


## NRMP Applicant 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<sup>®</sup> (SOAP<sup>®</sup>), 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 handling of waivers.**

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.

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 at 1-202-400-2235 with questions.

**Date Submitted:** \_\_\_\_\_ **AAMC/NRMP ID:** \_\_\_\_\_

**Applicant Last Name:** \_\_\_\_\_ **Applicant First Name:** \_\_\_\_\_

**Name of Match (Main or Fellowship):** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Matched Program(s):** \_\_\_\_\_ **Institution:** \_\_\_\_\_

\_\_\_\_\_ **Institution:** \_\_\_\_\_

**Program Director(s):** \_\_\_\_\_

\_\_\_\_\_

**REASON FOR WAIVER REQUEST (choose only one):**

\_\_\_\_\_ **Unanticipated Serious and Extreme Hardship**

\_\_\_\_\_ **Change of Specialty or SubSpecialty\*** Reserved for applicants with an advanced position in the **Main Residency Match<sup>®</sup>** or a fellowship position in the **Specialties Matching Service<sup>®</sup> (SMS<sup>®</sup>)**. Request must be received no later than January 15 prior to the start of training. **Requests received after January 15 prior to the start of training will NOT be approved.**

\_\_\_\_\_ **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](mailto:policy@nrmp.org)**

**Have you notified your matched program(s) of your waiver request?** \_\_\_\_\_ **Y** \_\_\_\_\_ **N**  
*(The applicant must submit the request to the NRMP with a copy to the program(s) to which the applicant matched or in which the applicant accepted a position.)*

**Have you been in contact with other programs about a position?** \_\_\_\_\_ **Y** \_\_\_\_\_ **N**  
*If Yes, please list the name of the program(s) and the individual with whom you spoke.*

**Program:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Program:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
*(note: contacting a program absent a waiver from the NRMP is a potential Match violation)*

**Identify your current training program (if applicable):**  
**Program:** \_\_\_\_\_ **Institution:** \_\_\_\_\_  
**Program Director:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Please provide any additional information you believe is pertinent to your request. For requests based on unanticipated, serious and extreme hardship or ineligibility, please submit to [policy@nrmp.org](mailto:policy@nrmp.org) any third-party verification (e.g., medical information, visa documentation, medical school correspondence) that substantiates your claim.**

**If the waiver is approved, what are your plans for the training year?**

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](mailto:policy@nrmp.org).