



You must submit the *ECFMG Medical Education Credentials Submission Form* (Form 344) when you send your medical education credentials to ECFMG.

The *ECFMG Medical Education Credentials Submission Form* (Form 344) serves as a “checklist” to assist you in providing the correct medical education credentials to ECFMG. Providing the correct medical education credentials to ECFMG will reduce the possibility that your application for examination will be rejected (if you are applying for an examination) and expedite the medical education credential verification process.

#### **INSTRUCTIONS**

Complete the *ECFMG Medical Education Credentials Submission Form* (Form 344), printing your name and USMLE™/ECFMG Identification Number, if one has been assigned to you, in the spaces provided. For the “Checklist,” you should check the documents you are submitting.

If you are submitting a photograph, write your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the back of the photograph. Write your USMLE/ECFMG Identification Number, if one has been assigned, on the front of all documents.

If you are a medical school graduate applying to ECFMG for an examination, submit the completed *ECFMG Medical Education Credentials Submission Form* (Form 344), two copies of the *Medical School Release Request* (Form 345), medical education credentials, photograph, and any other required documentation with your *Certification of Identification Form* (Form 186). If you have a valid *Certification of Identification Form* on record at ECFMG, please submit the documentation outlined above with an *IWA Document Submission Form* (Form 187).

If you are not currently applying for an examination, send the forms and documents to:

ECFMG  
3624 Market Street, 4<sup>th</sup> Floor  
Philadelphia PA 19104-2685  
USA

The *ECFMG Medical Education Credentials Submission Form* (Form 344), *Medical School Release Request* (Form 345), and *IWA Document Submission Form* (Form 187) are available on the Publications page of the ECFMG website at [www.ecfm.org](http://www.ecfm.org).



**Applicant's Name** \_\_\_\_\_  
Last First Middle

**USMLE™/ECFMG Identification Number (if assigned)**  -  -  -

Attached are two photocopies of my final medical diploma and a current, color passport-size photograph of myself. If my medical diploma is not in English, I am enclosing an official English translation of the medical diploma. This English translation meets ECFMG English translation requirements as detailed in the ECFMG *Information Booklet*.

I have also completed, signed, and dated the *Medical School Release Request* (Form 345) and have attached two copies of Form 345. I have printed my full name and USMLE/ECFMG Identification Number (if one has been assigned to me) on the back of the photograph. I have printed my USMLE/ECFMG Identification Number (if one has been assigned to me) on the front of all documents.

**Checklist**

Attached Documents:

- Two photocopies of final medical diploma (216 mm x 279 mm or 8 ½ in x 11 in) as listed in the *Reference Guide for Medical Education Credentials* in the ECFMG *Information Booklet*.
- Official English translation of my final medical diploma (if diploma is not in English) that meets the translation requirements detailed in the appropriate edition of the ECFMG *Information Booklet*.
- My name as it appears on my final medical diploma matches exactly my name as it appears in my ECFMG record.

**or**

My name as it appears on my final medical diploma does not match exactly my name as it appears in my ECFMG record. I have attached the following document (check below) to verify that the name on my medical diploma is/was my name. The document shows my name exactly as it appears on my medical diploma.

- Passport (including the page with my photograph)
- Birth certificate
- Marriage certificate
- Official court order
- Certification by the Dean, Vice Dean, or Registrar of my medical school
- U.S. Resident Alien Card
- U.S. Naturalization Certificate
- National Identity Card

- One current, color passport-size photograph of myself. The photograph has been taken within six months of the date I am sending it and is an original photograph, not a photocopy.
- Two copies of the completed, signed, and dated *Medical School Release Request* (Form 345).