

## TMU School of Medicine MD Program OMSAS Autobiographical Sketch (ABS) Addendum Guide

Applicants who are submitting an application via OMSAS to the Toronto Metropolitan University (TMU) School of Medicine’s MD Program for the 2025 cycle may choose to submit an Autobiographical Sketch (ABS) Addendum. The ABS Addendum allows you to submit up to five (5) additional entries to supplement your original Autobiographical Sketch, regardless of the number of previous entries.

The ABS Addendum is completely optional. No preference is given to applicants choosing to submit the ABS Addendum over applicants who submit only the OMSAS ABS.

Please use this guide as a reference to complete the TMU ABS Addendum using the template linked below. **ABS Addendums submitted in any other format will not be accepted.**

Completed ABS Addendums can be submitted through **Secure Applicant Messaging (SAM)** using the “**TMU ABS Addendum**” document type. All submissions must be received by the TMU application deadline: December 2, 2024 at 4:30pm ET.

[\*\*DOWNLOAD HERE: TMU ABS Addendum Template\*\*](#)

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## ABS Categories: Required Details

The TMU ABS Addendum is organized into the same six (6) categories as the OMSAS Autobiographical Sketch:

- Employment
- Volunteer Activities
- Extracurricular Activities
- Awards and Accomplishments
- Research
- Other

**You must provide a contact person who can verify your involvement in each of your activities** (name, address, telephone number and email address). You may use the same verifier for multiple activities where appropriate. TMU reserves the right to contact your verifiers to confirm the information provided.

Please refer to the [OMSAS Sketch and Verifier Requirements](#) page for more information and a breakdown of the information required in each section.

## ABS Addendum Instructions

The ABS Addendum format can be viewed below for reference, along with a sample completed sketch. The “Fields for” sections indicate what information is required for each category (Employment, Volunteer Activities, Extracurricular Activities, Awards and Accomplishments, Research, and Other).

### Instructions:

**Step 1:** Fill out up to **five (5)** of the sketches. **You can submit no more than five entries, regardless of the number of entries included in your OMSAS ABS.** Do not change the formatting or add additional sections (i.e. do not bold, italicize, underline, change font colour or size, highlight, add other fields, etc.)

For each sketch, be sure to:

- Select the appropriate category from the drop-down box
- Enter all information within the corresponding bullet point

- Complete all relevant fields (note that fields marked with a red asterisk (\*) are mandatory)
- Write concisely and be mindful of stated character limits within each section
- Use lowercase text only (i.e. Lowercase Text; NOT UPPERCASE)
- Ensure the sketch is complete
- Include a verifier
- Use only the applicable “Fields for” section per sketch (e.g. if category is Employment, use only that field)
- Delete any unused sections (right click > Delete Rows)

**Step 2:** When you have completed all relevant sketches, delete any unused sketches from the document. Then, update the Table of Contents, which will be used by file reviewers (click on Table of Contents > Update Table).

**Step 3:** Save the document as a PDF (File > Save As > PDF). **Do not Print to PDF** as the table of contents will not work properly.

**Step 4:** Submit via OMSAS using the “TMU ABS Addendum” document type in Secure Applicant Messaging (SAM) and assign to Toronto Metropolitan University.

## Sketch Format

Sketch #
<p><u>Sketch Details</u></p> <ul style="list-style-type: none"> <li>• <b>*CATEGORY:</b> Choose Category (dropdown) ▾</li> <li>• <b>*START DATE:</b> DD-MMM-YYYY</li> <li>• <b>*TO DATE:</b> DD-MMM-YYYY or Present:</li> <li>• <b>*DESCRIPTION (Max. 50 characters):</b></li> <li>• <b>*LOCATION:</b></li> </ul>
<p>Fields for: Employment</p> <ul style="list-style-type: none"> <li>• <b>*LEVEL OF EDUCATION:</b></li> </ul>

- **\*HOURS:**
- **\*FREQUENCY OF HOURS LISTED:** Choose Frequency (dropdown) ▾
- **\*TOTAL HOURS:**
- **\*FULL/PART-TIME - SUMMER OR ACADEMIC YEAR, BEFORE UNIVERSITY OR AFTER GRADUATION (*Maximum 100 characters*):**
- **\*RESPONSIBILITIES (*Maximum 150 characters*):**

Fields for: Volunteer Activities

- **\*LEVEL OF EDUCATION:**
- **\*HOURS:**
- **\*FREQUENCY OF HOURS LISTED:** Choose Frequency (dropdown) ▾
- **\*TOTAL HOURS:**
- **\*SUMMER, ACADEMIC YEAR, BEFORE UNIVERSITY, OR AFTER GRADUATION (*Max. 100 characters*):**
- **\*RESPONSIBILITIES (*Max. 150 characters*):**

Fields for: Extracurricular Activities

- **\*LEVEL OF EDUCATION:**
- **\*HOURS:**
- **\*FREQUENCY OF HOURS LISTED:** Choose Frequency (dropdown) ▾
- **\*TOTAL HOURS:**
- **\*SUMMER OR ACADEMIC YEAR (*Max. 100 characters*):**
- **\*TYPE OF ACTIVITY/LEVEL OF PERFORMANCE (*Max. 150 characters*):**

Fields for: Awards and Accomplishments

- **\*DATE RECEIVED:** DD-MMM-YYYY
- **\*DURATION:**
- **\*QUALIFICATIONS** (*Max. 100 characters*):
- **\*COMPETITION INVOLVED** (*Max. 150 characters*):

Fields for: Research

- **\*LEVEL OF EDUCATION:**
- **\*PROJECT TITLE:**
- **\*TYPE OF PUBLICATION** (*Max. 100 characters*):
- **\*MY ROLE** (*Max. 150 characters*):

Fields for: Other

- **\*ADDITIONAL INFORMATION** (*Max. 150 characters*):

Verifier

- **VERIFIER TITLE** (*Dr. M. Mr. Mrs. Ms. Mlle. Mme. Mx. Prof.*):
- **\*FIRST/GIVEN NAME:**
- **\*LAST/FAMILY NAME:**
- **\*EMAIL:**
- **\*CONFIRM EMAIL:**

Address

- **\*COUNTRY:**
- **\*PROVINCE/STATE** (*do not abbreviate*):
- **\*ADDRESS** (*Include apartment number if applicable*):

- **\*CITY:**
- **POSTAL CODE:**

Phone Number & Comments

- **\*VERIFIER TELEPHONE NUMBER:**
- **COMMENTS:**

## Sample Completed Sketch

### Sketch #

Sketch Details

- **\*CATEGORY:** Employment ▾
- **\*START DATE:** 01-Sep-2023
- **\*TO DATE:** 15-Apr-2024
- **\*DESCRIPTION (Max. 50 characters):** ER Assistant at Brampton Community Hospital
- **\*LOCATION:** Brampton, Ontario

Fields for: Employment

- **\*LEVEL OF EDUCATION:** Year 2 Undergraduate
- **\*HOURS:** 6-8 hours
- **\*FREQUENCY OF HOURS LISTED:** Per Month ▾
- **\*TOTAL HOURS:** 56
- **\*FULL/PART-TIME - SUMMER OR ACADEMIC YEAR, BEFORE UNIVERSITY OR**

**AFTER GRADUATION (Maximum 100 characters):**

Part-Time, Academic Year

- **\*RESPONSIBILITIES (Maximum 150 characters):**  
Organized patient records, observed EM doctor in high-volume community hospital, acquired...achieved...etc.

Verifier

- **VERIFIER TITLE (Dr. M. Mr. Mrs. Ms. Mlle. Mme. Mx. Prof.):** Dr.
- **\*FIRST/GIVEN NAME:** John
- **\*LAST/FAMILY NAME:** Do
- **\*EMAIL:** john\_do@emailaddress.com
- **\*CONFIRM EMAIL:** john\_do@emailaddress.com

Address

- **\*COUNTRY:** Canada
- **\*PROVINCE/STATE (do not abbreviate):** Ontario
- **\*ADDRESS (Include apartment number if applicable):**  
Brampton Community Hospital  
5678 Street Name  
Unit 123
- **\*CITY:** Brampton
- **POSTAL CODE:** A1B 2C3

Phone Number & Comments

- **\*VERIFIER TELEPHONE NUMBER:** 5551234567
- **COMMENTS:** Chief of ER Dept., mentor, supervisor for 6 months, prefers to be contacted by phone weeknights.