

## Medical school and residency

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## Roadmap to residency: A medical student's guide to success

### About the USMLE

The United States Medical Licensing Exam (USMLE) is the exam administered by the National Board of Medical Examiners (NBME). The Comprehensive Osteopathic Medical Licensing Exam (COMLEX) is the licensing exam administered by the National Board of Osteopathic Medical Examiners for graduates of osteopathic medical schools. Although the USMLE is the required exam for licensure of all allopathic physicians, it may also be taken in place of the COMLEX by osteopathic physicians. Although its primary purpose is for licensure, the USMLE has many secondary uses by both medical schools and residency programs including promotion and graduation decisions for medical students as well as ranking of residency applicants.

The USMLE currently consists of three separate exams, known as “steps.” Step 1 assesses the basic sciences taught during years one and two of medical school. Most medical schools require students to have taken and/or to have passed Step 1 before or shortly after starting clinical rotations. Step 2 currently has two separately administered components, Clinical Knowledge (Step 2-CK) and Clinical Skills (Step 2-CS). Step 2-CK tests knowledge and application of the basic clinical sciences taught during the core clinical rotations, and Step 2-CS tests a student's basic clinical skills, including physical examination skills, clinical decision-making, note-writing

ability, and interaction and communication abilities with standardized patients.

Most medical schools and residency programs require the passage of both components in order to graduate and begin the first year of residency. Some schools also offer or require their own clinical skills exam, which can prove useful in preparing for Step 2-CS. Step 3 represents a more advanced assessment of clinical knowledge and decision-making that is usually taken toward the end of the first year of residency.

All states require passage of all three steps in order to obtain a license to practice medicine. The structure of the entire USMLE is currently undergoing comprehensive review and evaluation, which may result in changes to the format of these exams. For the latest information, stay in contact with your school's administration and to visit the [USMLE](#) and [NBME](#) Web sites. (These links will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### USMLE test format and scheduling

Most students will take USMLE Step 1 during the summer between their second and third years of medical school. [To register, complete the online form](#) using your individual USMLE identification number and password. During online registration you will request a testing-eligibility period on a form that will be mailed back to the USMLE. Within a few weeks you should receive a scheduling permit and can schedule your test date within the requested block of dates. You are allowed to reschedule up to a certain point without penalties—see your registration permit or the USMLE Web site for specific details. When

scheduling Step 1, allow sufficient time to adequately prepare, considering how much studying can realistically be accomplished while you are also taking regular medical school courses, and how much preparation should wait until you have finished your coursework so you can dedicate 100 percent of your time to studying for Step 1. Keep in mind that it is also important to schedule the exam early enough to ensure sufficient time for re-testing in the event you do not pass. Once you take the test, it can take from four to eight weeks to receive your results. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

Most students will take the two-part USMLE Step 2 exam toward the end of third year or the beginning of fourth year. Since both exams test the knowledge and skills acquired during rotations in the core disciplines, it is helpful to have those rotations completed before taking the exam. As many residency programs use these exam scores as part of the evaluation of their applicants, it is recommended the test be taken early enough to ensure scores are available for programs that require them. Early scheduling is also crucial for students trying to improve the strength of their residency application with respect to their Step 1 scores, or students involved in the early match or military selection board, which are discussed below. The scheduling process and score reporting for Step 2-CK is similar to Step 1, but Step 2-CS can prove more difficult to schedule so consider registering for the exam early. Further, in the event of failure, early scheduling will allow you to retake the exam prior to critical events such as graduation or residency application.

USMLE Step 3 is a more comprehensive exam, and tests more in-depth clinical knowledge and decision-making. Because Step 3 covers all of the core disciplines, it is recommended that you take this exam before your knowledge erodes; this is especially true for those in more specialized residencies. Additionally, for those seeking to obtain their medical license in order to moonlight during residency, or for military residents preparing for an operational tour, Step 3 can be taken as early as the beginning of internship year. [Registration and application for Step 3 is completed online](#) through the Federation of State Medical Boards (FSMB) and the state through which you are requesting a license. Remember, it is important to be familiar with the [specific requirements of the state](#) you will be practicing in. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### Test preparation

When deciding how to study for all steps in the USMLE, keep in mind your best learning techniques. Preparation materials for Step 1, Step 2-CK and Step 3 include comprehensive review books, subject-specific review materials, formal review courses, and written and electronic question banks. Most students need a combination of both review materials and questions to optimize their content knowledge and familiarity with question format. Some of the most popular review books include *First Aid for the USMLE*, *High Yield Comprehensive USMLE Review*, *Crush the Boards*, and *Kaplan Medical USMLE Q Bank* series. Step 1 consists of approximately 350 multiple-choice questions divided into seven one-hour blocks given over an eight-hour period. Step 2-CK consists of approximately 370 multiple-choice questions divided into eight one-

hour blocks given over nine hours. Step 3 consists of approximately 480 multiple choice questions divided into six blocks of 35–50 questions with each block running 45–60 minutes, and nine 25-minute computer-based clinical simulations. Step 3 is given over two days with one eight-hour block per day. Important elements to incorporate into your study routine is answering questions in blocks similar to the actual exam structure, and taking full-length practice exams to familiarize yourself with the time limits required for each block and to build up stamina for test day. The [USMLE Web site](#) also has multiple exam preparation resources for students, including information on test format, practice questions and review materials. Additionally, most medical schools will offer practice exams for students to measure where they are in their preparation. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### **Special testing accommodations**

The NBME provides testing accommodations for students with documented disabilities. After registering for an exam, a student can submit a written request for testing accommodations to the NBME. This request must include a request form, a personal statement written by the applicant, and all relevant and required documentation. The [USMLE Web site](#) offers all relevant forms, in addition to information and instructions on compiling complete and comprehensive documentation. Register early to allow enough time for the approval process, which typically takes from six to eight weeks from the time a request is received. Remember, the most common reason for delay is incomplete supporting documentation. So be prepared to work with your school's administration as well as the

NBME staff to ensure clear and timely communication. A separate request form and information can also be found on the NBME Web site for women who need breastfeeding accommodations during the exam. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### **About the COMLEX**

Administered by the National Board of Osteopathic Medical Examiners (NBOME), the Comprehensive Osteopathic Medical Licensing Exam (COMLEX) is the licensing exam that can be taken by osteopathic medical students in place of the USMLE. The test is designed to assess the osteopathic medical knowledge and clinical skills considered essential for osteopathic generalist physicians to practice medicine without supervision. The exam is a three-level sequence that tests knowledge and skills in two dimensions: Dimension I addresses the clinical presentation, while Dimension II addresses the physician task. Many allopathic residency programs will accept COMLEX scores in lieu of USMLE scores, but you will need to inform the program which exam you are taking so they know which scores to expect.

COMLEX Level 1 is designed to test basic science knowledge relevant to medical problems, and emphasizes the scientific concepts and principles necessary for understanding the mechanisms of health, medical problems and disease processes. The exam is typically taken at the end of the second year of medical school and is a one-day test consisting of two four-hour sessions.

COMLEX Level 2 has two parts. Level 2-CE covers the

medical concepts and principles necessary for making appropriate medical diagnoses through patient history and physical exam findings. It is a one-day problem- and symptom-based assessment exam covering all of the major medical specialties. Level 2-PE is a clinical skills assessment exam involving standardized patient encounters. It is a one-day, seven-hour exam that covers 12 standardized patient encounters. Both exams are typically taken at some point during the fourth year.

COMLEX Level 3 is a problem- and symptom-based assessment that integrates all of the major specialties, and assesses the knowledge of clinical concepts and principles necessary for solving medical problems as an independently practicing osteopathic physician. The exam is taken during the first year of residency and consists of two four-hour test sessions. COMLEX scores are reported numerically for Level 1, Level 2-CE and Level 3; Level 2-PE is scored as pass/fail. Score reporting typically takes eight to 10 weeks but can take up to 14 weeks during the initial three to four months of computerized testing.

More information on the COMLEX, including registration, testing schedules, practice materials and answers to frequently asked questions [can be found on the NBOME Web site](#). (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### **Scheduling clinical clerkships**

After your second year of medical school, you will spend the remaining two years doing clinical clerkships in

multiple medical specialties. Whereas the first half of medical school training, which consists of nearly 100 percent objective examinations, the second half is a combination of objective and subjective examinations. Keep an open mind about all the specialties you rotate through as you may discover you enjoy a field that you previously had not considered. The procedure for scheduling clinical clerkships, also known as rotations, will differ between medical schools, with some schools offering greater flexibility than others. Your grades during your third year of medical school will be an important part of your residency application, so doing well in your third-year clerkships is important. Be mindful that the people you interact with during clerkships may eventually be those who will write letters of recommendation for you or be advisors in your fourth year.

When deciding how to schedule clinical rotations, there are several things to keep in mind. If you have an interest in a specific field, for example, it may be beneficial to schedule a rotation in that specialty early in your third year. This will provide you an opportunity to have hands-on experience in that field and enable you to make a more educated decision on whether to choose that specialty. On the other hand, gaining general clinical experience prior to starting specialized rotations may be necessary to equip you with the knowledge, skills and abilities to succeed in more specialized rotations. If you have identified particular programs you are interested in, doing elective rotations at those institutions can provide you with an opportunity to work directly with attending and resident physicians in those programs. This experience can help

you decide whether you fit with a particular program and give you the opportunity to make a good impression on the attending physicians and residents who will make recommendations on applicants.

For those participating in early matches and the military selection board ([discussed in detail, below](#)), you may need to schedule these rotations earlier in order to have the same opportunities. For those participating in the [San Francisco Match](#), it can prove useful to schedule rotations before interview season, which runs from October to January. Health Professions Scholarship students can optimize face time at the residency programs they are interested in by doing one rotation early in their fourth year and the other just before the selection board meets in November. These rotations are generally four weeks in length and can include not only clinical rotations but also opportunities with the different operational medicine specialties, including flight surgery and undersea medicine. For those who are undecided, doing rotations in different specialties, including both surgical and non-surgical disciplines, can provide you with a wide variety of experiences to assist your decision-making.

### **Choosing a specialty**

One of the most important decisions you will make during medical school is which specialty to choose. Some students know before they enter medical school, others decide after completing a particularly exciting rotation and others change their minds multiple times in between. One early decision to make when deciding on a specialty is surgical versus non-surgical, and then you

can further narrow your options from there. Many factors go into this decision, including personal history, clinical interests, experiences during rotations, duration of training involved, and financial and lifestyle considerations. While all of these considerations are important, how they rank as decision-making criteria will ultimately depend on the individual. Actual clinical rotation experience is crucial in providing an opportunity to see first hand what day-to-day life is like in that specialty. Remember to keep an open mind and to be objective during this process and examine all aspects before reaching a final decision. For more information on factors to consider when selecting a specialty, read the section on choosing a specialty in [Strolling through the match](#). (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### **Choosing a residency program**

Many of the same considerations that go into choosing a specialty are also applicable when deciding where to apply to residency and how to rank programs. There are many things to take into account when looking seriously at a residency program, such as:

- Academic vs. community setting
- Multiple hospital system
- Large or small program
- Ancillary staff/facilities
- Teaching hours
- Autonomy
- Areas of concentration
- Rank status
- Quality of life of residents

Also consider the number and type of other programs located within the same institution. While each specialty tends to have its own personality, different programs within a specialty can vary considerably; therefore, it is important to get a sense of how you will fit into this environment. Geographic location can also be a key factor, especially if a spouse's or a partner's employment or preferences must be considered. If a spouse or significant other is also applying for residency, then the [couples match program](#) must be utilized in order to match in the same city. Finally, keep in mind, especially when considering transitional internships or primary care residencies, the number and type of other programs located within the same institution. Opposed programs, or programs collocated with other residency programs, provide some advantages such as an increased number of available specialists and a wider variety of cases seen. Unopposed, or solo programs, offer the undivided attention of attending faculty and the lack of competition for cases and procedures with residents from other specialty programs. These pros and cons should be weighed before making a decision.

When applying for a residency position, there are different types of positions depending upon the specialty and the track of training. Categorical programs begin in the first post-graduate year (PGY-1), and include both internship and the subsequent years of residency. These programs include the primary care specialties, as well as some surgery and surgical subspecialties depending on the structure of the residency program. Advanced programs, which include specialties such as dermatology, radiology,

and some surgical subspecialties and emergency medicine programs, begin in PGY-2 after the completion of a preliminary internship in medicine, surgery or a transitional year. Applicants to advanced programs may have to apply separately for their PGY-1 position depending upon the program.

### Location, family and housing considerations

Although your primary considerations are the advantages and disadvantages of the residency programs themselves, there are other factors for you to consider as well. Do you enjoy a big city, the quiet life of a rural town or something in-between? Are you single, married, and/or have children? If single, how do you like to spend your limited free time? If you are married or have a significant other, is he/she planning to work and what employment opportunities are available in the geographic locations that are being considered? Also, what is the cost of living in these areas? How are the schools and neighborhoods? Will you find an apartment or buy a house?

The following are important resources to help you during the residency program selection process and after you have made your selection. (The following links will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

- [The Best States to Practice: America's Physician-Friendliest States](#)  
View this February 2007 article in Physicians Practice journal.

- Read about home [buying vs. renting](#).
- [Homefair.com](#) and [Move.com](#)
  - o Salaries—see salaries in different locations ([also see Cost of living comparisons between locations](#)).
  - o City reports—obtain information on cost of living, climate, demographics and more by location.
  - o School reports—get in-depth reports on local schools and child care centers.
  - o Crime statistics—get crime indexes for thousands of U.S. cities and Canada.
  - o Check home prices—find out home prices in particular areas.
  - o Rentals—obtain contact information for rental placement services.
  - o Moving calculator—check out this tool and other resources, including information on neighborhood merchants.
- [U.S. Census Bureau](#) and [ZipSkinny.com](#) View demographics of the patient population in the areas where you are considering practicing medicine.
- [Bankrate.com](#) View state information about income and sales taxes levied in each state.
- [Weather.com](#) Get detailed information about local weather conditions, including average temperatures, record temperatures, rainfall, and sunrise and sunset times.
- [Kaiser Family Foundation](#) Resources on the latest state-level data on demographics, health and health policy, including health coverage, access, financing and state legislation.

## The residency application process

### Starting your application

The Electronic Residency Application Service® (ERAS®) was introduced by the Association of American Medical Colleges in 1995 to automate the residency application process. The online service transmits residency and fellowship applications, letters of recommendation, dean's letters, transcripts, and other supporting credentials from applicants and medical schools to residency and fellowship program directors. ERAS lets you receive application materials electronically from the participating residency programs you select. Students complete one application and ERAS sends it to all selected residency

programs, a convenience that reduces the time and complication of completing an application and providing supporting materials to each program you apply to. Go to the [ERAS Web page](#) to complete your application and designation list. The online help tools will guide you through the ERAS application process. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

At the beginning of your fourth year, your medical school's dean's office will issue tokens for you to use to register with ERAS. Once you register, you can immediately begin creating your profile and working on your application. The main application worksheet consists of 12 pages and goes to every program to which you apply. You cannot apply to programs before this application is completed and certified. Moreover, once it is certified, you cannot make any changes—so ensure all information is accurate before submitting your worksheet for certification.

Certified applicants can then attach personal statements and, once uploaded by their dean's office, letters of recommendation. How many letters of recommendation and personal statements you use in the application process is entirely your choice. You may designate that all programs receive the same documents or you can customize documents for each program. The dean's office at your school will also upload transcripts and medical student performance evaluations. In addition, ERAS is where you release USMLE scores for those exams you have already taken, and where you choose whether or not to automatically have scores of future exams transmitted. Keep in mind that if your scores are automatically sent,

this transmission may occur before you see the results and is irrevocable.

Be mindful that the deadlines of ERAS may not correspond with those of individual programs. In addition, some programs may not participate in ERAS and may require applicants to complete a paper application. Consequently, be certain that you are familiar with the requirements of each program to which you apply.

### **Composing a personal statement**

When writing your personal statement, you will need to write a different statement for each specialty to which you are applying. Allow ample time for several people to review the statement and provide feedback, and for you to make revisions. The individuals you select to review the statement should be from various backgrounds, both medical and non-medical professionals, and include someone from the specialty to which you are applying. Your reviewers should be skilled not only in writing, but also in providing objective, high quality and detailed feedback. Your statement should flow smoothly while conveying your reasons for choosing a career in that specialty. Your passion, work ethic, personality and desire to make a positive contribution to the field should be apparent to the reader. Strive to underscore your interest by including things such as relevant life experiences, clinical work and research that make your statement stand out and convey your unique qualities.

### Preparing a curriculum vitae

A curriculum vitae (CV) is a chronological overview of one's accomplishments and is used by professionals in the fields of academia, medicine, teaching and research. You will be asked throughout your career for a copy of your CV, so take the time to prepare a quality document that accurately reflects your accomplishments.

A CV differs from a traditional résumé in a number of ways, including not listing an objective or featuring a long narrative profile. Instead, a CV centers around categories of information neatly organized into distinct conceptual divisions with clear headings. A CV must include your name and contact information, an overview of your education and training, your academic and related employment (especially teaching, editorial or administrative experience), your research projects (including conference papers and publications), and your departmental and community service. General guidelines for your CV include:

1. Organize information in reverse chronological order, with your education listed first
2. Include names of professors and project details when citing research experience
3. Common for CVs to run three or more pages in length (unlike résumés)
4. Include a reference list, either as part of your CV or on a separate page

5. Update your information regularly—remember, your CV is a living document that reflects the developments in your career

Get specific guidelines on creating a [CV, interviewing tips and requesting letters of recommendation](#).

### Requesting letters of recommendation

Depending on the specialty and sometimes the programs to which you are applying, the request for letters of recommendation can vary slightly; consequently, it's prudent to determine if any unique requirements exist before you request that letters be written on your behalf. Generally speaking, letters from attending physicians are stronger than letters from senior residents (note: some programs or specialties will not accept recommendation letters from residents). You should choose individuals who know you well enough to write a strong letter on your behalf, discussing specific qualities and experiences rather than writing in generalities. It may be useful to provide them with examples of your accomplishments and skills that they can use as supporting material for your letter. It is also recommended that you provide all letter writers with a copy of your most current CV and personal statement.

Although the required number of letters can vary by program, obtaining four to six letters is a good starting point. You should try to obtain at least one letter from a faculty member on an advanced rotation in the specialty to which you are applying. For primary care, in addition to obtaining letters from practicing physicians in that

specialty, it can be helpful to have letters from faculty members on different specialty rotations that can translate into your future scope of practice. Students with pertinent experience outside of the clinical arena—i.e., research, professional society participation or special clinical experiences such as volunteer or international work—should also consider professionals from those areas as potential recommendation letter writers. Through [ERAS](#), you can control which letters go to which programs.

When requesting a letter, be sure to allow adequate time for the individual to produce a quality document; keep in mind that these individuals have busy schedules and may have requests from multiple students. As a professional courtesy, a timely, handwritten thank you note to your letter writers is always appropriate.

### **The National Resident Matching Program process**

The National Resident Matching Program (NRMP or “the match”) is used by most residency programs to fill their programs with incoming residents. Applicants can register for the match starting in August of their fourth year of medical school. It is important to remember that this is a separate registration than the ERAS registration. Interviews take place typically between September and February with rank-list certification due to the NRMP at the end of February. Matched and unmatched results are released in March on a designated “Match Day”; this day also opens the period when unmatched applicants are allowed to start contacting programs with vacancies. For detailed information on the results of the match and the

scramble, visit the [NRMP Web site for more information](#).

(This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### **Couples match**

Each partner of a couple (married or unmarried) enrolls INDIVIDUALLY in the match and indicates in the NRMP R3 System that they want to participate in the match as a couple. The NRMP allows couples to form pairs of choices on their primary rank-order lists, which then are considered in rank order in the match. The couple will match to the most preferred pair of programs on the rank-order lists where each partner is offered a position. Couples can be matched into a combination of programs suited to their personal needs. In creating pairs of programs, couples can mix specialties, program types (preliminary or transitional, categorical and advanced), and geographic locations. The partners can be matched into positions in the same institution or in different institutions. Applicants are advised to include on their rank-order lists only those programs that represent their true preferences.

Each partner must have the same number of ranks. Each program ranked must be paired with an active program or by an indication of “No match” by the other partner, which means that one partner is willing to go unmatched if the other matches to a position in the program designated at that rank.

If one partner wishes to withdraw from the match, BOTH partners must “uncouple” in the NRMP system before either can withdraw. The remaining partner should adjust his or her rank-order list accordingly, and they must

recertify their list before it can be used again in the match. Remember, partners listed as a couple are treated by the matching algorithm solely as a couple. If they do not obtain a match as a couple, the system will not run their lists separately to find a possible match for each individual.

Couples are encouraged to complete the [couples worksheets and view examples of rank-order lists of paired programs](#) on the NRMP Web site. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

NRMP's summary of guidelines for the couples match rank-order lists:

- Programs should be ranked in sequence, according to the applicant's true preferences.
  - Factors to consider in determining the number of programs to rank include: the competitiveness of the specialty, the competition for the specific programs being ranked, and the applicant's qualifications. In most instances, the issue is not the actual number of programs being ranked but rather whether to add one or more additional programs to the list in order to reduce the likelihood of being unmatched.
  - Each partner of a couple may rank up to 30 different programs on their primary rank order lists, and up to 30 different programs on all supplemental rank order lists combined before incurring an additional fee of \$30 per program.
- Supplemental lists will be considered individually and NOT paired with the partner's corresponding supplemental list.
  - Applicants are advised to rank all programs deemed acceptable, i.e., programs where they would be happy to undertake residency training. See [Impact of length of rank-order lists](#). Conversely, if an applicant finds certain programs unacceptable and is not interested in accepting offers from those programs, the program(s) should not be included on the applicant's rank order list. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)
  - It is highly unlikely that either applicants or programs can influence the outcome of the match in their favor by submitting a list that differs from their true preferences.

### Early match programs, the military match and the osteopathic match

#### Early match

There are four specialties that participate in an early match: neurology, neurosurgery, ophthalmology and urology. Each specialty handles the process differently and will be addressed separately below.

### **Neurosurgery, ophthalmology and plastic surgery (the San Francisco Match)**

The San Francisco Residency and Fellowship Match Services handles neurosurgery and ophthalmology residencies, as well as plastic surgery residency (after completion of three years of general surgery). Applicants register for the match online, and then are able to download the Centralized Application Service materials. It is recommended that the application and all required documents be completed and submitted by August, but individual programs may have their own specific deadlines that applicants need to be aware of. Rank lists are due in January and match results are released later that same month. For those that do not match, post-match vacancies are released and individuals are allowed to begin direct negotiations with the individual programs for those positions. Interviews typically occur from October through early January; again, it is recommended to schedule interviews during lighter rotations that are conducive to taking time off.

With regard to the USMLE, much of the information on this topic is covered earlier in this document and still applies. In order to have your scores available in time for interviews, it is recommended to have taken Step 2 by September. Remember that while improving your Step 1 score can strengthen your application, a weaker score will also be reported. Therefore, as previously noted, it is crucial to allow enough time leading up to the exam for study and preparation regardless of when it is taken.

Regarding letters of recommendation, it is suggested that the majority of them come from physicians in the field you seek to enter. Also, if you do an away rotation(s) in your specialty of choice, attempt to obtain a letter from the chairman of the program at that institution.

When it comes to choosing how many programs to apply to and submitting rank lists, you should discuss this with the chairman or program director at your home institution. They will look at your overall application strength, as well as your specific interests, and suggest programs that may be right for you. They may also suggest how many programs you should apply to, including a good distribution of “reach” programs, realistic matches and safety nets, in order to maximize your chances for getting your desired number of interviews. They will also be able to give you an idea of the number of interviews you should go to and the number of places to rank so you have the best opportunity to match. Depending on your comfort level, discuss programs on your rank-order list with your chairman or program director if you are struggling with the rank order. You can go over your entire rank-order list with them or simply use them as a resource for more information about a specific program to help you finalize your rank list.

[Visit the San Francisco Match](#) Web site for additional information. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### **Urology match**

The [urology match is independently run by the American Urological Association](#). It is the applicant's responsibility to contact each of the programs in which he or she is interested, and to follow each program's application and interview procedures, including program requirements, application deadline, policies regarding pre-urology training and participation in the NRMP. Participation in ERAS (the Electronic Residency Application Service) is on an individual program basis. Check the [ERAS Web page](#) for information and a list of participating programs. (These links will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

Applicants can register for the urology match throughout their fourth year, but you must do so by December and submit preference lists online to the Urology Residency Matching Program by January. Applicants schedule interviews with the residency programs directly and interviews can take place anytime between September through early January. The matching process occurs in January and the results are released by the end of the month.

### **Military match**

The military Joint Service Graduate Medical Education Selection Board (JSGMESB) is the body that selects individuals for both internship and residency training as well as operational medicine tours. Both Health Professions Scholarship Program and Uniformed Services University of the Health Sciences students applying for post-graduate year one (PGY-1) positions go through this process. Some aspects of this process are similar to the civilian

NRMP process. These include using ERAS to upload and release personal statements, letters of recommendation and Step 1 and Step 2 scores from USMLE. An important difference is that military students will complete a different online application, which includes ranking the programs they are applying to. The deadline for all materials is early to mid-October to ensure their consideration at the selection board meeting at the end of November. The selection board results are then released by mid-December.

Rather than a computer-generated match list, the JSGMESB decision-making process involves discussion and negotiation between specialties, programs, faculty and applicants. Unlike in the NRMP, a student can be placed in a program they did not rank in their rank list. An important point to keep in mind is that PGY-1 training is a separate application from the PGY-2+; therefore, interns will need to decide what they want to do and submit their applications for residency and/or operational medicine tours by October of their intern year in order to go through the same selection process as stated above.

### **Osteopathic match**

The American Osteopathic Association (AOA) Intern/Resident Registration Program is a matching program sponsored and supervised by the AOA that places students into osteopathic training positions in the United States for the first postdoctoral year of training (OGME-1). The Intern/Resident Registration Program ("the match") is administered on behalf of the AOA by [National Matching Services](#) Inc. Like the allopathic match process, osteopathic applicants still apply directly to the

programs they are interested in and programs interview and evaluate each applicant independently of the match. After all interviews are completed, each student submits a rank-order list on which the student states their desired programs in numerical order of preference (first choice, second choice, etc.). Similarly, each program submits a rank-order list of desirable students in order of the program's preference. Each program also indicates the number of positions the program has available. Details of the [osteopathic match process](#) including registration, deadlines and a list of participating programs are available online. (These links will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### Residency program interviews

The interview process begins as soon as you make contact with the program. Everyone from the receptionist you speak with on the phone to the program coordinator who greets you in the lobby potentially affect your acceptance to the residency program. Accordingly, treat everyone you encounter during this time with patience and respect.

Before interviewing, learn as much as possible about the institution, residency program, faculty and staff who will be interviewing you. This will increase your knowledge of the program and help you identify topics or issues to explore further during the interview. It is also important to be familiar with all of the information in your application package so you are fully prepared for interview questions. Most interviews will begin with some standard questions and it can be helpful to prepare responses to those

questions ahead of time. The interviewers are also likely to ask if you have questions, which is a perfect opportunity to seek information about the program that you desire.

Some things to determine when evaluating a program are:

- Types of required rotations
- Amount and type of elective rotations
- Balance of inpatient and outpatient responsibilities including clinic on various rotations, structure and topics of formal educational curriculum
- Leave policies for things such as vacation, maternity/paternity leave, medical leave or other types of emergency leave, amount of time that can be missed over the course of the year and individual rotations
- Topics of particular interest to you (e.g., opportunity to participate in outside activities such as professional societies, volunteer work, international opportunities, etc.)

Although the program faculty may address some of these topics during the interview, the residents in the program may be additional sources of information. Plan to spend some time interacting with the residents to obtain other perspectives on the program and to have an opportunity to ask questions you may not want to ask faculty. Finally, the most important thing to remember is to be yourself! Residency interviewers interview applicants on a regular

basis and will likely sense when you are not expressing your personality and interests.

**Unacceptable interview questions and topics**

Although you are free to share this information, interviewers are not supposed to ask about your rank-list priorities. It is important to convey your interest to a program you most want to match with so that they know you are a serious. You can accomplish this without specifically revealing your rank list; however, if you choose to share your list, be consistent from program to program. Do not tell multiple programs they are your number one choice because inconsistencies in rank-list priorities can be problematic, especially if programs compare information.

Additional inquiries that prospective employers are prohibited (by federal law) from asking are outlined in the following chart adapted from the [U.S. Equal Employment Opportunity Commission](#).

	Category	It is discriminatory to inquire about	Examples of acceptable inquiries
1.	Name	<ul style="list-style-type: none"> <li>a) The fact of a change of name or the original name of an applicant whose name has been legally changed.</li> <li>b) Maiden name.</li> </ul>	<ul style="list-style-type: none"> <li>a) Information relative to change of name, use of an assumed name or nickname necessary to enable a check on applicant's work records.</li> </ul>
2.	Birthplace and residence	<ul style="list-style-type: none"> <li>a) Birthplace of applicant or spouse.</li> <li>b) Birthplace of applicant's parents.</li> <li>c) Requirement that the applicant submit birth certificate, naturalization or baptismal record (see citizenship item).</li> </ul>	<ul style="list-style-type: none"> <li>a) Applicant's place of residence.</li> <li>b) Length of applicant's residence in city where the employer is located.</li> </ul>
3.	Creed and religion	<ul style="list-style-type: none"> <li>a) Applicant's religious affiliation.</li> <li>b) Church, parish or religious holidays observed by applicant, and whether religious beliefs prevent applicant from working on those days.</li> </ul>	<ul style="list-style-type: none"> <li>a) None; however, an employer may state the regular work days, hours and shifts to be worked, as well as religious days on which operations are closed.</li> </ul>
4.	Race or color	<ul style="list-style-type: none"> <li>a) Applicant's race.</li> <li>b) Color of applicant's skin, eyes, hair, etc.</li> </ul>	<ul style="list-style-type: none"> <li>a) None.</li> </ul>
5.	Photographs and fingerprints	<ul style="list-style-type: none"> <li>a) Photographs with application.</li> <li>b) Photographs after interview, but before hiring.</li> </ul>	<ul style="list-style-type: none"> <li>a) Statement that photograph and/or fingerprints may be required after employment.</li> </ul>

	Category	It is discriminatory to inquire about	Examples of acceptable inquiries
6.	Age	<ul style="list-style-type: none"> <li>a) Date of birth or age of an applicant except when such information is needed for or to:                             <ul style="list-style-type: none"> <li>i) Maintain apprenticeship requirements based upon a reasonable minimum age.</li> <li>ii) Satisfy the provisions of either state or federal minimum age statutes.</li> <li>iii) Avoid interference with the operation of the terms and conditions and administration of any bona fide retirement pension or employee benefit program.</li> </ul> </li> <li>b) Verify that applicant is above the minimum legal age but without asking for a birth certificate.</li> <li>c) Age specifications or limitations in newspaper advertisements which might bar workers under or over a certain age.</li> <li>d) Dates of attendance or completion of elementary or high school.</li> </ul>	<ul style="list-style-type: none"> <li>a) Statement that applicant's hire is subject to verification that he/she meets legal age requirements.</li> <li>b) If hired, can you furnish proof of age?</li> <li>c) Are you over 18 years of age?</li> <li>d) If under 18, can you submit a work permit after employment?</li> </ul>

	Category	It is discriminatory to inquire about	Examples of acceptable inquiries
7.	Education	<ul style="list-style-type: none"> <li>a) Specific years of attendance or graduation.</li> <li>b) Who paid for educational expenses while in school.</li> <li>c) Whether applicant still owes on loans taken out while in school.</li> </ul>	<ul style="list-style-type: none"> <li>a) Academic, vocational or professional education and the public and private schools attended.</li> </ul>
8.	Citizenship	<ul style="list-style-type: none"> <li>a) Any inquiry into whether applicant is or intends to become a citizen of the United States.</li> <li>b) Any requirement that applicants produce naturalization or alien registration prior to employment.</li> <li>c) Requirement of production of naturalization or alien registration prior to employment.</li> </ul>	<ul style="list-style-type: none"> <li>a) Can you, after employment, submit verification of your legal right to work in the United States?</li> </ul>
9.	National origin and ancestry	<ul style="list-style-type: none"> <li>a) Applicant's lineage, ancestry, national origin, descent, parentage or nationality.</li> <li>b) Language commonly used by applicant.</li> <li>c) How applicant acquired the ability to read, write or speak a foreign language.</li> </ul>	<ul style="list-style-type: none"> <li>a) What language the applicant speaks, writes, reads or understands (may be asked only if language other than English is relevant to the job being applied for).</li> </ul>

	Category	It is discriminatory to inquire about	Examples of acceptable inquiries
10.	Language	<ul style="list-style-type: none"> <li>a) Applicant's mother tongue.</li> <li>b) Language commonly used by applicant at applicant's home.</li> <li>c) How the applicant acquired ability to read, write or speak a foreign language.</li> </ul>	<ul style="list-style-type: none"> <li>a) Languages applicant speaks and/or writes fluently.</li> </ul>
11.	Relatives	<ul style="list-style-type: none"> <li>a) Name and/or address of any relative of applicant.</li> </ul>	<ul style="list-style-type: none"> <li>a) Names of relatives already employed by the company or by a competitor.</li> </ul>
12.	Military experience	<ul style="list-style-type: none"> <li>a) Applicant's military experience in other than U.S. Armed Forces.</li> <li>b) National Guard or Reserve Units of applicant.</li> <li>c) Draft classification or other eligibility for military service.</li> <li>d) Dates and conditions of discharge.</li> </ul>	<ul style="list-style-type: none"> <li>a) Military experience of applicant in the U.S. Armed Forces, including any relevant skills acquired.</li> <li>b) Whether separation from military service was for any reason other than an honorable discharge.</li> <li>c) Whether applicant has received any notice to report for duty in the Armed Forces.</li> </ul>
13.	Organization(s)	<ul style="list-style-type: none"> <li>a) Clubs, societies, lodges or organizations to which the applicant belongs, which might indicate race, religion, etc.</li> <li>b) Names of any service organizations of which applicant is a member.</li> </ul>	<ul style="list-style-type: none"> <li>a) Applicant's membership in any professional or trade organization, unless they indicate applicant's race, religion, ancestry, sex or age.</li> </ul>

	Category	It is discriminatory to inquire about	Examples of acceptable inquiries
14.	References	<ul style="list-style-type: none"> <li>a) The name of the applicant's pastor or religious leader.</li> <li>b) Any questions of applicant's former employers or acquaintances that elicit information concerning applicant's race, sex, color, religion, national origin, physical handicap, marital status, age, sexual orientation, or medical condition.</li> </ul>	<ul style="list-style-type: none"> <li>a) Names of persons willing to provide professional and/or character references for applicant.</li> <li>b) Names of persons who suggested applicant apply for a position with the employer.</li> <li>c) Request of applicant for written consent to a former employer's giving of a narrative job reference.</li> </ul>
15.	Sex and marital status	<ul style="list-style-type: none"> <li>a) Sex of applicant.</li> <li>b) Marital status of applicant.</li> <li>c) Dependents of applicant.</li> <li>d) Whether applicant has made provisions for child care.</li> <li>e) Whether applicant is pregnant, or uses birth control.</li> <li>f) With whom applicant resides.</li> <li>g) Whether applicant lives with his/her parents.</li> <li>h) Applicant's maiden name.</li> <li>i) Name of spouse or children.</li> <li>j) Child support obligations.</li> </ul>	<ul style="list-style-type: none"> <li>a) The name and address of applicant's parent or guardian (for minors only, if applicable to the job).</li> <li>b) Name and position of any relatives already employed by the company.</li> </ul>

	Category	It is discriminatory to inquire about	Examples of acceptable inquiries
16.	Arrest record	<ul style="list-style-type: none"> <li>a) The number and kinds of arrests of an applicant.</li> <li>b) Misdemeanor convictions for possession of marijuana that are more than two years old.</li> </ul>	<ul style="list-style-type: none"> <li>a) Number and kinds of convictions for criminal offenses (must be accompanied by a statement that a conviction will not necessarily disqualify an applicant for employment).</li> </ul>
17.	Height or weight	<ul style="list-style-type: none"> <li>a) Any inquiry into height or weight of applicant, except where it is a bona fide occupational requirement.</li> </ul>	
18.	Disability or physical or mental condition	<ul style="list-style-type: none"> <li>a) Inquiry into applicant's general medical condition, state of health or illness, physical or mental disabilities.</li> <li>b) Questions regarding receipt of workers' compensation.</li> </ul>	<ul style="list-style-type: none"> <li>a) Whether applicant is able to perform the essential functions of this job (if applicant voluntarily discloses a disability, can inquire whether applicant can perform the job notwithstanding the disability or with reasonable accommodation).</li> <li>b) Statement that employment offer may be made contingent to applicant passing a job-related physical exam.</li> </ul>
19.	Notice in event of emergency	<ul style="list-style-type: none"> <li>a) Name and address of relative to be notified in case of accident or emergency.</li> </ul>	<ul style="list-style-type: none"> <li>a) Name and address of person to be notified in case of accident or emergency.</li> </ul>

### What to do if you do not match

For those who don't match, it is important to stay focused and optimistic. Remember, there are still opportunities available. If you are in one of the early match programs, you can either plan in advance to apply and interview at some back-up programs in the regular match or you can attempt to scramble into an open position. For those in the regular match, you will have to wait until scramble day to begin your effort to secure an open position. Other possibilities include doing research or entering an advanced degree program. It is essential to have a back-up plan if you do not match.

## Assistance from the AMA

The AMA Alliance, the AMA Medical Student Section and the AMA Resident and Fellow Section have joined forces to create a program that provides housing opportunities for fourth-year medical students as they interview for residency. This unique program helps students cut down on interviewing costs, get to know the community surrounding their potential residency program, and introduce them to the local medical society and AMA Alliance. [Learn more or apply to the program](#). (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

## Resident life and beyond

To learn more about transitioning into residency, view this [residency panel streaming video](#). The AMA through its Resident and Fellow Section (RFS) is dedicated to helping you succeed during residency and beyond. Consequently, it has created a range of tools and resources to help you during residency and to prepare you to transition into practice. In your first years of residency, these resources include FAQs about duty hour standards and how to report violations; what residents need to know about graduate medical education funding; a primer on how the U.S. health system operates; financial management for young physician including budgeting, saving, managing debt and 401(k) plans; international opportunities and much more.

As your residency or fellowship training approaches completion, you will likely face several important decisions, including selecting a practice setting; determining the geographic location that you would like to practice; obtaining board certification and a state license; learning about medical liability and disability insurance; negotiating an employment agreement; starting, purchasing or buying-into a medical practice; and much more. Visit the [residency and practice section](#) of this guide for more information.

The AMA-RFS would like to acknowledge Janet West, MD, AMA-RFS Governing Council member and Anu Gupta, JD, AMA-RFS policy analyst for authoring this chapter.

## Strolling through the match: AAFP

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Produced by the American Academy of Family Physicians (AAFP), this helpful resource offers [additional information about navigating the match process](#). (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

## FREIDA Online

FREIDA Online®, the AMA’s Fellowship and Residency Electronic Interactive Database Access, is a free Internet database of approximately 8,600 graduate medical education (GME) programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), as well as combined specialty programs approved by member boards of the American Board of Medical Specialties.

Users of FREIDA Online can search the database by specialty/subspecialty or state/region, among other criteria. In addition, the SearchPlus feature allows users to compare programs by features of importance, such as program size, type of program and program setting. FREIDA Online also displays aggregate statistics for each specialty and subspecialty, providing averages and percentages on, for example, the average number of faculty per program in a specialty or the average number of hours on-duty. Aggregated information on the career plans of graduates of programs is also available, organized by specialty/subspecialty.

AMA medical student and resident members can save their search results in an electronic folder, as well as print their own mailing labels to contact the programs of their choice.

### Basic and expanded listings

GME programs update data for FREIDA Online via the National GME Census, an annual survey conducted by the AMA and Association of American Medical Colleges. The information from the survey is listed in either basic or expanded detail depending on the preference of each program.

#### **FREIDA Online listings: Basic**

All programs listed in FREIDA Online include the following information.

- Program name
- Program identifier (e.g., 120-36-21-000)
- Specialty/subspecialty (e.g., family medicine)
- Program director (name, mailing address, phone, fax, e-mail, Web address)
- Person to contact for more information about the program (name, mailing address, phone, fax, e-mail)
- Accredited length; required length
- Accepting applications
- Program start date
- Participates in Electronic Residency Application Service (ERAS)
- Affiliated with U.S. government
- Institution list (sponsor and participant[s])

#### **FREIDA Online listings: Expanded**

Programs that select the “Expanded Detailed Listing”

option (as the majority of programs do) provide the following information to students and residents:

#### General information

- Comments (used to highlight special qualities about the program, such as unique features or a description of hospital setting)
- Total program size (by year)
- Primary teaching site (e.g., city university hospital)
- Emergency medical records at primary teaching site
- Program best described (e.g., community-based hospital)
- Previous GME required
- Preliminary positions offered
- USMLE Step 2-CS passage required
- Participation in National Resident Matching Program (NRMP); NRMP code(s)
- Participation in San Francisco Match
- Participation in other matching program
- Number of interviews conducted previous year for first-year positions
- Required letters of recommendation
- Earliest date for applications; latest date for applications; interview period

#### Program faculty

- Number of faculty (physician and non-physician)
- Full- and part-time physicians and non-physicians
- Percentage of full-time paid female physician faculty

- Ratio of full-time equivalent paid faculty to positions

#### Work schedule

- Average hours/week on duty during first year (excluding beeper call)
- Maximum consecutive hours on duty during first year (excluding beeper call)
- Average number of 24-hour off-duty periods per week during first year
- Moonlighting allowed within institution
- Night float system (residents do/do not participate during first year)
- Call schedule (by year)
- Most taxing schedule and frequency per year
- Beeper or home call (weeks/year)

#### Educational setting and environment

- Average hours/week of regularly scheduled lectures/conferences
- Training at hospital outpatient clinics
- Training in ambulatory nonhospital community-based settings, e.g., physician offices, community clinics

#### Educational features and benefits

- Curriculum on management of tobacco dependence
- Assessment/enhancement of medical professionalism
- Debt management/financial counseling
- Formal program to develop teaching skills

- Formal program on interdisciplinary teamwork
- Formal mentoring program
- Continuous quality improvement training
- International experience
- Resident/fellow retreats
- Off-campus electives
- Hospice/home care experience
- Cultural competence awareness
- Instruction in medical Spanish or other non-English language
- Alternative/complementary medicine curriculum
- Training in identifying and reporting of domestic violence/abuse
- MPH/MBA training or PhD training
- Research rotation

#### Additional features

- Offers additional training or educational experience beyond accredited length
- Offers a primary care track, rural track, women's health track, hospitalist track, research track/non-accredited fellowship and/or another special track

#### Resident evaluation

- Yearly specialty in-service examination required (advancement based/not based on exam results)
- Patient surveys
- Portfolio system
- 360-degree evaluations
- Objective Structured Clinical Examinations (OSCEs)

#### Program evaluation

- Program graduation rates
- Board certification rates
- In-training examinations
- Performance-based assessments

#### Employment policies and benefits

- Part-time/shared positions
- PDAs available
- On-site child care; subsidized child care
- Allowance/stipend for professional expenses
- Leave for educational meetings/conferences
- Moving allowance
- Housing stipend
- On-call meal allowance
- Free parking
- Job placement assistance
- Cross coverage in case of illness/disability

#### Compensation and leave (by year)

- Salary compensation
- Vacation weeks
- Sick days
- Paid/unpaid days for family/medical leave

#### Major medical benefits

- Major medical insurance for residents and dependents
- Outpatient/inpatient mental health insurance
- Group life insurance
- Dental insurance
- Disability insurance

- Disability insurance for occupationally acquired HIV
- Onset of medical insurance coverage

[Access FREIDA Online.](#)

## Resources and tips for international medical graduates

### Checklist for international medical graduates

There are four key steps that an international medical graduate (IMG) physician must complete to begin practicing medicine in the United States. It is important to understand and follow these steps. Be aware that all immigrants must follow all of the requirements related to their immigration status as the U.S. Citizenship and Immigration Services (USCIS) stringently enforces the immigration laws. Additional information on practicing medicine in the United States is available on the [AMA-IMG Section Web site](#). (The following links will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

#### A. ECFMG certification

Through its program of certification, the Educational Commission for Foreign Medical Graduates (ECFMG) assesses the readiness of international medical graduates to enter U.S. residency or fellowship programs. The [process for certification](#) is described on the ECFMG Web site or you may call (215) 386-5900 for more information on the ECFMG certification program.

#### B. Residency program requirements

After ECFMG certification, physicians who wish to practice medicine in the United States must complete an accredited residency training program in the United States or Canada—this process will take at least three years. The physician will have to complete a residency program regardless of the training they have received overseas. Many medical graduates are placed in residency programs through the National Resident Matching Program (NRMP). Find out more [about the NRMP](#).

#### C. State licensure

Every medical graduate must apply for a license in the state(s) in which they intend to practice. Generally, you have to complete from one to three years of residency or years of practice outside of the United States or Canada before applying for a license.

#### D. Immigration (for non-U.S. residents)

IMGs who seek entry into U.S. residency programs must obtain a visa that permits clinical training to provide medical services. The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the USCIS, a Bureau of the U.S. Department of Homeland Security (DHS).

##### 1. J-1 visa Exchange Visitor Program and ECFMG sponsorship

- a. The most common visa used to participate in U.S. graduate medical education programs is the J-1 visa. The [ECFMG](#) is authorized by the U.S. Department of State to sponsor

- foreign national physicians for the J-1 visa. Information on eligibility and deadlines is available from the ECFMG [Exchange Visitor Sponsorship Program](#). To apply for a J-1 visa, an IMG must have passed the USMLE Step 1 and Step 2-CK (or equivalent), have a valid standard ECFMG certificate (without unexpired examination dates, if applicable) at the time of commencement of training, hold a contract or an official letter of offer for a position in a program of graduate medical education or training that is affiliated with a medical school, and provide a statement of need from the Ministry of Health from the country of last legal permanent residence (LPR) regardless of country of citizenship. This statement provides written assurance that the country needs physicians trained in the proposed specialty and/or subspecialty. It also serves to confirm the applicant physician's commitment to return to that country upon completion of training in the United States, as required by Section 212(e) of the Immigration and Nationality Act, as amended.
- b. Upon completion of training, they must return to their home country ("home return" requirement) for a period of two years to transmit the knowledge they gained in the United States. An individual must fulfill this obligation before being eligible for a change or adjustment of visa status to certain types of U.S. visas. These visa types include H, temporary worker; L, intra-company transferee; and U.S. permanent resident.
  - c. The J-1 visa program allows physicians to obtain a waiver of the "home return" requirement if they agree to provide primary care services in an underserved area. This is the primary way by which many physicians are able to remain in the United States. The following three circumstances are the only ones that provide for waiver of the two-year residency requirement:
    - (i) If the waiver applicant can demonstrate that he or she will suffer from persecution in his or her home country or country of last legal permanent residence
    - (ii) If fulfillment of the residency requirement would bring proven exceptional hardship to the applicant's spouse and/or children who are U.S. citizens or permanent residents
    - (iii) If the applicant is sponsored by an interested governmental agency (IGA) that is interested in the physician's continued employment in the United States
  - d. Since waivers based on expected persecution or hardship are very rare, most IMGs receive waivers by finding an IGA to sponsor them. Traditionally, the Department of Health and

Human Services (DHHS), the Department of Veterans Affairs (VA) and the Appalachian Regional Commission (ARC) were the agencies that sponsored IMGs for J-1 waivers. Recently, the U.S. Department of Agriculture (USDA) and the Department of Housing and Urban Development (HUD) began to sponsor IMGs for waivers. Contact the Department of Public Health in your state; state departments of public health may sponsor up to 30 J-1 physicians per year for waivers to provide care in underserved communities. Please note that a few states have chosen not to participate in the waiver program.

- e. To enter and remain in the United States as a non-immigrant or immigrant requires several steps. First, a foreign citizen (or the employer or relative) must file an application with the DHS to be classified in one of the non-immigrant or immigrant visa categories. If the DHS approves the application, the foreign applicant will need to go to a U.S. embassy or consulate overseas to have the visa stamped in his or her passport. This stamp indicates the visa category and the dates of issuance and expiration. At the U.S. border, an immigration inspector will review the visa stamp and issue an admission card. The inspector can authorize admission for any length of time up to the expiration date on the visa stamp. USCIS also issues permanent resident alien cards to immigrants in the United States.

## 2. **H-1B visa: Temporary worker**

- a. The H-1B visa is for temporary workers in specialty occupations who hold professional-level degrees. The Immigration Act of 1990, and subsequent technical amendments, made the H-1B available to graduates of foreign medical schools who have passed the Federation Licensing Examination (FLEX) or the equivalent, have passed an English language exam, and hold a license appropriate to the activity. The advantage of the H-1B visa is that it has no two-year home residence requirement, as does the J-1. The H-1B visa allows a foreign national to enter the United States for professional level employment for up to six years.
- b. H-1B employment authorization is employer specific. The GME program must file an H-1B petition on behalf of the IMG; the law does not permit prospective trainees to file for themselves. To qualify for an H-1B, an IMG must be in possession of a full, unrestricted state medical license or the appropriate authorization for the position, an MD or full unrestricted foreign medical license, English language competence as established by passage of the ECFMG English language examination and passage of the USMLE Steps 1, 2 and 3.

### 3. Immigrant visas

- a. An immigrant visa (“green card” or permanent resident status) permits a foreign citizen to permanently remain in the United States. A LPR has the right to become a naturalized U.S. citizen after living in the United States for three to five years. To obtain immigrant status, an applicant must meet the requirements of the law. One must qualify as a specified immediate relative of a U.S. citizen or another LPR, as an employee of a sponsoring employer or prospective employer, or as a “diversity immigrant” under a visa lottery program. Moreover, the applicant must not fall into any of the categories of aliens deemed inadmissible by law, including criminality, mental defect, Communist party affiliation, drug trafficking, or terrorism. Generally, IMGs only qualify for permanent resident status based on an existing employment position.
- b. Once an IMG receives a J-1 waiver and a state medical license, he or she may obtain a new work authorized status for U.S. employment, which in most cases will be an H-1B visa or an immigrant visa. Often, the H-1B or immigrant visa process may be concurrent with the J-1 waiver process. The H-1B visa and some types of immigrant visa petitions require a filing with the Department of Labor (DOL) in addition to the USCIS. Normally, IMGs may not change from J-1 to H-1 status in the United States, but must travel abroad to a U.S. consulate to obtain visa issuance. In contrast, IMGs can move directly from J-1 status to immigrant status without leaving the United States.
- c. There are several different options for IMGs wishing to become permanent residents in the United States. In previous years, many IMGs qualified for permanent residence based on the national interest waiver classification. That is, IMGs whose continued residence and employment in the United States benefited the national interest, for example by working in an underserved community, qualified for an expedited permanent residency process. However, many physicians do not qualify for residency based on a national interest waiver for a variety of reasons including location of practice and medical specialty practice.
- d. In these cases, obtaining permanent resident status becomes a much more arduous process. The most prevalent of the other available options is for the IMG’s employer to go through the labor certification process, which requires the employer to certify that employment of the IMG will not be detrimental to the U.S. labor market and that he or she is the only fully qualified candidate for the position. Once the Labor Certification Application is completed and approved by the DOL, the employer must submit an Immigrant Visa Petition to the

USCIS. Upon approval of this petition, the IMG may finally apply for permanent residence through the USCIS or a U.S. consulate abroad.

- e. IMG physicians of extremely high professional capacity who qualify can apply for an accelerated process established for Aliens of Extraordinary Ability or for Outstanding Professors or Researchers, known as the “O visa.”
- f. The national interest waiver pathway to permanent residence is the least complex and most time-efficient for IMGs. Applications under the national interest waiver program can be processed in a 60–90 day period, representing a significant reduction of time spent in the immigration process. Two other major advantages are the ability of the physician, in addition to the employer, to file the request and increased freedom to change employers. However, this waiver program does impose other restrictions that applicants should explore before proceeding.

### **Getting into residency in the United States**

Once you receive a visa, you are eligible to apply to a residency program in the United States. However, it is strongly recommended that IMGs participate in observership rotations in a clinical setting before applying to residency programs. Observerships provide IMGs with invaluable knowledge of U.S. medical clinical practice

settings and with U.S. physicians who can serve as references. The following information provides as an overview of the process of getting into a residency program in the United States. For more detailed information on residency program requirements for IMGs, [visit the AMA-IMG Section Web site](#).

#### **1. Finding residency programs**

The Graduate Medical Education Directory, known as the “Green Book,” provides information on over 8,600 ACGME-accredited residency programs in the United States and is available for purchase from the [AMA’s online bookstore](#). More detailed information on residency programs is available from FREIDA Online®, the AMA’s Fellowship and Residency Electronic Interactive Database Access system. [FREIDA Online](#) is an Internet database with information on all U.S. residency programs. Both the Green Book and FREIDA Online are good starting points for IMGs beginning the application process to residency programs.

#### **2. Researching specialties**

The [AMA Medical Student Section Web site](#) provides a starting point for general information on residency programs, links to electronic resources, publications on residency programs and career planning, socioeconomic information, specialty-specific information and contact information for the 109 specialties represented in the AMA House of Delegates. The [AMA’s specialty society Web page](#) and [Residency/fellowship training program search on FREIDA Online](#) are good starting points for those

wishing to gain more information about various specialties.

### 3. Choosing a residency program

A number of resources are available to assist you in selecting a residency program because the process may vary among the programs you are considering. For example, internal medicine residency programs have four different tracks—transitional, preliminary, categorical and primary care. Each track is explained below:

- a. Residents in one-year transitional programs rotate through different hospital departments every couple of months. While a transitional program counts as a year of training, it may not provide enough credits to move into the second year of residency training.
- b. Preliminary programs are also one-year programs for those wishing to specialize and who need a year of internal medicine training.
- c. Categorical programs are three-year programs that may allow you to train up to board eligibility if your performance is satisfactory. Categorical programs are seen as the more traditional program and are mainly hospital-based.
- d. Primary care programs provide increased emphasis on ambulatory care experience in the community and are becoming more prevalent. Those who are sure that they will be working as a generalist are advised to apply to a primary care program. Those who wish to fully train in internal medicine and then have the opportunity to train in a specialty should apply for a categorical position. While it is preferable to be in a categorical or primary care program, training in a transitional or preliminary program is better than being in no program at all. It is highly advisable to choose the program that best suits your needs and goals.

### 4. Obtaining a residency

Applicants [register with the National Resident Matching Program](#) (NRMP), known as “the match,” which electronically matches applicants and hospital residency programs according to the ranked preference lists each applicant submits. (This link will take you off the AMA Web site. The AMA is not responsible for the content of other Web sites.)

### 5. The application

Due to the competitiveness of the residency selection process, applicants should plan to focus considerable time and attention to the application itself in order to make themselves stand out. Interviews are granted solely on the basis of the information presented in the application package. Adhere to the following rules without exception:

- a. Application should be presented neatly, without spelling or grammar errors.
- b. Make sure the application is filled out completely and with accurate information, including your NRMP applicant number if you are registered for the match.
- c. All applications should be originals. Do not submit applications that are copies of those sent to other programs.
- d. Do not miss application deadlines.

#### **Curriculum vitae and letters of recommendation**

These are both important pieces of your application package. Get more information on preparing a [curriculum vitae](#) (commonly called a CV) and [obtaining letters of recommendation](#).

#### **6. The interview**

Once all applications are received, the program director or a selection committee reviews them and decides who to interview based upon the information presented in the application package. Most applicants go on eight to 12 interviews. However, those looking to enter highly competitive specialties or who are not strong candidates may want to go on more interviews to increase their chances of being selected. Be prepared for the interview, as this is your only opportunity to make a personal impression on the residency program director.

#### **Alternatives to residency**

Applying for a residency in the United States is extremely competitive for IMGs. There are approximately twice as many IMGs applying as there are available residency positions. The best thing you can do is to get experience in a U.S. health care facility before applying to a residency program. It is particularly important to get experience in a facility with a teaching program. This can be difficult, but volunteering may be a good route. If you are unable to get experience in a clinical setting, try to obtain a research position in a hospital laboratory. This may lead to clinical opportunities. You may also consider a medical career that doesn't require patient care. *Leaving the Bedside: The Search for a Nonclinical Medical Career*, a book published by the AMA, is a practical guide that leads the reader through a well-reasoned sequence of steps leading to the successful development of a nonclinical medical career. For additional information on this publication, go to [the AMA's online bookstore](#) or call (800) 621-8335.

Generally, there are no salaried training programs for physicians from other countries who have graduated from medical school and are in the process of applying for a residency program. The physicians who are in this country in that situation, usually through personal contact, work with a physician in an academic institution and attend lectures, make rounds and help with research projects in the laboratory. This is not formal training and you cannot handle any patients. No salary is paid. It will give you some idea of medical practice in the United States. It also helps to get a letter of recommendation when you apply for residencies; however, some institutions do not allow this. Unfortunately, there is no official program for















































































