

Family Medicine Specialty Guidance for the 2026–2027 Cycle

Application Process

| Application Process Details | Specialty Recommendation |
|---|---|
| Main Residency Match Season | AAMC Electronic Residency Application Service (ERAS) |
| Supplemental Offer and Acceptance Program (SOAP) | AAMC Electronic Residency Application Service (ERAS) |
| When Programs Start Reviewing Applications | Date applications are released to programs |
| Application materials accepted after the deadline | Yes (LOR; MSPE; USMLE Step 1 or COMLEX-USA Level 1 transcripts; USMLE Step 2 CK or COMLEX-USA Level 2 CE transcripts) |

Additional Deadline Guidance: Applicants to family medicine are encouraged to submit all applications materials at the time of the initial application. Delays in application materials may result in delays in application review or interview offers.

Match Platform

Family Medicine participates in the **National Resident Matching Program (NRMP)**.

Additional Guidance: None noted.

Letters of Recommendation (LORs)

| LOR Details | Specialty Recommendation |
|-------------------------------------|---|
| Required number of LORs | 2 Minimum – 4 Maximum |
| Required specialty-specific letters | The Association of Family Medicine Residency Directors recommends applicants submit letters from physicians who can provide insight into the applicant's clinical skills and their ability to provide comprehensive, continuous care across different patient populations and settings. Letters from physicians in specific roles, such as Department Chair or Program Director, are not required. When possible, at least one letter should be authored by a family physician. |

Additional Guidance for Specialty-Specific Letters: Individual Family Medicine programs may have different requirements for the number of letters of recommendation or by whom they should be authored. Please check with individual programs for their requirements for letters of recommendation.

Guidance for Transitional Year/Prelim Program: None noted.

Guidance for IMG Applicants: The Association of Family Medicine Residency Directors encourages applicants who are IMGs to submit at least one letter from a physician who practices in the United States.

Research/Scholarly Activity

The Association of Family Medicine Residency Directors encourages applicants to Family Medicine who pursue research and scholarly activity to prioritize patient and community-oriented outcomes. Examples may include work with population health, quality improvement, community service, or leadership in organized medicine.

Supplemental Information

| Supplemental Application Materials | Specialty Recommendation |
|--|--------------------------|
| Supplemental application materials recommended | No |

Additional Supplemental Application Materials: *None noted.*

Program Signals

| Program Signals Details | Specialty Recommendation |
|---|---|
| Number of signals | One-tier: 5 |
| Signal home institution or away rotation sites? | Yes, signals to include home institution and away rotation sites; Applicants should use signals to indicate genuine interest in their top choices of family medicine programs at the time of application. |

Additional Guidance: *None noted.*

Use of USMLE and/or COMLEX-USA Scores

| License Exam Details | Specialty Recommendation |
|---|---|
| USMLE transcripts required for DO applicants? | No, USMLE scores are not required for DO applicants |

Additional Guidance: *Osteopathic applicants to Family Medicine residency should neither be required nor made to feel required to undergo licensing examinations other than the osteopathic (COMLEX-USA) licensure exam process.*

Interviews

| Interview Details | Specialty Recommendation |
|-----------------------------------|--|
| Universal interview offer date(s) | No |
| Typical interview offer window | Start Month: Programs release initial interview invitations no sooner than 1 week after applications are available to programs to allow for mission-aligned holistic review. End Month: January |
| Interview scheduling platform | Yes, Thalamus Core |
| Interview format(s) | Hybrid (an applicant chooses either an in-person or virtual interview format) |

Additional Guidance: Individual Family Medicine programs may host interviews that are virtual or in-person. Some programs may choose to offer both. Options should be clearly communicated on their website or informational materials. Programs should not make their ranking dependent on an in-person interview or visit.

Applicant Communications

Pre-Interview Communication Guidance: Pre-interview communication is generally discouraged. Applicants with major changes (i.e., new Board scores, letters of recommendation, or MSPE) to applications after initial release may wish to notify programs but should understand the Family Medicine program may not respond.

Post-Interview Communication Guidance: In general, post-interview communication is discouraged unless it is a specific follow-up question from the interview or an update to an application. Applicants wishing to send thank-you notes are welcome to do so, but they should understand the Family Medicine program may not respond. Applicants are discouraged from sending letters of interest or intent to rank.

Open Houses / Second Looks

Open Houses: Family medicine programs may offer virtual open houses or program-sponsored information sessions. They should limit them to one which is recorded and subsequently available to all applicants. Applicant attendance at open houses is optional and should never be used as a signal of an applicant's interest in a program. Programs should not track, document, or consider attendance – or non-attendance – in their evaluation or ranking of applicants.

Second Looks: Second Look visits are optional in-person opportunities for applicants to revisit programs after interviews have concluded. They are intended solely to help applicants gather information to inform their own rank list decisions.

Attending a second look – or any program-sponsored event – is not necessary to express interest in a program and should carry no weight in how a program ranks an applicant. Programs should make this expectation explicit to applicants and ensure it is reflected in their internal ranking processes.

Applicants are encouraged to be selective. Second Looks are most valuable when narrowing a small number of genuinely competitive choices. Visiting more than a few programs is rarely advisable.

NRMP Voluntary Rank Order List (ROL) Lock Pilot Initiative: No

Specialty Guidance to Applicants

Family Medicine — 2026–27 Application Cycle Guidance

Family medicine welcomes applicants who are committed to comprehensive, longitudinal, relationship-centered care across the lifespan. With over 800 accredited programs and positions available in diverse communities, academic, rural, and urban settings, family medicine offers unmatched breadth of opportunity.

Application strategy: Applicants are encouraged to apply broadly but thoughtfully to programs aligned with their values and interests. The number of applications does not substitute for mission alignment between an applicant and a program. Programs value applicants who demonstrate interest in the specialty itself. Applicants should review program-specific requirements carefully, as use of signals, away rotation expectations, and supplemental materials vary by program.

Additional resources: [*Residency Explorer™ Tool | Students & Residents*](#)

Watch the AAMC-hosted [**Family Medicine Spotlight webinar**](#) for helpful advisor and program director insights in this recruitment season.