

2022 AMCAS® Application Data for Admissions Officers

This document is intended to serve as a resource for admissions-related staff. The questions contained in the 2022 AMCAS application are listed below and, where possible, selection choices are also provided. Unless otherwise noted, all questions require a response. *Items in blue are explanatory notes.* For further review, go to www.aamc.org/amcas to access the online application. You may create a faux user account to log in to the system and view the application on-screen, avoiding the use of your real name and information. Contact the AMCAS Medical School Relations team for additional assistance: schoolrel@aamc.org or 202-828-0635.

In addition to the application elements described here, there are also several indicators that may be derived from entered data and displayed in the application. These include:

Rural and Underserved Indicators

Based on the US government’s Area Health Resource File (AHRF), each county entered throughout the application may reflect Rural, Underserved, or both indicators. Additional information on this topic can be found in Appendix E of the [School Tools User Manual](#) (log in required).

Socioeconomically Disadvantaged Status (SES) Indicator

This indicator is based on parent/guardian education and occupation information provided in the application and is intended to contextualize information as part of a holistic review process. It identifies applicants who may be from a socioeconomically disadvantaged background. Additional information about how this indicator is derived and may be used, including a paper on Effective Practices, visit the [SES Indicator Overview](#) (sign in required) on our website.

First Generation College Student Indicator

The First Generation College Student Indicator was added for the 2018 AMCAS application cycle. For AMCAS purposes (and with input from medical school admissions offices), the indicator would apply when an applicant’s parent/guardian with the highest level of education is equivalent to some college but no degree earned or less. Additional information can be found on the [First Generation College Student Indicator page](#) (sign in required) on our website.

Here are the sections of the AMCAS Application:

Unless otherwise noted, all questions require a response

Identifying Information
 Schools Attended
 Biographic Information
 Course Work
 Work/Activities

Letters of Evaluation
 Medical Schools
 Essays
 Standardized Tests

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Identifying Information

Legal Name

Applicants must enter their full legal name and preferred name.

Salutation (select one)

| | | | |
|-------|--------|------|-------|
| Capt. | Col. | Dean | Dr. |
| Ens. | Fr. | Gen. | Hon. |
| Lt. | Ltcol. | Maj. | Miss |
| Mr. | Mrs. | Ms. | Mx. |
| Prof. | Rabbi | Rev. | Rhon. |
| Sen. | Sis. | Sr. | |

| First Name | Middle Name | Last Name | Suffix |
|------------|-------------|-----------|--------|
| | | | |

Preferred Names

| Salutation | First Name | Middle Name | Last Name | Suffix |
|------------|------------|-------------|-----------|--------|
| | | | | |

Alternate Names

Applicants are asked to add any names that may appear on transcripts, MCAT scores, and prior AMCAS applications.

| First Name | Middle Name | Last Name | Suffix |
|------------|-------------|-----------|--------|
| | | | |

ID Numbers

Applicants should include any identification (ID) numbers that may appear on transcripts and documents. This may include:

- *School-assigned ID numbers*
- *MCAT or AMCAS IDs (only if used prior to 2002)*
- *Other IDs that may appear on their documents*

| | | |
|----|----|----|
| 1) | 2) | 3) |
|----|----|----|

Birth and Sex

These questions are intended to provide medical schools with information about the many ways in which an applicant could contribute to diversity at their institution.

Sex:

- Male
- Female
- Decline to Answer

What is your current gender identity? (optional, multiple selections allowed)

- | | |
|-----------------------------------|-------------------------------|
| Male | Female |
| Trans male/Trans man | Trans female/Trans woman |
| Genderqueer/Gender non-conforming | Different Identity (write in) |

Please select the set of pronouns you want people to use to refer to you: (optional)

- She/Her/Hers
- He/Him/His
- They/Them/Theirs
- Ze/Hir/Hirs
- Other

Birth Information:

| | | | | |
|-------------|----------------|--------------|---------------|-------------|
| Birth Date: | Birth Country: | Birth State: | Birth County: | Birth City: |
|-------------|----------------|--------------|---------------|-------------|

Schools Attended

High School

If an applicant attended multiple high schools, they enter the high school from which they graduated.

| | | |
|--------------|------------------|---------|
| School Name: | | |
| Country: | State: | County: |
| City: | Graduation Year: | |

Colleges

Applicants are instructed to list every post-secondary institution where they were enrolled for at least one course, even if credits have been transferred, no credits were earned, or they withdrew. This includes taking foreign coursework, a study abroad course, or any military coursework, as well as any college courses taken while in high school.

| | | |
|----------------------------|--|-------|
| School Name: | | |
| Country: | State: | City: |
| Start Date: | End Date: | |
| Program Type (Select One): | Junior College Undergraduate Post-Baccalaureate Graduate | |
| Other Options: | Summer School Only Study Abroad Program | |
| Degree (Select One): | Associate of Arts Associate of Science Bachelor of Arts Bachelor of Science Doctor of Medicine Law Degree Master of Arts Master of Science Other Associate Other Bachelors Other Doctorate Other Masters Ph.D. | |
| Date Earned or Expected: | | |
| Majors: | Minors: | |

For each school attended, applicants must select whether they authorize AMCAS to release their information to the school-designated advisor(s) at each school and designate if an official transcript from each school is required by AMCAS.

Advisor Release

The school-designated advisor(s) have met AMCAS-established requirements and are bound by confidentiality. Information transferred includes your personal/demographic information, work/activity information, credit hours, MCAT scores, GPAs, the names and types of your recommenders, the names of any other schools you have attended, the medical schools to which you have applied and what action those schools have taken, and the status of your application with AMCAS. Additionally, if you applied for fee assistance through the AAMC Fee Assistance Program, and in your fee assistance application agreed to release award information to your health professions advisor this information will be made available along with your application information.

Do you authorize AMCAS to release your application information to the school-designated advisor(s) at this institution?

Yes

No

Transcript Request

Note: One official transcript is required from each U.S., U.S. Territorial, or Canadian post-secondary institution at which you have attempted course work, regardless of whether credit was earned.

If you click “Yes,” you must have an official transcript sent to AMCAS by the Registrar’s Office of the institution. If you click “No,” this means that you are submitting a Transcript Exception Request and does not preclude you from transcript requirements. AMCAS will review your request and notify you if your Transcript Exception is not granted. This may result in delays for processing your application.

Does AMCAS require an official transcript from this school? Generally, a transcript is required. Please review this additional information if you need assistance in determining if a transcript is required.

Yes

No

Transcripts

Required official transcripts must be sent to AMCAS from the Registrar’s Office at each school you have attended. Use the Transcript Request Form to provide the Registrar with the information necessary for sending your transcript to AMCAS.

I understand that I must have my schools send my transcripts.

Previous Matriculation

You have "matriculated" as a medical school student if you were officially enrolled and attended classes as a candidate for a medical school degree.

Have you ever matriculated at, or attended, any medical school as a candidate for a medical degree?

Yes

No

Institutional Action

Applicants must answer "Yes" even if the action does not appear on or has been deleted or expunged from their official transcripts due to institutional policy or personal petition.

Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?

Yes

No

Biographic Information

Preferred Mailing Address

This information can be updated by an applicant after submission until the close of the application cycle.

| | | |
|------------------|----------------|-------|
| Country: | | |
| State/Province: | County: | City: |
| Street Address: | | |
| Zip/Postal Code: | | |
| Daytime Phone: | Evening Phone: | Fax: |
| E-mail: | | |

Permanent Mailing Address

| | | |
|------------------|----------------|-------|
| Country: | | |
| State/Province: | County: | City: |
| Street Address: | | |
| Zip/Postal Code: | | |
| Daytime Phone: | Evening Phone: | Fax: |
| E-mail: | | |

Alternate Contact

Alternate Contact information may be entered allowing the applicant to authorize AMCAS and their designated medical schools to release information to this contact relevant to the applicant's application and/or admissions status. An Alternate Contact may be especially important if the applicant expects to be out of the country or in an area with limited phone and/or e-mail access.

Do you want to designate an alternate contact? AMCAS and your designated medical schools may release information about your AMCAS processing and/or admissions status to this Alternate Contact. (Yes/No)

| |
|-----------------|
| Contact Name: |
| Relationship: |
| Country: |
| Street Address: |

| | | |
|-------------------|----------------|------------------|
| State / Province: | City: | Zip/Postal Code: |
| Daytime Phone: | Evening Phone: | Fax: |
| E-mail: | | |

I authorize AMCAS and my designated medical schools to release information about my AMCAS processing and/or admissions status to this Alternate Contact. However, AMCAS and the medical schools are under no obligation to release information to this contact.

Citizenship

Are you a citizen of the United States?

Yes

No

If “No,” please provide your country of citizenship and indicate the type of immigration status you currently hold in the United States:

Country:

Please indicate the type of immigration status you currently hold in the United States:

Adjustment of Status

DACA

Exchange Visitor/Student (J1)

Permanent Resident

Refugee/Asylum

Student (F1)

None

Other (write in)

Legal Residence

Some medical schools are interested in your state and/or county of legal residence for consideration as part of their application review process. Each state has their own qualifications for determining legal residency; medical schools may request additional documentation. You are responsible for researching and understanding a state’s qualifications for legal residency before claiming it as your state of legal residence in your AMCAS application. It may be possible to qualify for multiple states of legal residency, but you may select only one in the AMCAS application.

If your state of legal residency changes after submitting your application, you may request that it be changed following the procedure outlined in the Applicant Guide. The updated information will be provided to all medical schools designated in your application.

Do you have a state of legal residence in the United States?

Yes No

If “Yes,” please provide your state and county.

State: County:

Self-Identification

Applicants may optionally enter information on this page. Each of the main categories below have sub-categories from which an applicant may use to further identify themselves.

How do you self-identify? Please check all that apply. (If you reside in the European Union, do not answer this question.) (Optional)

Hispanic, Latino, or of Spanish Origin

| | | | |
|-----------------|-----------|--------------|---|
| Argentinian | Colombian | Cuban | Dominican |
| Mexican/Chicano | Peruvian | Puerto Rican | Other Hispanic, Latino, or of Spanish Origin: |

American Indian or Alaskan Nation

Tribal Affiliation:

Asian

| | | | |
|--------------|------------|-----------|------------|
| Bangladeshi | Cambodian | Chinese | Filipino |
| Indian | Indonesian | Japanese | Korean |
| Laotian | Pakistani | Taiwanese | Vietnamese |
| Other Asian: | | | |

Black or African American

| | | | |
|------------------|---------|----------------|----------------------------------|
| African American | African | Afro-Caribbean | Other Black or African-American: |
|------------------|---------|----------------|----------------------------------|

Native Hawaiian or Other Pacific Islander

| | | | |
|-----------|-----------------|--------|--|
| Guamanian | Native Hawaiian | Samoan | Other Native Hawaiian or Pacific Islander: |
|-----------|-----------------|--------|--|

White

Other:

Languages

Applicants are asked to add all languages that they speak, along with their proficiency and frequency of use in their childhood home for each (including English).

Please add all languages that you speak, including English. For each language, rate your proficiency and use in your childhood home as described in the lists below.

American Sign Language
Amharic

Arabic
Armenian

Bengali
Cajun

| | | |
|---------------|-----------------------|----------------|
| Chinese | Italian | Russian |
| Croatian | Japanese | Samoan |
| Czech | Korean | Serbocroatian |
| Danish | Kru | Slovak |
| Dutch | Latin | Spanish |
| English | Lithuanian | Swedish |
| Finnish | Malayalam | Syrian |
| Formosan | Miao (Hmong) | Tagalog |
| French | Mon-Khmer (Cambodian) | Tamil |
| French Creole | Navajo | Thai (Laotian) |
| German | Norwegian | Turkish |
| Greek | Pennsylvania Dutch | Ukrainian |
| Gujarati | Persian | Urdu |
| Hebrew | Polish | Vietnamese |
| Hindi | Portuguese | Yiddish |
| Hungarian | Punjabi | Other |
| Ilocano | Romanian | |

Use in Childhood Home:

- Never
- Rarely
- From Time to Time
- Often
- Always

When selecting your level of proficiency, follow these guidelines:

| | |
|-----------------------------------|--|
| Native/Functionally Native | I converse easily and accurately in all types of situations. Native speakers may think that I am a native speaker, too |
| Advanced | I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker. |
| Good | I speak well enough to participate in most conversations. Native speakers notice some errors in my speech or my understanding, but my errors rarely cause misunderstanding. |
| Fair | I speak and understand well enough to have extended conversations about current events, work, family, or personal life. Native speakers notice many errors in my speech or my understanding. |
| Basic | I speak the language imperfectly and only to a limited degree and in limited situations. I have difficulty in or understanding extended conversations. |

| Language(s) | Proficiency | Use in Childhood Home |
|-------------|-------------|-----------------------|
| | | |

Childhood Information

1. In what area did you spend the majority of your life from birth to age eighteen?

Decline to Answer

Country

City

State

Description (check only one):

Military or Government Installation

Rural

Suburban

Urban

Other

2. Do you believe that this area was medically under-served?

Yes

Don't Know

No

Decline to answer

3. Have you or members of your immediate family ever used federal or state assistance programs?

Yes

Don't Know

No

Decline to answer

4. What was the income level of your family during the majority of your life from birth to age eighteen? Select the answer that applies.

| | | | |
|---------------------|-----------------------|-----------------------|-----------------------|
| Don't know | \$100,000 - \$124,999 | \$200,000 - \$224,999 | \$375,000 - \$399,000 |
| Less than \$25,000 | \$125,000 - \$149,999 | \$250,000 - \$274,999 | \$400,000 and more |
| \$25,000 - \$49,999 | \$125,000 - \$149,999 | \$275,000 - \$299,999 | Decline to Answer |
| \$50,000 - \$74,999 | \$150,000 - \$174,999 | \$300,000 - \$324,999 | |
| \$75,000 - \$99,999 | \$175,000 - \$199,999 | \$350,000 - \$374,999 | |

5. Did you have paid employment prior to age eighteen?

Yes

No

Decline to answer

6. Were you required to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money)?

Yes

No

Decline to answer

7. How many people lived in your primary household during the majority of your life from birth to age eighteen? (Enter a number)

8. Did you receive a Pell Grant at any time while you were an undergraduate student?

- Yes Don't Know
 No Decline to answer

9. How have you paid or did you pay for your post-secondary education? For each of the applicable options below, indicate the average percentage contribution towards your post-secondary education. The percentages entered should equal 100%.

| | |
|----------------------------------|-------------|
| Academic Scholarship | % |
| Financial Need-based Scholarship | % |
| Student Loan | % |
| Other Loan | % |
| Family Contribution | % |
| Applicant Contribution | % |
| Other | % |
| TOTAL | 100% |

Military Service

1. Have you or are you currently serving in the United States Military?

- Yes No Decline to answer

2. If “Yes,” please indicate your anticipated military status at the time of enrollment to medical school:

- Active Duty Veteran
 US Reserves or National Guard Other

If Veteran status, please provide your date of separation: (MM/YYYY)

3. Are you eligible for any of the following GI Bills?

- No
 Yes
 Montgomery GI Bill
 Post 9/11 GI Bill
 Other

Military Discharge

1. Have you ever been discharged by the Armed Forces of the United States? Select ‘No’ if you have never served in the Armed Forces, or are currently serving without previous discharge.

- Yes No

2. If “Yes,” did you receive an honorable discharge or a discharge under honorable circumstances?

Yes

No

3. **If “No,” please explain the circumstances of your discharge, including the circumstances leading to your discharge, your period of service, and your rank at the time of discharge.**

Note that a dishonorable or general discharge under other than honorable conditions will not necessarily disqualify you for acceptance or admission. Individual medical schools will review your response for accuracy and completeness, and will consider the information in the context of their overall assessment of your suitability for admission. The Association of American Medical Colleges (AAMC) recommends that all U.S. medical schools verify your response(s) upon your initial acceptance to a medical school by means of a national background check. Failure to disclose information, or the submission of inaccurate or incomplete information on this application, may disqualify you for admission.

Felony

Applicants are encouraged to review the information labeled “Felony” in the application and applicant guide before responding. They will find important information about their responsibility to notify medical schools if their answer to this question changes after submission, as well as state-specific notifications that have been mandated for inclusion alongside our question.

Applicants need **NOT** disclose any instance where they:

- were arrested but not charged;
- were arrested and charged, but the charges were dropped;
- were arrested and charged, but found not guilty by a judge or jury;
- were arrested and found guilty by a judge or jury, but the conviction was overturned on appeal; or
- received an executive pardon.

Responding “Yes” to this question will not necessarily disqualify you for acceptance or admission. Individual medical schools will review your response for accuracy and completeness, and will consider the information in the context of their overall assessment of your suitability for admission. The Association of American Medical Colleges (AAMC) recommends that all U.S. medical schools verify your response(s) upon your initial acceptance to a medical school by means of a national background check. Failure to disclose information, or the submission of inaccurate or incomplete information on this application, may disqualify you for admission.

Have you ever been convicted of, or pleaded guilty or no contest to, a Felony crime, excluding 1) any offense for which you were adjudicated as a juvenile, or 2) convictions which have been expunged or sealed by a court (in states where applicable)?

Yes

No

If “Yes,” please explain the circumstances of your conviction, including the number of conviction(s), the nature of offense(s) leading to conviction(s), date and location of conviction(s), the sentence(s) imposed, and the type(s) of rehabilitation.

Misdemeanor

Applicants are encouraged to review the information labeled “Misdemeanor” in the application and applicant guide before responding. They will find important information about their responsibility to notify medical schools if their answer to this question changes after submission, as well as state-specific notifications that have been mandated for inclusion alongside our question.

Applicants need **NOT** disclose any instance where they:

- were arrested but not charged;
- were arrested and charged, but the charges were dropped;
- were arrested and charged, but found not guilty by a judge or jury;
- were arrested and found guilty by a judge or jury, but the conviction was overturned on appeal; or
- received an executive pardon.

Responding “Yes” to this question will not necessarily disqualify you for acceptance or admission. Individual medical schools will review your response for accuracy and completeness, and will consider the information in the context of their overall assessment of your suitability for admission. The Association of American Medical Colleges (AAMC) recommends that all U.S. medical schools verify your response(s) upon your initial acceptance to a medical school by means of a national background check. Failure to disclose information, or the submission of inaccurate or incomplete information on this application, may disqualify you for admission.

Applicants to Schools in Massachusetts:

Because Massachusetts educational institutions are prohibited from requesting information from you concerning certain misdemeanor crimes, your response to the below question will not be provided to medical schools in Massachusetts.

Note: Medical schools in Massachusetts typically collect misdemeanor information via their secondary or supplemental applications. In addition, the AAMC recommends that all medical schools conduct a criminal background check on applicants at the time of acceptance.

Have you ever been convicted of, or pleaded guilty or no contest to, a Misdemeanor crime, excluding 1) any offense for which you were adjudicated as a juvenile, 2) any convictions which have been expunged or sealed by a court, or 3) any misdemeanor convictions for which any probation has been completed and the case dismissed by the court (in states where applicable)?

Yes

No

| | Other: | Country | School | City |
|---|----------|---------|--------|------|
| Country of Legal Residence: (required for all living parents/guardians) | | | | |
| United States: | State | County | | |
| Canada: | Province | | | |
| Other: | Country | | | |

I am not able to provide this information

Siblings

Please add any siblings you have. Some medical schools want to know information about your brothers or sisters, if you have any.

Age:

Sex:

Male

Female

Decline to Answer

Dependents

How many dependents do you have? (Enter number)

Course Work

Applicants must enter all of the courses you took at each school. Prior to entering coursework, applicants are encouraged to watch some brief tutorials to guide them through the process of entering their coursework.

In this section, applicants enter all courses in which they have enrolled, regardless of whether credit was earned, for each of the schools attended. Including any course(s) ever enrolled in at any U.S., U.S. Territorial, or Canadian post-secondary institution, regardless of whether credit was earned. This includes, but is not limited to:

- Courses from which the applicant withdrew.
- Courses for which they received a grade of “Incomplete” and for which no final grade has been assigned.
- Courses that have been repeated; Repeated courses and courses removed from the transcript or GPA as a result of academic bankruptcy, forgiveness, or similar institutional policies should be entered exactly as they appeared on the transcript issued prior to removal/repeat.
- Courses that were failed, regardless of whether they have been repeated.
- Courses in which they are currently enrolled or expect to enroll in prior to entering medical school.
- Remedial/developmental courses.
- College-level courses you took while in high school even if they were not counted toward a degree by any college.
- Courses taken at an American college overseas.
- Courses removed from a transcript or GPA as a result of academic bankruptcy, forgiveness, or similar institutional policies.

Applicants Must:

- Enter courses exactly as they appear on the transcript of the school where they were originally attempted, not as they appear on the transcript of any school which may have accepted the courses in transfer. Only specific types of special courses qualify for an exception to this rule.
- Enter courses in chronological order. Within each term, list the courses in the order in which they appear on the official transcript.

Add a Course

Applicants are asked to enter coursework for each of their academic institutions.

| | | | | | |
|---------------------------------------|--------------|---------------|--------------------------|---|--|
| Academic Year | | Academic Term | | Year in School | |
| Course Number | | Course Name | | Course Classification <i>(The Course Classification Guide can be found in the AMCAS Applicant Guide)</i> | |
| Credit Hours | | | Transcript Grade | | |
| Did the course include a lab section? | Lecture Only | Lab Only | Combined Lecture and Lab | | |

| | | | | | | |
|-----------------------|----------------|----------------|------------|-----------------------------|-----------|------------|
| Special Course Types: | | | | | | |
| Advanced Placement | CLEP | Deferred Grade | Honors | International Baccalaureate | No Record | Repeat |
| Audit | Current/Future | Exempt | Incomplete | Military Credit | Pass/Fail | Withdrawal |

Although an asterisk does not appear next to Transcript Grade and Credit Hours indicating these fields are required, applicants must complete these fields if the information appears on their official transcript.

In certain cases, it may be appropriate to leave these fields blank. Applicants should review the coursework section of the AMCAS Applicant Guide for more information. Failure to include required grades and credit hours may

result in application processing delays, missed deadlines, and lost application fees. Applicants may contact the AAMC Services Contact Center if they have any questions: 202-828-0600 or amcas@aamc.org.

Work/Activities

The Work and Activities section is designed to give applicants the opportunity to include in their application any work or extracurricular activities that they would like to bring to the attention of the medical schools to which they are applying. They can add up to fifteen (15) entries and will be prompted to summarize each experience in 700 characters.

As part of this process, applicants will be asked to identify up to three (3) experiences that they consider the most meaningful. If applicants have two or more entries, they will be required to identify at least one as the most meaningful. When considering which experiences are the most meaningful, applicants might consider the transformative nature of the experience: the impact they made while engaging in the activity and the personal growth they experienced as a result of their participation.

After the required information is entered, applicants should check the box to select this experience as one of the “Most Meaningful.” An additional 1325 characters are available to summarize why this experience has been selected as one of the most meaningful.

For each experience entry, applicants can choose the experience type that best describes each experience.

- Artistic Endeavors
- Community Service/Volunteer – Medical/Clinical
- Community Service/Volunteer – Not Medical/Clinical
- Conferences Attended
- Extracurricular Activities
- Hobbies
- Honors/Awards/Recognition
- Intercollegiate Athletics
- Leadership – Not Listed Elsewhere
- Military Service
- Other
- Paid Employment – Medical/Clinical
- Paid Employment – Not Medical/Clinical
- Physician Shadowing/Clinical Observation
- Presentations/Posters
- Publications
- Research/Lab
- Teaching/Tutoring/Teaching Assistant

The following information for each experience must be entered.

Indicate the total number of hours that you spent completing (or expect to complete) this work experience or activity during the date range that you indicate. If this is a repeated experience, enter the total number of hours for each date range you provide.

| | |
|-----------------------------------|-------|
| Experience Type (see above list): | |
| Experience Name: | |
| Organization Name: | |
| Country: | City: |

| | | | |
|--|-----------|---------------------------|--|
| Contact Name: | | Contact Title: | |
| Contact's Phone Number: | | Contact's E-mail Address: | |
| Start Date: | End Date: | Total Hours: | |
| Repeated? | Yes | No | |
| Experience Description (700 Characters) | | | |
| | | | |
| This is one of my most meaningful experiences: | Yes | No | |
| Most Meaningful Experience Summary (1325 Characters) | | | |
| | | | |

Letters of Evaluation

A maximum of ten (10) letter entries may be created. Letter entries may be added and assigned to medical schools after applicants have submitted their application. However, once they have submitted their application, existing letter entries cannot be edited or deleted; they can only be marked "No Longer Being Sent."

Letters are accepted electronically (AMCAS Letter Writer Application or Interfolio) or by mail.

Important Information about Letters:

- Applicants may submit their application before creating letter entries in this section.
- Applicants may submit their application prior to letters being received by AMCAS.
- Letter deadlines are established individually by each medical school, so applicants should check their websites for deadline dates.
- Letters sent to AMCAS cannot be released to applicants or letter authors under any circumstances, and are provided only to medical schools that are participating in the AMCAS Letter Service.
- Re-applicants should note that letters received by AMCAS do not rollover to later application years, so advise letter authors to keep a copy of their letter.
- The AAMC publishes a list of guidelines for letter of evaluation authors. A link to the guidelines is on the Letter Request Form applicants will provide to your letter authors.

** Applicants must contact schools that do not participate in AMCAS Letters to determine their letter of evaluation requirements. AMCAS will not forward your letters to these schools. [See the list of Participating Schools and Deadlines.](#)*

Applicants can watch ["How to Add Letter of Evaluation Entries & Assign them to Medical Schools" Tutorial](#)

Note: Letter writers must send applicant letters through AMCAS, if an applicant is applying to one or more schools participating in the AMCAS Letters Service.

Add a Letter of Evaluation

Applicants must create one letter entry for each Committee Letter, Individual Letter, or Letter Packet being sent to AMCAS. Most medical schools participate in the AMCAS Letter Service. Please review [additional information about letters of evaluation](#).

Many medical schools determine whether or not an applicant has met their letter of evaluation/recommendation requirements by the type of letters they receive in support of an application. For example, a medical school may require a committee letter OR three individual letters in support of your application.

[Please review the AMCAS Applicant Guide](#) for more information about Letters of Evaluation.

Please identify the type of letter you wish to enter. If you are uncertain as to the type of letters provided by your school/institution, please ask your pre-health advisor or career center prior to answering this question.

Committee Letter:

A committee is a letter authored by a pre-health committee or pre-health advisor and intended to represent your institution's evaluation of you. A committee letter may or may not include additional letters written in support of your application. A Committee Letter is sometimes called a composite letter.

Letter Packet:

A packet or set of letters assembled and distributed by your institution, often by the institution's career center.

Individual Letter:

An individual letter refers only to a letter authored by, and representing, a single letter writer. **If you have already included an individual letter within either a committee letter or letter packet, you do not need to add a separate entry for the individual letter.**

Applicants are instructed to select a meaningful Letter Title, as they may need this title later to identify a letter. For example, if this letter were from the University Of X, with a primary contact of John Doe, and the applicant intends to have this letter sent only to MD/PhD programs, they might create a title of "UX_Doe_MD_PhD."

| | | | |
|------------------------|------------|----------------|--------------|
| Letter Title: | | Select School: | |
| Primary Contact/Author | Prefix: | First Name: | Middle Name: |
| | Last Name: | Suffix: | Title |
| Phone: | | Email: | |
| Organization Name: | | | |
| Address: | | | |
| Country: | State: | City: | Zip Code: |

| |
|---|
| Additional Authors (for Letter Packet): |
|---|

Medical Schools

In this section, applicants designate the medical schools to which they wish to apply. They may filter by state, deadline, program type, and school. Applicants may apply to one program per school.

Add a Medical School

| | | |
|---|-----------------------------------|--------------------------------|
| Filters: | State | Deadline |
| | Program Type | Schools |
| Program: You may need prior permission from the medical school to select any of the following program types: <ul style="list-style-type: none"> • Deferred/Delayed Matriculant • Early Assurance • Combined Bachelors/Medical Degree • Other Special Program | | |
| Program (select one): | Regular M.D. | Deferred/Delayed Matriculation |
| | Combined Bachelors/Medical Degree | Early Decision |
| | Combined Medical Degree/Graduate | Combined Medical Degree/Ph.D. |
| Have you applied to this medical school in previous years? | Yes | No |

Background Check

Upon designating their school selections, applicants will be informed if the schools participate in the AMCAS-facilitated Criminal Background Check Service. If the schools use this service, the applicant will receive the following notification:

Upon your initial, conditional acceptance to medical school or by request of a medical school that has placed you on its alternate list, a criminal background check will be initiated.

You will receive an e-mail from Certiphi Screening, Inc. providing additional information and access to a secure form through which you will provide consent for the procurement of this report. Your consent applies to all medical schools that participate in this service, so you will not be asked to provide consent if additional acceptances are offered. For more information, visit <https://students-residents.aamc.org/applying-medical-school/article/criminal-background-check-service/>

Medical School Selections, Participation, and Program Information

| Medical Schools | Letters of Evaluation (LOE) | Criminal Background Check (CBC) | Program Type | Program Deadline | Transcript Deadline | Actions |
|-----------------|-----------------------------|---------------------------------|------------------------|------------------|---------------------|---------------|
| School Name | Yes / No | Yes / No | Program Type Selection | Deadline Date | Deadline Date | Edit / Delete |
| School Name | Yes / No | Yes / No | Program Type Selection | Deadline Date | Deadline Date | Edit / Delete |
| Balance Due: | | | | | | |

Essays

Personal Comments Essay

Applicants should enter their Personal Comments in the Essay section of the application.

If an applicant indicates they will be applying to a school's M.D.-Ph.D. program, they are required to enter two additional essays: the M.D.-Ph.D. Essay, in which they state their reasons for wishing to pursue the combined M.D.-Ph.D. degree, and a Research Experience Essay, in which they describe significant research experiences.

Personal Comments space available is (5,300 characters)

M.D.-Ph.D. Essay space available is (3,000 characters)

Research Experience Essay space available is (10,000 characters).

Consider and write your Personal Comments carefully; many admissions committees place significant weight on this section. Make sure you proofread carefully because no changes may be made after you submit your application.

What information should I consider including in my personal comments?

Some questions you may want to consider while drafting this essay are:

- Why have you selected the field of medicine?
- What motivates you to learn more about medicine?
- What do you want medical schools to know about you that hasn't been disclosed in another section of the application?

In addition, you may wish to include information such as:

- Special hardships, challenges or obstacles that may have influenced your educational pursuits
- Commentary on significant fluctuations in your academic record which are not explained elsewhere in your application

Use the space provided to explain why you want to go to medical school.

Standardized Tests

MCAT® Scores

MCAT Scores prior to 2003 that have not been released must be released by the applicant at www.aamc.org/mcat. MCAT Scores from 2003 forward are automatically updated in the applicant's application.

MCAT® Exam Date

Medical schools need to know if they should expect future MCAT scores in support of your application. Do you have an upcoming or recently taken MCAT exam date where official MCAT scores have yet to be released?

Yes

No

Other Tests

Applicants may optionally provide other test scores. Information provided here is not verified by AMCAS.

Would you like to include your test score from another exam (such as the GMAT, LSAT or GRE)? *Note: AMCAS does not verify test scores other than the MCAT.*

Yes

No

Add Test Score

| | |
|---------------|-------------|
| Test Name: | Test Date: |
| Test Section: | Test Score: |