



Request for Letter of Recommendation ERAS

(TO) Letter Writer: _____

(FROM) Applicant Name: _____ Date: _____

Student AOA ID: _____ Student AAMC ID: _____
(required) (optional)

Thank you for agreeing to write a letter of recommendation in support of my internship or residency application. This cover sheet explains the special procedures needed to prepare a letter for ERAS –the Electronic Residency Application Service. I am requesting a letter of recommendation at this time, however; due to the recent ERAS policy changes, letters of recommendation are required to be uploaded directly to ERAS by the letter of recommendation author or their designee when it opens for the 2016 season in May. Pacific Northwest University of Health Sciences has requested that students follow up with their letter writers (preceptors) once a month as a reminder to complete and upload letters of recommendation to ERAS. Thank you very much for your cooperation.

- 1. Please address the letter to "Dear Program Director"; as individualized salutations are not necessary.
2. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
3. Include my name and AOA ID or AAMC ID, as listed above, in the subject line or body of the letter.
4. Please include in the letter of recommendation how long you've known me and in what capacity; your perceptions of my intellectual capability, communication skills (oral and writing), the quality of previous work (my ability to apply learned skills and to what level of competency); my reliability, dependability and resourcefulness; motivation, initiative and assertiveness, and my professional promise.
5. Due to the recent ERAS policy changes, letters of recommendation will no longer be uploaded by medical schools. Please see the attached page for additional information and instructions. Thank You.

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[ ] I waive [ ] I do NOT waive my right to see this letter.

[ ] I grant permission for the use and disclosure of my grades, class rank and/or other academic assessments for this recommendation letter.

If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)." I acknowledge that this letter is for the specific purpose of supporting my application for an internship and/or residency.
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Applicant Signature: _____ Date _____

My typed signature is my symbol and intent of authentication where I willingly signed, understand, and adopt this document.



**Association of
American Medical Colleges**
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January 20, 2015

Dear LoR Author,

Effective ERAS 2016, all letters of recommendation must be uploaded by you or your designee using the ERAS Letter of Recommendation Portal (LoRP). Medical schools will no longer be able to upload letters on your behalf.

We realize this is a change in how things have historically been done and we would like to provide you with the following information as you prepare to write letters on behalf of applicants for the upcoming season.

- Letters can only be uploaded once the ERAS system opens in May 2015 for the upcoming application cycle.
- At that time, applicants will provide you with a Letter Request Form that includes instructions for the LoRP as well as a unique identifier for each LoR you are asked to upload.
- If you do not already have an account, you will be asked to create one in order to gain access to the LoRP.
- Account creation is simple and only requires your name and email address.
- All the technical specifications for letters can be found on our website <https://www.aamc.org/eras/lorp>.
- Please do not send letters to the AAMC/ERAS; they will be returned.

More information will be available on our website <https://www.aamc.org/eras/lorp> as we get closer to the opening in May. If you have additional questions in the meantime, please contact the ERAS HelpDesk by email ERASLoRP@aamc.org or by phone 202-862-6249.

Best regards,

Amy Mathis
Director, ERAS Medical School,
Applicant and Business Partner Relations