

Registering for the Match

Main Residency Match



Users: Main Residency Match Applicants

| MATCH | | | | | = |
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Pre-requisite materials:

- USMLE, AOA, NBOME, ECFMG, or CaRMS ID depending on your user type
- USMLE or COMLEX Test Scores
- AAMC ID (recommended but not required)

Getting Started:

- 1. Go to NRMP's home page: <u>www.nrmp.org</u>.
- 2. Click LOGIN/REGISTER.



Note: This Registering for the Match – Main Residency Match guide explains how to complete this task using a mobile device. The menu options are the same whether using a mobile device or desktop.



The R3® system home page displays, as shown here on a tablet.

3. Click the Main Menu button in the top right corner.

Getting Started, Continued:

4. After clicking the menu button, click **Register for Residency**.



Step 2: Participant Type

The Participant Type screen displays.

- 5. Complete the following to indicate your participant type:
 - Select whether you are a medical school senior or graduate.
 - Click the **Graduation Date** drop-down arrows and choose the correct anticipated or past graduation month and year.
 - Click the **School** drop-down arrow and choose the type of medical school.
 - Click the **Citizenship Status** drop-down arrow and select the appropriate option for your current citizenship status
- 6. Click Next.

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|--|---|
| United States - Registration, Ranking, and Results @(R3 @) | 6 |
| Match Type: Main Residency Match | |
| Please select your participant type. | |
| * I am a Medical School Image: School Image: Graduate 'Graduation Date Month Year 'Which type of school did you attend?: 'Which type of school did you attend? Image: School did you attend? 'What is your citizenship status? 'What is your citizenship status? Image: School did you attend? | |
| © Cancel Registration (Back Next) 6 | |
| Contact Us Copyright Notice Privacy Statement | |

Step 3: Registration Form

The **Registration Form** screen displays.

- 1. Enter your **Name** details in the appropriate fields. Fields with a * are required.
- 2. Click Next.

The **Professional Profile** section requests your scores from medical licensure tests and other information entered on your ERAS Common Application form.

- 3. Enter your **Professional Profile** details.
- 4. Click YES or NO for Informed Consent.
- 5. Click Next.

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| 0 | -0 | 3 REGISTRATION FORM | | 5 | 6 |
| Match Typ | Main Residency Match | | | | |
| Participant Typ | Senior in a U.S. Allopat | hic Medical School | | | |
| | | | | | |
| De tollowing information | is needed to make sure that | the NRMP can uniquely identify you and | to prevent another person from | mpersonating you | |
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| Registrant Details | Is needed to make sure that "Fir Midd "La Previous La | the NRMP can uniquely identify you and rst Name isst Name Suffix Please Select Cancel Registration | Back Next) | | "Require |

| Step 3b: Professional profile | "Requir |
|---|--|
| As part of the Match registration process, the NRMP ask important research reports such as <i>Charting Outcomes</i> i applicants like yourself make informed decisions in the M are no known risks to providing such information, and yo will not share your responses with anyone outside the NI explicit consent. After the Match, your USMLE scores (S may be confirmed by the NRMP. The Professional Profile Chesapeake Institutional Review Board (IRB). The quest principal investigator, Mei Liang, can be reached at (202 | s you to complete the Professional Profile Section. The information will be used to compile n the Match. Your responses will help medical schools, GME training programs, and latch. Allowing the NRMF to use your information for research purposes is voluntary. There ur Match results will not be afficted if you elect not to allow the NRMP to use your data. We NMP. Information provided by you will not be published in any identifiable format without your tep 1 and Step 2 Clinical Knowledge) and/or COMLEX-USA scores (Level 1 and Level 2 CE) e questions have been graited exemption from institutional Review Board (IRB) oversight by tions also have been reviewed in accordance with NRMP policies and procedures. The) 400-2233 or <u>datarequest@nrmp.org</u> . |
| USMLE Step 1 Score USMLE Step 2 CK Score Number of research experiences Number of abstracts, presentations, and publications Number of work experiences Number of volunter experiences AOA Honor Medical Society Member Ph. D. Other graduate dependence If you have read the disclosure tempent and agree to alloc 4 | Image: Select "Yes." Otherwise, select "No." Image: Select "Yes." Otherwise, select "No." |

Step 3: Registration Form, Continued

Fields with a * are required

Enter as many identification details as you have available. Tool tips are provided with a icon to assist you.

- Enter the appropriate identification details. ID fields displayed with a * are required and are based on your previous selections. The example screen shot is for a U.S. MD senior.
 - U.S. MD seniors or graduates must enter their USMLE ID.
 - U.S. DO seniors or graduates must enter their NBOME and AOA IDs.
 - International medical school students and graduates (IMGs) must enter their ECFMG ID. The ECFMG ID is the same as the USMLE ID.
- Enter your **Birth** details, including date of birth, birth country, birth state, and birth city. To enter your date of birth, <u>select the birth year first</u> from the drop-down in the calendar widget.
- 8. Click Next.



Step 3: Registration Form, Continued

- 9. Click the **Click to Find School** button. The School Lookup fields display.
 - a. Click the drop-down arrow to select your school's state, province, or country and then click **Search**.
- 10. Click your school name that displays *below* the Search button.
- 11. Click Next.

| | 0 - |
|--|------------|
| Step 3d: Medical School & Training | requied |
| *School Name | |
| Select your school's State, Province, and/or Country below, then click the "Search' button to find your school. If your school's State, Province, or Country dees not appear here, then you have chosen the wong Participant Type. Click the Back hurd — Soloting dhis schedule hoo have dived event of the click click. | |
| 9a State / Province Maryland Q.Search | |
| Culex on a school name delow to populate the School wante neid above. 3 records round. | |
| 133 Johns Hopkins University SOM | |
| 10 142 <u>U Maryland SOM</u> | |
| 821 Uniformed Services Hebert SOM | |
| 1 to 3 of 3 rows Next X Next X Show 50 Results per Page | Last> |
| Cancel Registration 4 Back Next H | 11 |



- 12. For graduates only, select your residency training details and completed date using the drop-down arrows. Additional drop-down menus will display based on the selections made.
- 13. Click Next.

Step 3: Registration Form, Continued

- 14. Enter your **Contact** Information.
 - a. Note: To receive NRMP communications, your email must be valid and unique only to you .
 - Be sure to add the NRMP email address, <u>support@nrmp.org</u> to your personal contacts list.

15. Click Next.

- 16. Create your **Username** and **Password**. *Usernames must be at least 6 characters and are case-sensitive*. Your password must:
 - a. Be alphanumeric.
 - b. Contain a total of 8 characters, with 3 characters being an uppercase letter, lowercase letter, a number, or special character (#!\$%).
- 17. Choose Security Questions and enter the Responses.
- 18. Click Next.

| Step 3e: Contact Information | *Require |
|---|---------------------|
| *Country * Street Address Line 1 Street Address Line 2 Street Address Line 3 * City / Town State / Province * Zip / Postal Code | Please Select |
| * Primary Phone Number Alternate Phone Number | |
| * Primary Email Address * Confirm Primary Email Address | |
| 0 | Cancel Registration |

| gistrant Details | | | | | *Re | quire |
|------------------------------|---|---------------------|----------|---------|-----|-------|
| Step 3f: Account Information | * Create Username * Create Password | | | 0 | | |
| | * Confirm Password Security Question 1 * Response 1 | Please choose one | | \prec | | |
| 17 | Security Question 2 * Response 2 | Please choose one | • | J | | |
| | 0 | Cancel Registration | Back Nex | « ▶ 18 | | |

Step 4: Login Information

The **Login Information** screen displays and the green note confirms you have created your account successfully.

** You are Not Yet Registered **

Although your account has been created, you must agree to the Match Participation Agreement and submit payment to complete registration.

- 1. To continue, enter your password.
- 2. Click Login.

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| United States – Registration | , Ranking, and Results ⊚(R3 ⊛) | | | | |
| _ | ⊘ | | | | 6 |
| SELECT MATCH | PARTICIPANT TYPE | REGISTRATION FORM | LOGIN INFORMATION | IGN MATCH AGREEMENT | PAYMENT |
| ✓ Congratulations | , your user account has been ci | reated successfully in the system | <i>n</i> ! | | |
| Please print a copy of this Please enter your passwo to complete your registrati | page and keep it in a secure place. To d and click "Login". To complete regis on at a later time. | o log into this website in the future, you tration, you will need to electronically | u will need to enter your username an sign the Match Participation Agreeme | id password. ent and pay the registration fee. You may a | Iso click "Save & Exit" |
| | | Match: | Main Residency Match | | |
| | | Applicant: | Louie Connolly | | |
| | | NRMP ID: | N0487942 | | |
| | | Username: | louconn | | |
| | (| 1 Password: | | | |
| | ٩ | Cancel Registration | Save and Exit | in) 2 | |
| | | | | <u> </u> | |

Step 5: Sign Match Agreement

The Sign Match Agreement screen displays.

- 1. Review the **Applicant Registration** section to ensure the details are correct.
- 2. Read the **Important Notice**, which highlights important aspects of the Agreement.
- 3. Click **Next** at the bottom of the screen.

| NATKO | MAL RESIDENT MATCHING PR | OGRAM* | | | 0 | 👻 🔒 Louie Connolly - |
|--------|--|---|--|--|--|---|
| United | d States – Registration, I | Ranking, and Results @(R3 ®) - | 2018 Main Residency Match | 0 | | |
| s | SELECT MATCH | PARTICIPANT TYPE | REGISTRATION FORM | LOGIN INFORMATION | SIGN MATCH AGREEMENT | PAYMENT |
| Ap | oplicant Registration | | | | | |
| | Mate | h Type: Main Residency Match | | Mat | ch Year: 2018 | |
| Y | Applicar | t Type: Senior in a U.S. Allopat | hic Medical School | Applicant | t Status: INITIAL | |
| / | Use | mame: louconn | | Fee | Status: Amount Due | |
| | NF | RMP ID: N0487942 | | | | |
| | AF | MC ID: 95698963 | | | | |
| | 03 | NEE 10. 0-000-000-0 | | | | |
| | | | | | | |
| IM | IPORTANT NOTICE | | | | | |
| | | | | | | |
| / | | | IMPORTAI | | | |
| | Before you accept the | terms of the following Match Pa | rticipation Agreement, the NRMP u | rges you to read it thoroughly. | Once you execute the Agreement and | the NRMP accepts |
| | your registration, it be | comes a binding contract. Failu | re to comply with all the terms a | nd conditions of this Agreeme | ent, whether intentionally or not, ma | y result in an |
| / | sponsored by a Match | -participating institution (in the c | ase of an applicant) and being ban | red from participating in future N | IRMP Matches. | any program |
| | The entire Match Part | cipation Agreement is binding up | oon the parties; however, certain a | eas may require your specific a | ttention. Included among those are: | |
| | NEW Program | ns are prohibited from asking ap | plicants to reveal ranking preference | es or the names, specialties, ge | eographic locations, or other identifying | information about |
| | programs to v | inion they have or may apply. (8 | ection 6.0) | | | |
| | Program direct 3.1) | ctors participating in the Main Re | sidency Match agree to register a | nd attempt to fill all of their posi | tions in the Main Residency Match. (| Sections 1.0 and |
| | Applicants wh to match to or | o match to a PGY-1 or PGY-2 po participate in SOAP for a concu | osition through the American Osteo rrent year NRMP position. (Sectio | pathic Association Match and th n 2.4.2) | ne Canadian Resident Matching Servic | e will be ineligible |
| | Applicants shi after the Rank | all not apply for, discuss, intervie Order List Certification Deadline | w for, or accept a position through a. (Section 2.4.3) | any other national matching pla | n or by agreement outside the Main R | esidency Match |
| | Applicants ma requested by | y request a waiver of a match of December 15 prior to the start of | ommitment based on unanticipated training. (Section 2.5) | serious and extreme hardship. | Waivers based on change of specialty | must be |
| | The NRMP m would cause t | ay grant a deferral of a match co unanticipated serious and extrem | mmitment provided both the applic the hardship. (Sections 2.6 and 3.7) | ant and program agree and pro | vided NRMP determines that failure to | grant a deferral |
| | If a PGY-1 po- outside the M the year of the Match provide | sition becomes vacant due to ap atch provided training begins bef a Match due to an applicant dism id training begins before Februar | plicant dismissal, resignation, or tra fore February 1 in the year followin dissal, resignation, or transfer or as by 1 in the year of the Match. (Sec | ansfer or as the result of an app g the Match. If a PGY-2 position the result of an approved waive ion 3.3.3) | roved waiver from the NRMP, the posit becomes vacant before the Quota Ch or from the NRMP, the position may be | on may be filled ange Deadline in filled outside the |
| | Program coor prohibited from | dinators shall access the R3 sys m modifying quotas or certifying i | tem only with a username and pas rank order lists or SOAP preference | sword separate and distinct from e lists. (Section 3.5) | n the program director. Program coord | inators are |
| | All Match part Regional Mate way making p Programs and the R3 system | icipants are prohibited from shar ch Statistics by Specialty, with ar ublicly available any Match Wee I the Regional Match Statistics b n shall not be made public or red | ing <u>any</u> information from or mainta by individual not registered for the <i>l</i> k information to any website or nor y Specialty. URLs that link to infor istributed in any form even if the in | ined in the <i>R3</i> system, including <i>Match</i> . All participants are also i-NRMP-related matching servic mation from the <i>R3</i> system or P formation already is in the public | g but not limited to the List of Unfilled P prohibited from copying, distributing, o se, including but not limited to the List of DFs that have been created, copied, or c domain. (Section 4.4) | rograms and the r posting or in any f Unfilled · downloaded from |
| | Absent a waiv appointment of | er from the NRMP, an applicant contract shall be presumed to ha | who gives notice of resignation, re ve breached the Match Participatio | signs, or vacates a position with n Agreement. (Section 5.1) | in 45 days of the start date specified in | the relevant |
| | Through 11:00 that are partic program's SO | 0 a.m. eastern time on Thursday ipating in SOAP and <u>only</u> throug AP participation status, until 11:0 | of Match Week, when SOAP cond of ERAS. SOAP-ineligible application 00 a.m. eastern time on Thursday | ludes, SOAP-eligible candidate nts cannot contact or apply to <u>ar</u> of Match Week. (Section 7.1) | s can apply <u>only</u> to unfilled Match-part <u>ny</u> Match-participating program, regard | cipating programs less of the |
| | Applicants where the second sec | o violate Supplemental Offer and | d Acceptance Program (SOAP) po | icies may be barred for one yea | r from participating in SOAP. (Section | 8.2.1) |
| | Applicants au and/or transm | thorize their medical schools, the it to NRMP certain test score da | National Board of Medical Exami ta, to be used to verify test score in | ners, and/or the National Board formation provided by the appli | of Osteopathic Medical Examiners to n cant as part of Match registration. (See | elease, verify, ction 18.0) |
| | | | | | \frown | |
| | | | | | | |

Step 5: Sign Match Agreement, Continued

- 4. Read the **Match Participation Agreement**. Scroll to the bottom of the page.
- 5. Enter your password.
- 6. Click **I Accept** at the bottom of the screen.

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|------|--|--|---|--|--|---|
| | 0 | 0 | | | | 6 |
| | SELECT MATCH | PARTICIPANT TYPE | REGISTRATION FORM | LOGIN INFORMATION | SIGN MATCH AGREEMENT | PAYMENT |
| ļ | Applicant Registration | | | | | |
| | Match T | ype: Main Residency Match | | Mate | h Year: 2018 | |
| | Applicant T | ype: Senior in a U.S. Allopat | hic Medical School | Applicant | Status: INITIAL | |
| | Userna | ame: louconn | | Fee | Status: Amount Due | |
| | NRM | P ID: N0487942 | | | | |
| | AAM | C ID: 95698963 | | | | |
| | Match Dadisiantian Association | - | | | | |
| 1 | Match Participation Agreeme | nt | | | | |
| | | | Match Partici | pation Agreement | | |
| | | | Applicants | and Programs | | |
| | | | For the 2017 Mair | n Residency Match® | | |
| | | т | erms and Conditions of the M Applicants, the NRMP | atch Participation Agreement Am , and Participating Programs | ong | |
| | These are the terms and indicating acceptance of (R3 [®]) system. Upon the between such party and a | conditions of the Match Parti these terms and conditions the NRMP's acceptance of such any other party who executes | cipation Agreement that each ay rough clicking on the "I Accept" party's registration, these terms this Match Participation Agreer | oplicant and program desiring to pa button on the Registration screen o and conditions will be a binding ag ment and whose registration is acce | ticipate in the Main Residency Match of the Registration, Ranking, and reement between such party and the N pted by the NRMP. | enters into by I Results[©] RMP, as well as |
| | | resistanting of the applicant of | r program in question, the NRM | P will register the applicant or progr | am, as the case may be, in the Main R | esidency Match |

| 17.0 Authorization for Release of Test Scores |
|---|
| By my electronic signature and as of the date this Agreement is submitted to NRMP, I hereby authorize the National Board of Medical Examiners and the National Board of Osteopathic Medical Examiners to release, verify, and transmit to NRMP upon its request certain test score data, in particular my USMLE scores, COMLEX scores, or other test scorely autilized in the Math process. I understand and agree that the test score data shall be used to verify test score information provided by me or about me by a testing service or other entity relevant to the graduate medical education matching process. |
| As set forth in the physician profile section of my Match registration, I have given my consent (or refused as the case may be) to permit my test score data to be used for research involving the Match and graduate medical education as long as no information clearly and uniquely identifying me is disclosed in studies or reports resulting from such research. |
| Lipódnied Jure 2016 |
| By entering your password and clicking 'I Accept', you agree that you have read, understand, and agree to the Terms and Conditions of the Match Participation Agreement. |
| Save and Ext I Accept 6 |
| By entering your password and cicking TAccept, you agree that you have read, understand, and agree to the Terms and Conditions of the Match Participation Agreement. |

Step 6: Payment

The fees are displayed for the Match you have selected.

1. Click **Next** to begin the payment process.

| Charge ID | Charge Date | Description | Price | Quantity | Amount |
|-----------|---------------------------------|--|---------|----------|---------|
| 8629812 | Sep 11, 2017 10:21:10 AM EDT | Applicant Registration Fee (U.S. Senior) | \$80.00 | 1 | \$80.00 |
| lance Due | | | | | \$80.00 |

- 2. Enter your **Credit Card** details as shown on your credit card.
- 3. Click Authorize Payment.

| | Charge Date | Description | Price | Quantity | | |
|-------------------------------|---|---|--------------------------------|-----------|-----|--------|
| 8629812 | Sep 11, 2017 10:21:10 AM EDT | Applicant Registration Fee (U.S. Senior) | \$80.00 | 1 | | \$80.0 |
| Balance Due | | | | | S | 680.0 |
| Credit or Debit Card Is | formation | | | | | |
| | | | | | 10. | |
| | | * First Name: * Last Name: | Authorize:Net | | | |
| | | Card Type: Please Select | | Show and | | |
| | • C | and Number: | | | | |
| | • Card S | ecurity Code: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | on: otherwise click "cancel" t | o return. | | |
| Please read the | following information, then cl | ick "Authorize Payment" to authorize your credit card transacti | | | | |
| Please read the Transactio | following information, then of Authorization: | ick "Authorize Payment" to authorize your credit card transacti | | | | |

Step 6: Payment Continued

Payment confirmation displays. You may print the page as a receipt.

4. Click Next.



Registration Complete

You have successfully finished registering for the Main Residency Match.

5. The screen displays important Match events.

