



**To change the name** in your ECFMG® record, you must submit Form 182 and the required documentation, as described below. Although you can check the name in your ECFMG record using ECFMG's On-line Applicant Status and Information System (OASIS) or the MyECFMG mobile app, you cannot use OASIS or MyECFMG to change your name. **To correct your date of birth**, you must submit Form 182 and the required documentation. **To correct your gender**, you must contact ECFMG Applicant Information Services at (215) 386-5900 or [info@ecfm.org](mailto:info@ecfm.org) for more information.

You can check and update the contact information, including address of residence, phone and fax numbers, and e-mail address\*, in your ECFMG record on-line using OASIS or MyECFMG. You can access OASIS on ECFMG's website at [www.ecfm.org](http://www.ecfm.org).

### INSTRUCTIONS

- You may use this form to request changes to the name and date of birth in your applicant record. Complete all sections on pages 3 and 4 of this form and submit these pages to ECFMG at the fax number or address listed on page 3.
- If you are requesting a change of name, you must:
  - 1) **Read** the ECFMG Policy on Name Changes on page 2 of this form,
  - 2) **Complete** Form 182 and sign it in the appropriate section,
  - 3) **Attach** a photocopy of the acceptable documentation for name change (see policy on page 2),
  - 4) **Submit** Form 182 to ECFMG. ECFMG will notify you when your name has been changed in your ECFMG record. If your request cannot be processed because you did not submit acceptable documentation or it was otherwise incomplete, ECFMG will notify you.
    - **If you are submitting this request in conjunction with an Application for ECFMG Certification or an exam application, fax** your completed request and documentation to (215) 386-6327, Attn: IWA/Biographic Change. You must wait to receive ECFMG e-mail confirmation that the name has been changed in your ECFMG record before you may proceed with your application. You will be notified regarding the status of your request within approximately 10 business days of receipt of your completed Form 182 and documentation.
- If you are requesting a date of birth correction, you must:
  - 1) **Read** the ECFMG Policy on Date of Birth Correction on page 2 of this form,
  - 2) **Complete** Form 182 and sign it in the appropriate section,
  - 3) **Attach** a photocopy of one of the acceptable documents for date of birth correction (see policy on page 2),
  - 4) **Submit** Form 182 to ECFMG. ECFMG will notify you when your date of birth has been corrected in your ECFMG record. If your request cannot be processed because you did not submit acceptable documentation or it was otherwise incomplete, ECFMG will notify you.
    - **If you are submitting this request in conjunction with an Application for ECFMG Certification or an exam application, fax** your completed request and documentation to (215) 386-6327, Attn: IWA/Biographic Change. You must wait to receive ECFMG e-mail confirmation that the date of birth has been changed in your ECFMG record before you may proceed with your application. You will be notified regarding the status of your request within approximately 10 business days of receipt of your completed Form 182 and documentation.

\* **Important Note:** Changing your e-mail address using OASIS on MyECFMG does **not** update your e-mail address in ECFMG's e-newsletter subscriber lists. If you change your e-mail address and are subscribed to one or more of ECFMG's e-mail newsletters, such as *The ECFMG® Reporter*, you must update your e-mail address for **each** e-newsletter. Visit the Resources section of the ECFMG website at [www.ecfm.org](http://www.ecfm.org), click on the newsletter(s) you receive, unsubscribe your old e-mail address, and subscribe your new e-mail address.

**ECFMG POLICY ON NAME CHANGES**

You must ensure that the name in your ECFMG record is your correct and current legal name. This name will appear on your Standard ECFMG Certificate once you have met all requirements for certification. You must use this name consistently in all communications you send to ECFMG, including applications and requests for other services. Failure to use the name in your ECFMG record consistently in all communications with ECFMG may delay exam registration. It may also prevent you from taking an exam for which you are registered and scheduled.

If you have legally changed your name and want to request a change of name in your ECFMG record, you must complete Form 182 and provide an explanation of the reason for the name change, accompanied by a photocopy of the appropriate document(s). **ECFMG must be able to determine from the document(s) you submit that your name has legally changed from the name currently in your ECFMG record to the name you are requesting to appear in your record and that you are using this new name consistently. This means that it may be necessary for you to submit more than one document to support your name change request.** The document(s) you provide must be unexpired (if applicable). Acceptable documents are:

- Passport (including the pages with your photograph and the expiration date)
- Birth certificate
- Marriage certificate
- Official court order
- U.S. Resident Alien Card
- U.S. Naturalization Certificate
- U.S. Passport Card (a one-page document that includes your photograph and the expiration date)

Attestations and affidavits are **not** acceptable as documentation to change your name.

Please do not submit an original document; a photocopy of the document is sufficient.

All documents submitted to change your name that are not in English must be accompanied by an official English translation that meets ECFMG's translation requirements. (See *English Translations* in the ECFMG *Information Booklet*.) All documents submitted to change your name, including translations, will become a part of your permanent ECFMG record and will not be returned to you.

**If you have a valid *Certification of Identification Form (Form 186)* on file with ECFMG, it will be invalidated when the name in your ECFMG record is changed, and you will be required to complete a new *Certification of Identification Form (Form 186)* the next time you apply for examination.**

For complete information, see *Your Name* and *Changing or Verifying Your Name* in the ECFMG *Information Booklet*.

**ECFMG POLICY ON DATE OF BIRTH CORRECTION**

**If your date of birth is not correct in your ECFMG record, you must complete Form 182 and provide an explanation of the reason for the date of birth change, accompanied by a photocopy of one of the following:**

- Passport (including the pages with your photograph and the expiration date),
- Birth certificate, or
- U.S. Passport Card (a one-page document that includes your photograph and the expiration date)

Attestations and affidavits are **not** acceptable as documentation to correct your date of birth.

Please do not submit an original document; a copy of the document is sufficient.

All documents submitted to correct your date of birth that are not in English must be accompanied by an official English translation that meets ECFMG's translation requirements. (See *English Translations* in the ECFMG *Information Booklet*.)

All documents submitted to correct your date of birth, including translations, will become a part of your permanent ECFMG record and will not be returned to you.



**INSTRUCTIONS:** Complete the applicable sections in ink, referring to the instructions that accompany this form. Sign where indicated, and return to ECFMG® by fax to: (215) 386-6327, Attn: IWA/Biographic Change, or by mail to: ECFMG, 3624 Market Street, Philadelphia, PA 19104-2685 USA.

<b>1</b> (Must be completed.)	USMLE® / ECFMG Identification Number: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
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<b>2</b> (Must be completed.)	Enter your name as it <b>currently</b> appears in your ECFMG record in the spaces below.				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">First Name(s)</td> <td style="width: 50%; text-align: center;">Middle Name(s)</td> </tr> <tr> <td style="width: 80%; text-align: center;">Last Name(s) (Surname/Family Name)</td> <td style="width: 20%; text-align: center;">Generational Suffix (Jr, Sr, II, III, IV)</td> </tr> </table>	First Name(s)	Middle Name(s)	Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)
First Name(s)	Middle Name(s)				
Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)				

<b>3</b> <b>Name Change</b> (Check the box and complete this section ONLY if you are requesting a name change.)	<input type="checkbox"/> I have read the "ECFMG Policy On Name Changes" on page 2 of this form and wish to change the name in my ECFMG record to the name below. I have attached documentation, as described on page 2.				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">First Name(s)</td> <td style="width: 50%; text-align: center;">Middle Name(s)</td> </tr> <tr> <td style="width: 80%; text-align: center;">Last Name(s) (Surname/Family Name)</td> <td style="width: 20%; text-align: center;">Generational Suffix (Jr, Sr, II, III, IV)</td> </tr> </table> <p>Enter the reason for the name change in the space below.</p> <hr/> <hr/> <hr/>	First Name(s)	Middle Name(s)	Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)
First Name(s)	Middle Name(s)				
Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)				

<b>4</b> (Must be completed.)	Enter your date of birth as it <b>currently</b> appears in your ECFMG record in the spaces below.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><input type="text"/><input type="text"/></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 25%; text-align: center;"><input type="text"/><input type="text"/></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 40%; text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td colspan="5" style="text-align: center;">(Month/Day/Year)</td> </tr> </table>	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Month/Day/Year)				
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(Month/Day/Year)											

<b>5</b> <b>Correction of Date of Birth</b> (Check the box and complete this section ONLY if you are requesting a correction of your date of birth.)	<input type="checkbox"/> I have read the "ECFMG Policy on Date of Birth Correction" on page 2 of this form and wish to change the date of birth in my ECFMG record to the date of birth below. I have attached documentation, as described on page 2.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><input type="text"/><input type="text"/></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 25%; text-align: center;"><input type="text"/><input type="text"/></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 40%; text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td colspan="5" style="text-align: center;">(Month/Day/Year)</td> </tr> </table> <p>Enter the reason for the date of birth change in the space below.</p> <hr/> <hr/> <hr/>	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Month/Day/Year)				
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(Month/Day/Year)											



**ECFMG** | Request to Change Applicant Biographic Information  
Form 182

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**6**  
Signature  
(Must be  
completed.)

I hereby authorize ECFMG to change the information in my applicant record as noted above.  
(Note: The requested change(s) will not be made without your signature.)

Signature (Using the Latin Alphabet)

/

/

Date (Month/Day/Year)

This form is available on the ECFMG website at [www.ecfm.org](http://www.ecfm.org).