



Council of  
Emergency Medicine  
Residency Directors

Advising Students Committee in Emergency Medicine

# The Military Emergency Medicine Applying Guide

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***The purpose of this applying guide is to serve as an overview of the military Emergency Medicine (EM) match process for both students and their advisors.***

**General Overview:** The military match process for Emergency Medicine (EM) can be confusing and challenging to navigate. One can easily get lost in the maze of military jargon and service specific information. The military match impacts:

1. Students who join the Health Professional Scholarship Program (HPSP) or Health Services Collegiate Program (HSCP; Navy only)
2. Students who attended a military service academy for undergraduate training and attend a private medical school
3. Students who attend the Uniformed Services University of the Health Sciences (USUHS). USUHS students have a longer military commitment (7 years after residency and may benefit from training in a military residency).

Pre-clinical years should be used to focus on doing well in classes and on the USMLE or COMLEX examinations. Participation in research is considered helpful in the military match. Basic officer training for HPSP students will be completed between first and second year, if the student's medical school permits. If you are selected for a military residency, you will serve as an active-duty physician. Time in residency does not count towards any service commitment but does count towards retirement.

The military application timeline is **much earlier** than the civilian timeline so it is important to be aware of the timeline early in medical school.

- Rotations: many students start in January of their third year setting up rotations at the military sites; it is highly recommended to rotate at at least one military residency program. The deadline for the initial application is usually in the second week of September and all final supporting documents are required no later than October 15th. All applications are submitted through The Directorate of Medical Education Website known as "MODS".
- Interviews: completed by mid October. It is the job of the Joint Service Graduate Medical Education (GME) Selection board to rank and "match" everyone. They meet in late November/early December.
- Match Day: the military match day is in December.

Contact your service and find out if there will be any civilian deferments for the upcoming year, if not participation in the civilian match will not be necessary.

Otherwise, If you have a military obligation and civilian deferments are available, you must apply to the military GME (MODS) *and* the civilian match (ERAS). When you do this, there can be four different outcomes:

1. A military residency is obtained
  2. A civilian residency is obtained, with military deferment (generally only in the Air Force)
  3. A military transitional, internal medicine, or general surgery internship is obtained. Everybody will receive at least one year of training, except for very rare circumstances.
  4. Non-match (see below)
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### **Background on the Military Selection Process**

Every military student **must** go through the formal military selection process. All medical students with a military obligation will be selected for training by their military service's program directors (PDs), even if the student wants to go into a deferred civilian residency. In other words, the military PD's select who match in military EM; there is a process to make sure the selection is just and fair.

The military uses a structured point system to rank all applicants, but the process is different for each branch of the service. When the Joint Service GME Selection board meets, each applicant is evaluated and given a point score based on success in medical school (class rank and USMLE / COMLEX scores), suitability (based on clerkships, interviews, letters of recommendation), research (more points for peer reviewed and multiple publications), and prior military service. The PDs from the EM programs create a merit list (applicants are put in an order based on their points) that is considered by the EM consultants to the Surgeon General as a recommendation; service needs and PD recommendations result in the final match decision.

**You will be placed in a training program at the discretion of the military.** If you do not speak with the PDs of the military residencies you may not be selected to train in emergency medicine anywhere; this includes all civilian deferments if they are offered by your branch of services. Every year, this step is missed by a few very good students who are disappointed when they do not get their choice of residency. In other words, it doesn't matter what your medical school or civilian residency programs tell you~ you could be the most competitive applicant and they could even unofficially offer you a spot to train, but if you aren't granted civilian deferment it does not matter. You can greatly increase your chances of matching if you interview at all the military

programs; sometimes a phone interview is acceptable. At minimum, you should make an effort to interview in person at your top 1-2 programs.

### **Where are Military EM Residency Programs Located?**

- Army
  - Augusta University Medical Center (GA)
  - Fort Hood – Darnall (TX)
  - Fort Lewis – Madigan (WA)
  - San Antonio Military Medical Center (TX)
- Navy
  - Navy Medical Center Portsmouth (VA)
  - Balboa (San Diego)
- Air Force
  - San Antonio Military Medical Center (TX)
  - Nellis Air Force base (Civilian led) (NV)
  - Travis Air Force base (Civilian led) (CA)
  - Wright Patterson Air Force base (Civilian led) (OH)

### **Civilian Deferred Slots**

Each year the services look at their manpower needs and then set the number of EM physicians that need to be trained. This usually remains fairly constant in the Army and the Navy, but the Air Force has been known to swing widely over the years. For example, in the Air Force, there are 20 military slots with some civilian deferred slots available. These civilian deferment slots can swing from zero to over 20 in a single year. Every year a few very good students get civilian slots by letting the PDs know their intentions up front. (Honesty is key, do not try and play the game of telling everyone that they are your number one selection. It will be found out very quickly.) In general, there are rarely civilian deferments for emergency medicine in the Army and Navy.

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### **Success in the Military Match**

The Emergency Medicine military match is very competitive. Success in the military match is largely based on the same things as the civilian match: course and clerkship performance, class rank, standardized testing scores, letters of recommendation, and contributing to research and extracurricular activities. Although the point system is in place, there are subjective components such as interviews, leadership experiences,

perceived dedication to the specialty, commitment to military service, and PD discretion.

Much like the civilian match, if there is a particular place you hope to do your residency, you should try and schedule a 4th year clerkship there. All HPSP students should perform a rotation at a military hospital. This gives the staff a chance to get to know the potential applicants. Knowledge and interest in the military and the customs and courtesies associated with it can go a long way. When rotating at a military residency students can obtain a Standardized Letter of Evaluation (SLOE). Letters of recommendation and support from military physicians may carry more “weight” than civilian; it is highly recommended to rotate at a military EM program. Furthermore, strong letters of recommendation from emergency physicians carry more weight than those from other specialties.

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## Scheduling Interviews

If you have a military obligation and civilian deferments are available, you must apply to the military GME (MODS) *and* the civilian match (ERAS) and plan to interview at both military and civilian programs. Since some military applicants will obtain military deferment and train in a civilian residency, it is important that you also apply through the civilian match and schedule an adequate number of interviews. All residencies are aware of this issue, and understand that you will be withdrawn off of their list if you match in the military.

You can greatly increase your chances of matching if you interview at all the military programs. At minimum, you should make an effort to interview in person at your top 1-2 programs. The interview at a military residency does not have to be face to face - phone or Skype® are acceptable alternatives in many cases. The interview also does not mean that you must place the military residencies first on your preference ranking.

In a perfect world, you could do civilian interviews after the military match is completed; however, it could be very difficult to schedule enough interviews in that short of a time. One option is to arrange for lighter month in January and backload your civilian interviews for that time period. If you do train in a civilian residency, you will fulfill your military obligation after residency.



## What if I don't match?

Unfortunately due the way the match is set up, this can be a reality for some people. In fact, EM is one of the most competitive specialties in the military, and the number of applicants routinely doubles the number of training spots. Because it is so competitive, many highly qualified applicants do not match the first time around. However, the good news is that many **do** match the following year, provided they take steps to improve their application over that 12 month period. Another bonus is that strong performance in another internship or during a general medical officer tour will afford the applicant more points in the next match cycle. If you do not match into a military OR civilian spot, do not lose hope, because there are still options:

1. Do a one year civilian or military internship (transitional, internal medicine, or general surgery PGY-1 year) and re-apply the following year.
  - a. Recommended path
  - b. PGY-1 year will not count towards EM training; will still need to complete a 3-year EM residency after internship.
2. Switch into a military residency in another field, if available

Consider reaching out the Program Directors via email to inquire how you can improve your application.

Afterwards, you may do one of the following:

1. Reapply for Emergency Medicine residency (with the opportunity to obtain more points)
2. GMO service: GMOs (Flight Surgeons and Undersea Medical Officers) provide care to active-duty personnel and gain military-specific medical training. Time as a GMO fulfills active-duty service obligation and may make your application more competitive when you re-apply to the residency of your choice.

## Key Points

The military match is a difficult system to navigate. Many aspects of it can change from year to year and it is different for each branch of the military. It is very important to find a mentor on your own who is knowledgeable about the process to help guide you. The following is a list of a few key points:

1. Focus on success during medical school following the same principles outlined in the CORD Student Advising Task Force (SATF) **EM Applicant's Frequently Asked Questions and EM Applying Guide**.
2. Start preparing early: find a mentor who is knowledgeable about the military match process to guide you. Consider reaching out to the military training programs to learn about timelines specific to their program. (Students may also sign up for a military resident mentor through EMRA. Mentorship application and information is available at <https://www.emra.org/students/mentorship>)
3. Strongly consider an EM rotation at a military hospital in addition to a civilian program, not doing so can negatively impact your application.
4. It is imperative that you go through the military match and interview at military programs even if your goal is to match at a non-military program. If you do not interview with the military, you will not be eligible for the civilian match.
5. Plan for civilian interviews and, when possible, schedule them for late December or January of your 4<sup>th</sup> year.

For more detailed information on military EM please [follow this link](#) for an expanded FAQ document created by the Government Services Chapter of the American College of Emergency Physicians (GSACEP).