



American University of the Caribbean

School of Medicine

Request for MSPE LETTER

(please allow 3–4 weeks for processing)

Once a MSPE Letter request is received it will be processed. Due to the high volume of requests we are unable to hold letters for future rotations to be completed.

Request Date: _____ Student or AUC Graduate: _____

The following CONTACT INFORMATION is required to avoid delays:

Your Name: _____

Your Phone #: _____

E-mail Address: _____

Your Address: _____
Street City State Zip Code

The following IDENTIFICATION NUMBERS, SCORES (or scheduled test dates) and attendance DATES are required to avoid delays:

AUC Student ID#: _____

AAMC # (for ERAS): _____

AUC Start Date: _____

Graduation Date: _____

Undergraduate Degree(s): _____

Dates(s) of Degree(s): _____

College/University Attended for Undergrad: _____

Location: _____

Is this your first time applying to the Match? Yes No

If no, then what years did you apply to the Match? _____

	3-digit	2-digit	Date
USMLE Step 1: _____			
USMLE Step 2 CK: _____			
USMLE Step 2 CS (Pass/Fail): _____			
USMLE Step 3: _____			

Note: a non-passing score is listed on letter as pending

Important Notice to ERAS Applicants about Letters of Recommendation (LoR): Please have those letters sent directly to ECFMG/ERAS along with a copy of the ERAS Document Submission Form and the ERAS LoR Cover Sheet.

The following DOCUMENTS are required in order to process your MSPE Letter:

Curriculum Vitae (resumé)

Unique Characteristics Questionnaire

Payment (check or credit card)

Please indicate NUMBER OF MSPE LETTERS to be sent to each recipient:

To ECFMG/ERAS/EFDO: _____

To Student/Applicant (Hardcopy): _____
(to address at top of form)

To Student/Applicant: _____
(free e-mail copy)

To Other Recipient 1: _____

Recipient Name 1: _____

Hospital Name: _____

Recipient Address: _____

To Other Recipient 2: _____

Recipient Name 2: _____

Hospital Name: _____

Recipient Address: _____

Non-refundable fees:	Students	Graduates
Fee (per letter)	\$ 10.00	\$ 15.00
x Total # of Letters _____		
= Total Amount Due _____		

If paying with a CHECK, you will need to mail all forms and documents along with your check:

Make checks payable to: **AUC**

Mail to:

Assistant Registrar/MSPE

Medical Education Administrative Services

901 Ponce de Leon Blvd., Suite 700, Coral Gables, FL 33134

If paying with a Credit Card, you may fax all to (305) 444-6791, or scan and e-mail all to mspe@aucmed.edu:

Credit Card Type: _____ **Payment Amount:** _____
 (Visa or MC only)

Credit Card #: _____ Expiration Date: _____

CVC Security Code: Please enter your Credit Card's CVC Security Code at the bottom of this page. Once an approval authorization is received from your credit card company, this information will be cut out and shredded.

Credit Card Billing Address: _____
 (required, even if same as above)

Name of Student/Applicant: _____ Name on Card: _____
 (please print)

Authorizing Signature: _____ Today's Date: _____
 (required)

FOR OFFICE USE ONLY:

Date Received: _____ Received by: _____

Authorization Number: _____

CVC Security Code: _____
 (located on the back of your credit card)

MSPE Letter Questionnaire

Name:

Please answer the following questions as they pertain to your time in **MEDICAL SCHOOL**.*

1. Have you received any honors or awards? If so, which ones and for what reason? *Please indicate whether they were during your basic sciences or clinicals and the date received. Please give the proper name of the award and the organization that awarded it.*
2. Have you been involved in any research? *Please describe your role in it, as well as the title, publication date (if applicable), and the publication it appears/will appear in. For posters, please indicate where the poster was presented.*
3. Have you done any teaching or tutoring? *Please indicate if it was an AUC-sanctioned position or an outside tutoring or teaching job.*
4. Have you done any volunteer work or community service while in medical school? *Please indicate with which organization, the nature of the work, and your specific role in it, as well as a timeframe during which it was performed.*
5. Have you taken on or been elected to any leadership roles? *These can include, but are not limited to: student government positions, committee roles, government within an organization such as AMSA or Phi Chi, and so on.*
6. What organizations were you a part of in medical school? *Please indicate the name of the organization, the nature of your role in the organization, what kind of work you may have done, projects participated in, etc.*
7. Did you take on any in-school service positions such as Orientation Advisor, Resident Advisor, etc?

* Please be aware that the MSPE is not a letter of recommendation. The letter serves to highlight your **academic achievements** and community service work, on campus or off, that are **relevant to your medical education and were completed during your medical education.**