



## **The Military Emergency Medicine (EM) Applying Guide: Demystifying the Military Match and Application Process**

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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. A prior ASC-EM survey indicates that only 26% of EM Program Leadership (APDs, Clerkship Directors, PDs) feel they fully understand the military match.<sup>1</sup>

For scope, 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 generally only been able to do military residencies and internships. However, in recent years, students have been allowed to participate in the civilian and military match concurrently, with several being approved for civilian-sponsored vs civilian-deferred residencies.

In the preclinical years, students pursuing a potential military match should focus on the same things as their civilian-bound colleagues: doing well in classes and on the USMLE or COMLEX examinations. Keep in mind that basic officer training for HPSP students will be completed between the first and second year, if the student's medical school permits; if not permitted, this is then completed after graduation, before starting residency. Participation in research is considered helpful in the military match because it will factor into the calculus of determining the overall strength of the applicant's residency application.

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

- Many students start setting up rotations at the military sites in **November/December of their third year**, and it is highly recommended to rotate through **at least** one military residency program. For many military programs, it is expected that you will rotate at the sites you are interested in. Not rotating at a program can decrease your chances of matching there.
- Rotations are most often set up through direct contact with the individual programs. This can be challenging. Points of contact, including emails/phone numbers are usually listed on the MODS site or by contacting the hospital GME office.

- The Facebook group “[Military HPSP Students and Physicians](#)” frequently posts points of contact for varying specialties, housing accommodations, and general information about the rotation process.
- Active duty tours (ADTs) are funded rotations. They are required to be 30 days in person on a military base for the Air Force and 21 days for the Army. The Army does not allow ADT rotations between October 1st and October 15th because of budget planning, so plan accordingly when scheduling your clerkship.
- All military applications are submitted through the Directorate of Medical Education Website, known as “MODS”  
<https://www.mods.army.mil/MODSHome/> (FYI, the MODS website can currently be accessed only from a military network). The deadline for the initial residency application is usually in **the second week of September**, and all final supporting documents are required no later than **October 15th**.
- Interviews are 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.
- The military match day is usually in **mid-December**.

Contact your service and find out if there will be any civilian deferments for the upcoming year. For the Air Force, Google search for the yearly HPERB, which lists the number of civilian-sponsored and deferred residency spots for EM. If no spots are allocated, participation in the civilian match will not be necessary. Otherwise, if you have a military obligation and civilian deferments/sponsorships are available, you must apply to the military GME (MODS) *and* possibly the civilian match (ResidencyCAS). The Navy has just recently allowed civilian deferred spots, and the number of spots varies year to year and will not be known for sure until the Joint Review Board meets in November. It is recommended that Navy applicants apply to both MODS and ResidencyCAS. If there are civilian deferred/sponsored positions available, it's highly recommended to apply through ResidencyCAS, since starting ResidencyCAS in December will make it difficult to get civilian interviews. In the past, the Air Force has reimbursed up to \$300 for ResidencyCAS. Check with your service point of contact to see if this is still an option.

Regarding the match, there can be four different outcomes:

1. A military residency is obtained.
    - a. 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.
  2. A civilian residency is obtained, with military deferment or sponsorship.
    - a. Civilian-sponsored residents are active-duty military on inactive reserve status and function as civilian residents. They incur an additional commitment for each year of residency and will pay back their commitment after residency is over. Residency is paid for through the military, and the civilian EM program is not responsible for the costs of residency training. Because EM programs get a “free” resident, this is highly competitive, and these candidates are coveted and generally heavily recruited by civilian programs.
    - b. Civilian-deferred residents function as civilian residents and do not incur any additional commitment time. They are essentially delaying their military commitment until they are done with residency training. There is no funding or sponsorship, so any EM program that matches a civilian deferred resident is required to pay their salaries and the cost of training the resident (same as their other non-military residents).
  3. A military transitional, internal medicine, or general surgery internship is obtained.
    - a. Everybody will receive at least one year of training, except in 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 PDs select who matches in military EM, and there is a process to try to make sure the selection is just and fair. All of the PDs will meet and decide, as a group, who matches into EM.

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 EM anywhere;* this includes all civilian deferments if they are offered by your branch of service. 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, you could be the most competitive applicant and a civilian program 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 a minimum, you should make an effort to interview in person at your top 1-2 programs, if available.

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

- Army
  - Fort Hood - Darnall (TX)
  - Madigan Army Medical Center (WA)
  - Medical College of Georgia at Augusta University Medical Center (GA)
  - San Antonio Military Medical Center (TX)
- Navy
  - Navy Medical Center Portsmouth (VA)
  - Naval Medical Center San Diego (CA)
- 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 Sponsored/Deferred Slots

Civilian-sponsored residents are active duty military and are paid by the government; they incur an additional commitment for each year of residency, but are free to the hospital where they are training. Civilian-deferred residents are on inactive reserve status and function as civilian residents. They will return to pay back their commitment after residency is over.

Each year, the services look at their service needs and then set the number of EM physicians that need to be trained. This usually remains fairly constant in the Army, but the Air Force and Navy have been known to swing widely over the years. For example, there are 20 military slots with some civilian-sponsored/deferred slots available. These civilian 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 to play the game of telling everyone that they are your number one selection. It will be found out very quickly in this very small community. In general, there are rarely civilian deferments for emergency medicine in the Army. In the Army, only 1-2% of all specialty applicants receive a deferment. However, in 2021, the Army allowed civilian deferments for EM, orthopedics, and general surgery. Please refer to your specific service/year/guidance.

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## Success in the Military Match

The Emergency Medicine military match is **very competitive**. The average USMLE scores are often higher, and the student-to-training position ratio is usually higher.<sup>2</sup> 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 to 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 letters; 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 spots are available, you must apply to the military GME (MODS) *and* the civilian match (ResidencyCAS), and plan to interview at both military and civilian programs. Since some military applicants will obtain military deferment/sponsorship and train in a civilian residency, it is important that you also apply through the civilian match and schedule an adequate number of interviews. Civilian residencies are aware of this process and understand that you will be withdrawn from 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 a minimum, you should make an effort to interview in person (if available) at your top 1-2 programs. The interview at a military residency does not have to be face-to-face – phone or virtual platforms 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 can be challenging to schedule enough interviews in that compressed timeframe. It makes good sense to focus on your military interviews earlier in the season and backload your civilian interviews for late December and January. Carefully selecting your block rotations to allow you to have a lighter schedule during the months of more intense interviewing is helpful. Civilian programs tend to often offer interviews to military candidates at the same rate as to civilian applicants, and they are usually willing to schedule the interviews at any time in the season – please communicate your specific needs as able (citing this document if needed).<sup>1</sup>

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## What if I don't match?

Unfortunately, due to 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 is not infrequently twice the number of training spots. In 2018, there were 1.44 applicants for each EM position in the Army, with similar rates in the remaining services. However, in 2019, there were only 0.97 applicants per position. 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 those 12 months. Another bonus is that strong performance in another internship or during a general medical officer (GMO) tour will afford the applicant more points in the next match cycle.

If you do not match into a military *or* a 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 reapply the following year (recommended path).
  - a. PGY-1 year will not count towards EM training, so you will still need to complete a full 3-year EM residency after internship, if performing a military residency (if a civilian deferment is obtained, the civilian residency may count that transitional year, as long as it is a 4-year program).
2. Switch into a military residency in another field, if available.
  - a. Rebuttal lists are available after the match is completed to allow for a scramble into an open specialty.

Afterwards, you may do one of the following:

1. Reapply for Emergency Medicine residency (with the opportunity to obtain more points)
  - a. Consider reaching out to the Program Directors via email to inquire how you can improve your application for the following application cycle.
2. GMO service:
  - a. 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 will make your application more competitive when you reapply to the residency of your choice. GMO tours are typically 3 years.

## 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 who is knowledgeable about the process to help guide you. A recent survey completed by CORD ASC-EM revealed that only 26% of civilian EM education faculty (PDs, APDs, Clerkship Directors) feel comfortable with the military match, and the majority only advise one or two students pursuing military residency training per year.<sup>1</sup> Additionally, most respondents either have no military advising resources or are unaware of whether they have any advising resources for the military match at their institution. Only 29% of survey respondents indicated their school/program accommodates early away rotations.<sup>1</sup>

The following is a list of a few key points:

1. Focus on success during medical school, following the same principles outlined in the [\*EMRA and CORD Student Advising 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.
  - a. Students may also sign up for a military resident mentor through EMRA. Mentorship application and information are available at <https://www.emra.org/student-resident-mentorship-program>.
  - b. ACEP members can reach out to Government Services ACEP (GS-ACEP) and GS-EMRA to ask service-specific questions and find a service-specific mentor
3. *Strongly* consider an EM rotation at a military hospital in addition to a civilian program; not doing so may negatively impact your application. However, given the growing number of civilian deferred and sponsored positions, it is best to reach out to the program director at the military programs and ask if a military rotation is suggested. If you know you want to do a civilian residency, many may not require or encourage you to rotate at a military hospital. 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.
4. Plan for civilian interviews and, when possible, schedule them for late December or January of your fourth year.

## For Additional Information

1. 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).
2. If you are having a difficult time obtaining multiple away rotations, please feel free to reach out to the GSACEP Mentorship Committee. They can contact your school to aid in explaining the process and/or communicate the need for additional Away Rotations. [GsacepMentor@gmail.com](mailto:GsacepMentor@gmail.com) or [EMRAGovernmentServ@emra.org](mailto:EMRAGovernmentServ@emra.org).
3. EMRA [Hangouts](#):
  - a. EMRA & GSACEP have hosted several hangout sessions with individual services discussing different aspects of the military match.

## References

1. Council of Emergency Medicine Residency Directors Advising Students Committee in Emergency Medicine. (2018). [CORD ASC-EM Advising Addenda Study]. Unpublished raw data.
2. Couperus, K, Olivera, T. Military Match Characteristics. Presented at LEMS/GSACEP Conference. 2017. Please contact [kcouperus@gmail.com](mailto:kcouperus@gmail.com) to obtain results.

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