



**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
3624 Market Street, 4th Floor
Philadelphia, PA 19104-2685 USA**

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 _____

Residency Program Name: _____

Program ID Number: - - -

(as listed on the ACGME website at www.acgme.org)

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 _____

E-mail Address _____

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.