

# AACOMAS Letters of Evaluation Instructions

**Step 1:**  
**Click “Create Evaluation Request” button**

The screenshot shows the AACOMAS application portal. At the top left is the AACOMAS logo (AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE). The top right contains a search bar, a notification bell, and a 'Sign Out' button. A navigation bar below the logo includes 'My Application', 'Add Program', 'Submit Application', and 'Check Status'. The main content area is titled 'Evaluations' and features a folder icon with '0/4 Sections Completed'. A sidebar on the left lists 'Evaluations', 'Experiences', 'Achievements', and 'Personal Statement'. The main text explains the evaluation process and includes a button 'I Am Not Adding Any Evaluations'. A dashed box highlights the 'Create Evaluation Request' section, which contains a blue button with a plus sign and the text 'Create Evaluation Request', circled in red.

**My Application**   **Add Program**   **Submit Application**   **Check Status**

## Evaluations

0/4 Sections Completed

**Evaluations**

**Experiences**

**Achievements**

**Personal Statement**

Once you have saved an electronic evaluation, an email request will automatically be sent to the evaluator on your behalf. Please advise your evaluator to look for this email in their inbox, as well as their spam or junk-mail folder, as emails do occasionally get filtered out.

You are requested to insert a suggested evaluation submission date to each of your chosen evaluators. This date should correspond to the evaluation guidelines that are set by your designated Pre-Health advisor, Career Center, or other source of your evaluations. You should consult with your evaluator before submitting the suggested submission date to ensure that they will have ample time to respond to your request.

It is important to note that your application will be processed and sent to your designated colleges of osteopathic medicine when all transcripts are received and you have paid the application fee. Your application will not be held up for the receipt of evaluation letters.


Your evaluation letters will be forwarded to all designated colleges of osteopathic medicine. An automatic notification will be sent to you when your evaluations are received by AACOMAS. Please ensure your email address is current and accurate.

[I Am Not Adding Any Evaluations](#)

**Create Evaluation Request**

**+ Create Evaluation Request**

## Step 2: Enter information as shown. Click “Save this evaluation request”



0/4  
Sections Completed

Evaluations

Experiences

Achievements

Personal Statement

# Create Evaluation Request

You are asked to submit a requested due date for your evaluation letters. This date should correspond to the evaluation development guidelines that are set by your designated pre-health advisor. You should consult with your evaluators/reviewers before submitting the proposed date to ensure that they will have ample time to respond to your request.

It is important to note that the applications are processed and verified once all transcripts are received and you have paid the application fee. Your application will not be held up for receipt of evaluations/letters. Your evaluation letters will be forwarded to your designated colleges of osteopathic medicine.

An automatic notification will be sent to you when your evaluations are submitted to AACOMAS.

### Evaluator's Information

Are you requesting a committee evaluation  Yes  No

First Name

Last Name

Email Address

Due Date  MM/DD/YYYY

Personal Message/Notes

### Waiver of Evaluation

I waive my right of access to this evaluation.  Yes  No

### Permission to Contact Reference

I hereby give permission to contact this reference via email to request the completion of the reference form and letter of reference. If my reference does not submit an online reference form in response to the email request, it is my sole responsibility to contact the reference directly to ensure all references required by my designated schools are received by the deadline.

### Permission for Schools to Contact Reference

I understand that the schools to which I am applying may contact the reference either to verify the information provided and/or for further clarification of the information provided, and I hereby give permission for the schools to do so.

Save This Evaluation Request

**Committee Evaluation: No**  
**First Name: Nina**  
**Last Name: Flanagan**  
**Email address:**  
**virtual.eval@med.fsu.edu**  
**Due Date: 07/01/2016**  
**Personal Message: include names of letter writers you want included in your letter packet**