

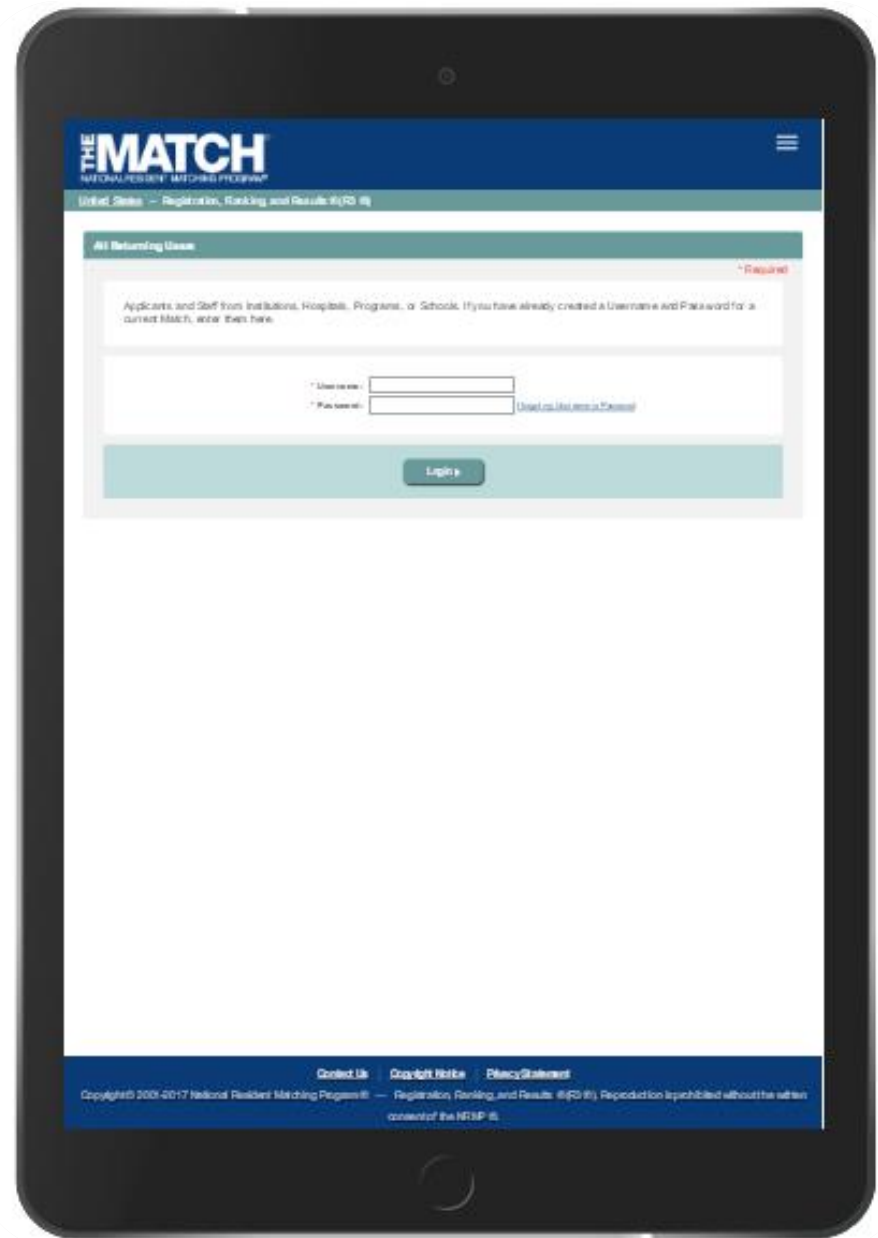


## Registering for the Match

Specialties Matching  
Service



Users: Fellowship Applicants





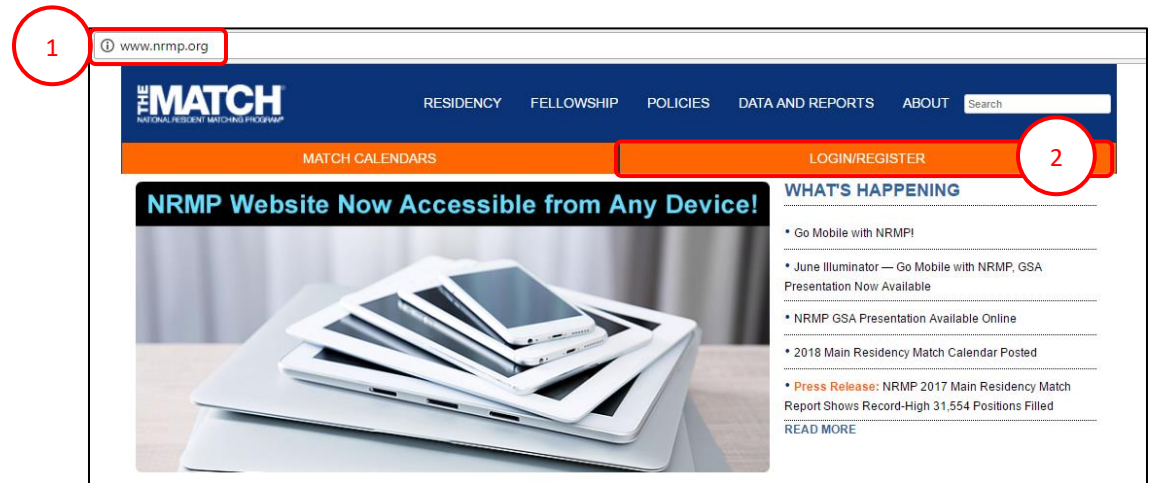
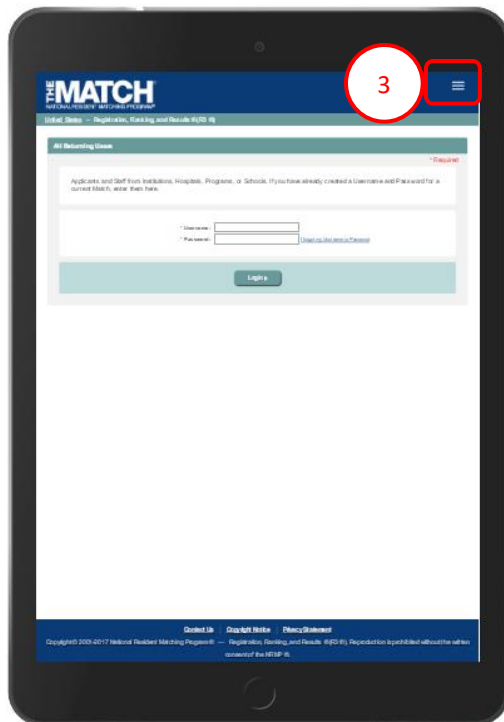
Pre-requisite materials you will need:

- USMLE ID, NBOME, and/or AOA ID
- USMLE or COMLEX Test Scores
- AAMC ID

**Note:** This *Registering for the 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.

### Getting Started:

1. Go to NRMP's home page: [www.nrmp.org](http://www.nrmp.org).
2. Click **LOGIN/REGISTER**.

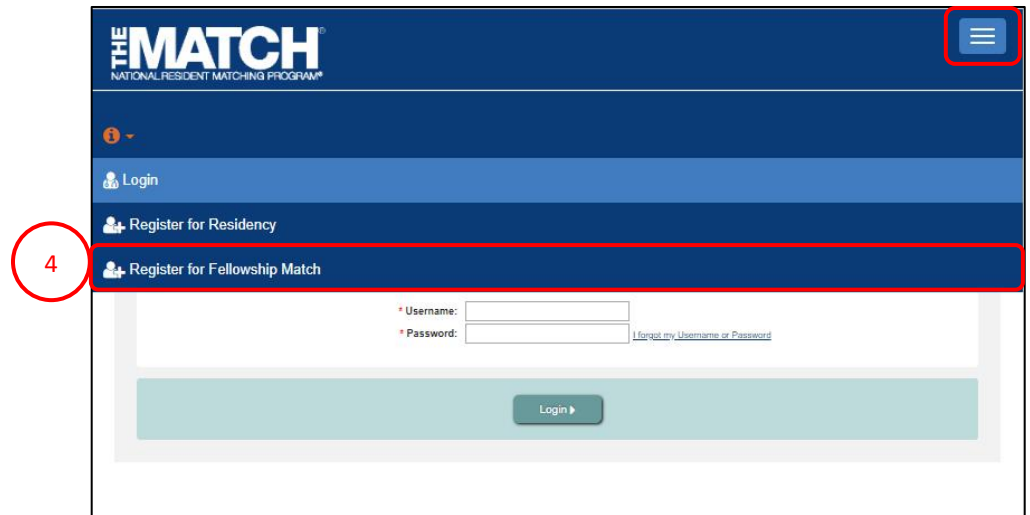


The R3® system home page displays as shown on a tablet.

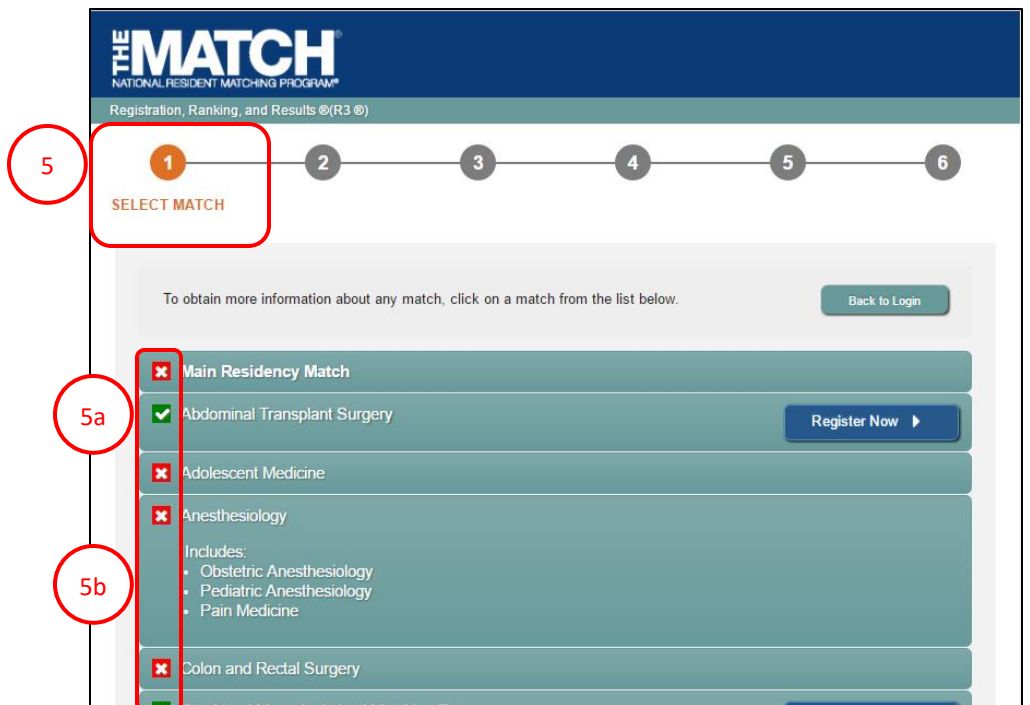
3. Click the **Main Menu** button in the top right corner.

## Getting Started, Continued:

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

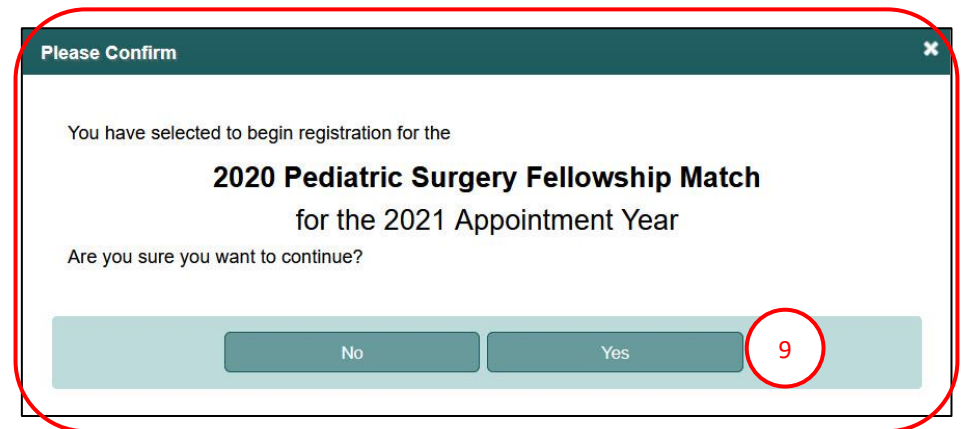
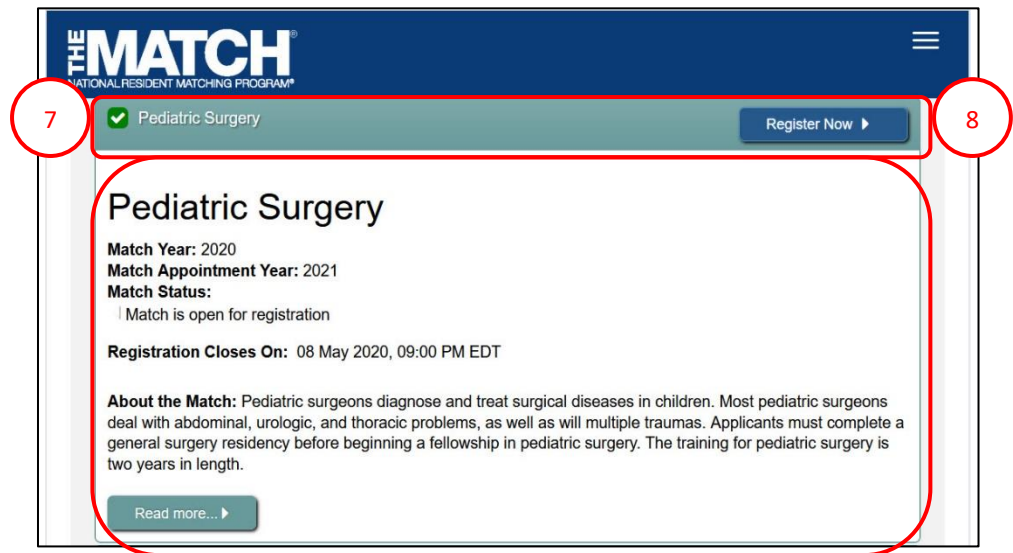


5. The **Select a Match** screen displays.
  - a. All Matches available for Registration are marked with a green checkbox.
  - b. All Matches not currently available for Registration are marked with a red "X".
6. Scroll to find your Match.



## Step 1: Select a Match

7. Click the Match title for more information.
  - a. Match Year: the year the matching process will occur. In this example the Match Year is 2020.
  - b. Match Appointment Year: the year training will begin. In this example, fellowship training begins in 2021.
  - c. Match Status: whether the Match is open or closed for registration.
  - d. Registration Closes On: the date when registration for this Match will close. In this case, Registration closes on May 8, 2020 at 9 p.m. EST.
8. Click **Register Now**.
9. The **Please Confirm** pop-up displays. Click **Yes** to continue.



## Step 2: Participant Type

The **Participant Type** screen displays.

1. Click the **School** drop-down arrow and choose the type of medical school you attended.
2. Click the **Citizenship Status** drop-down arrow and select the appropriate option.
3. Click **Next**.

The screenshot shows the 'THE MATCH' National Resident Matching Program interface. At the top, a progress bar indicates the current step is '2 PARTICIPANT TYPE', which is highlighted with a red box. Below the progress bar, the 'Match Type' is set to 'Pediatric Surgery'. The main section is titled 'Please select your participant type.' and contains two dropdown menus: 'Which type of school did you attend?' and 'What is your citizenship status?'. Both dropdown menus are highlighted with a red box. At the bottom of the form, there are three buttons: 'Cancel Registration', 'Back', and 'Next'. The 'Next' button is highlighted with a red box and a red circle containing the number '3'. The footer contains links for 'Contact Us', 'Copyright Notice', and '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 information entered on your application form.

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

### Step 3: Registration Form, Continued



**AAMC ID** may be left blank, but NRMP highly recommends you add this information so that it will be easier for program directors to rank you.

6. Enter your ID information (USMLE, NBOME, AOA, etc.)

NOTE: The ID required for registration will vary depending on your participant type.

7. Enter your **Birth** details, including date of birth, birth country, birth state, and birth city.
8. Click **Next**.

**THE MATCH**  
NATIONAL RESIDENT MATCHING PROGRAM®

Match: 2020 Pediatric Surgery Fellowship Match  
Participant Type: Previous Graduate of U.S. MD Medical School

The following information is needed to make sure that the NRMP can uniquely identify you and to prevent another person from impersonating you.

**Registrant Details** \*Required

Step 3: Identification & Birth

AAMC ID (#####) ?

It is highly recommended to enter your AAMC ID here if you have one. Including AAMC ID may help Program Directors to identify and rank you.

6 USMLE ID (#-###-###-#) ?

NBOME ID (if Known) ?

CaRMS ID (XXXXXX-XXXX) ?

\* Date of Birth Month Day Year

\* Birth Country Please Select...

Birth State

Birth City

7

8 Cancel Registration Back Next



### Step 3: Registration Form, Continued

9. Enter your **Graduation Date**.
10. 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**.
11. Click your school name that displays *below* the Search button.

THE MATCH  
NATIONAL RESIDENT MATCHING PROGRAM®

Participant Type: Previous Graduate of U.S. Allopathic Medical School

The following information is needed to make sure that the NRMMP can uniquely identify you and to prevent another person from impersonating you.

Registrant Details

Step 3d: Medical School & Training

\*Graduation Date Month Year

\*School Name

Click to Find School

School Lookup

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 does not appear here, then you have chosen the wrong Participant Type. Click the 'Back' button at the bottom of this screen to go back and select your correct Participant Type.

State / Province Please Select...

Search

Click on a school name below to populate the School Name field above. 2 records found.

Code	Name
157	<a href="#">U Oklahoma-OK City COM</a>
906	<a href="#">U Oklahoma-Tulsa COM</a>

1 to 2 of 2 rows

< First < Prev Next > Last >

Show 50 Results per Page

12. Click each drop-down arrow to select your:
  - a. Residency Training Specialty
  - b. State of Residency Training Program
  - c. Sponsoring Institution
  - d. Residency Program
  - e. Completion Date

THE MATCH  
NATIONAL RESIDENT MATCHING PROGRAM®

Participant Type: Previous Graduate of U.S. Allopathic Medical School

The following information is needed to make sure that the NRMMP can uniquely identify you and to prevent another person from impersonating you.

Registrant Details

Step 3d: Medical School & Training

\*Current or Completed Residency Training Specialty Internal Medicine/Pediatrics

\*State of Residency Training Program Oklahoma

\*Sponsoring Institution U Oklahoma COM-OK City

\*Residency Program Please Select...

\*Completion Date Month Year

Cancel Registration < Back Next >

13. Click **Next**.



### Step 3: Registration Form, Continued

14. Enter your **Contact** Information.
- Note: your email must be valid and unique to you in order to receive NRMP communications.
  - Be sure to add the NRMP email address, [support@email.nrmp.org](mailto:support@email.nrmp.org) to your personal contacts list.



When registration is complete, you will receive an email message with a link to verify your email address. Review the steps at the end of this guide for additional information.

15. Click **Next**.

16. Enter your **Username** and **Password**. Select your **Security Questions**, and **check the box** for the security reCAPTCHA challenge.

Your password must:

- Be alphanumeric.
- Contain a total of 8 characters, with 3 characters being an uppercase letter, lowercase letter, a number, or special character (#!\$%).

17. Click **Next**.

## 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**.

**THE MATCH**  
NATIONAL RESIDENT MATCHING PROGRAM

✓ ✓ ✓ **4** 5 6  
LOGIN INFORMATION

✓ Congratulations, your user account has been created successfully in the system!

Please print a copy of this page and keep it in a secure place. To log into this website in the future, you will need to enter your username and password.  
Please enter your password and click "Login". To complete registration, you will need to electronically sign the Match Participation Agreement and pay the registration fee. You may also click "Save & Exit" to complete your registration at a later time.

Match: Pediatric Surgery  
Applicant: Kimberly Jones  
NRMP ID: N0485214  
Username: KimJ23

1 Password:

2

## 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.

**THE MATCH**  
NATIONAL RESIDENT MATCHING PROGRAM®

United States — Registration, Ranking, and Results ©(R3 ©) — 2020 Pediatric Surgery

1 2 3 4 5 6  
SIGN MATCH AGREEMENT

**Applicant Registration**

Match Type: Pediatric Surgery	Match Year: 2020
Applicant Type: Previous Graduate of U.S. MD Medical School	Appointment Year: 2021
Username: KimJ23	Applicant Status: INITIAL
NRMP ID: N0708716	Fee Status: Amount Due
AAMC ID: 77777777	
USMLE ID: 5-555-555-5	

**IMPORTANT NOTICE**

Before you accept the terms of the following Match Participation Agreement, the NRMP urges you to read it thoroughly. Once you execute the Agreement and the NRMP accepts your registration, it becomes a binding contract. Failure to comply with all the terms and conditions of the Agreement, whether intentionally or not, may result in an investigation and the imposition of penalties, including but not limited to being barred for one year from accepting or starting a position in any program sponsored by a Match-participating institution (in the case of an applicant) and being barred from participating in future NRMP Matches. The entire *Specialties Matching Service* Match Participation Agreement is binding upon the parties; however, certain areas may require your specific attention. Included among those are:

- Programs are prohibited from discussing, interviewing for, or offering a matched position to another applicant absent a waiver from NRMP. Programs also are prohibited from encouraging or supporting an applicant with a match commitment in seeking a concurrent year position in another program absent a waiver from NRMP. (Section 3.6)
- **NEW** If a Match participant unsubscribes from NRMP emails or notices, the NRMP shall have no responsibility for sending NRMP information or providing for its receipt. (Section 4.1)
- Between the Rank Order List Certification Deadline and Match Day, applicants and programs cannot apply for, discuss, interview for, or accept or offer any position that would run concurrent with positions offered in the *Specialties Matching Service*. (Section 4.2)
- Applicants are required to provide complete, timely, and accurate information to programs during the application, interview, and/or matching processes (up through the 45th day of training) and to the NRMP during the course of waiver requests, violation investigations, and arbitration proceedings. Information that may be considered pertinent to a program's decision to rank an applicant must be provided. Such information includes but is not limited to an applicant's ability to satisfy program requirements and circumstances that may reasonably be expected to affect adversely the applicant's licensure status, visa status, or ability to start the training program. (Section 4.6)
- Program directors must provide, in writing prior to the Rank Order List Certification Deadline, complete, timely, and accurate information to applicants, including a copy of the contract the applicant would be expected to sign and all institutional policies regarding eligibility for appointment to a position. (Section 4.6)
- **NEW** Applicants and programs have the right to keep their rank order lists confidential and not to share them with any other individual or entity. (Section 4.7)
- An applicant who gives notice of resignation, resigns, or vacates a position within 45 days of the start date specified in the contract shall be presumed to have breached the Agreement unless a waiver has been granted by the NRMP. The match commitment is deemed honored so long as an applicant enters into the training program in good faith and remains in the program through the first 45 days after the start date of the relevant appointment contract. Entered training means a contract has been signed and the applicant is actively attending or training in a program. If the applicant is not actively engaged in the program or has not started training through the first 45 days, a waiver of the match commitment is required. (Section 5.1)
- Applicants are at all times free to keep confidential their ranking preferences and the names, specialties, geographic locations, or other identifying information about programs to which they have or may apply. (Section 6.0)
- Programs are prohibited from offering a position, regardless of start date, to any applicant who is ineligible as the result of a confirmed violation or a denied waiver. (Section 7.2.2)
- An applicant who is the subject of a violation investigation will be presumed to have engaged in a wrongful act if there is no response to an inquiry from the NRMP after three attempts at contact have been made. (Violations Policy, Section C)

Cancel Registration Save and Exit Next

## Step 5: Sign Match Agreement, Continued

4. Review 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.

**THE MATCH**  
NATIONAL RESIDENT MATCHING PROGRAM®

United States – Registration, Ranking, and Results ©(R3®) – 2020 Pediatric Surgery

**Applicant Registration**

Match Type: Pediatric Surgery	Match Year: 2020
Applicant Type: Previous Graduate of U.S. MD Medical School	Appointment Year: 2021
Username: KimJ23	Applicant Status: INITIAL
NRMP ID: N0708716	Fee Status: Amount Due
AAMC ID: 77777777	
USMLE ID: 5-555-555-5	

**Match Participation Agreement**

**Specialties Matching Service®**  
Match Participation Agreement  
For All Matches Opening After June 30, 2019

Terms and Conditions of the **Specialties Matching Service**  
Match Participation Agreement Among Applicants, the NRMP,  
and Participating Programs

These are the terms and conditions of the Match Participation Agreement for the **Specialties Matching Service (SMS®)** that each applicant and program enters into by clicking on the "I Accept" button on the Registration screen of the **Registration, Ranking, and Results® (R3®)** system. Upon the NRMP's acceptance of such party's registration, these terms and conditions will be a binding agreement between such party and the NRMP, as well as between such party and any other party who executes this **SMS Match Participation Agreement** in registering for the same **SMS Match** and whose registration is accepted by the NRMP.

If the NRMP accepts the registration of the applicant or program in question, the NRMP will register the applicant or program, as the case may be, in the **SMS**, as described briefly in Section 1.0 below. In consideration of this registration, each applicant and program agrees to comply with all of the terms and conditions of this **SMS Match Participation Agreement** (also referred to as "this Agreement").

**Table of Contents**

**1.0 Introduction to the SMS Matching Program**

**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 score(s) utilized in the Match 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.

Updated June 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.

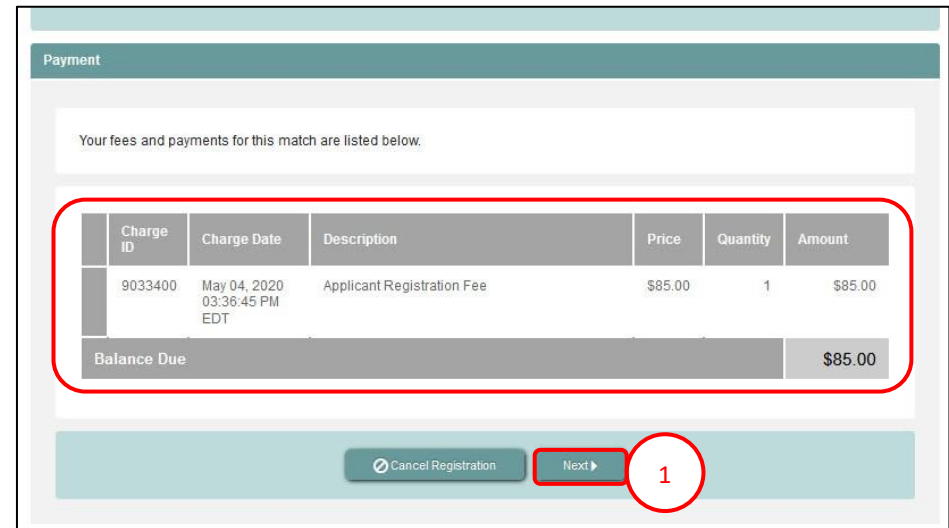
**5** Password:

**6**

## Step 6: Payment

The fees are displayed for the Match you have selected.

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

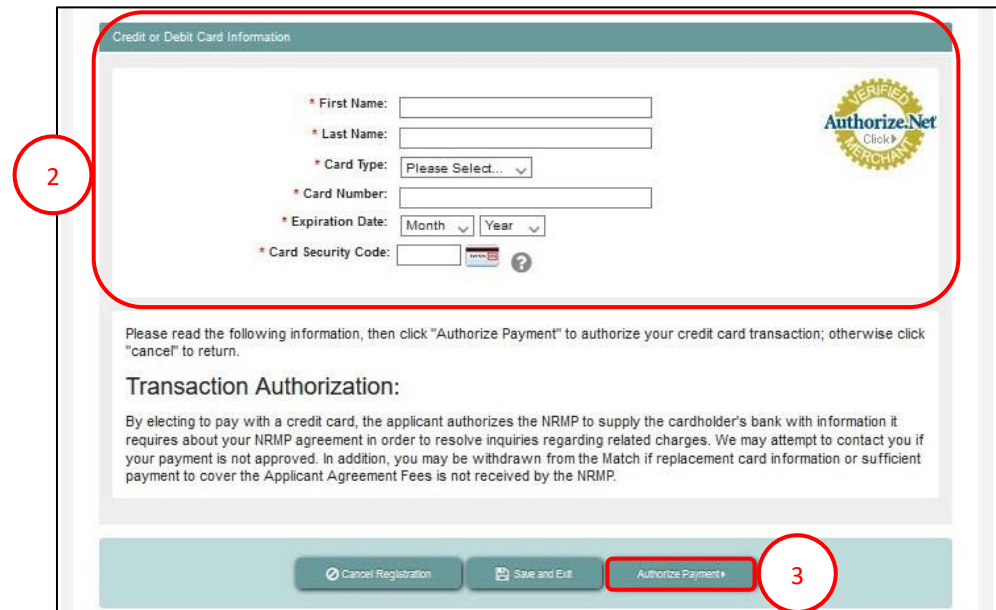


The screenshot shows the 'Payment' section of a web application. It displays a table of fees for a match. The table has columns for Charge ID, Charge Date, Description, Price, Quantity, and Amount. A single row shows a charge of \$85.00 for an 'Applicant Registration Fee'. Below the table, a 'Balance Due' of \$85.00 is shown. At the bottom, there are two buttons: 'Cancel Registration' and 'Next'. The 'Next' button is circled in red with the number 1.

Charge ID	Charge Date	Description	Price	Quantity	Amount
9033400	May 04, 2020 03:36:45 PM EDT	Applicant Registration Fee	\$85.00	1	\$85.00
Balance Due					\$85.00

2. Enter your **Credit Card** details as shown on your credit card.

3. Click **Authorize Payment**.



The screenshot shows the 'Credit or Debit Card Information' page. It contains a form with fields for First Name, Last Name, Card Type, Card Number, Expiration Date, and Card Security Code. A 'VERIFIED Authorize.Net' logo is visible. Below the form, there is a section for 'Transaction Authorization' with a paragraph of text. At the bottom, there are three buttons: 'Cancel Registration', 'Save and Exit', and 'Authorize Payment'. The 'Authorize Payment' button is circled in red with the number 3. A red circle with the number 2 is also present on the left side of the form.

\* First Name:

\* Last Name:

\* Card Type:

\* Card Number:

\* Expiration Date:

\* Card Security Code:

VERIFIED Authorize.Net

Please read the following information, then click "Authorize Payment" to authorize your credit card transaction; otherwise click "cancel" to return.

**Transaction Authorization:**

By electing to pay with a credit card, the applicant authorizes the NRMP to supply the cardholder's bank with information it requires about your NRMP agreement in order to resolve inquiries regarding related charges. We may attempt to contact you if your payment is not approved. In addition, you may be withdrawn from the Match if replacement card information or sufficient payment to cover the Applicant Agreement Fees is not received by the NRMP.

## Step 6: Payment Continued

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

4. Click **Next**.

Payment

✓ Thank you, your payment was received. Your credit card has been approved.

You may print this page as a receipt. Click "Next" to continue to the R3 System.

If you have any questions about your payment status or account information, please call 202-400-2233 or 1-866-653-NRMP (6767) or email [support@nrmp.org](mailto:support@nrmp.org). Please have the information on this page for reference.

Print

Account Information

Transaction ID	Transaction Date	Description	Price	Quantity	Amount
9033400	May 04, 2020 03:36:45 PM EDT	Applicant Registration Fee	\$85.00	1	\$85.00
8992324	May 04, 2020 03:57:50 PM EDT	Payment - 2020 PEDS			\$85.00

Payment ID	Transaction Date	Transaction Status	Transaction Message	Amount
8992324	May 04, 2020 03:57:50 PM EDT	APPROVED	This transaction has been approved.	\$85.00

Total Amount Paid\$85.00

Total Balance Due\$0.00

Print

Next▶4

14- 16

Fellowship Applicants - How to Register for the Match



## Registration Complete

You have successfully finished registering for the Match you have selected.

5. The screen displays important Match Event start and end dates.

**THE MATCH**  
NATIONAL RESIDENT MATCHING PROGRAM®

United States — Registration, Ranking, and Results ©(R3 ©) — 2020 Pediatric Surgery

**Match Home Page**

**Applicant Type:** Previous Graduate of U.S. MD Medical School  
**Match Year:** 2020  
**Username:** KimJ23  
**Appointment Year:** 2021  
**NRMP ID:** N0708716  
**Applicant Status:** ACTIVE  
**AAMC ID:** 77777777  
**Fee Status:** Paid  
**USMLE ID:** 5-555-555-5

Match Event	Start Date	End Date
Register	29 Jan 2020 12:00 PM EST	08 May 2020 09:00 PM EDT
Rank	25 Mar 2020 12:00 PM EDT	08 May 2020 09:00 PM EDT
Match Computation	08 May 2020 09:00 PM EDT	13 May 2020 12:00 PM EDT
Match Results	13 May 2020 12:00 PM EDT	13 Nov 2020 12:00 AM EST
Closed	13 Nov 2020 12:00 AM EST	27 Jan 2021 12:00 AM EST

### **\*\* Verify Email Address \*\***

Although registration is complete, you should verify your email address. Email verification improves NRMP's ability to communicate with you.

1. View the email verification message in your Inbox.
2. Click the **Click here to complete verification** link.

**NRMP Email Verification**

**THE MATCH**  
NATIONAL RESIDENT MATCHING PROGRAM®

A request was made in the NRMP Registration, Ranking and Results (R3) system to verify your email as a part of the registration process or by selecting to verify in the Contact Information section of your Profile.

This email verification link will expire in 24 hours. Please click this link to complete your verification:

[Click here to complete verification](#)

Only the most recent request will be valid. Please ensure you are selecting the most recent verification link email.

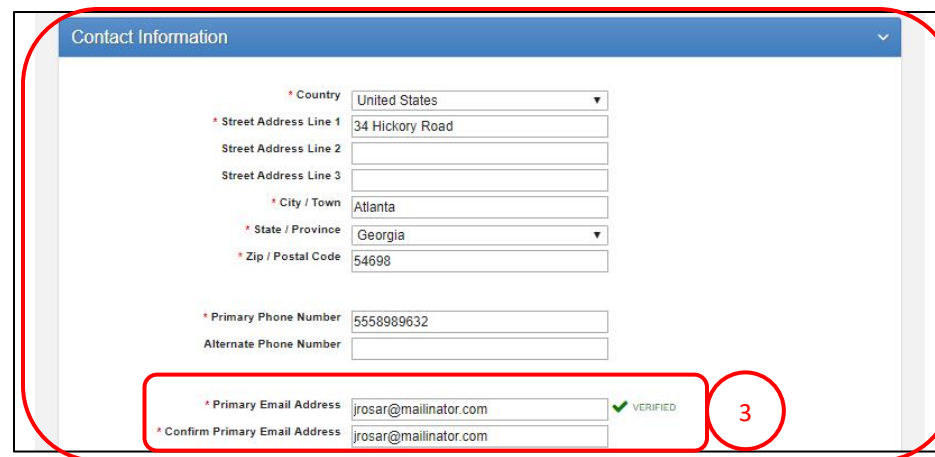
Assistance is available from the NRMP Help Desk Monday - Friday from 8:30 a.m. and 5:30 p.m. Eastern Time by emailing [support@nrm.org](mailto:support@nrm.org) or calling our toll-free number at 866-653-NRMP (6767).

NRMP Staff  
National Resident Matching Program®  
2121 K Street NW, Suite 1000, Washington, DC 20037  
[YouTube](#) | [Twitter](#) | [Facebook](#) | [LinkedIn](#)



## Verify Email Address, Continued

3. Login to R3 and navigate to the **Profile, Contact Information** tab.
  - a. Next to your email address, a **VERIFIED** note displays.



The screenshot displays a 'Contact Information' form with a blue header. The form contains several fields: Country (United States), Street Address Line 1 (34 Hickory Road), Street Address Line 2, Street Address Line 3, City / Town (Atlanta), State / Province (Georgia), Zip / Postal Code (54698), Primary Phone Number (5558989632), and Alternate Phone Number. At the bottom, there are two email address fields: 'Primary Email Address' and 'Confirm Primary Email Address', both containing 'jrosar@mailinator.com'. A green checkmark and the word 'VERIFIED' are displayed next to the primary email address. A red circle with the number '3' is placed to the right of the email verification section.

Contact Information	
* Country	United States
* Street Address Line 1	34 Hickory Road
Street Address Line 2	
Street Address Line 3	
* City / Town	Atlanta
* State / Province	Georgia
* Zip / Postal Code	54698
* Primary Phone Number	5558989632
Alternate Phone Number	
* Primary Email Address	jrosar@mailinator.com <span>✓ VERIFIED</span>
* Confirm Primary Email Address	jrosar@mailinator.com