



**Request for Status Report of ECFMG® Certification
Form 282 A-PD**

Reports will be sent directly to PROGRAM DIRECTORS.

To confirm ECFMG certification status for an international medical graduate **entering a residency or fellowship program**, please complete and return this form to:

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

Please type or print.

Requests with incomplete or inaccurate information will not be processed.

USMLE®/ECFMG Identification Number: 0 - - -

Physician's Name: _____
First Middle Last Name/Surname/Family Name

Date of Birth: _____ / _____ / _____
Day Month Year

Residency Program Name: _____

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

Address to Which Status Report
Should be Sent: _____
Name of Hospital

Address of Hospital _____

City _____ State _____ Zip Code _____

Attention: _____
Contact's Name Title

Contact's Signature Phone Number

Note: 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 this 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.

Physicians who are ECFMG Certified have passed the requisite examinations and have had their medical education credentials verified by ECFMG. ECFMG Certification is a prerequisite for entry into ACGME-accredited residency or fellowship programs in the United States; is required for licensure to practice medicine in the United States; and is one of the eligibility requirements to take USMLE Step 3.