


NRMP Program Waiver Request Form

NRMP policy requires Matching program participants to offer or accept an appointment if a match occurs, to start training in good faith (e.g. with the intent to complete the program) on the date specified in the appointment contract, and to remain training for a minimum of 45 days. In limited circumstances, the NRMP may grant a waiver of a Match commitment. Applicants and programs are not authorized to release each other from their binding commitment. Once a party has matched or a position has been offered and accepted during the Match Week **Supplemental Offer and Acceptance Program® (SOAP®)**, a waiver of the binding commitment **MUST** be obtained from the NRMP before applicants and programs can apply for, discuss, interview for, or accept an alternate position. The decision to grant or deny the waiver is at the sole discretion of the NRMP and is not subject to arbitration. The [Policies and Procedures for Waiver Requests](#) ("Waiver Policy") governs the NRMP's waiver process.

To initiate a waiver review, complete this form in its entirety and submit to policy@nrmp.org. **Failure to provide all the information requested will delay the processing of your request.** Waiver reviews can take several weeks, depending on how long it takes all parties to respond to requests for information.

Upon opening the Form, click on the  "Download" icon in the upper right corner of the screen to enter data in the fields. You may contact the NRMP Policy Office at 1-202-400-2235 with questions.

Date Submitted: _____ **NRMP PROGRAM CODE:** _____

Program Name: _____ **Institution:** _____

Program Director: _____

Name of Match (Main or Fellowship): _____ **Year:** _____

Matched Applicant(s): _____ **AAMC/NRMP ID:** _____

_____ **AAMC/NRMP ID:** _____

_____ **AAMC/NRMP ID:** _____

REASON FOR WAIVER REQUEST (choose only one):

_____ **Unanticipated Serious and Extreme Hardship**

_____ **Closure/Loss of Accreditation**

_____ **Applicant Ineligibility** (e.g., delayed graduation, credentialing issues, no PGY-1 appointment)

_____ **Visa (Is this related to inability to obtain a statement of need? Yes or No: _____)**
Home Country or Country of Citizenship: _____

_____ **Deferral***A deferral is not a waiver; it is a one year deferred/delayed start of training. A deferral must be agreed to by both parties prior to submission of the request.

Please state the reason for your request. Be as detailed as possible and include timelines where applicable. 10 point font minimum. Do not exceed parameters of the space provided. Additional information may be submitted via email to policy@nrmp.org

Have you notified your matched applicant(s) of your waiver request? Y N

(The program must submit the request to the NRMP with a copy to each applicant whose position is included in the request.)

Have you been in contact with other applicants? Y N

If Yes, please list the name of the applicants(s) with whom you spoke.

Applicant: _____

Applicant: _____

(note: contacting a program absent a waiver from the NRMP is a potential Match violation)

Closure/Loss of Accreditation:

For requests based on program closure or loss of accreditation, please indicate the reason for closure or loss of accreditation, submit documentation, and describe the method that will be employed to assist each applicant in securing another training position

Please provide any additional information you believe is pertinent to your request. Please submit to policy@nrmp.org any supporting documentation (e.g., ERAS applications, visa documentation, and institutional policies) that substantiates your claim.

Please save the completed form to your desktop computer with a different filename and convert to a PDF. Send the PDF as an attachment to policy@nrmp.org.