Request for Confirmation of ECFMG® Certification
Form 236A

Responses will be sent directly to the requesting *organization* and will include the date certification was issued and the valid-through status.
NOTE TO RESIDENCY PROGRAM DIRECTORS: Please visit the ECFMG website at www.ecfmg.org or contact ECFMG at the address below for the correct form to confirm certification status for international medical graduates entering residency or fellowship programs.

To confirm ECFMG certification status for an international medical graduate, please complete and return this form (via U.S. mail; **faxes will not be accepted**) to:

ECFMG Certification Verification Service, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA

**** A $40 fee will be assessed for each confirmation report issued. ****

Do not enclose payment with this request. An invoice will be sent to the *requesting organization* indicated below. 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.

Please type or print. Requests with incomplete or inaccurate information will not be processed.

USMLE®/ECFMG Identification Number: ☐- ☐ ☐ ☐- ☐ ☐ ☐- ☐

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

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

Requesting Organization: _____

Organization Number: V- ☐ ☐ ☐ ☐ ☐ Requests without this number will not be processed.
If this is your first request, please write "new vendor" in this space and an Organization Number will be issued.

Your Reference/Purchase Order # _____

Contact: _____
Name

_____ _____
Title Signature

Telephone Number (with Area Code) _____ - _____

Address to Which Confirmation Report Should be Sent: _____
Street Address

_____
Address Continued

_____
City State Zip Code

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 an ACGME requirement 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.