

I, the undersigned, hereby authorize the Federation Credentials Verification Service ("FCVS") to collect, verify and maintain information and copies of documents and records that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I authorize and request every medical school, university, institution, licensing, regulatory, educational, training, and credentials verification authority of any state, province or country in which I hold or may have held a license to practice my profession, any hospital, clinic, and other medical facilities, government agency (local, provincial, state, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release to FCVS and the Educational Commission for Foreign Medical Graduates ("ECFMG") any information, including but not limited to records, diplomas, transcripts and other documents, concerning my professional qualifications and competence, ethics, character, identity, educational, academic, or professional history, status, enrollment, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the FCVS and ECFMG or any of their agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I authorize FCVS to submit to the ECFMG and authorize ECFMG to collect, verify and maintain, information and copies of documents and records (my "Candidate Information") that may subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges. In addition, I hereby authorize ECFMG to retain my Candidate Information in ECFMG's database for the purposes of (1) addressing any requests from FCVS for verification and/or source verification in respect of my application; (2) responding to any request sent to ECFMG from an organization other than FCVS, as authorized by me, or directly from me, to verify and/or source verify my credentials and (3) internally accessing those portions of the records that are not personal information in order to verify credentials of other persons. I also acknowledge and agree that I am subject to ECFMG's Policies and Procedures Regarding Irregular Behavior, which can be accessed at <http://www.ecfm.org/programs/irregular-behavior.html>.

I further request and authorize that the requested information, documents and records be sent directly to:

Federation Credentials Verification Service
400 Fuller Wiser Road
Euless, TX 76039

Immunity and Release

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability: 1) FCVS, ECFMG, their respective agents, representatives, directors and officers; 2) other licensing boards, government agencies, institutions, hospitals and clinics providing information pursuant to this Authorization, and their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendation or disclosures involving me, made in good faith and without malice, requested or received by ECFMG or FCVS.

Applicant's **Printed** Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

Applicant's Signature

Date of Signature