



No Match Monday: Emergency Medicine Advising Guide

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This guide is for students who applied to Emergency Medicine and received notice that they did not match. The purpose of this guide is to explain the options students have after receiving notification that they did not match. At the end of the guide, there is additional information for advisors in preparing at-risk students both ahead of the match and after an advisee goes unmatched.

Preparation by the At-risk Student:

While no one wants to be pessimistic about the Match, preparing for this possibility is key to success. Applicants with at-risk characteristics should discuss with their advisor if a backup or “parallel” plan is needed and develop a game plan ahead of time, just in case. After the rank list is submitted in late February, if you are an at-risk applicant, you should meet with your Emergency Medicine (EM) faculty advisor and medical school advising Dean to review your likelihood of matching and develop a plan in case you go unmatched. If you are not sure if this applies to you, consult the CORD ASC-EM's [At Risk Applicant Guide](#) or [EMATCH](#), an online tool to help you identify at-risk characteristics. If your medical school does not have EM academic residency faculty, you can consider electronic advising with expert emergency medicine faculty via EMRA, SAEM, or CORD. Students at schools without an EM residency or EM advising can email distanceadvising@cordjobboard.com for help finding an advisor.

This meeting should occur no later than late February. It should include an honest assessment of your competitiveness for EM and a review of your residency application process to date to identify areas needing improvement or a change in strategy.

- Are there any academic, clinical, or professional deficiencies present?
- Did you apply to enough appropriate programs?
- Was your defined geography too narrow?
- Do you interview well? Were you at your best during your in-person/virtual encounters?
- Did you have any communication issues with the program coordinator or directors?
- Are there issues in your SLOEs or letters of recommendation?
- Did you talk to your deans and advisors about any potential red flags?

It should also include a discussion of your current career goals and whether alternative training pathways may still allow you to achieve these same goals or bring you career satisfaction. Moving forward, you will need to understand your potential deficiencies and strategize to successfully move through the Supplemental Offer and Acceptance Program (SOAP) process.

According to [NRMP data](#), the number of unfilled positions in emergency medicine has varied over the past 10 years, from a low of 0 in 2012 to over 500 positions in 2023. When positions do occur, almost all of the unmatched EM applicants will apply to these, making them statistically very difficult to obtain. More commonly available in

SOAP are a plethora of medicine and surgery preliminary spots, transitional year spots, and other specialty categorical spots. As part of pre-SOAP preparation, you should be thoughtful about your SOAP plan, which will likely require new letters of recommendation as EM SLOEs may not be applicable in other disciplines. During the first two weeks of March, identify and reach out to these new academic faculty letter writers, meet with them, and discuss obtaining new letters of recommendation. Connect with and communicate ahead of time, as the faculty may be unavailable when SOAP starts on Monday. Preparation ahead of time also allows for a more thoughtful letter of recommendation, instead of one developed hastily, at the last minute.

Make your SOAP Plan:

As part of pre-SOAP preparation, you need to **make a SOAP plan**. This plan includes:

- What would you do if you had to SOAP?
 - Would you apply more broadly within EM?
 - Would you apply to another specialty?
 - Would you be more geographically open?
 - Would you apply to a preliminary year?
 - Would you take on an extra year of medical school (and the costs associated) to reapply?
 - *Note:* All of these considerations should be made by the at-risk student in discussion with a trusted advisor.
- Consider preparing an ERAS application
 - If you anticipate attempting to SOAP into a specialty other than EM or OBGYN, you can prepare an ERAS application in advance of match week.
 - While many aspects of the application platform are similar, there are some differences, and completing the ERAS application in advance will allow you the time to thoroughly prepare your application.
 - There is no cost associated with creating an ERAS application, only with submitting an application.
- Get your letters in order
 - If you plan to apply to a different specialty, you will likely require new letters of recommendation, as EM SLOEs may not be applicable in other disciplines. Preparation ahead of time also allows for a more thoughtful letter of recommendation, instead of one developed hastily, at the last minute.
 - By the last week of February, identify and reach out to these letter writers to discuss obtaining new letters of recommendation.

- There are systems within both ResidencyCAS and ERAS to allow you to transfer relevant letters from one application platform to the other during the SOAP process.
- Connect with and communicate ahead of time with your advisors and Student Affairs office to minimize chaos on the Monday afternoon of Match week.

How the SOAP Works:

The SOAP process goes quickly (but the wait may feel like ages), so before the rush begins, there are a few [rules](#) of which you should be aware. The SOAP is essentially three more rounds of the Match – only this time, it is based on the programs' rank list. You will be allowed to apply to 45 programs with no additional charge for applications. *Applications must occur through the ResidencyCAS site.* The big difference in this phase is the rules on communication. **Until a program initiates contact, neither you nor any program or other individual may contact programs on your behalf.** As you wait for offers, it is easy for thoughts to race about who you know that might be able to help you, but by breaking this rule, you would be subject to breach of the National Resident Matching Program (NRMP) contract and subject to sanctions.

Step 1: The notification. Monday at 10 AM EST

Student Affairs Offices get the names of students who did not match earlier than students receive the information. Student Affairs offices should be prepared to assist students who do not match. A well-organized Student Affairs Office will have individuals in every specialty available on-call to assist you. If you are at risk, you should plan to be in town, as advising in person is much preferred to advising by phone. Any personal stakeholders (significant others, family, close friends) should consider being around as well, both for support and to assist with making life-changing decisions.

In initially setting goals for SOAPing, making decisions about overall life goals is crucial; would you rather consider different locations, different specialties, delaying graduation (if allowed by your school), or taking time off to improve your application in another way? These questions are difficult to digest in the heat of the moment, so we recommend students consider these questions before having the pressure of the SOAP in front of them. We would refer applicants to the [ASC-EM Re-Applicant Guide](#), as these same questions apply in deciding about re-application.

Step 2: Deciding to Participate in the SOAP

The first question you must decide is whether you want to participate in the SOAP at all. This is a weighty decision and difficult to make in the emotionally charged atmosphere of that Monday; we recommend having discussed/considered this choice as part of your *Pre-SOAP Plan*. Decisions around taking a year off (for research, additional experience, alternative employment, or pursuing an additional degree) or delaying graduation are all options that would obviate the need to participate in the SOAP, but can *significantly reduce* the chance of matching in EM. On a recent [NRMP Program Directors Survey](#), only 24% of responding programs reported that they “often” interview previous graduates, as compared to 97% who “often” interview US seniors. These applicants were “often” ranked by 27% of responding Program Directors, while 66% of PDs reported that they “seldom” rank prior graduates. If you do not participate in the SOAP and plan to reapply in EM, you will dramatically reduce the number of programs that will interview or rank you.

With the current application climate in EM (as of 2026), *seeking an EM training position via the SOAP is likely your best chance at EM*. If your application is limited by geography, for example, another option might be to secure a preliminary or transitional year position at an institution with an EM training program in your geography of choice. This scenario is likely to allow you access to continued EM advising and the potential for time in an academic ED with an additional letter of recommendation for your updated application.

Step 3: Determine which specialties to apply to via the SOAP

Once you have decided to participate in the SOAP, you have to decide if you are only applying to your specialty of choice or if you are willing to apply to another specialty. This decision may be influenced by the number and location of spots available in each specialty – some years, there have been few to no EM-specific spots. EM-interested students during these years have had to make the difficult choice between changing specialties, SOAPing into a prelim/transitional year spot, or taking a year off. *Of note, accepting a position within the SOAP is binding, meaning a student who accepts a position is then obligated to go to that program for the duration of the program; violation of this agreement can result in being excluded from future NRMP involvement.*

The discussion around transitional/preliminary years is important – on the one hand, it allows for additional clinical experience and the potential to show excellence in clinical skills that may make an applicant appear improved, if clinical issues had appeared in their application. On the other hand, it may make applying in a future cycle difficult due to clinical obligations interfering with interview offers.

In addition, programs that have strict funding limits may see applicants with one year of eligibility already used as a concern, as they may not receive funding for one year of that resident's tenure in their residency program. For example, a student who does a preliminary medicine year may use up one year of [GME funding](#), and therefore be less attractive to a three- or four-year EM program, as if they completed one year in a medicine preliminary program, then after that, they would only have two years of CMS funding left.

It is important to point out that the SOAP matching process itself takes place in the NRMP Registration, Ranking, and Results (R3) system, as it always has. The difference for applicants to EM via the SOAP is that EM programs will be accepting applications in ResidencyCAS.

- If you applied to any programs of any specialty in ResidencyCAS in the Main Residency Match, you will be allowed up to 45 applications in ResidencyCAS for SOAP at no additional cost.
- If you plan to apply to additional specialties that use ERAS as their application platform of choice, you will need to create and submit an application to those programs via ERAS.
- If you applied to any programs of any specialty in ERAS in the Main Residency Match, you will be allowed up to 45 applications in ERAS at no additional cost.
- Note: If you are creating an application in a platform that you did not use for the Main Residency Match, you will be charged a \$99 fee to use the platform.

Step 4: Selecting Programs

Each student has only *45 programs* they can apply to in the SOAP, over the entire three rounds. Our advice is to use all (45) of these selections for the first round. Most programs will spend the most time preparing for round one decisions, and they will generate a list of first, second, and third-choice candidates based on this initial submission material. As a result, holding a spot until after the first round is unlikely to result in selection, as the majority of applicants are matched in the first round, and there is not enough time before round two to review new material.

If there are more than 45 positions available in the EM SOAP, applicants should be strategic as to which programs they might be or not be competitive for – these decisions should be made with an advisor who has access to their application. The remaining 45 applications should be used for alternate specialties or prelim/transitional year spots.

In terms of program selection, this will be very individual. Of note, some people will also look at the number of spots available within each program (for example, if a specific program has three spots available, they will likely be looking at a larger range of applicants); others will focus on location, with the emphasis being on setting themselves up for success in the future. For example, selecting preliminary positions at institutions with EM residency programs or programs in the local region where you might also be able to do an EM rotation or research may increase your chances of matching the subsequent year.

Step 5: Submitting Material.

Applications are released to programs at 8:00 am EST on Tuesday. You can see the [Match week and SOAP schedule](#) here. We recommend that you submit all materials to all programs by the deadline that programs can start looking at your application materials; after the massive influx of data, programs are unlikely to go back and review new material that is submitted.

In terms of materials to submit, sometimes advisors can help recommend letters that might be more beneficial than others, to some extent, as this harkens back to the evaluation of what makes your application weak. A good advisor can help you take a long, hard look at what you could improve. Students applying for transitional/prelim programs can apply with their standard EM materials; no major shifts need to occur, although some change a paragraph in their personal statement to focus on their change in status. However, applying for a categorical position in a different specialty may require a change in personal statement focus, and hopefully a difference in letters of support, if possible.

Step 6: Waiting and Interviews

At this point, with all materials in, it is a waiting game. You are not allowed to initiate contact, and they are not allowed to have others initiate contact on their behalf. We recommend students stay where they have good cell and internet connection, as over the next two days, availability for interviews is crucial. Your Dean's office should free you from clinical responsibilities during this time so that you can focus completely on

the SOAP process. Finding something to occupy your time is tough, but good friends and family, or other time-occupying elements (movies, books, games, or puzzles) will make it a little more bearable. Keep in touch with your advisors around individual interviews. It is rare to hear from a program within the first few hours, but it does occasionally happen.

It is critical for you to collaborate with a team of advisors to help you succeed in the SOAP interview process. This includes working directly with an advisor who knows you well and has a good sense of your strengths and weaknesses. If you are going to SOAP into a different specialty, involvement from educational leads (clerkship director or program director) in that new specialty may provide application and interview-specific feedback. This advising team should also include the Dean's Office and Student Services at your school, who are most familiar with the SOAP process itself and can help navigate the challenges. The key to most interviews is preparation, and this especially applies in this situation where the stakes are high and you are under considerable stress. Think honestly about *why* you may not have matched, and consider if your interview style may have played a role in your not matching.

One of the best ways to prepare for these interviews is to have “mock” interviews with as many people as possible. The advising team can potentially help arrange this. If interviews will be by phone or video, it is best to try to practice this format as they are different than face-to-face interviews. In addition to mock interviews, advisors can help you to develop an outline of talking points for commonly asked questions.

You should expect to get asked about why you think you had to SOAP. The program will want to know if you are self-aware about your obstacles /challenges. It is also best to address any “red flags” in your application. Discuss qualifications and strengths that will help you overcome your individual challenges. Discuss the reason you are applying to their program. As in typical residency interviews, be prepared to talk about the reason for pursuing the specialty you are choosing. If you are applying to a *different* specialty than your previous application, it will be evident to the residency director upon review of your application. Be ready to clarify what about the new specialty appeals to you, and also why you are right for the specialty.

The SOAP process moves incredibly quickly. You should expect to be available to answer your phone or immediately reply to email 24/7 for those few hectic days. Student services or the Dean's office should work with you to widely open your schedule.

Step 7: Viewing Matches.

Round One:

The first round of the SOAP offers will occur at 9 AM EST on Thursday. This will be through the same R3 login that was used on Monday. If you received an offer, there will be a banner stating:

These offers will expire at 11 AM EST
The next round of Offers will be sent at 12 PM EST

For those fortunate enough to have received multiple offers, they will all appear on the page with an option to accept one. Once you have accepted a position, the remainder of the offers will become “rejected.” Any rejected offers will not be made again to the same applicant. Before rejecting an offer, remember that the number of available spots will decrease each round of the SOAP, making the chances of future offers less likely.

It is prudent to consider program selection wisely when deciding which program or specialty to apply to, as well as which offer to accept. A match made through SOAP is legally binding and a full commitment. Securing one of these spots prohibits applicants from pursuing alternate opportunities that may develop later. Essentially, if you SOAP into a program but then seek out a position post-SOAP, taking that later position will be a match violation and breach of contract.

You will have two hours to decide during each round of SOAP offers.

If there are no offers, there will be a banner informing you that there are no offers and notifying you of when the next round will occur:

You do not have any offers this round.
The next round of Offers will be sent at 12 PM EST

Round 2.

The next steps will depend on what strategy you used for your 45 program allotment. An updated list of available spots will be made available at 11:05 AM on Thursday, once the first round has been completed. If you applied to all 45 of your allotted programs before the first round, there is not much to do at this point. If you applied to programs that still have openings, they still have your application, and there is no need for resubmission. If you left a few of the allotted 45 applications unused, now is an opportunity to review which programs still have openings and submit your application to them.

From here on, the process is a repeat of application submission, awaiting interview invitations, and waiting for the next round of SOAP offers. Round 2 of SOAP offers are released at 12 PM EST on Thursday through the R3 system. There will be two hours to review any offers and accept or reject them.

Round 3.

Most likely, at this point, the updated program list is more of an FYI, as you have likely used all 45 of your applications. The updated program list will become available at 2:05 PM on Thursday, at the completion of round 2 of SOAP. The next round of SOAP will occur at 3 PM on Thursday. There will be two hours to review any offers and accept or reject them.

Round 4.

Not a lot different with round 4. The updated program list will become available at 5:05 PM on Thursday, at the completion of round 3 of SOAP. The final round of SOAP will occur at 6 PM on Thursday. There will be two hours to review any offers and accept or reject them.

At the conclusion of the SOAP, the list of programs that still have open positions they wish to recruit for will be available at 9:00 PM EST on the List of Unfilled Programs through the NRMP. This list will include programs that failed to fill during the SOAP process and also programs that might have elected not to participate in SOAP. At this point, programs and applicants can begin arranging agreements outside of the Match process.

Other NO MATCH Strategies:

SOAPing is the "tried and true" path for students who do not successfully match. Like the main match, SOAP matches are legally binding. Unfortunately, there is no well-developed "if ___, then ___" model for who should go down which pathway. As always, it is best to start by talking it out with an advisor and trying to hone in on what needs to be fixed in your application in order to have a better chance at a successful match, as well as to gauge your own risk tolerance. If your advisor suspects the issue was strategy or timing, a non-SOAP option may be perfectly reasonable, but if the issue was more along the line of knowledge or clinical deficiencies, an extra year of clinical training may be more helpful (or at least be more convincing to programs).

The variety of non-SOAP options has increased, and we will touch on many of these below.

1. Contacting Unfilled Programs (after the SOAP process is completed):

Even after the SOAP process has concluded, there may still be programs that have not filled. The NRMP will release the final vacancy list after the completion of the SOAP process, and at this point, applicants are free to contact any unfilled program and seek a training position directly and without restriction. This process involves significant legwork on the part of the student and requires strong Dean's office and faculty support, as these unfilled programs are typically inundated with student communications during this time.

2. Contacting New Programs:

Periodically, a new EM program receives its accreditation too late for it to participate in the match, but they will still be seeking out a full class of interns to start July 1. These programs will typically contact the Council of Residency Directors (CORD) listserv once they are ready to accept applications, and then [CORD posts open positions](#) on their website. Once again, if you have matched into a training position through the SOAP, seeking out and taking one of these positions would be a match violation.

3. Extending Medical School:

If you have the financial ability, deferring graduation and extending medical school by another year allows you to reapply and maintain "senior" rather than "graduate" status for the subsequent year's match. Students can use this extra time to obtain more EM electives (and more SLOEs) as well as engage in an advanced degree program (MPH), a research project, or other CV-padding

activities, which can help strengthen their re-application. The extra year will need to be addressed in the next application, ideally in the personal statement, but retaining “senior” status obscures the most obvious red flag marking a re-applicant. This option can be particularly useful for students whose application suffered only from being late to EM and not being able to secure enough interview opportunities. This path would also leave the student free to pursue a last-minute opening that might come up after the match without any contract violation. The price tag of this option is no trivial matter, and not every medical school allows students to pursue this option.

4. Taking a Non-Clinical Year:

While it is difficult to complete an impressive research project in a year’s time, completing an advanced degree such as an MPH is achievable. As with extending medical school, this option is likely the most viable for latecomers to EM who otherwise have a strong application but just need more time. For students whose application’s weakness is along the lines of knowledge or clinical deficiencies, they are likely better off pursuing a clinical path. Data from a past ASC-EM survey indicate that these non-clinical pathways are less preferred by residency leadership (Figure 1), but there are certainly scenarios where they can be the best option. As in all things, discussion with an EM advisor is recommended.

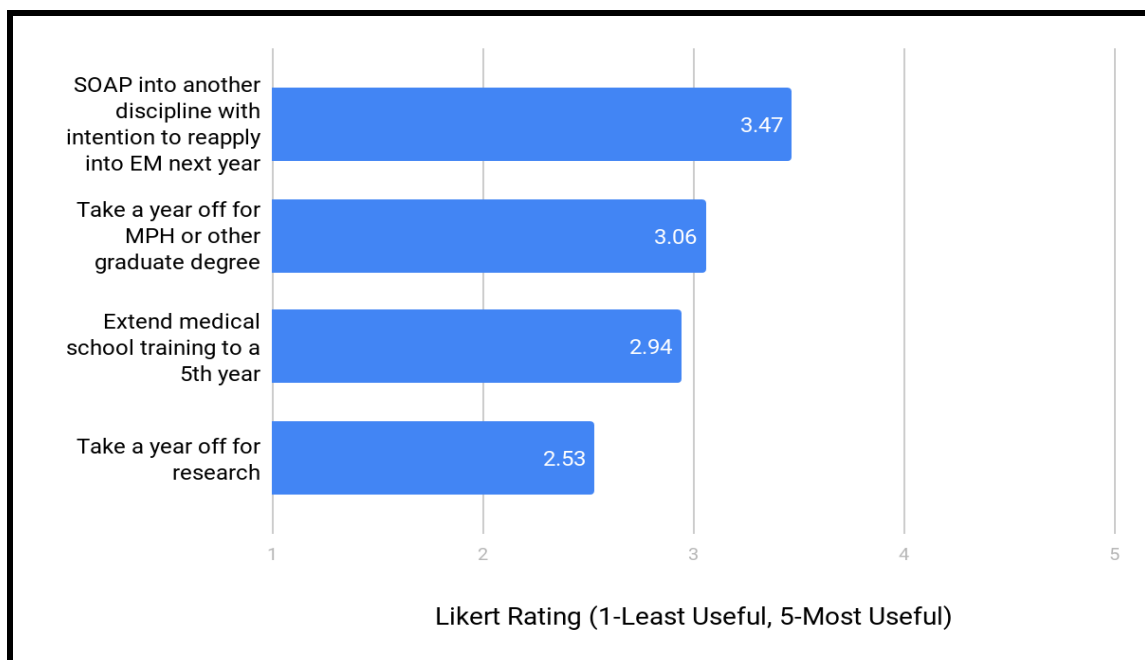


Figure 1: ASC-EM survey results for “Best use of time during the year leading up to the re-application cycle for an applicant that does not match”

5. Work as an “Assistant Physician”:

A handful of states, including Missouri and Arkansas, have pathways in place for medical school graduates to work as an “assistant physician” without having undertaken residency training. Assistant physicians function in a role similar to that of an Advanced Practice Provider – supervised but not in training. Criteria may vary, but in general, to become an assistant physician, you must have graduated from medical school, passed the first two steps of the U.S. Medical Licensing Exam, enter into a primary care field, plan to practice in a medically underserved rural or urban area, and work under a collaborating physician. Laws allowing this pathway were designed in order to bridge critical gaps in the healthcare workforce, but were often passed despite opposition from national healthcare organizations. Each participating state will have its own licensing requirements and criteria that must be met to practice.

6. Do Something Else Entirely:

Graduating from medical school is often accompanied by significant debt. The emotional and financial stress of not matching can be overwhelming, and getting a non-clinical job or even a job outside of medicine entirely to at least secure a reliable income can make the most sense. Additionally, you can monitor for sudden residency vacancies that may come up during this time. While data is lacking, it will likely be quite difficult to subsequently match into a program in future cycles, and you may have to overcome significant concerns from programs around matching a graduate who is not currently working in a clinical setting.

Psychological Support:

Not matching is devastating. You work for years, with the goal of matching in your chosen speciality. Not matching can have significant psychological consequences, which can affect your mental health and potentially your patient care. Unfortunately, there is no great data to guide how to manage and support you through the psychological blow of not matching. Most medical students get through tough times in medical school by going to their peers. This, unfortunately, is something you might not want to talk about. While your colleagues are celebrating, you are experiencing increased stress of finding a spot, in addition to a personal sense of embarrassment of not matching.

There are different supports for you. First, you should utilize the services provided by your medical school. Services such as mental health and debt counseling may be included in your tuition. You can also look to your health insurance to provide a list of counselors you can see. You may also be at risk for failing or doing poorly on upcoming rotations secondary to the psychological stressors of not matching, and may need additional time to cope with your new situation. You should know that you can ask for a leave of absence if you need time.

Special Information for Advisors:

Conversations with unmatched applicants can be very difficult. Be prepared for all the stages of grief, including blame being placed on you for this event. Some clerkship directors have the unpleasant situation of a student who was counting on matching into their specific program, only to find that they didn't match at all. This is a tough position to be in for both the student and the clerkship director. The best medicine for these situations is prevention. Being realistic with your students about their chances of matching and making expectations realistic before the match will also help mitigate the awkward conversation after the match. This isn't personal, although it may feel that way. Try to remember that these students may be experiencing failure for the first time and are adjusting.

Consider an analysis of their application – students may not have been receptive to pre-match advising, but they may be more receptive if they don't match.

There may be some hard truths to be had. Students who received a good number of interviews but still did not match may have something about how they present themselves – a personality trait and/or an interpersonal awkwardness that hindered their ranking. Try to have these students reflect on their interview days and the experiences and interactions they had. Gauge if they have any insight into whatever behavior it might have been that wasn't received as positively. Remind them that every single interaction with the residents at the pre-dinner and with the residency coordinator over email are in the mix. These conversations go so much better when the student has a sense of what needs to change. If they are truly naive to it and still committed to emergency medicine, you need to confront them with the problem and begin remedying and preparing for the SOAP interviews.

Students with weaker scores on their clinical rotations, where significant knowledge gaps and issues with performance seem to be the issue, might just not be a great fit for EM. Probing what draws them to EM and having them weigh in on what they think their

own strengths and weaknesses are, and whether these match up well with the skills that are needed to be a good EM physician, may help them see they are better suited for something else. Doing this in the pressure cooker of the post-match/pre-SOAP window is tough, but for those who can find their better fit, the SOAP can actually be a blessing.

The desire to blame a bad SLOE is strong (and in some cases may be the truth – a SLOEpedo, if you will). As an advisor, you may want to go over your student's application, including their SLOEs, to see if these shed any light on why this particular student went unmatched. Recall, though, that going into a student's file and reading their SLOEs is technically reserved only for application review purposes and not for advising purposes. Reviewing their SLOEs in preparation for a no-match plan, unless the student will be applying to your own program, is actually a violation of ResidencyCAS letter rules. Under the ResidencyCAS letter of recommendation terms and conditions, these letters are only to be used for a program's recruitment activities, and post-match advising does not fall under that category. Recall also that these students have waived their right to see these letters, and you are beholden not to reveal their contents.

Regardless of what the issue was, students must reflect on their unmatched status and the possible reasons behind it and be able to articulate that reflection well to succeed in the SOAP process. They will inevitably be asked why they think they needed to SOAP, and being able to put this very recent, potentially very traumatizing experience in a constructive light will enhance their chance for success.

References:

1. [Supplemental Offer and Acceptance Program® \(SOAP®\)Frequently Asked Questions for Applicants](#)
2. Match Week & SOAP for Applicants. [The Match, National Resident Matching Program](#)
3. Persad, A. [The Unmatched](#). *Can Med Educ J*. 2018 May 31;9(2):e89-e92
4. Bumsted T, Schneider BN, Deiorio NM. [Considerations for Medical Students and Advisors After an Unsuccessful Match](#). *Acad Med*. 2017 Jul;92(7):918-922