

**OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE
OFFICE OF STUDENT AFFAIRS
Electronic Residency Application Service (ERAS)
Token Application for 2009 Match Registration
(Osteopathic and Allopathic Residencies)**

Mail this form to:

ERAS Coordinator
Ohio University College of Osteopathic Medicine
Office of Student Affairs
014 Grosvenor Hall
Athens, OH 45701

or fax to us at 740-593-2399. *If you fax this form, please call to verify that it has been received.*

Directions: Please read carefully and complete this entire form (both pages). Type or print clearly all requested information in order for us to process your ERAS application. If you have any questions about this process, please contact:

- Molly deLaval in Student Affairs at delaval@ohio.edu (740-593-2152)
- Marc Barr at eras@oucom.ohiou.edu (740-593-2393)
- Our toll-free number: 1-800-444-2156

I am requesting an electronic token for the ERAS 2008 Registration. **Note: your access token number will be sent separately via e-mail. Please print clearly!**

Name:	E-mail Address:	
Street Address:		
City:	State:	ZIP:
Home Phone:	Work Phone:	
Pager:	Cell Phone:	
Date of Birth:	Social Security Number:	

Note: *If you are an OUCOM student, we highly recommend that you use your student e-mail account. If you plan to use another e-mail address (e.g. myname@hotmail.com) be sure to check your "junk mail" folder regularly, as some messages from residency programs that have multiple recipients are treated as junk mail or spam.*

Date of graduation: _____

1) By initialing here _____, I am requesting a Dean's Letter of Recommendation for inclusion in my ERAS application. Initialing this request means it is unnecessary to fill out the standard "Request for a Dean's Letter of Recommendation Form."

2) My NBOME Board scores will be sent electronically. I must designate this option and pay the fee when I complete my ERAS online application.

3) You will need a photo to complete your ERAS application:

Please use my OU-COM photo.

I will supply an appropriate 2.5" by 3.5" photo of myself against a light background.

4) **A maximum of four LORs may be assigned to each program.** If you have elected not to waive your rights, you may include a self-addressed stamped envelope with your request to make it easy for your preceptor to send you a copy.

5) I understand that I am responsible for requesting an OU-COM transcript to be sent directly from the Registrar's Office (www.ohio.edu/registrar) at Ohio University to:

ERAS Coordinator
Ohio University College of Osteopathic Medicine
Office of Student Affairs
014 Grosvenor Hall
Athens, OH 45701

6) I understand that I am responsible for having my Letters of Recommendation sent to:

ERAS Coordinator
Ohio University College of Osteopathic Medicine
Office of Student Affairs
014 Grosvenor Hall
Athens, OH 45701

7) My signature below acknowledges that I understand the following:

- It is my responsibility to request and pay for an OU-COM transcript to be sent to the ERAS Coordinator in the Office of Student Affairs.
- It is **my** responsibility to **request** and **follow-up** on my Letters of Recommendation.
- The Office of Student Affairs will process the ERAS applications in a timely fashion in the order in which they are received.
- No ERAS fee refunds will be given for withdrawn applications, applications sent to programs whose deadlines have passed, or ineligible applicants.
- That if I wish to withdraw an application from a program, I am responsible for contacting the program directly.
- I understand that I must register and make a payment with the NMS (osteopathic match www.natmatch.com) and/or NRMP (allopathic match www.nrmp.org) in order to be matched.
- It is my responsibility to make sure that my application is complete and accurate.

My signature indicates that I have read and understood all the above statements and authorizes the release of my Dean's Letter of Recommendation, board scores, and all other information for my ERAS application.

Signature

Date