



# MEDICAL UNIVERSITY OF THE AMERICAS

## In the U.S.

R3 Education Inc. • 27 Jackson Road • Suite 302 • Devens, MA 01434  
Telephone (978) 862-9500 • Fax (978) 862-9599 • www.mua.edu

Admissions: admissions@mua.edu • Clinicals: clinicals@mua.edu • Finance Office: finance@mua.edu

## ***Residency Placement Results 2012***

Your Official Name (as it appears in our records): \_\_\_\_\_ Diploma Date: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_ Preferred Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Update: I have already completed this form for the **2012 Match**, but have additional information to report.

### ***Part 1:***

Was this the first year that you actively sought a residency placement?  Yes  No

This year, did you participate in:  The NRMP Match  CARMS  Both  Neither

Did you secure a residency position for July 2012?  Yes - Move to *Part 2*  No -Move to *Part 3*

### ***Part 2: I secured a residency position for 2012.***

*Type of placement: Please choose from the following drop-down menu:*

*Program Information: Where did you secure a residency position?*

Program Type (Select all that apply):  Preliminary  Categorical  Advanced

I placed with my:  First Choice  Second Choice  Third Choice  Other

*Please provide preliminary and/ or categorical program information here, if applicable:*

Program Name: \_\_\_\_\_ ACGME Prog.# (U.S. only): \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Start date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ End date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please provide advanced program information here, if applicable:*

Program Name: \_\_\_\_\_ ACGME Prog.# (U.S. only): \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Start date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ End date (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

***If you secured a residency position, please skip Part 3 and continue on to Part 4.***

### ***Part 3: I did not secure a position for July 2012.***

Did you withdraw from the NRMP Match?  Yes  No  N/A

Did you withdraw from CARMS?  Yes  No  N/A

If you withdrew from NRMP Match and/or CARMS, please explain reason below:

Did you participate in the NRMP 48 hour Scramble?  Yes  No  N/A

Did you participate in the 2<sup>nd</sup> Iteration of CARMS?  Yes  No  N/A

**Part 4: Application Information:**

Did you participate in the couples match?  Yes  No If Yes, with whom: \_\_\_\_\_

**Chart Instructions:** Use the drop down menus to select the top three *specialties* to which you applied (e.g. Family Medicine, Internal Medicine, and Pediatrics). Then, for each specialty and for both ERAS and CARMS, note: **1.)** The number of programs to which you applied; **2.)** How many interviews you were offered; **3.)** How many interviews you attended; and **4.)** How many of these programs you ranked.

Please Complete	# Programs Applied		# Interviews Offered		# Interviews Attended		# Programs Ranked	
	ERAS	CARMS	ERAS	CARMS	ERAS	CARMS	ERAS/ NRMP	CARMS
#1 Choice:								
#2 Choice:								
#3 Choice:								

I did not submit a Rank Order List (ROL) *(If you did not submit a ROL, please skip to Part 5)*

Please list the first five programs you selected on your final Rank Order List, by specialty and program name:

1. Specialty: \_\_\_\_\_ Program Name: \_\_\_\_\_
2. Specialty: \_\_\_\_\_ Program Name: \_\_\_\_\_
3. Specialty: \_\_\_\_\_ Program Name: \_\_\_\_\_
4. Specialty: \_\_\_\_\_ Program Name: \_\_\_\_\_
5. Specialty: \_\_\_\_\_ Program Name: \_\_\_\_\_

How many programs did you rank overall? For ERAS \_\_\_\_\_ For CARMS \_\_\_\_\_

**Part 5: Lessons Learned (attach an additional sheet if needed).**

During the residency placement process, what kind of feedback did you receive from Program Directors and/or Selection Committees about your application?

What have you learned about achieving success in the residency placement process?

Was there anything you wish you had known before applying that you would like to share with the University and other students?

Upon request, may we share your contact information with other students and alumni seeking residency placement support, advice, or guidance? Please select one:

- Yes, you may share my name and email address with other students and alumni.
- No, please contact me before sharing my information with other students and alumni.

Thank you! If you have any questions, please contact: Janet Lawson at [gradaffairs@mua.edu](mailto:gradaffairs@mua.edu)

