



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

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STANDARD ECFMG® CERTIFICATE REVALIDATION POLICY

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 until it is validated by affixing the *valid indefinitely* sticker.

Two of the examination dates on the Standard ECFMG Certificate are subject to expiration for the purpose of entering graduate medical education programs. The English test date is valid for two years from the most recent date of passing performance. The Clinical Skills Assessment (CSA®) date is valid for three years from the most recent date of passing performance. Applicants may use the Standard ECFMG Certificate to enter an accredited program of graduate medical education *so long as the program's start date is not later than both of the valid through dates* on the Standard ECFMG Certificate. (Additional requirements may apply for visa purposes.)

DO NOT SEND YOUR ORIGINAL STANDARD CERTIFICATE TO ECFMG

The appropriate sticker(s) and instructions for affixing the sticker(s) to the Certificate will be mailed to eligible applicants.

INSTRUCTIONS

PERMANENT VALIDATION INSTRUCTIONS AFTER ENTERING A PROGRAM

The "Request for Permanent Validation of Standard ECFMG Certificate" (Form 246/see page 2) must be completed **after an applicant has entered a program** of graduate medical education in the United States that is accredited by the Accreditation Council for Graduate Medical Education.

- The **applicant** must complete **Section I** of the form, entering all required information, signing and dating the form.
- The **program director or authorized official** of the training institution must complete **Section II**, signing and dating the form, and affixing the institution's seal. If the institution or corporate seal is not available, the acknowledgment of the **program director's or authorized official's** identity by a notary public may be substituted.
- **The signatures and the seal must be "original."** Photocopies and faxes are not acceptable.

The completed Form 246 must be mailed to ECFMG at the above address. After ECFMG receives and verifies the information on Form 246, a sticker indicating *valid indefinitely* status will be mailed to eligible applicants, to be affixed to the Standard ECFMG Certificate. Each sticker is unique to the applicant and includes the same identification number that is on the Standard ECFMG Certificate. Instructions on how to affix the sticker to the Certificate will be included.

***Note: if all of the required information is not provided,
the "valid indefinitely" sticker will not be issued.***

REVALIDATION INSTRUCTIONS AFTER TAKING THE TOEFL® OR CSA BUT BEFORE ENTERING A PROGRAM

If the English test date on the Standard ECFMG Certificate has expired, the applicant must achieve a score on the TOEFL acceptable to ECFMG. If the CSA date has expired, an applicant must pass another CSA. Once the requirements are met (including payment to ECFMG of the TOEFL acceptance fee), a revalidation sticker will be sent to the applicant to be affixed to the Standard ECFMG Certificate.

The form on page 2 (Form 246) is **not to be used for TOEFL or CSA Revalidations**. See the current edition of the ECFMG *Information Booklet*, or visit the ECFMG website at www.ecfm.org. Details concerning TOEFL administration may be obtained by writing to the Educational Testing Service®, Princeton NJ 08541 USA (Telephone: 609-771-7100, Internet: www.toefl.org, E-mail: toefl@ets.org).

**EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
REQUEST FOR PERMANENT VALIDATION OF STANDARD ECFMG® CERTIFICATE**

This form is to be used for international medical graduates who want their Standard ECFMG Certificates to be made Valid Indefinitely. These graduates must have ECFMG Certificates and must have *started programs of graduate medical education in the United States* that are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

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 revalidation sticker should be sent) _____

City State Zip/Postal Code

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

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

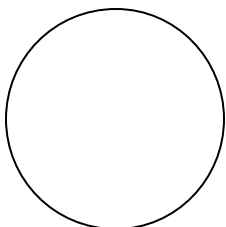
Date Applicant Started the ACGME-Accredited Program _____ / _____ / _____ (must precede official's signature date)
Month Day Year

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 _____