Association of American Medical Colleges

The Association of American Medical Colleges serves and leads the academic medicine community to improve the health of all.

Founded in 1876 and based in Washington, D.C., the AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Our members include all 151 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, we serve the leaders of America’s medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC's many programs and services strengthen the world's most advanced medical care by supporting the entire spectrum of education, research, and patient care activities conducted by our member institutions. The AAMC and our members are dedicated to the communities we serve and are steadfast in our desire to earn and keep the public's trust for the role we play in improving the nation's health.

The AAMC develops and administers the Medical College Admission Test® (MCAT®), operates the American Medical College Application Service® (AMCAS®), and provides detailed admission information to medical schools and undergraduate premedical advisors.

Important Notice

The information in this book is based on the most recent data provided by member medical schools at the request of the Association of American Medical Colleges (AAMC).

We edited and, in some instances, condensed the material to meet space limitations. In compiling this edition, we made every reasonable effort to ensure the accuracy and timeliness of the information, and, except where noted, the information was updated as of February 2018. All the information, however, especially figures on tuition and expenses, is subject to change and is nonbinding for the medical schools listed and the AAMC. All medical schools listed in this edition, as with other educational institutions, are subject to federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, age, disability, or national origin. Such laws include Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Age Discrimination Act of 1975, as amended. For the most current and complete information about costs, official policies, procedures, and other matters, please contact individual schools.

In applying to U.S. or Canadian medical schools, applicants need not go through any commercial agencies. The AAMC does not endorse any organization or entity that purports to help applicants gain admission to medical school, other than undergraduate premedical advisors and medical school admissions officers.

AAMC Commitment to Diversity and Inclusion

The AAMC's mission is to serve and lead the academic medicine community to improve the health of all. As the U.S. population ages and grows more diverse and disparities in health care persist, understanding the benefits of diversity and inclusion becomes critical to addressing the health of the nation. The AAMC's commitment to diversity and inclusion in medicine and biomedical research spans more than three decades, demonstrated by ongoing leadership and engagement in activities—starting as early as high school—that promote diversity and inclusion through programs, advocacy, and research. Information about AAMC initiatives is available at aamc.org/diversity.
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How to Use This Guide

The AAMC works through many avenues to support medical education and help aspiring physicians succeed in their path to medical school. We created this guide to serve as a resource for students who are considering a career as a physician. Each chapter explains one aspect of the medical school admission process, and each is carefully reviewed every year by content experts at the AAMC.

Some of you may choose to read this book cover to cover, while others may prefer to skip ahead to chapters that are most relevant to where you are in the application process. Here are some tips to get the most out of the guide.

**Skim the table of contents before you begin reading.**
Not everyone takes the same path or is in the same place when they use this guide. You may want to read the chapters in the order that most relates to where you are now and what you need to know to move forward.

**Use and update the chapter worksheets.**
At the end of each chapter, you’ll find a worksheet that can help you with your medical school application. Topics include keeping track of your volunteer experiences, finding individuals to write your letters of evaluation, and determining the right time to take the MCAT exam. You may want to complete some of these worksheets after you read the chapter, or you may want to hold onto them until you’re at that phase of the application process. You can make copies or complete them using a fillable PDF form at aamc.org/msar-resources.

We encourage you to share your work with your prehealth advisor as you fill the worksheets out. You should have an advisor or a mentor to help guide you through this process. Find out more about the benefits of working with an advisor in Chapter 2, “Academic Preparation.” If you do not have a prehealth advisor at your school, you can find one at NAAHP.org.

**Look through the data in this book to understand the national picture.**
Part of what will make you a well-prepared applicant will be knowing more about the national applicant and acceptance data. While every applicant is different, and while every medical school accepts applicants with a range of scores and experiences, it can be helpful to see how you compare with other applicants across the country. This will help you to decide, along with your prehealth advisor, when you’re ready to apply to medical school. The data in this book come directly from the AAMC Data Warehouse, the AAMC Data Book, the American Medical College Application Service® (AMCAS®), the Medical College Admission Test® (MCAT®), and surveys conducted with entering and graduating medical students such as the Graduation Questionnaire (GQ) and the Matriculating Student Questionnaire (MSQ). The data are comprehensively updated each year with the most current information available at the time of printing. Because it comes directly from the source, you can trust that it is the most up-to-date and accurate information available. For more and current information, you can check the AAMC Facts Tables available at aamc.org/facts.

**Check out the Medical School Admission Requirements site when you’re ready to look at schools individually.**
One of the most important decisions you’ll make is where to apply to medical school. The AAMC’s Medical School Admission Requirements™ website provides the most comprehensive, up-to-date information and data. When you’re ready to start researching medical schools, tap into this powerful online database of information on U.S. and Canadian medical schools and baccalaureate-MD programs at aamc.org/msar. As the gold standard for admission requirement information, this is the only comprehensive resource of accurate and current data that comes directly from the MCAT program, the AMCAS program, and medical school admissions offices. Your one-year subscription allows you to search, sort, and save information.
The AAMC has resources to help you, from inspiration through practice.
We’ve got numerous resources to help you whether you’re just beginning to consider a career as a physician or you’re in the middle of applying to medical school. Take a look at these premed and applicant resources and tell other applicants about them if you find them useful.

• Aspiring Docs®
  o Aspiring Docs Diaries (aspiringdocsdiaries.org)
  o Inspiring Stories (aamc.org/students/aspiring/inspiring-stories)
  o Fact Sheets (aamc.org/students/aspiring/community/fact_sheets)
  o Ask a Medical Student (youtube.com/user/AAMCvideo)

• Financial Aid and Financial Literacy Resources
  o Fact Sheets (aamc.org/first/factsheets)
  o MedLoans® Organizer and Calculator (aamc.org/services/first/medloans)
  o SALT: Money knowledge for college—and beyond (saltmoney.org/AAMC)

• Medical College Application Test® (MCAT®)
  o MCAT® Essentials (students-residents.aamc.org/mcatessentials)
  o Official Guide to the MCAT® Exam (aamc.org/students/applying/mcat/mcat2015)

• American Medical College Application Service® (AMCAS®)
  o 2018 AMCAS® Applicant Guide (aamc.org/amcasguide)

• Careers in Medicine® (CiM) (aamc.org/cim)

Keep up and communicate with us on social media.
One of the best ways to find out about what’s going on is to follow us on Facebook and Twitter and to check out our videos on YouTube:

Facebook: facebook.com/aamcpremed
Twitter: twitter.com/aamcpremed
YouTube: youtube.com/user/AAMCvideo

A note about “MD versus DO” programs: This guidebook explains the process of preparing for and applying to medical doctor (MD) programs accredited by the Liaison Committee on Medical Education (LCME). You may have heard of osteopathic medicine programs that grant doctor of osteopathic medicine (DO) degrees. DO and MD programs have many similarities; both types of physicians are fully certified to practice medicine in the United States after passing board examinations. For more information about DO-granting schools and admission requirements, consult the American Association of Colleges of Osteopathic Medicine site (aacom.org).
So ... You Want to Be a Doctor

First, I want to congratulate you on your decision to explore medical school and a career in medicine. This is the first step into a remarkable and wonderful field.

When I decided medicine was my path, I talked to my mother, who is a nurse. She shared how challenging life as a doctor is—the difficult training, the long hours, the high expectations. She emphasized that being a doctor is not as glamorous as television makes it seem. I am grateful for her insight because it forced me to evaluate the reasons behind my decision. I looked at my shadowing and volunteering experiences differently and discovered a love of medicine and patient care that drove me to work even harder to achieve my goal of becoming a doctor. These experiences helped me to realize there is nothing else that I could imagine myself doing even with the tremendous effort required and the consistent difficulties along the path.

Now in my third year of medical school, I can say this love of interacting with patients and using my passion for science and medicine to improve lives is what has kept me going through the challenges. It is what gets me through a long day in the hospital or the stress of studying for an exam, and it is the same motivation that energized me when I was in your position applying to medical school.

I encourage you to dig deep and find your core motivation. Let this motivation guide your application, and it will be what carries you through the challenges ahead. This guidebook will help you through the nitty-gritty of the application process, but never lose sight of the reason why being a doctor is what you are meant to do.

Nicholas Beam  
MD Candidate  
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Homer Stryker MD School of Medicine  
Class of 2018

Tomorrow’s Doctors,  
Tomorrow’s Cures®

The dream of becoming a doctor is something that many applicants seem to know from an early age. In fact, a recent AAMC survey shows that half of all medical students who responded to the survey had chosen a medical career before they set foot in college—and one in five had made the choice before they even started high school (see Figure 1.1).

Whether you have always known that you wanted to be a doctor or are just starting to consider the idea, being a physician is an extremely rewarding profession. A career in medicine offers numerous opportunities to make a real difference in the lives of countless people.

As a doctor, you are likely to see new life come into the world or provide comfort
to those about to leave it. Or you may choose to help build the future of medicine by educating the next generation of physicians. Perhaps you will dedicate yourself to discovering new cures for devastating diseases.

Whichever direction you follow, you will play a role in reducing or eliminating people’s pain and suffering, improve their quality of life, and provide invaluable service to your local community or the country as a whole.

Figure 1.1. When did you decide to study medicine? Most applicants knew early on that they wanted to be a doctor.

Your Medical Career Driven by Your Interests

Another benefit of the field is that you can choose from many and varied ways to practice. From clinical practice to biomedical research, from public health to medical education—the choices are plentiful (see Figure 1.2). Medical students typically have clear preferences for the areas they plan to specialize in after graduation. Many students change or further refine their specialty preferences as they gain experience and knowledge in medical school. If your interests change with time and experience, medicine—because of its emphasis on lifelong learning and ties to research and technological developments—will provide you with opportunities to refine your skills and reorient your practice. Here are some examples of possible career options:

- The satisfaction of long-term patient relationships is one attraction of family medicine and internal medicine, where the bulk of time is spent in direct contact with patients. Physicians who work under the umbrella of “primary care” often care for entire families and enjoy the challenges that come from treating a diverse population with varied backgrounds and conditions.

- Other physicians may prefer to pursue detailed knowledge about the intricacies of a single organ or system, such as that required of cardiologists, ophthalmologists, dermatologists, endocrinologists, and other specialists.

- Interested in scientific exploration and the desire to break new ground in medical knowledge? Physicians with these interests are found in the nation’s private and public laboratories and research institutions.
• Those with a commitment to social justice and an interest in fulfilling the health care needs of the underserved and disadvantaged can meet those challenges in urban and rural clinics, in public health, or as medical missionaries.

• Careers in general surgery often suit people who have a desire to see immediate results of their interventions. Plastic and reconstructive surgery draws others with artistic skills and aesthetic interests.

• Those interested in mind-body interactions and the emotional lives of their patients might find a home in neurology or psychiatry.

• The fast pace of medicine draws some to work as emergency physicians or trauma surgeons.

• Others motivated by the interest of national defense may use their skills as flight surgeons or in military medicine.

• The economic and public policy aspects of health care guide some physicians to think tanks and health-related organizations, as well as to serve in the legislative and executive branches of government.

• For those fascinated by the issues facing groups of patients with age-defined illnesses and problems—from the risks in infancy and early childhood to the challenges of older life—fulfillment can come in careers as pediatricians and geriatricians.

• Assisting patients in overcoming complex fertility and gestational problems is the hallmark of the specialists in reproductive endocrinology and obstetrics and gynecology.

• Those dedicated to reducing the incidence of birth defects and inherited diseases might find their calling in medical genetics.

• The detection, prevention, and eradication of injury and disease draw people to the fields of preventive medicine and epidemiology.

Once you enter medical school, you’ll start actively learning about these and the myriad other career options and considering where you best fit. This is addressed further in Chapter 3, in the section “Determining How You Want to Practice Medicine.”

Figure 1.2. What specialties are entering medical students considering?

Source: AAMC’s 2017 Matriculating Student Questionnaire (MSQ).
What About the Future?

As long as we’re looking ahead, let’s look way ahead. In 5, 10, 15 years, what will medicine look like?

One thing is certain—the face of medicine changes continually. A good example of this has to do with the prevalence of women in medicine. In the 1976–1977 academic year, women made up just 24.7% of all medical school matriculants. Compare that with 2017–2018, when they made up half—50.7%—of the entering class, according to the AAMC Applicant Matriculant File.

Look back one generation, and you can see that many new fields have emerged.

• An excellent example dates back to the early 1980s. Back then, a new—and fatal—illness was taking hold that nobody could identify. We now know it well: AIDS. Infectious disease is currently a large medical subspecialty, and, as a result, significant advances have been made in extending the lives of those infected with HIV.

• Other advances are more recent. In last few decades, minimally invasive surgery, in which surgeons carry out precise procedures sometimes with the assistance of a robot, became increasingly popular. Such surgeries are currently available and used in procedures on lungs, the esophagus, the prostate, the uterus, and kidneys. Through surgeries like these, patients are likely to benefit from smaller incisions, lower risk of complications, shorter hospital stays, less pain, and speedier recoveries.

• Personalized medicine, a career path unavailable to the previous generation, is a field where the technology allows physicians to identify mutated genes and alert patients about their predisposition to a specific disease. (The next step—actually treating diseases with genes—is on the horizon.)

• Then, there are the more established fields that have evolved to take on new applications. Radiology, for example, is no longer about just reading X-rays. Radiologists can now perform surgery as part of interventional radiology.

Even more exciting is what lies ahead: gene therapy, portable medical records, distance surgery, and focused medication. The possibilities for advancement in medical research are limitless.

• Early tests of gene therapy have been especially favorable for cystic fibrosis, in which the correct CFTR gene is transported via a harmless virus or liposome.

• Similarly, research is under way in pharmacogenomics, a field that uses patients’ genetic codes to develop tailored treatments. For example, if a patient’s genes fit a certain type of cancer code, the physician will prescribe the “matching” pharmaceutical that has been developed to destroy cells with that code and will know, rather than hope, that the treatment is likely to work. Pharmacogenomics is still in its infancy, with most forms of tailored drugs used in oncology, but studies are progressing in other areas, including cardiology, diabetes, and psychiatric disorders.

• Also in development is focused preventive care, which uses genetic diagnosis to identify to a very specific degree how likely a patient is to develop a certain disease or condition—and then prevents that development before it has a chance to begin.

• Other advances will be administrative in nature; the days of hunting down medical records may come to an end, for example. One possibility being explored is a portable medical records system, or a national online database of individual health records. Everyone will carry a smart card (or have
an implanted microchip!), allowing physicians easy access to medical records. The benefit? Errors are reduced, files are readily available, delays are minimized or eliminated, and the experience of having repeated—that is, unnecessary—tests is eliminated.

**Workforce Issues**

Above all, know this: Whatever specialty you choose, your services as a physician will be needed.

According to a study commissioned by the AAMC, there will be a shortage of 61,700 to 94,700 physicians by 2025. The shortage is being driven in large part by the rapid expansion of the number of Americans age 65 or over. Our doctors are getting older, too. Nearly one-third of today’s physicians will be of retirement age in the next decade, just as more Americans need care. A continued demand for physicians and other medical professionals is projected.

Figure 1.3 illustrates the growing physician shortages between 2016 and 2025. Still, the shortages will be experienced unevenly, and some geographic areas will feel the effect more strongly than others. With that in mind, you might consider the trends as you think about the direction you’d like your career to take.

**Primary Care**

Although the nation is facing an overall shortage of physicians, many people are particularly concerned about the growing deficit of primary care doctors. Within the overall shortage of physicians, experts expect a shortfall of between 14,900 and 35,600 primary care physicians by 2025. To encourage U.S. medical school graduates to pursue a career in primary care, the federal government and many state governments offer a variety of scholarship and loan repayment programs. You may want to explore the rewards this type of career offers, including the satisfaction that comes from delivering comprehensive care and having long-term relationships with your patients.

**Underserved Areas**

The impact of this shortage is expected to be greatest in underserved areas—the urban and rural areas where health care is already scarce. If you choose to serve in a community designated as a Health Professional Shortage Area by the U.S. Department of Health and Human Services, you may be able to take advantage of a federal program—the National Health Service Corps—that offers scholarships and loan repayment. According to the AAMC’s 2017 Matriculating Student Questionnaire, about 29% of entering students planned to work in a primarily underserved area, and more than half of entering student survey participants hadn’t yet decided where they wanted to work. (Learn more about this program in Chapter 10, “You Can Afford Medical School.”)
A More Collaborative Approach

As Congress explores various scenarios as it moves forward with instituting health care reform, one thing is nearly certain: Given the projected shortage of physicians, we will need to develop new models of health care delivery that make better, more efficient use of all health care professionals—not just doctors. That means you can expect to work within a more collaborative, “shared” environment, in which a team of health care providers—physician’s assistants and nurse practitioners, for example—work more in tandem. Exactly how that will play out is still in development, but the goal is to create a more efficient system, increase patient satisfaction, and, ultimately, improve health outcomes.

A collaborative approach to health care delivery is instilled beginning in the early years of medical education. Read more about the use of small-group discussions, problem-based learning, and other educational models in Chapter 3, “Your Medical School Years: The Education Process.”

Immediate Steps That Lie Ahead

That’s the future—or at least what we expect. Right now, though, you’re undoubtedly more focused on the short-term goal of getting into medical school.

So what is the process for applying to medical school? What lies ahead?

Let’s be candid. Getting into medical school isn’t easy. (But it’s definitely doable—as the more than 89,904 students currently enrolled can testify!) You will need to prepare for and take the MCAT® exam, select schools to apply to, complete the application, write a personal statement, gather letters of evaluation, secure your undergraduate transcripts, and interview. And then you will wait for notices of acceptance and make your final decision. If you’re not accepted, you’ll need to evaluate your options and figure out what to do next. All of this will be covered in the following chapters.

But first, right now, you can take many steps to make yourself a more attractive candidate to admission committees. From taking the necessary courses to working effectively with your prehealth advisor to participating in extracurricular and volunteer activities, there’s a lot you can do.

In the next chapter, we focus on your undergraduate preparation.

A Note for Career Changers or Gap-Year Applicants

If a year or more has passed since you graduated from college, you’re not alone. Well over half (62.6%) of matriculating medical students indicated in the AAMC’s Matriculating Student Questionnaire that there was a gap between their college graduation and matriculation to medical school of at least a year. Medical schools do not see a break between the end of college and beginning of medical school as a weakness or negative attribute. In fact, what you’ve experienced or accomplished during this time may enhance your application and qualifications significantly.

We’ll add tips and things to consider throughout this book to help guide you through the application and preparation process. We know there may be some variation in how you’ll need to prepare yourself and compile the different components of your application now that you’re no longer on campus.
Applicant and Accepetee Data

Leave it to medical school applications to incite an identity crisis unlike I’d ever experienced before! As applicants, we’re forced to reflect on the level of honesty we portray to ourselves, and there’s no hiding from our unmet expectations or insecurities. Your personal statement, scores, and transcript are all on full display and at the mercy of an admissions committee, ready for careful dissection.

There was little reason for me to be optimistic. By all traditional objective measures of evaluation, I wasn’t a competitive applicant, and I wasn’t exactly doing myself any favors, either: I was a reapplicant. I sat for and survived the MCAT exam five times, and my GPA could be found on the lower end of the distribution curve. Solely based on numbers, I had wrongly written myself off, jumping to conclusions about how I would be labeled and perceived, without considering anything else I had to offer. Yet, with each interview invite, I was proven incorrect. My ultimate acceptance served as a reminder that the admissions process is not as one-dimensional as I once thought—it credits those who have overcome barriers, demonstrated resilience, and been successful despite circumstances.

Navigating the application process is a unique and personal experience for everyone. We come into it with a preconceived notion of what an ideal applicant is and isn’t, subscribing to a checklist of standards that’s not necessarily universal or realistic for all. Numbers inform but do not define. Remember what makes you, you. That’ll take you farther than any score ever will.

This chapter summarizes data about the entire applicant pool, as well as about accepted applicants and people who weren’t accepted for the 2017 entering class. The data, from the AAMC Applicant Matriculant File, are accurate as of October 19, 2017. In the figures:

- “All applicants” refers to all applicants to the 2017 entering class
- “Accepted applicants” refers to those accepted to at least one medical school
- “Not-accepted applicants” refers to those not accepted to any medical school

We include data related to performance on the MCAT® exam, undergraduate grade point average (GPA) and major, sex, age, medical/clinical and other experiences, and race and ethnicity.
Medical School Admission Requirements™ (MSAR®) Website—Complete U.S. Medical School Profiles

For complete, detailed information about each U.S. medical school, including MCAT® and GPA data, school-specific admission requirements and policies, applicant and acceptee statistics, and side-by-side medical school comparisons, purchase a subscription to the Medical School Admission Requirements. For more information about the Medical School Admission Requirements website, a preview of the site, and a complete list of site features, data, and information, visit aamc.org/msar.

U.S. Medical Schools

ALABAMA
University of Alabama School of Medicine
University of South Alabama College of Medicine

ARKANSAS
University of Arkansas for Medical Sciences College of Medicine

ARIZONA
University of Arizona College of Medicine—Phoenix
University of Arizona College of Medicine—Tucson

CALIFORNIA
California Northstate University College of Medicine
California University of Science and Medicine School of Medicine
David Geffen School of Medicine at UCLA
Keck School of Medicine of the University of Southern California
Loma Linda University School of Medicine
Stanford University School of Medicine
University of California, Davis, School of Medicine
University of California, Irvine, School of Medicine
University of California, Riverside, School of Medicine
University of California, San Diego, School of Medicine
University of California, San Francisco, School of Medicine

COLORADO
University of Colorado School of Medicine

CONNECTICUT
Frank H. Netter MD School of Medicine at Quinnipiac University
University of Connecticut School of Medicine
Yale School of Medicine

DISTRICT OF COLUMBIA
George Washington University School of Medicine and Health Sciences
Georgetown University School of Medicine
Howard University College of Medicine

FLORIDA
Charles E. Schmidt College of Medicine at Florida Atlantic University
Florida International University Herbert Wertheim College of Medicine
Florida State University College of Medicine
Nova Southeastern University Dr. Kiran C. Patel College of Allopathic Medicine
University of Central Florida College of Medicine
University of Florida College of Medicine
University of Miami Leonard M. Miller School of Medicine
USF Health Morsani College of Medicine

GEORGIA
Emory University School of Medicine
Medical College of Georgia at Augusta University
Mercer University School of Medicine
Morehouse School of Medicine

HAWAII
University of Hawaii, John A. Burns School of Medicine

ILLINOIS
Carle Illinois College of Medicine
Chicago Medical School at Rosalind Franklin University of Medicine and Science
Loyola University Chicago Stritch School of Medicine
Northwestern University Feinberg School of Medicine
Rush Medical College of Rush University Medical Center
Southern Illinois University School of Medicine
University of Chicago Division of the Biological Sciences, The Pritzker School of Medicine
University of Illinois College of Medicine

INDIANA
Indiana University School of Medicine

IOWA
University of Iowa Roy J. and Lucille A. Carver College of Medicine

KANSAS
University of Kansas School of Medicine

KENTUCKY
University of Kentucky College of Medicine
University of Louisville School of Medicine

LOUISIANA
Louisiana State University School of Medicine in Shreveport
Louisiana State University School of Medicine in New Orleans
Tulane University School of Medicine
<table>
<thead>
<tr>
<th>State</th>
<th>Medical Schools</th>
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<tbody>
<tr>
<td>MARYLAND</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
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<td>Uniformed Services University of the Health Sciences</td>
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University of North Carolina at Chapel Hill
School of Medicine
Wake Forest University School of Medicine
of Wake Forest Baptist Medical Center

NORTH DAKOTA
University of North Dakota School of Medicine
and Health Sciences

OHIO
Case Western Reserve University School of Medicine
Northeast Ohio Medical University
Ohio State University College of Medicine
University of Cincinnati College of Medicine
The University of Toledo College of Medicine
Wright State University Boonshoft School
of Medicine

OKLAHOMA
University of Oklahoma College of Medicine

OREGON
Oregon Health & Science University School
of Medicine

Pennsylvania
Drexel University College of Medicine
Geisinger Commonwealth School of Medicine
Lewis Katz School of Medicine at Temple University
Pennsylvania State University College of Medicine
Perelman School of Medicine at the University
of Pennsylvania
Sidney Kimmel Medical College at Thomas
Jefferson University
University of Pittsburgh School of Medicine

Puerto Rico
Ponce Health Sciences University School of Medicine
San Juan Bautista School of Medicine
Universidad Central del Caribe School of Medicine
University of Puerto Rico School of Medicine

Rhode Island
The Warren Alpert Medical School
of Brown University

South Carolina
Medical University of South Carolina
College of Medicine
University of South Carolina School of Medicine
University of South Carolina School of Medicine–
Greenville

South Dakota
Sanford School of Medicine, University
of South Dakota

Tennessee
East Tennessee State University James H. Quillen
College of Medicine
Meharry Medical College
University of Tennessee Health Science Center
College of Medicine
Vanderbilt University School of Medicine

Texas
Baylor College of Medicine
McGovern Medical School at the University
of Texas Health Science Center at Houston
Texas A&M Health Science Center
College of Medicine
Texas Tech University Health Sciences Center
Paul L. Foster School of Medicine
Texas Tech University Health Sciences Center
School of Medicine
University of Texas at Austin Dell Medical School
University of Texas Medical Branch
School of Medicine
University of Texas Health Science Center at San
Antonio Long School of Medicine
University of Texas Rio Grande Valley School
of Medicine
University of Texas Southwestern Medical School
UTAH
University of Utah School of Medicine

VERMONT
University of Vermont Robert Larner, M.D. College of Medicine

VIRGINIA
Eastern Virginia Medical School
University of Virginia School of Medicine
Virginia Commonwealth University School of Medicine
Virginia Tech Carilion School of Medicine

WASHINGTON
University of Washington School of Medicine
Washington State University Elson S. Floyd College of Medicine

WEST VIRGINIA
Marshall University Joan C. Edwards School of Medicine
West Virginia University School of Medicine

Wisconsin
Medical College of Wisconsin
University of Wisconsin School of Medicine and Public Health
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAMC</td>
<td>Association of American Medical Colleges</td>
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<tr>
<td>AMCAS</td>
<td>American Medical College Application Service®</td>
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<td>CIM</td>
<td>Careers in Medicine®</td>
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<tr>
<td>COA</td>
<td>cost of attendance</td>
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<tr>
<td>EDP</td>
<td>Early Decision Program</td>
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<td>ERAS</td>
<td>Electronic Residency Application Service®</td>
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<td>FAFSA</td>
<td>Free Application for Federal Student Aid</td>
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<td>FIRST</td>
<td>Financial Information, Resources, Services, and Tools</td>
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<td>Graduation Questionnaire</td>
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<td>HHMI</td>
<td>Howard Hughes Medical Institute</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
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<td>MCAT</td>
<td>Medical College Admission Test®</td>
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<td>Medical School Admission Requirements™</td>
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<td>Matriculating Student Questionnaire</td>
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<td>National Association of Advisors for the Health Professions</td>
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<td>Summer Health Professions Education Program</td>
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<td>Tuition and Student Fees Survey</td>
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<td>USMLE</td>
<td>United States Medical Licensing Examination</td>
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<td>VSLO</td>
<td>Visiting Student Learning Opportunities™</td>
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