

Academic Year: 2024-2025

Specialty: Emergency Medicine

Application Platform: ERAS

Application Deadline: Residency programs begin reviewing MyERAS applications and MSPEs in the PDWS on September 25th, 2024, at 9 am EST

Match Platform: NRMP

Letters of Recommendation (LORs):

1. Total number of LORs recommended:
 - a. 3 or 4
2. Is it recommended that all LORs come from within this specialty? (y/n):
 - a. No
3. Is it acceptable to submit any LORs after the initial application is submitted? (y/n):
 - a. Yes
4. Is a standardized letter or letter from the department chair recommended? (y/n):
 - a. Yes, a SLOE is required
 - b. If yes, is the standardized letter or department chair letter included in the total number of LORs recommended above? (y/n):
 - i. Yes
5. Recommended date by which all LORs should be submitted:
 - a. November 2024
6. Additional Information about LORs:
 - a. Emergency Medicine requires a **minimum of one EM Standardized Letter of Evaluation (eSLOE)** obtained after completing an EM audition rotation and **recommends obtaining up to two eSLOEs**. An eSLOE should be written by the Clerkship Director, EM residency program leadership, or be a Group SLOE following the completion of an audition rotation. These rotations may occur at the student's home institution or other qualifying institutions with an EM residency program. Some students may not be able to obtain a second eSLOE by the application deadline. These students may submit additional eSLOEs after the initial application has been submitted. With a few exceptions, students are not recommended to obtain three or more SLOEs. An EM department chair letter is not required. Additional LORs may come from any faculty supporting the applicant's fit in emergency medicine. We recommend these letter writers use the standardized letter of evaluation format, provided at <https://esloe.cordem.org/>.

Away Rotation Expectations:

1. Emergency Medicine requires a minimum of one eSLOE obtained after completing an EM audition rotation and recommends obtaining up to two eSLOEs. For many students, this means completing one EM rotation at their home institution and possibly another

away rotation elsewhere. Prospective applicants without an EM residency program at their home institution will require at least one away rotation. Some students may be tempted to complete multiple away rotations to obtain three or more eSLOEs. No EM program requires three or more eSLOEs for interview consideration. This practice is not helpful for the average applicant and exacerbates inequity against students who need multiple away rotations due to their lack of a home rotation. For this reason, CORD recommends that most students **limit the number of away rotations to the minimum necessary**.

Supplemental Information:

1. Are applicants required to complete supplemental application materials? (y/n)
 - a. No
 - b. If yes, please specify
 - i. N/A
2. Additional information about supplemental information:
 - a. N/A

Signal Information:

1. Please indicate the number of signals available:
 - a. Five
2. Are applicants expected to signal their home institution? (y/n)
 - a. No
3. Are applicants expected to signal institutions where they completed away rotations? (y/n)
 - a. No
4. Additional Information about signals:
 - a. The specialty of emergency medicine strongly encouraged students to use their signals for programs they have a strong interest in interviewing at, not to try to buffer an interview list.

Use of USMLE/COMLEX Scores:

1. What is the recommended date for a USMLE Step 2 CK/COMLEX Level 2 score to be available for the application to be reviewed?
 - a. September 25th, 2024
2. What is the recommended date that a USMLE Step 2 CK/COMLEX Level 2 score should be available in order for an interviewed applicant to be ranked?
 - a.
3. Are USMLE scores required or strongly recommended by the specialty even when an applicant has a COMLEX score? (y/n)
 - a. Strongly Recommended
4. Additional Information about USMLE/COMLEX scores:
 - a. CORD's official policy supports the equity of USMLE and COMLEX exams. Many programs still have a preference for applicants with a USMLE Step exam score. Available evidence suggests that osteopathic medical student applicants who

take at least the USMLE Step 2 CK exam, in addition to their required COMLEX Level 2 exam, will receive more opportunities for residency interviews.

Interview Invitation Process:

1. Are Universal interview release dates recommended? (y/n)
 - a. No
 - b. If yes, please specify the dates:
 - i. N/A
 - c. If no, during what time period are interviews typically offered?
 - i. Rolling interview offers from October through January
2. Additional information about interview invitations:
 - a. EM Universal County Interview: TBD

Recommended Interview Format

1. Virtual vs. In-person vs Hybrid (pick one):
 - a. Virtual
2. Additional information about the interview format:
 - a. Emergency Medicine strongly supports the virtual interview format as a way of providing equitable access to interview experiences for all students. That being stated, CORD recognizes the fact that a virtual format may cause a potential disadvantage in recruitment for certain training programs based on geographic location or other subtleties. These programs may elect to pursue an in-person or hybrid interview format.

Additional Information for Applicants, if relevant (e.g., applicant communication, second look/open houses, etc.):

Residency programs are encouraged to provide an optional, in-person second look to allow applicants the opportunity to further evaluate a program's learning environment and support program recruitment efforts. Any in-person visit should be offered for the benefit of the applicants and should not serve as a gauge for interest nor routine assessment of the applicants. An applicant's decision to attend (or not attend) a residency second look event should not affect the applicant's position on the program's rank list.

Please visit the [CORD Application Improvement Committee Page](#) for the most up-to-date information about the residency application process in emergency medicine.