



— THE QUESTION EVERY PREMED ASKS

How many hours do you **actually** need for med school?

The honest guide to clinical experience, service, shadowing, research & leadership — and how to tell if yours are actually building toward something.



WRITTEN & REVIEWED BY

Jonathan Kelley, DO

Emergency Medicine Physician · Founder, Preceptorly

There is no universal, national “right number” of hours.

If you came here hoping someone would finally tell you the secret cutoff — here's the relief: there isn't one, and nobody has it. What actually exists is better, and more usable.

✓ OFFICIAL FACT

The AAMC does not publish a universal clinical-, shadowing-, service-, research-, or leadership-hours cutoff for admission. Instead, admissions is framed around experiences, competencies, and school mission. Individual schools may set their own expectations — so always check the ones you're considering.^{1,2}

◆ PRECEPTORLY GUIDANCE

So what are the numbers in this guide? Planning benchmarks — not cutoffs, guarantees, or AAMC/AACOM requirements. They exist to help you notice when an area may need development, not to tell you when you've “done enough.” You'll see this ◆ badge every time we're giving our read instead of an official fact.

1

ANXIETY

“How many hours do I need?”

2

RELIEF

There's no secret cutoff.

3

CLARITY

Here's what actually matters.

4

ACTION

Here's where you stand + your next move.

“The frustrating part is also the freeing part: you don't have to chase a number nobody can name. You just have to build experiences that actually teach you something.”

Clinical experience

WHAT YOU'RE TRYING TO ESTABLISH

That you've spent meaningful time close to patients and understand what care actually feels like — not the idea of medicine, the reality of it.

◆ PRECEPTORLY PLANNING RANGE • NOT AN ADMISSIONS THRESHOLD

A LITTLE



A LOT

roughly 150–300+ hrs, *sustained over time*

A planning ballpark to aim past — not a bar to clear. Two people with the same number can have completely different experiences (see p.6).

BUT HOURS ALONE AREN'T ENOUGH — THESE THREE MATTER MORE



EXPOSURE

Were you genuinely around patients — or adjacent to a building where care happened?



DURATION

Did you stay long enough to grow past the nervous first weeks and actually learn?



REFLECTION

Can you say — specifically — what the experience taught you about care and about yourself?

Service & shadowing

Two more experiences most successful applicants build — again, the hours are the least interesting part.

Community service

CORE EXPOSURE

Contribution to people outside of medicine — evidence you show up for a community, not just a résumé. AAMC frames this as service orientation, a core competency.¹

♦ PLANNING RANGE • NOT A CUTOFF

roughly 100–200+ hrs, *ideally ongoing*

What matters more than the number: did you actually help people, and did you stick with something rather than sampling ten one-off events?

Physician shadowing

CORE EXPOSURE

Seeing the day-to-day of being a doctor — the paperwork and hard conversations, not just the saves. DO applicants: shadowing a DO is commonly expected.²

♦ PLANNING RANGE • NOT A CUTOFF

roughly 40–75+ hrs, *across more than one specialty*

What matters more than the number: did you see more than one kind of medicine, so your interest is informed rather than assumed?

Research & leadership

These matter for some applicants and schools and barely for others. Don't treat them as two more boxes to fill with 300 hours each.

Research

There is no universal research requirement across U.S. medical schools — its importance varies a lot by school, mission, and your goals. AAMC lists scientific inquiry as a competency, but that is not the same as logging X research hours.¹

If research is low: don't panic. Ask whether it actually matters for the kinds of schools you're drawn to — then decide.

Leadership

Leadership isn't an hours bucket — it's a moment where you owned an outcome. It can grow inside clinical work, service, a job, a team, a lab, or a club. One experience can show several competencies at once, so you don't need a separate activity for each.²

Don't invent a title. Point to a time people counted on you and something got better because of it.

THE POINT

You are not filling five equal buckets. Build real core exposure, then let research and leadership follow your actual interests — not a checklist.

100 hours $\neq$ 100 hours

Same number on the application. Completely different applicant. This is why chasing the number is the wrong game.

STUDENT A

100 clinical hours

- › Ten 10-hour weekend shifts
- › Same passive role the whole time
- › Mostly watched, rarely engaged
- › Can't really say what they learned

STUDENT B

100 clinical hours

- › 3 hrs/week for 8 straight months
- › Consistent, real patient interaction
- › Grew into more responsibility
- › Has specific moments they can talk about

Same hours. Different experience.

Hours measure quantity. They don't measure whether you showed up, stuck with it, or learned anything. **Schools read the second thing.**

Your Premed Experience Snapshot

Don't just count hours. For each area, fill in your hours and shade the dots — how consistent you've been, how much depth you reached, and whether you can reflect on what it taught you. Your shape will jump out at you.

AREA	HOURS	CONSISTENCY	DEPTH	REFLECTION
Clinical				
Service				
Shadowing				
Research				
Leadership				

READ YOUR SHAPE

Lots of dots but blank hours? You're building meaning. Full hours but empty dots? You've been collecting, not growing.

THE GOAL

Not five full rows. A few areas with real depth and reflection beats five thin ones every time.

Your next move

IF Little or no meaningful clinical exposure

→ Prioritize clinical — it's the one most schools genuinely expect.

IF Clinical, but little service outside medicine

→ Add service. Show you contribute to people, not just to your file.

IF Lots of hours but you can't name what you learned

→ Stop chasing hours. Start reflecting — that's what essays and interviews run on.

IF Only shadowed one narrow setting

→ Broaden it. One more kind of medicine makes your interest informed, not assumed.

IF Research is low

→ Don't auto-panic. Ask if it matters for your target schools — then decide deliberately.

“Does this even count?”

Hospice? EMT? Front desk? Caregiving? Scribing? Stop asking which bucket it fits. Ask these three — the substance matters more than the label you pick on the application:

01

What did I actually do?

02

Who did I interact with
or serve?

03

What did it teach or
demonstrate?

What you've been told vs. what's true

MYTH

“You need 1,000 clinical hours.”

No universal number exists — a smaller, sustained, reflective experience routinely reads stronger than a huge passive one.

MYTH

“Research is mandatory.”

Not universally. It varies by school and mission; scientific inquiry as a competency ≠ a required hour count.

MYTH

“More hours always beats fewer.”

Not if the extra hours are passive. Depth and reflection outrun raw quantity.

MYTH

“Every category needs equal hours.”

No. Build core exposure; let research and leadership follow your real interests.

WHAT AN HOURS COUNT CAN'T TELL YOU

Whether you were present or just clocked in. Whether the work changed how you think. Whether you can tell a real story about a patient, a mentor, a hard day. Your hours open the door — your reflection is what walks through it.



A QUICK NOTE FROM ME

I'm **Jonathan Kelley, DO** — an ER physician who's spent years around premeds. I built Preceptorly on one rule: **if the evidence doesn't support a claim, we won't pretend it does.** No fake odds, no invented cutoffs. This guide is that rule, applied to the hours question.

Stop chasing the perfect number.

- › Get enough exposure to understand the work.
- › Stay long enough to actually learn something.
- › Contribute — don't just collect hours.
- › Write down the moments that change you.
- › Then keep going because the work matters — not because a spreadsheet told you to.

Want help keeping track of all this?

Preceptorly keeps your hours, experiences, and reflections together as you build toward application season — so you're not rebuilding it from memory the week applications open.

SEE HOW PRECEPTORLY WORKS → preceptorly.ai



Preceptorly.

PHYSICIAN REVIEWED • JONATHAN KELLEY, DO • LAST REVIEWED SEP 2026

SOURCES: (1) AAMC PREMED COMPETENCIES • (2) AAMC / AACOM ADMISSIONS — STUDENTS-RESIDENTS.AAMC.ORG • AACOM.ORG
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