

**OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE  
OFFICE OF STUDENT AFFAIRS  
Electronic Residency Application Service (ERAS)  
Token Application for 2010 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 the Office of Student Affairs at [delaval@ohio.edu](mailto:delaval@ohio.edu) (740-593-2152) or toll-free at 1-800-444-2156.

I am requesting an electronic token for the ERAS 2010 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:

\_\_\_\_\_ 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](http://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](http://www.natmatch.com)) and/or NRMP (allopathic match [www.nrmp.org](http://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