



MEDICAL UNIVERSITY OF THE AMERICAS, LTD.

Residency Placement Results 2011

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 **2011 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 2010? Yes - Move to *Part 2* No -Move to *Part 3*

Part 2: I secured a residency position for 2011.

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) ___/___/___

Please skip Part 3 and Continue with Part 4.

Part 3: I did not secure a position for July 2011.

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 (1st Iteration), please select from the explanations below:
Did you participate in the NRMP 48 hour Scramble? Yes No N/A

Did you participate in the 2nd 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.

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 or 978-862-9500 x 526