

RESIDENCYCAS

for Emergency Medicine residency applicants

H A S A C H I E V E D

100%

P A R T I C I P A T I O N !

**All Emergency Medicine and combined
residency programs will be using
ResidencyCAS for the 2025-2026
application cycle!**



Timeline for RESIDENCYCAS

Important dates for Emergency Medicine residency applicants

June 4, 2025 ResidencyCAS is open

Create an account using an access link from your Dean's office, ECFMG, or CaRMS.
Edit your application and upload relevant documents.

Aug 25, 2025 1st day to request USMLE/COMLEX transcripts

Sep 3-24, 2025 Submit your application

Submit a complete application **by September 24** for the best chance of success.
After submission, some sections will be locked while others can still be edited
(such as contact information, supporting materials like SLOEs or score reports).
We recommend submitting by this date *even if supporting materials will be late (e.g. SLOES).*

Oct 1, 2025 Applications are released to programs

There will not be a universal interview release day.
Interviews will be offered on a rolling basis.
Historically, interview offers are initially released around the third week of October.



Pricing for RESIDENCYCAS

Programs 1-18

\$99 flat rate*

Programs 19-30 Additional **\$18**/program

Programs 31+ Additional **\$23**/program

*Fee waivers are available if you received fee waivers for medical school applications through AMCAS/MCAT or AACOM

As an example...

The average number for EM applications is 46

$$\begin{array}{c} \#1-18 \\ \$99 \end{array} + \begin{array}{c} \#19-30 \\ 12 \times \$18 \end{array} + \begin{array}{c} \#31-46 \\ 16 \times \$23 \end{array} = \textbf{\$683}$$

Remember to consider the additional cost of transmitting your USMLE and COMLEX transcripts (one-time \$80 fee for each)





RESIDENCY**CAS**

Geographic Connections and Signals

**How should I use
Geographic Connections and Signals
in my Emergency Medicine application?**

Geographic Connections

Select up to 3 city/state combinations where you hold a personal tie.
You may include a very brief explanation for each selection.



This section is *optional*.

It allows you to share locations you have strong connections to.
These do not need to be locations where you have lived.

For example:

- the hometown of yourself or significant other
- a permanent address different from your current address
- a new location you strongly desire to move to



Geographic Connections

Geographic Connections are not equivalent to **Signals** or **Geographic Preferences**.

Geographic Preferences (GPs) were used in prior application cycles and are now discontinued.

- GPs were misunderstood by applicants and programs
- GPs led to unintentional disadvantages for applicants
- GPs were limited by the census map used

Geographic Connections represent your ties to different areas.

They do not represent a “preference.”

Signals do indicate a preference for a program.



Signals

Each applicant gets 5 signals.

Only 1 can be sent to each program.

Each signal is weighted equally.

Do not signal home or away programs.

The goal of submitting a signal is to increase the chance of an interview offer.

- The median rate for interview offers *more than doubles* with a signal.
- The median predicted probability of an interview for an **in-state** applicant without a signal is *about equal* to an **out-of state** applicant with a signal.

<https://www.aamc.org/data-reports/data/eras-statistics-data>



Residency programs treat signals differently...

Programs receiving a high percentage of signals more often use signals as “**tiebreakers**” between two equally strong applicants or to **prioritize wait lists**.

Programs receiving a low percentage of signals more often respond to signals by **offering interviews**.

Program Signaling in Emergency Medicine: The 2022-2023 Program
Director Experience. *West J Emerg Med*. 2024 Sep. PMID: 39319802.



Which programs get more signals?

The “top 10%” of signaled programs received 23% of signals

<https://www.aamc.org/data-reports/data/eras-statistics-data>

4-year programs > 3-year programs

University-based > Community-based

Urban > Rural

West/East coast states > Non-coastal states

Older programs > Younger programs

Program Signaling in Emergency Medicine: The 2022-2023 Program Director Experience. *West J Emerg Med.* 2024 Sep. PMID: 39319802.



So how should I use signals?

1

Signal only where you are truly interested

Trim a “Top 10” list to a “Top 5” using tools such as AAMC Residency Explorer, EMRA Match, and Texas STAR.

2

Do not signal home or away programs

You already have a high chance of an interview offer if you rotated at that program!

3

Work with your medical school EM advisor *

Your signaling strategy will be unique to your application. Your advisor can inform how to best allocate your signals.

*If you don't have access to an EM advisor, e-mail distanceadvising@cordjobboard.com to be connected.

4

Be honest regarding the competitiveness of your application against the program

Do not signal unrealistic matches.





RESIDENCYCAS

Standardized Letters of Evaluation (SLOEs)

How do I submit SLOEs on ResidencyCAS?

Types of Letters

Applicants can initiate letter requests for either
SLOEs or Non-SLOEs

SLOEs are letters that evaluate your clinical abilities.

Non-SLOEs are narrative letters best suited for research, leadership, or work experiences.

Applicants initiate Letter Requests for both letter types through ResidencyCAS (Program Materials / Evaluations)



Types of SLOEs

SLOEs are the most crucial part of your Emergency Medicine application.

eSLOE	Obtained after rotating at an EM residency program (either home or away)
Non-residency based SLOE	Evaluation by EM faculty not at an EM program (weighed less than eSLOEs)
(O)SLOE	Evaluation on an off-service rotation outside of EM
Sub-specialty SLOE	Rotation teaching EM sub-specialty content (e.g. ultrasound, pediatrics, toxicology)



How many letters do I need?

Programs will not consider an application complete unless one letter is submitted.

We encourage you to submit **at least 3** letters:

2 eSLOEs

+

1-2 letters of any type

Sub-specialty SLOE, Non-residency SLOE, O-SLOE, and/or Non-SLOE (Narrative LoR)

You can assign **a max of 4 letters** to each program.

However, you can upload as many letters as you want.
You can choose *any combination* of the letters for each program.



How do I initiate a Letter Request?

1. Navigate to the **Program Materials / Evaluations** section
2. Indicate whether the letter will be a **SLOE** or **Non-SLOE**
3. Select the evaluation due date (**9/24/2025**)
4. **Assign the evaluation to programs.** However, you *do not need* to assign it immediately. You should assign letters *before October 1* when programs start reviewing applications.
5. After clicking **Request**, an email will immediately be sent to the letter writer with instructions and a **link to the appropriate letter portal.**
 - *SLOEs* are submitted via CORD's eSLOE portal
 - *Non-SLOEs* are submitted via ResidencyCAS's letter portal



What if a SLOE is late?

Submit your application by September 24, 2025
even if a SLOE will be late.

Letters can be uploaded and assigned in ResidencyCAS
anytime after application submission.

Do not worry if a SLOE is late *1-2 weeks*.

In this case, you do not need to contact
programs that a SLOE has been uploaded.

However, by the *third week of October*,
the applicant review process is well under way.

In this case, you should contact programs
to inform them a SLOE has been uploaded.

