ResidencyCAS Applicant Worksheet

Obstetrics & Gynecology

RESIDENCYCAS
CENTRALIZED APPLICATION SERVICE

You may use this worksheet to begin collecting and preparing information for your ResidencyCAS application. **This worksheet is intended only as a tool for you - the online application will include branching questions, full dropdown lists for certain questions, as well as additional space for questions that allow multiple entries.**

Personal Information

* *Indicates required field*

Biographic Information

MY NAME

Would you like to share a different first name that people call you? * ◯ Yes ◯ No

If Yes, indicate:

First Name

Middle Name

Last Name

FORMER NAME

Do you have any materials under a former legal name? * ◯ Yes ◯ No

If Yes, indicate:

First Name

Middle Name

Last Name

Nickname

LEGAL/PREFERRED NAME PHONETIC PRONUNCIATION

Enter the phonetic pronunciation of your first and last name or write a familiar word that rhymes with your name. Phonetic pronunciation is how your names sound when read or spoken aloud. Make sure to separate syllables with dashes and capitalize syllables that are stressed.

Examples:
Raul Gonzalez = rah-OOL gon-SAH-les
Ngoc Nguyen = nahk nuhWEN or sounds like “knock” “WIN”
Sophia Lamagna = so-FEE-uh, sounds like “lasagna”

Please provide the phonetic pronunciation of your first and last name:

SEX

What is your sex? * ◯ Male ◯ Female ◯ X ◯ Decline to State

GENDER IDENTITY

I currently identify as: ◯ Man ◯ Woman ◯ Non-Binary ◯ Decline to Answer ◯ Other Gender

Please indicate your chosen set of pronouns:

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BIRTH INFORMATION

Date of Birth *

Month Day Year

Country * State/Province *

County City

CURRENT ADDRESS

Country/Territory * State/Province *

Street Address 1 *

Street Address 2

City * County *

Postal Code *

Approximate Date through which current address is valid

Month Day Year

Is this your permanent address? * ◯ Yes ◯ No *If not, please provide your permanent address below*

PERMANENT ADDRESS

Country/Territory * State/Province *

Street Address 1 *

Street Address 2

City * County *

Postal Code *

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GEOGRAPHIC CONNECTIONS

Country *

State/Province *

City/Town *

What connection do you have to this location? *

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Race & Ethnicity

Please select one or more of the following groups in which you consider yourself to be a member.

- ☐ American Indian or Alaska Native
  - ☐ Tribal affiliation:
- ☐ Asian
  - ☐ Bangladeshi
  - ☐ Cambodian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Indian
  - ☐ Indonesian
  - ☐ Japanese
  - ☐ Korean
  - ☐ Laotian
  - ☐ Pakistani
  - ☐ Taiwanese
  - ☐ Vietnamese
  - ☐ Some other Asian:
- ☐ Black or African American
  - ☐ African American
  - ☐ Afro-Caribbean
  - ☐ African
  - ☐ Ethiopian
  - ☐ Haitian
  - ☐ Jamaican
  - ☐ Nigerian
  - ☐ Somali
  - ☐ Some other Black:
- ☐ Hispanic, Latino, or of Spanish origin
  - ☐ Argentinean
  - ☐ Colombian
  - ☐ Cuban
  - ☐ Dominican
  - ☐ Mexican or Mexican American
  - ☐ Peruvian
  - ☐ Puerto Rican
  - ☐ Salvadorian
  - ☐ South or Central American
  - ☐ Some other Spanish Culture or Origin:
- ☐ Middle Eastern or North African
  - ☐ Arab
  - ☐ Egyptian
  - ☐ Iranian
  - ☐ Israeli
  - ☐ Lebanese
  - ☐ Moroccan
  - ☐ Palestinian
  - ☐ Syrian
  - ☐ Some other Middle Eastern or North African:
- ☐ Native Hawaiian or Pacific Islander
  - ☐ Guamanian or Chamorro
  - ☐ Fijian
  - ☐ Marshallese
  - ☐ Native Hawaiian
  - ☐ Samoan
  - ☐ Tongan
  - ☐ Some other Pacific Islander:
- ☐ White
  - ☐ English
  - ☐ French
  - ☐ German
  - ☐ Irish
  - ☐ Italian
  - ☐ Polish
  - ☐ Some other White:
- ☐ Some other race or ethnicity:

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Work Authorization

WORK AUTHORIZATION

Are you legally authorized to work in the United States? *

If Yes, what type of work authorization do you have?

If No, in order to complete your entire Graduate Medical Education (GME) training, will you need an ECFMG (J-1) or teaching hospital (H-1B) visa sponsorship? *

- ◯ Yes

Select your desired visa sponsorship(s). Note that you must check first if you're eligible for ECFMG (J-1) visa sponsorship. Please see ECFMG's website for more details. *

- ☐ H-1B
- ☐ J-1

- ◯ No

Select the non-visa sponsorship status(es) that will allow you to complete your entire GME training. *

- ☐ U.S. Citizen or National / Legal Permanent Resident / Refugee / Asylee
- ☐ Adjustment of Status applicant (Green Card application) (EAD)
- ☐ DACA – Deferred Action for Childhood Arrivals
- ☐ Diplomatic Service
- ☐ E-2 – Treaty investor / spouse / and children (EAD)
- ☐ Employment Authorization Document (EAD)
- ☐ F-1 – Academic student (EAD / OPT)
- ☐ H-1 – Temporary worker
- ☐ H-1B – Specialty occupation / DoD worker / etc.
- ☐ H-2B – Temporary worker - skilled and unskilled
- ☐ H-4 – Spouse or child of H-1 / H-2 / H2-3 (EAD)
- ☐ J-1 – Visa for exchange visitor
- ☐ J-2 – Spouse or child of J-1 (EAD)
- ☐ L-2 – Dependent of Intra-Company Transferee (EAD)
- ☐ O-1 – Extraordinary ability in sciences / arts / education / business / or athletics
- ☐ TN – NAFTA trade visa for Canadians and Mexicans
- ☐ Other

Other Information

LANGUAGE PROFICIENCY

What is your first language? *

Do you know any other languages? ◯ Yes ◯ No

If Yes, please add languages below

Additional Language 1

Proficiency Level ◯ Native/Near-Native ◯ Advanced ◯ Good ◯ Fair ◯ Basic

Additional Language 2

Proficiency Level ◯ Native/Near-Native ◯ Advanced ◯ Good ◯ Fair ◯ Basic

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BACKGROUND INFORMATION

Did you receive a Pell Grant at any time while you were an undergraduate student?

◯ Yes ◯ No ◯ Decline to Answer

I am the first generation in my family to attend college (neither my parent(s) nor guardian(s) attended college)

◯ Yes ◯ No ◯ Decline to Answer

MILITARY STATUS

Indicate your anticipated US Military Status at the time you enroll

Please specify branch of the United States Armed Forces

Service Began

Month Day Year

Are you still serving? ◯ Yes ◯ No

Service Ended

Month Day Year

MILITARY DEFERMENT

Are you required to fulfill a U.S. military active duty commitment or are you in deferment? *

◯ Yes ◯ No

If you are currently serving, how many years remaining? * Branch *

Are you enrolled in other service commitments (e.g., military reserves, public health/state programs)? * ◯ Yes ◯ No

If Yes, provide details: *

FELONY OR INDICTABLE OFFENSE

Have you ever been convicted of a Felony or Indictable Offense? * ◯ Yes ◯ No

If Yes, enter an explanation in this box. Include: A brief description pf the incident and/or arrest, specific charge made, related dates, consequence, a reflection on the incident and how the incident has impacted your life. *

Have you ever been convicted of a Misdemeanor? * ◯ Yes ◯ No

If Yes, enter an explanation in this box. Include: A brief description pf the incident and/or arrest, specific charge made, related dates, consequence, a reflection on the incident and how the incident has impacted your life. *

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HEALTH CARE LICENSE INFRACTION

Have your healthcare license or clinical privileges ever been revoked, suspended, or in any way restricted voluntarily by an institution, state, or locality? *

If Yes, provide details

◯ Yes ◯ No ◯ N/A

Have you ever been named as a defendant in a lawsuit alleging malpractice or professional negligence? *

If Yes, provide details

◯ Yes ◯ No

Is there anything in your professional or personal history that would limit your qualification for medical licensure or clinical privileges? *

If Yes, provide details

◯ Yes ◯ No

IDENTIFIERS

Do you have an AAMC ID? * ◯ Yes ◯ No

If Yes, enter your AAMC ID (no dashes)

Do you have an AOA ID number? * ◯ Yes ◯ No

If Yes, enter your AOA ID number (no dashes)

Match Information

Please note that registering or participating with ResidencyCAS does not automatically register you for The Match®. You will need to register with the National Resident Matching Program® (NRMP®) separately at https://www.nrmp.org.

REGISTER FOR THE MATCH®

To participate in the Match, applicants must use the NRMP's secure Registration, Ranking, and Results® (R3®) system to register and create a Username and Password. Applicants who participated in a previous Match must re-register in the R3 system for each Match, but are able to choose the same username and password as part of the registration process.

Note: Applicants can not register and participate in more than one Match at a time. *

☐ **By checking this box, you are indicating that you have read the statements above.**

I plan to participate in the NRMP Match® * ◯ Yes ◯ No

Are you participating in the NRMP Match® as part of a couple? * ◯ Yes ◯ No

If yes, indicate partner's name: *

If Yes, please enter which specialties your partner is applying to. *

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Academic History

* *Indicates required field*

Colleges Attended

Report all undergraduate and non-medical graduate schools attended, regardless of:

- Their relevance to the programs you're applying to, and
- Whether the coursework completed there was transferred to another institution.

You will report your medical school information in the next section.
Please report each institution only once, regardless of the number of degrees earned or gaps in the dates of attendance. Visit the Applicant Help Center for more information.

INSTITUTION INFORMATION (1)

College or University name *

Is this your primary college or university? *
Your primary college or university is the college or university where you will earn or have earned your first bachelor's degree.
◯ Yes ◯ No

What type of term system does this college or university use? *
◯ Quarter ◯ Semester ◯ Trimester

Are you currently attending this college or university? * ◯ Yes ◯ No

Select the first and last terms you attended this institution, regardless of gaps in attendance.

First Term *
Month Year

Last Term * *(if not currently attending)*
Month Year

YOUR DEGREES

Add any degrees earned, planned, or in-progress, at this institution here.

Have you received this degree? * ◯ Degree Awarded ◯ Degree In Progress

What type of degree is it? *

When did you/will you earn this degree? *
Month Year

Major *

Secondary Major

Minor

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INSTITUTION INFORMATION (2)

College or University name *

Is this your primary college or university? *
Your primary college or university is the college or university where you will earn or have earned your first bachelor's degree.
Yes No

What type of term system does this college or university use? *

Quarter Semester Trimester

Are you currently attending this college or university? * Yes No

Select the first and last terms you attended this institution, regardless of gaps in attendance.

First Term *

Month Year

Last Term * *(if not currently attending)*

Month Year

YOUR DEGREES

Add any degrees earned, planned, or in-progress, at this institution here.

Have you received this degree? * Degree Awarded Degree In Progress

What type of degree is it? *

When did you/will you earn this degree? *

Month Year

Major *

Secondary Major

Minor

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Medical School Attended

Report all medical schools attended, regardless of whether the coursework completed there was transferred to another institution. Please report each institution only once, regardless of the number of degrees earned or gaps in the dates of attendance.

If you attended an unlisted foreign institution, please select "Unlisted Foreign Institution" and enter your foreign medical school name in the space provided. Visit the Applicant Help Center for more information.

MEDICAL SCHOOL INFORMATION (1)

In what country did you attend this Medical School? *

What is the name of this Medical School? *

MEDICAL DEGREE

Is this the Medical School where you received or plan to receive your medical degree? *

- ◯ Yes, I received my medical degree
- ◯ Yes, I plan to receive my medical degree
- ◯ No, I did not, nor am I planning on receiving my medical degree

When did you/will you earn this degree? *

Month Year

Medical Degree Type *

NON-MEDICAL DEGREE(S)

Is this the Medical School where you received or plan to receive your medical degree?

- ☐ I earned a Master's degree
- ☐ I earned a Doctoral degree
- ☐ I did not earn any other degrees

What is your other Master's degree type? *

What is your other Doctoral degree type? *

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MEDICAL SCHOOL INFORMATION (2)

In what country did you attend this Medical School? *

What is the name of this Medical School? *

MEDICAL DEGREE

Is this the Medical School where you received or plan to receive your medical degree? *

- ◯ Yes, I received my medical degree
- ◯ Yes, I plan to receive my medical degree
- ◯ No, I did not, nor am I planning on receiving my medical degree

When did you/will you earn this degree? *

Month Year

Medical Degree Type *

ADDITIONAL DEGREE(S)

Is this the Medical School where you received or plan to receive your medical degree?

- ☐ I earned a Master's degree
- ☐ I earned a Doctoral degree
- ☐ I did not earn any other degrees

What is your other Master's degree type? *

What is your other Doctoral degree type? *

MEDICAL SCHOOL RELEASE

Will you allow your degree-granting medical school (or the ECFMG/Intealth organization for IMG applicants) access to view your application and interview invitations? *

◯ Yes ◯ No

USMLE AND COMLEX SCORES

You will electronically request your scores from within the ResidencyCAS online application.

What official test have you taken? * ◯ USMLE ◯ COMLEX

For USMLE | Enter your USMLE ID *

For COMLEX | Enter your NBOME ID *

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INTERRUPTIONS IN MEDICAL SCHOOL EDUCATION

Please use this section to elaborate on any gaps you have in your medical education.

GAP 1

Select the reason for this gap *

○ Academic ○ Financial ○ Medical ○ Personal ○ Other

Would you like to provide any additional details?

When did the gap start? *

Month Day Year

When did the gap end? *

Month Day Year

GAP 2

Select the reason for this gap *

○ Academic ○ Financial ○ Medical ○ Personal ○ Other

Would you like to provide any additional details?

When did the gap start? *

Month Day Year

When did the gap end? *

Month Day Year

☐ **I'm not adding any interruptions in Medical School education**

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RESIDENCIES & FELLOWSHIPS

Residencies & Fellowships (1)

Type of Training * ◯ Residency ◯ Fellowship

Specialty: *

Institution/Program: *

Country/Territory * State/Province *

City * Zip Code *

Program Director Name: *

Program Director Email: *

Start Date of Residency/Fellowship: *

Month Day Year

End Date of Residency/Fellowship: *

Month Day Year

Accrediting Body * ◯ AOA ◯ ACGME ◯ Other/International

Residencies & Fellowships (2)

Type of Training * ◯ Residency ◯ Fellowship

Specialty: *

Institution/Program: *

Country/Territory * State/Province *

City *

Zip Code *

Program Director Name: *

Program Director Email: *

Start Date of Residency/Fellowship: *

Month Day Year

End Date of Residency/Fellowship: *

Month Day Year

Accrediting Body * ◯ AOA ◯ ACGME ◯ Other/International

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Supporting Information

* Indicates required field

Experiences & Activities

Enter your professional experiences in several categories, or types, in this section. Visit the Applicant Help Center to review the definitions, consider the duties you performed, and choose the category that you think best fits the experience. Note that there are separate sections for non-medical employment and hobbies and interests. You may add up to 12 experiences, and indicate up to 3 most important experiences.

EXPERIENCE (1) DETAILS

Experience Type *

Is this a current experience? * ◯ Yes ◯ No

Start Date *

Month Day Year

End Date *

Month Day Year

Average Weekly Hours * **Number of Weeks** * **Total Hours** *

Status * ◯ Full time ◯ Part time ◯ Temporary ◯ Per Diem

Type of Recognition *

☐ Compensated ☐ Received Academic Credits ☐ Volunteer

Description / Key Responsibilities *

Organization

Name *

Country * State/Province *

City * Zip/Postal Code *

Street Address * Apt., suite, etc. *

Time frame

Identify when your experience was completed *

Experience Domain *

Experience Competency *

Was this one of your most important experiences? *

◯ Yes ◯ No

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EXPERIENCE (2) DETAILS

Experience Type *

Is this a current experience? * ◯ Yes ◯ No

Start Date *

Month Day Year

End Date *

Month Day Year

Average Weekly Hours * **Number of Weeks** * **Total Hours** *

Status * ◯ Full time ◯ Part time ◯ Temporary ◯ Per Diem

Type of Recognition *

☐ Compensated ☐ Received Academic Credits ☐ Volunteer

Description / Key Responsibilities *

Organization

Name *

Country * State/Province *

City * Zip/Postal Code *

Street Address * Apt., suite, etc. *

Time frame

Identify when your experience was completed *

Experience Domain *

Experience Competency *

Was this one of your most important experiences? *

◯ Yes ◯ No

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Employment (Non-Medical)

Please list any employment history outside of the medical field that you have not already listed in the Experiences and Activities section. We encourage you to prioritize reporting jobs or positions you held for significant periods of time, such as jobs or positions you held during high school, college, summers, or gap years. Types of jobs could include working as a salesperson in a department store, a waitperson in a restaurant, a valet person, a consultant, and so on. You may provide up to 3 entries.

EMPLOYMENT (NON-MEDICAL) (1)

Job Title *

Organization *

Start Date *

Month Day Year

End Date *

Month Day Year

Average Weekly Hours * **Number of Weeks** *

Description of Duties *

Domain *

Competency *

EMPLOYMENT (NON-MEDICAL) (2)

Job Title *

Organization *

Start Date *

Month Day Year

End Date *

Month Day Year

Average Weekly Hours * **Number of Weeks** *

Description of Duties *

Domain *

Competency *

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Hobbies and Interests

This section allows you to indicate your hobbies and interests outside of your academic pursuits. You may add up to 3 hobbies and interests.

HOBBY/INTEREST (1)

Title *

Description *

HOBBY/INTEREST (2)

Title *

Description *

HOBBY/INTEREST (3)

Title *

Description *

Personal Statement

In this section, please enter your personal statement.

PERSONAL STATEMENT

Please enter your personal statement here. *

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Publications

Add any publications that you have in this section.

PUBLISHED PEER-REVIEWED JOURNAL ARTICLES/ABSTRACTS

Publication Name *

Authors *

Use the following format: Last Name, First Initial, Middle Initial

☐ **I am first author on this publication**

Journal Article or Abstract Titles *

Publication MEDLINE Unique Identifier (PMID)

Year *

Article URL

SUBMITTED OR ACCEPTED PEER-REVIEWED JOURNAL ARTICLES/ABSTRACTS

Publication Name *

Authors *

Use the following format: Last Name, First Initial, Middle Initial

☐ **I am first author on this publication**

Journal Article or Abstract Titles *

Publication Statuses * ◯ Submitted ◯ Accepted

Year *

Article URL

BOOK CHAPTERS

Chapter Title *

Authors *

Use the following format: Last Name, First Initial, Middle Initial

☐ **I am first author on this publication**

Name of Books *

Editor(s) *

Use the following format: Last Name, First Initial, Middle Initial

Publisher *

Pages *
E.g. 263-269

Country * City * Year *

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OTHER PUBLISHED WORKS

Title of other work *

Authors *

Use the following format: Last Name, First Initial, Middle Initial

☐ **I am first author on this publication**

Publication Name *

Article URL

Publication Date Month Day Year

Presentations

Add any current oral or poster presentations that you have in this section. You may add an unlimited amount of presentations.

PRESENTATION (1) DETAILS

Presentartion Type * ◯ Oral Presentation ◯ Poster Presentation

Presentation Title *

☐ **I am first author on this publication**

Events/Meetings *

Country * City *

Presentation Date *

Month Day Year

PRESENTATION (2) DETAILS

Presentartion Type * ◯ Oral Presentation ◯ Poster Presentation

Presentation Title *

☐ **I am first author on this publication**

Events/Meetings *

Country * City *

Presentation Date *

Month Day Year

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Honor Societies

Indicate your medical school type and honor society statuses below.

MEDICAL SCHOOL TYPE

Did you attend an allopathic medical school or an osteopathic medical school? *

- ◯ I attend an allopathic medical school
- ◯ I attend an osteopathic medical school

ALPHA OMEGA ALPHA (AOA)

If you attended an allopathic medical school, indicate your induction status into AOA *

- ◯ Inducted
- ◯ Not inducted
- ◯ My school has not yet conducted inductions
- ◯ My school does not have an AOA chapter

SIGMA SIGMA PHI

If you attended an osteopathic medical school, indicate your induction status into Sigma Sigma Phi.* *

- ◯ Inducted
- ◯ Not inducted
- ◯ My school has not yet conducted inductions
- ◯ My school does not have a Sigma Sigma Phi chapter

GOLD HUMANISM HONOR SOCIETY (GHHS)

Please indicate your induction status into the Gold Humanism Honor Society (GHHS) *

- ◯ Inducted
- ◯ Not inducted
- ◯ My school has not yet conducted inductions
- ◯ My school does not have a GHHS chapter

Honors and Awards

Enter any relevant professional or academic honors and awards. You may enter an unlimited amount of honors or awards.

HONORS AND AWARDS (1)

Award or Honor Name *

Presenting organization *

Awarded on * Month Day Year

Brief Description *

HONORS AND AWARDS (2)

Award or Honor Name *

Presenting organization *

Awarded on * Month Day Year

Brief Description *

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Applicant Attestation

You must review and respond to the following statements to submit your application. Review the content of the statements carefully. It's your responsibility to read and understand these statements before responding to them. Visit the Applicant Help Center for more information.

Once you submit your application, you cannot edit this section.

Applicant Certification Statement *

I certify that all information submitted in my ResidencyCAS application is accurate and complete to the best of my knowledge.

I understand that once my application is submitted, it is considered final and cannot be revised or reopened for changes.

I understand that limited updates (such as personal or contact information) may be permitted where allowed by ResidencyCAS; however, application content—including academic history, written responses, evaluations, and program designations—cannot be changed after submission.

☐ I acknowledge and affirm the above statements.

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Evaluator and Recommender Information

You will request these evaluations electronically from the ResidencyCAS online application. This section allows you to begin considering who you will be asking to write your recommendations or evaluations. Research each program's requirements and determine whether your programs have specific requirements regarding evaluator roles or relationships before listing evaluators on your application. You are required to request at least 3 letters; however, you can request and submit a maximum of 4 per program.

EVALUATOR AND RECOMMENDER INFORMATION (1)

First Name *

Last Name *

Email Address *

RELEASES

I waive my rights of access to this evaluation * ◯ Yes ◯ No

Permission to Contact Reference *

☐ I hereby give permission to contact this reference via email to request the completion of the reference form and letter of reference. If my reference does not submit an online reference form in response to the email request, it is my sole responsibility to contact the reference directly to ensure all references required by my designated schools, programs, or sites are received by the deadline.

Permission for Schools to Contact Reference *

☐ I understand that the schools to which I am applying may contact the reference either to verify the information provided and/or for further clarification of the information provided, hereby give permission for the schools to do so.

EVALUATOR AND RECOMMENDER INFORMATION (2)

First Name *

Last Name *

Email Address *

RELEASES

I waive my rights of access to this evaluation * ◯ Yes ◯ No

Permission to Contact Reference *

☐ I hereby give permission to contact this reference via email to request the completion of the reference form and letter of reference. If my reference does not submit an online reference form in response to the email request, it is my sole responsibility to contact the reference directly to ensure all references required by my designated schools, programs, or sites are received by the deadline.

Permission for Schools to Contact Reference *

☐ I understand that the schools to which I am applying may contact the reference either to verify the information provided and/or for further clarification of the information provided, hereby give permission for the schools to do so.

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