. It is recommended that ophthalmology applicants apply to 10 to 15 preliminary/transitional year programs.[16] Below are the application fees for ERAS. The registration fee for the NRMP of $75 covers the costs of ranking 20 different programs, including 20 on the primary ROL and 20 on the supplemental ROL. The NRMP charges $30 additional per program beyond the 20.

Programs Per Specialty	Application Fees
Up to 10	$99
11 - 20	$12 each
21 - 30	$16 each
31 or more	$26 each

For the average applicant in the 2016 SF Match applying to 68 ophthalmology programs, the fees paid to the SF Match would be $1,590 (match registration plus application distribution). If that applicant then applied to 15 programs with GY1 preliminary positions (and not another specialty), the ERAS fee would be $239 (application distribution plus USMLE transcript fee). Adding in the

NRMP fee of $75, the total paid for applying and matching for the average ophthalmology applicant would be $1,904.

If this process were housed within ERAS and the NRMP, and assuming the applicant applied to the same number of programs, and created a primary and supplemental ROL of 15 programs, the costs would be $1,447 to ERAS, and $75 to NRMP, for a total of $1,522.

Urology applicants use ERAS for applying to urology programs. Presumably they do not apply to programs for their GY1 training, as that is typically arranged through the urology residency program. The average number of applications submitted to programs in 2016 was 65 in the Urology Match. The ERAS fee would be $1,369 (application distribution plus USMLE transcript fee). Adding in the $75 Urology Match fee and the NRMP fee of $75 for matching into one program for the GY1, the total paid for applying and matching for the average urology applicant would be $1,519. The cost difference for a urology applicant if the urology match was run by the NRMP would be only $75, the Urology Match fee paid to the AUA.

Aside from costs, convenience is another factor, not only for medical students but also for student affairs deans and residency program directors and coordinators. The appendix shows a partial timeline covering residency application dates and events for rising 4th year medical students at one medical school. Not only are there additional deadlines and processes that early match students must follow, their student affairs deans must also be aware of the same deadlines in their efforts to keep their students on track. One calendar for all specialties would greatly lessen confusion and anxiety.

PRECEDENT: SPECIALTIES THAT LEFT AN EARLY MATCH

Otolaryngology was in the SF Match until 2006, at which point it joined the NRMP. The specialty had decided to eliminate the required general surgery intern year and integrate that training into the otolaryngology program; thus, separate matching processes for surgery and otolaryngology were no longer necessary.[17] Some expressed concern that by leaving the early match, the specialty may have lessened its ability to attract highly competitive applicants, who might have found the chance of two matches (to include the NRMP, if not initially successful in the SF Match) a risk worth taking. A counterpoint to that concern was the NRMP option for applicants to attempt to match into otolaryngology and be part of the “couples match,” thus attracting a different type of applicant, possibly more committed to the locale of the program. Analysis of the number of applicants, the match rate, and the Step 1 scores of successfully matched applicants before and after the switch from the SF Match to the NRMP shows no statistically significant differences that may be attributed to the different match, except that non-U.S. senior applicants had a lower match rate (34% vs. 21%).[17] In short, the match for prospective otolaryngology trainees and otolaryngology programs has become simplified, with minor effects.

Child neurology has several GME entry possibilities; one can enter a five-year training program that combines pediatrics and neurology training; a three-year program after having completed two years in pediatrics; or a three-year program after one year in pediatrics, plus one year in internal or family medicine or one year in neuroscience research. The SF Match had managed the child neurology match as an early match for years, but in 2010 the new software for SF Match could not manage a “three-tier match.” The specialty switched in 2012 to the NRMP, which has managed the three types of positions in the main match (categorical, advanced, and reserved positions).[18]

Matching for neurosurgery had been managed by the SF Match as an early match until it joined the NRMP and ERAS for the 2009 match. A major impetus for the move to the NRMP was the full integration of the GY1 year into neurosurgery programs, rather than as preliminary training in general surgery programs. Other rationales provided by the Society of Neurological Surgeons included financial considerations and the ease with which other specialties had made the switch.[19] The majority of programs experienced an increase in the number of applications received, but also an increase in the quality of applicants. One perceived drawback is that students now select a "back-up" specialty in the circumstance of not matching into neurosurgery; this precludes them from participating in the SOAP for an unfilled position in neurosurgery. Given the competitiveness of neurosurgery, however, there are very few unfilled positions after the match. Overall, the transition has been considered successful.

CURRENT AMA POLICY

Currently, the AMA has several policies or directives that relate to matching into training programs, including the following, which speak to the advantages of Match process standardization:

D-310.977, "National Resident Matching Program Reform"— "Our AMA … (7) will work with the NRMP, and other residency match programs, in revising Match policy, including the secondary match or scramble process to create more standardized rules for all candidates including supplication timelines and requirements; (8) will work with the NRMP and other external bodies to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicant."

H-310.925, "National Residency Matching Program Reform"—"Our AMA supports the National Resident Matching Program as an efficient and effective placement system for filling positions in graduate medical education in the US."

H-310.910, "Preliminary Year Program Placement"—"Our AMA encourages the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, and other involved organizations to strongly encourage residency programs that now require a preliminary year to match residents for their specialty and then arrange with another department or another medical center for the preliminary year of training unless the applicant chooses to pursue preliminary year training separately."

D-310.958, "Fellowship Application Reform"—"Our AMA will (1) continue to collaborate with the Council of Medical Specialty Societies and other appropriate organizations toward the goal of establishing standardized application and selection processes for specialty and subspecialty fellowship training."

SUMMARY AND RECOMMENDATIONS

The two specialties that hold early matches are the primary beneficiaries of the current system. Ophthalmology and urology are able to control their own matches; peruse, interview and claim future residents before other specialties; and earn income from the process. Applicants may achieve an earlier sense of relief (if successfully matched) or dismay (if not) compared to their peers, and unsuccessful applicants have the opportunity to apply and match into another specialty, but all early match participants must undergo an overly long, complicated process that no longer is necessary. The NRMP successfully manages simultaneous matches into GY1 and GY2 positions for many specialties—some of which were previously with the SF Match. Applicants entering the ophthalmology and urology matches do not have the opportunity to fully participate in the NRMP "couples match," nor do they benefit from insight provided by the sophisticated data analysis and reports prepared by the NRMP. Furthermore, especially in the case of ophthalmology, the applicant faces added costs. To unduly burden the approximately 1,100 applicants annually to these two specialties during the already stressful period of attempting to enter GME, without a commensurate benefit, seems unwarranted.

The Council of Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 310-A-16 and the remainder of this report be filed.

1. That our American Medical Association (AMA) support the movement toward a unified and standardized residency application and match system for all non-military residencies. (New HOD Policy)

Fiscal Note: $1,000.

APPENDIX

2015	Residency timeline for all rising 4th year students. **Ophthalmology is bold.** Urology is underlined.
April 15th	MyERAS site opens to applicants to register and begin working on their applications.
April-May	**Review SF Match site for general information about the early match process.**
April-June	Urology Residency Match information is available on line, http://www.auanet.org Investigate on-line sources for specialty and program information, requirements and deadlines
April-July	Begin submitting application for USMLE Step 2 CS & CK. Must have Step 2 CS completed by end of December; Step 2 CK by the end of January. Register early! Put final touches on CV and personal statement
April- Sept	Begin residency program applications. Note: Individual programs set the deadlines. You should contact programs directly for their deadlines.
April- Oct	Track LoRs through ERAS Applicant Document Tracking System
May-June	**Gather SF Match CAS materials (LoRs, transcript, personal statement, application, CV)**
June	Urology registration is available through the AUA site at http://www.auanet.org/education/urology-and-specialty-matches.cfm **Early match registration is available through the SF Match site at http://www.SFMatch.org**
July 1st	Applicants may start searching for and selecting programs in MyEras.
July 15th	ERAS PostOffice opens. Residency Programs can start receiving applications.
July 18th	**An overview of the application process for early match. This session is REQUIRED.**
August 8th	An overview of the application process for regular match. This session is REQUIRED.
Aug-Sept September Sept 1st Sept 3rd	Early match students mock interviews Student review draft of MSPE (online) and review transcript Target date for ERAS applicants to register and have entered all MyERAS information. **CAS Target Date for Ophthalmology. Note: This is not a deadline. It's the target date to have your application submitted for central distribution.** NRMP registration and applicant user guide for the NRMP available at http://www.nrmp.org **Note: Students going through early match and need to secure a GY1 position must register with the NRMP.**

Sept 12th	Transcripts will be loaded to ERAS.
September 15th	ERAS PostOffice opens. Applicants may begin applying to ACGME accredited residency programs. Programs may begin contacting the ERAS PostOffice to download your application. This is also a target date to submit your application Registration for NRMP opens
Oct-Jan	Interview at residency programs
Oct 1st	MSPE release date for ERAS and CAS
November	Begin submitting rank order lists for AUA (Urology).
Nov 30th	11:59 PM Deadline to register for NRMP. Applicants who register after Nov 30th must pay an additional $50 late registration fee.
Dec-Jan	**Early match students go over RoL with advisor** **SF Match applicants submit RoL**
December	Complete Step 2 CK and CS
December 12th	Urology registration deadline
January 5th	Deadline for submitting rank order lists for AUA (Urology).
January 6th	**Deadline for submitting rank order lists for Ophthalmology**
January 13th	**Match results for Ophthalmology made available**
January 15th	Begin to enter rank order lists for NRMP.
January 21st	Match results for Urology made available
February 25th	Deadline for registration and ROL certification. NRMP ROL must be certified by 8:00 PM CST. NRMP staff will be available to answer questions during the final hours.
March 16th	Unmatched information posted on the NRMP Web site at 11:00 AM CST. Individual counseling will be available for all unmatched students.
March 20th	Match Day!

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