



Instructions for Organizations Requesting Confirmation of ECFMG® Certification — Form 236D

June 2004

ECFMG's *Certification Verification Service* provides prompt, **primary source** confirmation of an international medical graduate's ECFMG certification status. For each request that is received, the data is matched against current ECFMG computer records and a response mailed to the requesting organization **within two weeks** of receipt of the request at ECFMG. A confirmation report includes whether or not an individual is ECFMG-certified, the date that certification was issued, and the date(s) through which the certificate remains valid for the purpose of entry into graduate medical education.

Fee for Service:

A \$25 fee will be assessed for each confirmation report issued. Organizations will receive a monthly invoice reflecting the prior month's transactions. At this time, in the event that a confirmation report cannot be issued because of incomplete or inconsistent data, no fee will be charged until a completed report can be issued.

To Request a Confirmation:

◆ **Complete Form 236A.** Form 236A is available on the ECFMG web site at www.ecfm.org and from ECFMG upon request. Only requests submitted on this form will be processed. Requests that do not include the individual's USMLE®/ECFMG Identification Number, Name, and Date of Birth will not be processed. Please verify with the individual that the information submitted is as it would likely appear in ECFMG computer records.

◆ **Include Organization Number.** Each organization requesting confirmations will be issued an Organization Number to facilitate processing. To familiarize you with the number assigned to your organization, it will be printed on all confirmation reports that you receive. Please be sure to **include your Organization Number on all 236A Forms** that you submit. (Note: This number will be issued at the time of an organization's first request.)

◆ **Send Form to ECFMG.** (Note: **PO Box address is for this service only** to enable requests to be pre-sorted for prompt handling.)

No telephone inquiries or requests received via fax will be accepted.

The **address for submitting requests for confirmation of certification is:**

ECFMG *Certification Verification Service*
PO Box 13679
Philadelphia, PA 19101

Important Notes:

◆ Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the ECFMG Certification information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

◆ If the requesting organization does not receive the confirmation, ECFMG will honor requests for duplicate confirmation reports at no additional cost up to **ninety days** after the date that the original report was processed.

About ECFMG Certification:

Physicians who are ECFMG certified have passed the requisite examinations and have had their medical education credentials verified by ECFMG.

This form is available on the ECFMG website at www.ecfm.org.