



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

Reports will be sent directly to the STATE MEDICAL BOARD.

To confirm ECFMG certification status for an international medical graduate, please complete and return this form to:

**ECFMG Certification Verification Service
PO Box 13679
Philadelphia, PA 19101-3679**

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

Name of State Medical Board that Status Report should be sent to:

State Board Contact: _____
(if applicable) Name Title

Telephone Number (with Area Code) _____ - _____

Payment Form 900 is enclosed.

Checks should be made payable to ECFMG in U.S. dollars. Status Reports will be mailed directly to the State Medical Board indicated above. Requests without payment attached will not be processed.

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.