



The Standard ECFMG Certificate is an official document and should be protected against damage, loss, and theft. The Certificate should not be laminated or placed in a frame from which it cannot be removed unless there are no expiration dates on any of the exams or any exam dates that are subject to expiration have been permanently validated by affixing permanent validation sticker(s).

Validity of Examinations for Entry into Graduate Medical Education

1. Clinical Skills Examinations

For applicants who satisfy the clinical skills requirement for ECFMG Certification by passing Step 2 Clinical Skills (CS) of the United States Medical Licensing Examination[®] (USMLE[®]), this passing performance is not subject to expiration for the purpose of entering programs of graduate medical education.

For applicants who satisfied the clinical skills requirement for ECFMG Certification by passing the former ECFMG Clinical Skills Assessment (CSA[®]) and an English language proficiency test, passing performance on the CSA may be subject to expiration for the purpose of entering graduate medical education, as described below.

- A. Passing performances on CSA administrations that took place on or after June 14, 2001 are not subject to expiration for the purpose of entering graduate medical education programs. Applicants certified by ECFMG whose Standard ECFMG Certificate lists a “valid through” date for an administration of the CSA that took place on or after June 14, 2001, may request a permanent validation sticker (indicating the CSA passing performance is “valid indefinitely” for entry into graduate medical education) that can be affixed to their certificates. To request a sticker, applicants should access OASIS on the ECFMG website at www.ecfm.org.
- B. Passing performances on CSA administrations that took place before June 14, 2001, are valid for three years from the date passed for the purpose of entering graduate medical education programs. The date through which passing performance on the CSA remains valid for entry into graduate medical education (the CSA “valid through” date) will be listed on the applicant’s Standard ECFMG Certificate. If the applicant entered a program before expiration of the valid through date, the applicant may request permanent validation. This means that the CSA date is no longer subject to expiration. To request permanent validation, the applicant and an authorized official of the training institution must complete the following *Request for Permanent Validation* (Form 246) and mail it to ECFMG. On receipt of this form, ECFMG will provide a permanent validation sticker to be affixed to the certificate. If an applicant who passed CSA before June 14, 2001 did not enter a program within three years of the CSA pass date, the applicant’s CSA passing performance has expired for the purpose of entering graduate medical education. Before entering a program, these applicants must pass Step 2 CS. Passing performance on Step 2 CS does not expire for the purpose of entry into graduate medical education.

2. English Examinations

Passing performances on the English language proficiency test formerly required by ECFMG (such as the TOEFL[®] exam or the former ECFMG English Test) are not subject to expiration for the purpose of entering graduate medical education programs, regardless of the date passed. Applicants certified by ECFMG whose Standard ECFMG Certificate lists a “valid through” date for an English language proficiency test may request a permanent validation sticker that can be affixed to their certificates. To request a sticker, applicants should access OASIS on the ECFMG website at www.ecfm.org.

DO NOT SEND YOUR ORIGINAL STANDARD ECFMG CERTIFICATE TO ECFMG

Mail the completed Form 246 to: ECFMG, 3624 Market Street, Philadelphia, PA 19104-2685. ECFMG will send eligible applicants the appropriate *Valid Indefinitely* sticker(s) and instructions for affixing the sticker(s) to the Standard ECFMG Certificate.

**EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
REQUEST FOR PERMANENT VALIDATION**

This form is to be used for international medical graduates who wish to request permanent validation sticker(s) for examination date(s) listed on their Standard ECFMG Certificates. These graduates must have Standard ECFMG Certificates and must be eligible for permanent validation based on ECFMG policy as detailed in 1.B on page 1 of this form.

All requested information must be provided. SIGNATURES CANNOT BE PHOTOCOPIED OR FAXED. Please type, or print carefully.

Section I — To be completed by Applicant

USMLE®/ECFMG Identification Number **0** - - - Date of Birth _____ / _____ / _____
Month Day Year

Name _____ U.S. Social Security # _____ - _____ - _____

Mailing Address (where sticker should be sent) _____

City _____ State _____ Zip/Postal Code _____

Country _____

Telephone Number () _____ area code Is this a change in address for ECFMG records? Yes No

Current Citizenship or Immigration Status (check one)
 U.S. Citizen, specify:
 by birth naturalized
 U.S. Legal Permanent Resident ("green card holder")
 Non-Immigrant Visa, specify type:
 J-1 J-2 H1-B O-1
 Other, specify: _____

Did you match to the position listed in Section II through the National Resident Matching Program (the Match)? Yes No
If you did not obtain this position through the Match,
Did you participate in the Match? Yes No
Did you obtain this position before or after the Match? Before After

Does the position listed below represent your first postgraduate clinical training program in the United States? Yes No

Signature _____ Date _____

Section II — To be completed by Program Director or Authorized Official of Training Institution

Program ID Number - - - (As listed in the AMA's Graduate Medical Education Directory)

Specialty _____

Institution _____
(As listed in the AMA's Graduate Medical Education Directory)

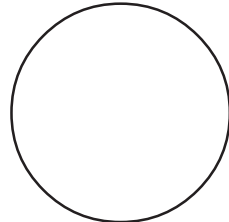
Date Applicant Started the ACGME-Accredited Program _____ / _____ / _____ (must precede official's signature date)
Month Day Year

Applicant Entered Program Above at Postgraduate Year Training Level (check one):
 PGY-1 PGY-2 PGY-3 Other Level, specify: _____

Institution Official _____ Name _____ Title _____

Signature _____ Date (must be dated after applicant has started the program) _____

Please affix institution or corporate seal, or if not available, a notary's complete acknowledgment of official's identity.



In the State of _____ County of _____ on this _____ day of _____, 20____, before me appeared _____

an official of this institution, who has satisfactorily proved to me to be the person whose signature appears above, and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

AFFIX SEAL Notary Public _____