Job Aid



This job aid shows users how to submit letters using the applicant request link found in the request email, without the need for creating an AAMC account.

When you are ready to submit your letter, click on the submission link in the request email received from the applicant.

American Medical College Application Service[®] Example

Options for Submitting Letters of Evaluation to the AMCAS Program:

Option 1: AAMC Letter Writer Portal

The AMCAS program can receive letters submitted through the AAMC Letter Writer Portal. Once you are ready to upload your letter of evaluation through the AAMC Letter Writer Portal (accepted formats: .pdf, .doc, or .docx), use the following link:<u>https://platform.staging.aamc.org/letter-writer/#/request/W5ZG-FR8NG-J564V</u>

Please Note: By utilizing the AAMC Letter Writer Portal, all letter request details will be automatically populated on the screen when this link is accessed, making it quicker and easier for you to complete this request.

Summer Health Professions Education Program Example

How to submit

Once you are ready to upload your document (.pdf, .doc, or .docx), click the following link to enter the AAMC Letter Writer Portal to fulfill this request:

https://platform.staging.aamc.org/letter-writer/#/request/Z6LF-DCB7J-LMLXM



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2) After confirming you have the correct request, select *Continue as Guest* on the *Guest Submission* card.

Fulfill request	for Applicant Name		
Please review the informati	ion below prior to submitting your letter.		
For more information about	t writing and formatting your letter, pleas	e refer to the <u>AMCAS Lette</u>	r Writing Guide.
Request Inform	ation		
Requestor Name:	Applicant Name	AAMC Service:	AMCAS Program
Requestor AAMC ID:	21536199	Letter Type:	Individual Letter
Requestor Phone Number:	+1 (123) 456-7890		
Request ID:	TCT4-GVPZ2-9R2PQ		
Author Informat	tion		
Author Name:	Author Name		
Author Email:	ateración actorigante eq		
AAMC Accour	nt Submission	Guest Sub	mission
Gain access to manage history, and make updat	multiple requests, view submission tes to past submissions as needed.	You will be asked authorized design address.	to confirm that you are the author or their nee and will be required to verify your email
	LOG IN OR REGISTER		CONTINUE AS GUEST



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3	Provide your name, email address, and agree to the <i>Terms and Conditions</i> .
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Fulfill reque	To continue as a g steps below.	uest, please complete the	
Please review the more	* First Name	* Last Name	
For more information at	Enter first name	Enter last name	
Request Infor	* Email Address	Confirm Email Address	
Requestor Name:	Enter Email Address	Enter Email Address	
Request ID: Author Inform Author Name: Author Email:	 When you use the AAMC Letter Wicconditions (Letter Writer Terms): If the applicant has waived the content of the letter with advise the applicant based must otherwise comply with Letter authors may choose except they may not choose advising the applicant on the has waived their right to see 	riter, you agree to the following terms and their right to see their letter, you must not share h the applicant, you or someone else must not on your or their knowledge of the letter, and you h their waiver of this right. anyone to assist them in uploading a letter, (i) someone who is in role where they are e relevant application or (ii) an applicant who e their letter.	
AAMC Acco	Letters are the property of right to withdraw or edit an application service	the author of the letter and the author has the y letter by contacting the relevant AAMC	

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4 Check your inbox (of the email address you provided) for a verification link. If you have not received the verification link within a few minutes, check your spam folder. You also have the option to resend the verification link if you have not closed out of the prompt.

		SIGN IN
AAMC Letter Writer Portal		Contact Us
Fulfill request Please review the information about For more information about Request Information Requestor Name: Requestor AAMC ID: Requestor Email: Requestor Phone Numb Request ID: Author Information	et for Applicant Name ation below prior to submitting your letter. but writing and formatting your letter, please of nation Applicant Name Verify your email within 15 minute process. To continue the submission process Didn't receive an email? <u>Resend email.</u>	refer to the <u>AMCAS Letter Writing Guide</u> . AAMC Service: AMCAS Program as to continue the submission s, you must verify your email address. CLOSE
AAMC Accou Gain access to manag history, and make upo	Int Submission te multiple requests, view submission lates to past submissions as needed. LOG IN OR REGISTER	Guest Submission You will be asked to confirm that you are the author or their authorized designee and will be required to verify your email address.
Conversition & AAMC 2025 LASS & Stre	Letter Writer Ports	al Terms & Conditions

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5 Click on the verification link in your email.

Please verify your email and upload your AMCAS Letter of Evaluation for Applicant Name



Retention: 24 Months Delete All Folders (2 years) Expires: Sat 3/20/2027 2:52 PM

Dear Author Name,

Job Aid

Please verify your email address to upload a letter of evaluation and complete the request for the following applicant:

Applicant Information

Requestor Name:	Applicant Name	AAMC ID:	21536199
Email Address:	ibean ideo 11 () anns org	Request ID:	TCT4-GVPZ2- 9R2PQ
Phone Number:	+1 (123) 456-7890	Letter Type:	Individual Letter

If you have any questions or need further assistance, please contact us or call (202) 828-0600.

Sincerely, AMCAS Outreach

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6 You should now be on the *Upload File* screen. Double check that the applicant information displayed is correct and proceed with uploading a file. Click *Continue* after the file has been uploaded.

Fulfill request for Applicant Name Please review the information below prior to submitting your letter. For more information about writing and formatting your letter, please refer to the AMCAS Letter Writing Quide. Equest Information Requestor Name: Applicant Name Requestor AMMC 10: 21536199 Letter Type: Individual Letter Requestor Phone Number: 1:1(12) 456-7880 Request ID: TOT4-GVP22-9R2PQ Author Information Letter Should be on official letterhead Letters should be on official letterhead Letters should be on official letterhead Letters should contain the primary author's signature Click or drag file to upload Stringe file upload, 5 MB size. Only dog, docx and pff files. The name must only include letters, numbers, spaces, and the following special characters:(){}]]	🖉 Upload File	O Previe	w/Submit	O Confirmation	
Please review the information below prior to submitting your letter, please refer to the <u>AMCAS Letter Writing Guide</u> . For more information about writing and formatting your letter, please refer to the <u>AMCAS Letter Writing Guide</u> . Fequest Information Equestor Name: Applicant Name Author Information Author Name: Author Name Author Email: Dipload an Attachment Letter should be on official letterhead Letters of the guipoad, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters:() {} []	Fulfill request	for Applicant Na	me		
For more information about writing and formatting your letter, please refer to the <u>AMCAS Letter Writing Guide</u> . Acquest Information Request or Name: Applicant Name AAMC Service: AMCAS Program Requestor AAMC ID: 21538199 Letter Type: Individual Letter Requestor Email: Author Information Author Name: Author Name: Author Name: Author Name: Letter should be on official letterhead Letters should be on official letterhead Letters should contain the primary author's signature Click or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters:(){}]]	Please review the informati	on below prior to submitting your I	letter.		
Request Information Requestor Name: Applicant Name Requestor AMC 1D: 21536199 Letter Type: Individual Letter Requestor Phone Number: ±1(123) 456-7880 Request ID: TOT4-6VP22-9R2PQ Author Information Author Name: Author Name: Author Name Author Famail: Upload an Attachment Letters should be on official letterhead Letters should be on official letterhead Letters should contain the primary author's signature Click or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters:(){}]]	For more information about	writing and formatting your letter	please refer to the <u>AMCAS Lette</u>	er Writing Guide.	
requestor Name: Applicant Name AMMC Service: AMCAS Program Requestor AAMC ID: 21536199 Letter Type: Individual Letter Requestor Email:	Request Inform	ation			
Requestor AAMC ID: 21536199 Letter Type: Individual Letter Requestor Email: Individual Letter Requestor Phone Number: +1 (123) 456-7890 Request ID: TCT4-6VPZ2-9R2PQ Author Information Author Name: Author Name Author Email: Upload an Attachment • Letters should be on official letterhead • Letters should contain the primary author's signature Click or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters:(){}[]	Requestor Name:	Applicant Name	AAMC Service:	AMCAS Program	
Requestor Email: Requestor Phone Number: +1 (123) 456-7890 Request ID: TOT4-GVPZ2-9R2PQ Author Information Author Name: Author Name Author Email: Upload an Attachment • Letters should be on official letterhead • Letters should contain the primary author's signature Click or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters:(){}[]	Requestor AAMC ID:	21536199	Letter Type:	Individual Letter	
Requestor Phone Number: +1 (123) 456-7890 Request ID: TCT4-GVP22-9R2PQ Author Information Author Name: Author Name Author Email: Upload an Attachment • Letters should be on official letterhead • Letters should be on official letterhead • Letters should contain the primary author's signature Cick or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters:(){}]	Requestor Email:	densities (Lipsets org			
Author Information Author Name: Author Name Author Email: Upload an Attachment Letters should be on official letterhead Letters should contain the primary author's signature	Requestor Phone Number:	+1 (123) 456-7890			
Author Information Author Name: Author Name Author Email: Upload an Attachment Letters should be on official letterhead Letters should contain the primary author's signature Click or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters:(){}[]					
Author Name: Author Name Author Email: Upload an Attachment Upload an Attachment . • Letters should be on official letterhead . • Letters should contain the primary author's signature	Author Informat	tion			
Author Email: Upload an Attachment • Letters should be on official letterhead • Letters should contain the primary author's signature Click or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters: () {}[]	Author Name:	Author Name			
 Upload an Attachment Letters should be on official letterhead Letters should contain the primary author's signature 	Author Email:	denormality author (genesis or g			
Click or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters: () { } []	Upload an Attach	ment official letterhead in the primary author's signature			
Click or drag file to upload Single file upload, 5 MB size. Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters: () { } []			<u>↑</u>		
Only doc, docx and pdf files. File name must only include letters, numbers, spaces, and the following special characters: () { } []		Sin	gle file upload, 5 MB size.		
	File n	On ame must only include letters, num	ly doc, docx and pdf files. bers, spaces, and the following s	pecial characters: () { } []	
OONTTNUE					

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7 Preview the document to make sure everything is converted properly. If you need to make changes, click *Replace File*. If you are satisfied, click *Submit* to complete the upload process.

		SIGN
AMC Letter Writer Portal		Contact U
🕑 Upload File	Preview/Submit O Confirmation	>
"	Sample_table_Image_letterhea	Q
	<image/> <text><text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text></text>	
	REPLACE FILE SUBMIT	
pyright © AAMC 2025 655 K Stree	Letter Writer Portal Terms & Conditions , NW, Suite 100, Washington, DC, 20001-2389 Contact Us Follow Us Supported Browsers Web Accessibility AAMC Terms a	and Conditions Privacy Statem

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8 You will see an on-screen confirmation of your successful submission and receive a confirmation email. You can download a copy of the submitted document from this page. If you would like to revisit this request and the submitted document at a later time, please create an AAMC account using the same email address you verified in step 3 to start the submission process.

		SIGN IN
AMC Letter Writer Portal		Contact Us
Upload File	✓ Preview/Submit	 Confirmation
Your submiss	ion has been successf	fully completed.
Thank you for uploading a le TCT4-GVPZ2-9R2PQ.	tter on behalf of Applicant Name! You will re	eceive an email confirmation for Request ID
VIEW LETTER		
Interested in str	eamlining your letter writ	ting process in the future?
Creating an account is easy previous submissions as ne	. Gain access to manage multiple requests, eded.	view submission history, and make updates to
CREATE AN ACCOUNT		
pyright © AAMC 2025 655 K Street	Letter Writer Portal Terms & Cond , NW, Suite 100, Washington, DC, 20001-2399 Contact	<u>itions</u> t <u>Us Follow Us Supported Browsers Web Accessibility AAM</u>