



**Federation Credentials
Verification Service (FCVS)**

**Instructions Applications and Forms
for International Medical School Graduates**

Version 3.5

General Information

The Federation Credentials Verification Service (FCVS) is operated by the Federation of State Medical Boards of the United States, Inc. (Federation), a national nonprofit organization that provides services for state medical and osteopathic licensing authorities in the U.S., Guam, Puerto Rico and the Virgin Islands. Its primary purpose is to provide a centralized, uniform and secure process for state licensing authorities—as well as private, governmental and commercial entities—to obtain a verified, primary source record of a physician’s “core” credentials.

By using FCVS to verify your credentials, you will establish a permanent repository of primary source-verified documents. Once your file is established, these documents will be available for your use at any time. The documents that FCVS verifies for you fall into the following categories:

- **Identity**
- **Medical Education (obtained from ECFMG)**
- **Graduate Medical Education**
- **Examination History (state licensing authorities only)**
- **Board Action / Disciplinary History**
- **ECFMG Certification (if applicable)**
- **ABMS Certification**

Note:

Currently, FCVS does not verify state licensure or controlled substances registration. The information you provide is being stored for potential future verification.

Based on the verification of the above, a “Physician Information Profile” (Profile) is compiled and forwarded to the entity you specify in your application. FCVS will forward your Profile to any entity of your choice, including, but not limited to: state licensing authorities, hospitals, employers and professional memberships. The most recent list of accepting state licensing authorities is available by calling 1-888-ASK-FCVS, or via the Internet at www.fsmb.org.

The enclosed application is designed specifically for initial verification of your credentials. If you have previously established your repository of credentials with FCVS and wish to forward those credentials to another entity, you must obtain a “Subsequent Request” Application. Do not use the enclosed initial application for subsequent requests. You may complete a Subsequent Request Application by going online to our website at www.fsmb.org. [Note: Your state licensing authority will likely have its own application for licensure that is separate from the FCVS application. Applications for licensing authorities received at FCVS will be promptly forwarded.]

Note: FCVS does not issue medical licenses. This function is performed only by state licensing authorities. Furthermore, licensing authorities will require verification of other information and credentials you possess in addition to those verified by FCVS.

Glossary of Acronyms Used Within the Application

- ECFMG: Educational Commission for Foreign Medical Graduates
- FCVS: Federation Credentials Verification Service
- LMCC: Licentiate of the Medical Council of Canada
- NBME: National Board of Medical Examiners
- NBOME: National Board of Osteopathic Medical Examiners
- FLEX: Federation Licensing Examination
- SPEX: Special Purpose Examination
- USMLE: United States Medical Licensing Examination

Instructions for Completing the FCVS Application

Read these instructions and those throughout the application packet carefully before completing the application. **We will not begin the verification of your credentials until you submit all required information and appropriate documentation.** All of the information provided herein is subject to change.

I. General Instructions

Please refer to the following instructions before completing the FCVS Application:

1. The FCVS application is also available online at <http://fcvs.fsmb.org>.
2. Make a copy of the application before you begin should you make a mistake.
3. Type your information or print in black ball-point pen. FCVS will not interpret or make assumptions about the information you report in your application. Illegible information may result in processing delays.
4. Provide a response to each piece of information in the application packet. Items that are not applicable should be marked with an “N/A,” for Not Applicable. You will be required to clarify, in writing, any items that are left blank on the application.
5. Include all components of the requested information, especially complete names and addresses of institutions
6. Failure to submit full addresses may result in delays.
7. To avoid delays and misidentification, double-check spelling and accuracy of the information you provide.
8. Print your full last name at the top of each page of the application form in the space provided.
9. For reference, make a copy of your completed application before you send it to FCVS.

II. Toll-free Customer Support Line

FCVS’ toll-free customer support line is staffed Monday–Friday, 8:00 a.m.– 5:00 p.m., CST. Support personnel are prepared to answer questions about how to complete the FCVS application, as well as to provide general status of your application once received. “General status” is defined as confirmation of whether or not a specific document and/or verification has been received by FCVS. Further specific information about your packet is not available until after 60 days from the date FCVS receives your application. Please have your Packet ID Number available when you call.

All information concerning your FCVS file is considered highly confidential. If you desire to have a third party inquire about the status of your application (e.g., credentialing organization or office staff), you must designate this individual in Section 12 of your FCVS Application. FCVS will NOT discuss your file with any other individual(s) without your written consent.

You may contact FCVS at the following toll-free number:

1-888-ASK-FCVS (1-888-275-3287)

III. Completing the Application

Most instructions for completing the FCVS application are located in the left column of the application; however, you should carefully read each of the following sections to avoid common mistakes. Please complete all components of the application that are applicable to you. **Do not estimate dates. If you are unsure about dates, please respond with “Unknown.”**

Note: If the information obtained from the primary source differs from what you provide in your application, you may be required to clarify such discrepancies in writing. For purposes of documentation, all correspondence used to clarify discrepancies will be provided to the medical board from which you are seeking licensure.

Power-of-Attorney Not Acceptable: Physicians may not authorize a third party to sign FCVS documents on their behalf. Since FCVS processes Physician Profiles on a national basis and a Power-of-Attorney is a state-based instrument, a Power-of-Attorney will not be acceptable. Additionally, the confidential nature of documents and state board regulations requires the original signature of the physician.

IV. Completing the Required Forms

All of the following forms are critical to begin processing your application. Please be sure that each element of the forms is completed as required; otherwise, you will be required to complete an entirely new form.

Affidavit and Release and Authorization for Release of Information from Applicant Form

Complete this form and sign it in the presence of a notary. Attach a recent (less than six months) 2" x 2" passport quality color photograph of yourself (alone) to this form in the designated space. Photographs must be clear, front view, full face without a hat or dark glasses. Full length photos, black and white or computer-generated photographs will not be accepted. Be certain that the notary follows the directions listed on the form.

Authorization and Release of Information form: ECFMG

This form is to be included with all correspondence to your medical school. Complete the information requested and attach a recent (less than six month) 2" x 2" color photo of yourself (alone) to the form in the designated place. Photographs must be clear, front view, full face without a hat or dark sunglasses. Full length photos, black and white or computer generated photographs will not be accepts. Sign your name across the front of the photograph. Do not sign on the back of the photograph.

Medical School Release Request form: ECFMG

This form is to be included with all correspondence to your medical school. Please complete the information requested, sign and date the form.

V. Required Documents

The following documents must be submitted with your FCVS application. Omitted documentation will result in processing delays.

Certified Birth Certificate or Current Original Passport

You must submit an original certified birth certificate (obtained directly from the issuing agency). If you submit a passport, you must include a valid written explanation as to why your birth certificate is not available. Be certain that your passport is signed. Unsigned, cancelled or expired passports will not be accepted.

Photocopies (including notarized photocopies) will not be accepted. Certified birth certificates must bear an official seal (or stamp) and a signature of an authorized representative of the issuing agency. Passports will be photocopied (identity section only) and promptly returned to your mailing address via FedEx, which requires a physical address, not a P.O. Box number. Applicants with return addresses outside the U.S. must make special mailing arrangements to have their passports returned. Typically, passports are copied and mailed within seven to ten business days. **Certified birth certificates become a permanent part of your file and will not be returned.**

Photocopy of Medical School Diploma

You must submit a legible 8½" x 11" photocopy of your medical school diploma with your application. Please include a copy of the back of the diploma if it displays text or seals. Photocopies that are larger than 8½" x 11" will not be accepted. Diplomas must clearly display the following:

1. The name of the institution
2. The institution's official seal (or stamp) and a signature of an authorized representative
3. Your name
4. The degree awarded
5. The date degree was awarded

Documentation of Use of Alternate Name

You are required to document all Alternate Names (i.e., any name that you have used in the past). To do this, you must: 1) submit a certified copy of the legal document which explains the use of such name (e.g., marriage certificate, name change documents, etc.), or 2) for alternate names not explained with legal documents, provide a written explanation of the use of such name. If you choose option #2, you must use the Explanation of Alternate Name Form (enclosed). This explanation will be included in your Profile.

Photocopy of ECFMG Certificate

If you are certified by the ECFMG, you must submit a photocopy of your ECFMG certificate. Please include a copy of the back of the certificate if it displays text or seals. FCVS will only accept certificates that clearly display the following:

1. The ECFMG name, insignia and a signature of an authorized representative
2. Your name
3. Your certificate number
4. The date issued
5. "Valid Indefinitely" sticker (if applicable)

Photocopies of Medical School Documents

Since obtaining primary source verification from medical schools outside the U.S. can be time consuming, FCVS recommends that you submit photocopies* of documents reporting courses and grades, documents reporting courses and hours, compulsory internship certificates, documents that report the degree awarded and the date the degree was conferred (e.g. diploma, titulo, graduation certificate), and English translation of these documents (if applicable) with your FCVS application. This allows FCVS to perform various processing steps prior to the arrival of your primary source-verified documents and may expedite overall processing time. **Do not send original documents.**

***German medical students: Include these documents in addition to the documents listed above: Zeugnis 1, 2 and 3; Bestallung Als Arzt (if applicable); Approbation Als Arzt (if applicable) in German with English translation.**

These documents will not be considered "verified" by the primary source, and will only be included in your final Profile in certain cases. FCVS has agreements with each state licensing authority about how to process your file if institutions outside the U.S. do not respond to our verification requests. In some states, FCVS is allowed to include applicant-provided documents if institutions do not respond within a specific time frame. In other states, primary source verification is required in the FCVS Profile.

Residency Training Certificates

FCVS recommends that you submit photocopies of your internship/residency training or fellowship certificates to assist in the verification process of your training performed in the United States.

VI. Fees

Please follow these instructions to complete the "Fee Calculation" section of the application. To avoid processing delays due to incorrect fees, please call FCVS' toll-free customer support line. Credentials Inquiry Specialists will assist you with calculating your fees.

A. Initial Application Processing Fee

The base processing fee to establish your initial FCVS Profile is **\$295 with an additional \$50 fee for applications not submitted online.** This fee entitles you to have your Profile sent to one recipient. In addition to the base fee, other applicable "surcharges" may apply. Surcharges are assessed for Examination Score Transcripts (section C), Confirmation of ECFMG Certification (section D), passport shipping and handling (section E) and administrative verification fees from institutions.

B. Additional Profile Requests

Additional Profiles may be forwarded for a fee of **\$60** for **each** additional mailing, plus applicable surcharges when ordered with the initial Profile. To forward additional Profiles after your initial application has been mailed to all recipients, you must complete a separate Subsequent Request Application. You may obtain this packet by contacting our toll-free customer support line or by downloading the full version at the Federation's website at www.fsmb.org (requires Adobe® Acrobat™ Reader).

C. Examination Score Transcripts

Each organization that provides FCVS with examination history (transcripts) has a unique fee structure. Please review the following instructions carefully. **Do not request transcripts on your own behalf. FCVS will not accept, substitute, or waive surcharges for any transcript requested by applicants.** Transcripts are required for state licensing authorities only. Do not include transcript surcharges for other entities (i.e., hospitals, medical societies).

1. USMLE Steps 1, 2 and 3 FLEX Component 1 and 2

Pre-1985 FLEX SPEX

The Federation issues an examination history report which includes all of the above examinations. The fee for this transcript (which includes a complete report of all of the above examinations, including failing attempts) is \$50 for one to two transcripts. Note: FCVS does not store these transcripts. You must submit the appropriate fee for each Profile being forwarded.

2. Licentiate of the Medical Council of Canada (LMCC)

The Medical Council of Canada (MCC) provides FCVS with a statement confirming your registration as a Licentiate of the Medical Council of Canada as well as the scores received on the Council's examinations. FCVS collects \$100 to offset MCC fees (and exchange rates) for this service. FCVS has been given permission to store and reproduce this verification and therefore requires that you submit this fee only one time with your initial application.

3. State Board Examinations

Each medical licensing authority has a different fee for their respective examination transcript. If you have taken a state board examination, please call FCVS' toll-free number for the appropriate amount.

Note: State board examinations were developed and administered specifically by medical licensing authorities. Do not confuse these examinations with national licensing examinations such as the FLEX, NBME, NBOME or USMLE.

D. ECFMG Certification

If you are certified by the ECFMG, FCVS will obtain written confirmation of your certification directly from ECFMG. ECFMG charges a \$25 fee for this confirmation. Note: FCVS does not duplicate documents provided by the ECFMG. You must submit the \$25 fee for each Profile being forwarded to a state medical board. ECFMG certification is required for state licensing authorities only. Do not include surcharges for other entities (i.e., hospitals, medical societies, etc.).

E. Shipping and Handling

Applicants submitting a passport to verify identity must submit a \$25 shipping and handling fee to cover charges incurred to return it via priority mail. Priority mail service does not deliver to a P.O. Box address. If your mailing address is a P.O. Box, you must make special arrangements for the return of your passport. Please call 1-888-ASK-FCVS to discuss mailing options.

Other Fee Information

Translation Fee

Any birth certificate or passport, written in a language other than English must be translated by FCVS' professional translation service.

Any other document written in a language other than English that is received and/or verified by a primary source must be translated by FCVS' professional translation service unless an acceptable translation is included with the document from the primary

source. FCVS does not accept translations from any other source for primary source documents.

FCVS will send an invoice for the amount of the translation once the document requiring translation has been received. FCVS will add a one-time processing fee of \$15 to all translation charges at the time of invoice.

NOTE: FCVS will request a translation of medical school documents from the applicant in order to assist our staff in processing your medical school verification.

Insufficient Funds

Checks returned for insufficient funds will be assessed a \$25 fee after the check has been submitted for payment twice. Processing of your application will be suspended until a cashier's check or money order covering the original application fee plus the \$25 fee is received.

Payment

Make your check or money order payable in U.S. dollars to Federation Credentials Verification Service. Do not send cash with your application.

Cancellation Policy

A significant portion of application processing occurs immediately after applications are received; therefore, requests for cancellations must be submitted in writing within five business days from the date FCVS receives your application. In all cases of cancellation, a \$50 processing fee will be deducted. No refunds will be granted after five business days.

Recipient Designation Change Fee

If you change the recipient of your Profile while your application is still pending (including a change to "Undecided" status), you will be assessed a \$15 change fee, plus applicable surcharges necessary to obtain new examination score transcripts (if necessary). Applications originally designated as "Undecided" are exempt from this fee. To change your recipient designation, contact our toll-free customer support line to receive a Recipient Designation Change Form.

Overpayment

FCVS will send you a letter notifying you of a credit balance (overpayment) on your account at the time your Profile is forwarded to all entities designated in your application. You must submit a written request (with address verification) to receive this refund. Overpayment of \$50 or less remaining in an FCVS account after 30 months from the application receipt date will not be refunded.

ECFMG Medical Education Verification Fee

A one-time fee of \$30 is required of all applicants for charges assessed by ECFMG to provide primary source medical education verification to FCVS.

Institutional Administrative Verification Fees

A one-time fee of \$25 is required of all applicants for handling fees charged by Medical Schools and Graduate Medical Education training programs for transcripts and verifications to FCVS/ECFMG.

VII. Submitting Your FCVS Application Materials

For submission to FCVS, please assemble and secure your application materials in the following order:

1. Check or Money Order (in the upper left-hand corner)
2. FCVS Application Pages 1-11 (do not omit pages, even if a page was not applicable to you)
3. Affidavit and Release and Authorization for Release of Information, Documents and Records
4. ECFMG Release Forms
5. All other Attachments except passport

All application materials except passports* must be mailed via standard U.S. Postal Service (Not Express, Certified or Overnight)

to the P.O. box listed below. Application and/or checks received at the Federation's Fuller Wisser Road address will be delayed by at least five business days and will be assessed a \$15.00 handling fee.

Federation Credentials Verification Service P.O. Box 970900 Dallas, TX 75397-0900

To avoid delays and additional processing fees, do NOT send applications to the Federation's Fuller Wisser Road address. FCVS will send a letter to acknowledge receipt of your application after it is reviewed.

*** For security reasons FCVS suggests all passports be sent to the physical mailing address listed below using FedEx or DHL/Airborne Express only, which will require a signature upon delivery. The address is — 400 Fuller Wisser Road, Suite 300, Euless TX 76039-3855.**

VIII. Processing Your Application

Application Review and Processing

Upon receipt, your application is carefully inspected to ensure all documents, required forms and fees have been submitted in accordance with established requirements. If your application is deemed acceptable to process, FCVS will begin verification with your primary sources. If you omit any required information, documents or fees, you will be required to resolve and/or supply each outstanding component. In some cases, processing may be suspended until all requirements are satisfied.

Very Important: Any omitted information or documentation will cause significant delays in the time to process your profile.

For documentation purposes, all clarification of problems and/or subsequent submissions must be submitted in writing. FCVS cannot record information into the database without written documentation.

“Undecided” Applicants

The “Undecided” category (see Application, Section 21) is designed to accommodate those physicians who wish to begin the process of establishing their core credentials but have not yet designated an entity to receive their Profile. “Undecided” applications will be fully processed except for the examination score transcript and the ECFMG confirmation/status (if applicable). Once you designate a recipient of your Profile, FCVS will order the above mentioned documents.

Verification with Primary Sources

The information you provide in your application is used by FCVS to verify your credentials. To verify the information you provide, FCVS sends a series of letters and special verification forms directly to the institutions you list in your application. **FCVS must initiate all requests for primary source verification. Do not attempt to expedite the verification process by making these requests yourself. FCVS will not accept documents from primary sources requested by the physician. FCVS will not be responsible for any expenses incurred by applicants who make verification requests on their own behalf.**

Quality Assurance

All Physician Information Profiles are subjected to a comprehensive audit process to ensure accurate and complete reporting. At this stage, each data element of your application is compared to each data element received from the primary source. Discrepant information may require additional follow-up for clarity.

Physician Information Profile Forwarded

FCVS mails Profiles via overnight service to entities designated in your application. FCVS will send you a letter informing you that your Profile has been sent. FCVS does not provide photocopies of Profiles to applicants. If you wish to review your Profile, you must contact the entity that received your Profile, or submit payment for a Subsequent Request with yourself as the recipient.

IX. Time Expectations to Process Your Application

The majority of processing time is dependent upon the timely and accurate responses of other institutions. Because of this, FCVS cannot guarantee that your file will be processed within a specific time frame. FCVS processes applications as quickly as possible in the order they are received and will not—under any circumstances—expedite processing of one file over the other.

FCVS has found that processing time averages from eight to twelve weeks from the date of receipt of complete documentation from you, depending on the complexity of your file. Individual processing time will vary. We will not begin the verification of your credentials until you submit all required information and appropriate documentation. Those who submit applications between February 1st and June 30th (peak processing period) should expect processing to be delayed by 2-3 weeks.

X. Common Questions About Application Processing

I need to start practicing very soon. Is there some way I can speed up this process?

The best way to expedite application processing is to make sure your application is 100 percent complete with all required information, documentation and fees before submitting it to FCVS. If your application is received without problems, FCVS can immediately begin verifying your credentials with your source institutions. In addition, you will improve response time from your sources if you provide precise, complete addresses.

International graduates: By authorizing FCVS/ECFMG to use a FedEx or DHL account to request your verification and to return the completed documents from your medical school, you should be able to reduce the time required to complete your medical school verification. FCVS highly recommends this option as it enables you to track the shipments to and from your medical school.

I only have one certified birth certificate and don't want you to keep it. How do I get another one?

Any US born individual can obtain a certified birth certificate by contacting the Vital Statistics Bureau in their state of birth by telephone or via internet at www.vitalrec.com for a nominal fee. Any US citizen born overseas can obtain a certified copy of his/her birth certificate by contacting the U.S. State Department. Please do not send birth certificates that are illegible or have sentimental value. For individuals born other than in the U.S., they should contact our customer service number 1-888-275-3287.

I am hesitant to send you my original passport. How safe is it?

FCVS has received and safely returned thousands of passports. For security reasons, FCVS suggests sending passports to the physical address—400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3855—using FedEx or DHL/Airborne Express only, which will require a signature upon delivery.

I called my institution, and they never received your request for verification. Will you send another one?

FCVS mails verification requests directly to the address listed on the ACGME (Accreditation Council for Graduate Medical Education) website which is continually updated. FCVS will follow-up with nonresponsive U.S./Canadian institutions (generally by telephone) after 21 days.

How do I forward additional (Subsequent) Physician Information Profiles?

To have an additional Physician Information Profile forwarded to another entity of your choice, you must complete a Subsequent Request application. To download the full version from the internet or complete the online application, visit our website at www.fsmb.org. This application will instruct you how to complete the required forms and help you calculate the appropriate fees. To receive this application by mail, call 1-888-ASK-FCVS, or send your request via e-mail at fcvs@fsmb.org (you must include your name, Packet ID Number and current address).

What state medical boards currently accept FCVS documents?

FCVS continues to add state medical boards to its roster of those that accept our documents. For the most current list, you can call 1-888-ASK-FCVS, or visit our website at www.fsmb.org/acceptFCVSprofile.htm.

Applicant: Print your complete last name: _____

11. State Licensure

List all active and inactive or expired professional licenses you have held.

Active Licenses

State	Type	Number	Original date of issue	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Inactive or Expired Licenses

State	Type	Number	Original date of issue	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Specialty Certification

Please list your current certification status.

Include additional information on a separate 8.5" x 11" sheet of paper.

Specialty _____

Board Certified? Yes No If no, are you qualified to sit for the exam? Yes No

Board name _____

Initial certification date _____ Date of most recent certification _____

Date qualified _____ Qualification expires _____

(Sub)Specialty _____

Board Certified? Yes No If no, are you qualified to sit for the exam? Yes No

Board name _____

Initial certification date _____ Date of most recent certification _____

Date qualified _____ Qualification expires _____

(Sub)Specialty _____

Board Certified? Yes No If no, are you qualified to sit for the exam? Yes No

Board name _____

Initial certification date _____ Date of most recent certification _____

Date qualified _____ Qualification expires _____

13. Controlled Substance Registration

List your current DEA and State Registration Number(s)

Include additional information on a separate 8.5" x 11" sheet of paper.

Federal DEA number _____ Date issued _____ Expiration date _____

State controlled substances registration number _____ Date issued _____ Expiration date _____ State _____

State controlled substances registration number _____ Date issued _____ Expiration date _____ State _____

State controlled substances registration number _____ Date issued _____ Expiration date _____ State _____

14. Medical Education Outside the U.S. or Canada

Complete this page only if you have attended a medical school located outside the U.S. or Canada.

List all medical schools you attended. You may photocopy this page to report more than one institution, if necessary.

If your medical school program was less than five years, please complete the Premedical Education page located in the Forms section of the website.

DOCUMENTATION:

You must include a complete, legible photocopy of your medical school diploma or equivalent document.

See Section V for detailed information.

If applicable, you must include a legible photocopy of your Fifth Pathway Certificate.

If you attended a Fifth Pathway program, please complete the enclosed Fifth Pathway form.

If a break of six months or more occurred between medical schools attended or between graduation from medical school and your first year of PGT, please provide a written explanation, outlining your activities during this "gap" period on the enclosed Gap Explanation Form.

If necessary, you may continue your explanation of Unusual Circumstances on a separate 8.5" x 11" sheet of paper. Your response may not exceed 100 words per question.

Complete name of medical school (Do not abbreviate)

Complete name of affiliated university or college (Do not abbreviate)

Complete mailing address

Telephone number (Required for express mail service - See Section 19)

City

ZIP/Postal Code

Province/State

Country

Duration of medical degree program

From:

To:

Duration of additional clinical training required for degree or licensure (if applicable).

From:

To:

Degree (as it appears on your diploma):

- M.B.B.S. M.B.B.Ch.
 Did not graduate Other _____

Date Degree was conferred/issued:

Unusual Circumstances (circle yes or no):

Did you have any interruption(s) or extension(s) in your medical education?	Yes	No
Were you ever placed on probation?	Yes	No
Were you ever disciplined or placed under investigation?	Yes	No
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	No
Were any limitations or special requirements imposed on you because of academic, incompetence, disciplinary problems or for any other reason?	Yes	No

Please explain any "Yes" responses from above:

- Did you attend a Fifth Pathway program? Yes No If yes, complete the enclosed Fifth pathway form.
- Did you complete any clinical clerkship Yes No If yes, complete the enclosed Clinical Clerkship form.
- in a country other than where your medical school is located?

15. Express Mail

This is an optional service available only to those individuals who attended medical school outside the U.S. or Canada.

ECFMG will send verification forms to addresses outside the U.S. for physicians who chose to have requests sent via courier. A FedEx account number is required. You may contact FedEx by visiting <http://www.fedex.com> to establish an account number with a major credit card. All FedEx charges will be billed to the account number listed below.

 FedEx account number (not your credit card number)

Would you like FCVS to request that your documents be returned via FedEx? Yes No

Applicant: Print your complete last name: _____

17. Examination History

Provide the most recent examination date and total number of attempts for each examination you have taken for the purposes of state medical licensure.

Many applicants confuse NBME Parts with USMLE Steps. Please be certain to accurately report your examination history. Incorrectly reported examinations will result in delays and additional verification surcharges.

If you do not know the examination date, please write **UNKOWN** next to the appropriate blocks.

Examination	Most Recent Attempt:	Pass/Fail/Unknown	No. of Attempts:	State: _____
State Board Exam ¹	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
FLEX Pre-1985	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
FLEX Component 1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
FLEX Component 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC - Single	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC - Part I	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC Part II	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC Part A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC Part B	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBME Part I	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBME Part II	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBME Part III	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBOME COMLEX Level 1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBOME COMLEX Level 2 CE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBOME COMLEX Level 2 PE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBOME COMLEX Level 3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
SPEX	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
USMLE Step 1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
USMLE Step 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
USMLE Step 2 Clinical Skills	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
USMLE Step 3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

1. State board examinations are those that were developed and administered specifically by state licensing authorities. Some states have never administered state board examinations and therefore do not apply. Most state medical boards did not offer a state board examination for licensure until after the early 1970s. Do not confuse these examinations with national licensing examinations such as NBME, NBOME or USMLE.

18. Recipient Designation

You must designate each professional licensing board, hospital, or other credentialing entity where you want your profile sent.

Addresses are not required for state medical boards.

You may photocopy this page for additional recipients.

I am undecided about where my Profile should be sent (See "Undecided Applicants" on page 6 of the instructions).

I wish to forward my Profile to the following state medical board(s):

* For Illinois, Kentucky, New York and South Carolina, see below.

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

I wish to forward my Profile to the following entity, hospital or myself:

Complete name of recipient (do not abbreviate)

Contact (individual or department to whom your Profile will be addressed)

Street Address line 1

Street Address line 2

City

State/Province

Country (U.S. or Canada only)

ZIP/Postal Code

Telephone (must be included)

I wish to forward my Profile to the following entity, hospital or myself:

Complete name of recipient (do not abbreviate)

Contact (individual or department to whom your Profile will be addressed)

Street Address line 1

Street Address line 2

City

State/Province

Country (U.S. or Canada only)

ZIP/Postal Code

Telephone (must be included)

*If you requested that FCVS forward your completed Physician Information Profile to the * For Illinois, Kentucky, New York or South Carolina medical boards, please indicate the type of licensure you are seeking in the space below.

- | | |
|----------------------------------|--|
| _____ Limited Permit in Medicine | _____ Admission to USMLE Step 3 examination in that state |
| _____ License in Medicine | _____ Three-year License to Practice in a Medically Underserved Area |
| _____ Faculty License | _____ Training License |
| _____ Institutional License | |

Applicant: Print your complete last name: _____

19. Fee Calculation

To avoid processing delays, please refer to pages 3 - 5 of the FCVS instructions (Fees).

If you are uncertain about any aspect of fee calculation, call 1-888-ASK-FCVS for assistance.

Refunds for overpayment will be initiated at the time your Profile is completed and shipped.

Method of payment: Check Money Order

Check/Money Order # _____

Name on check: _____

A. Application fee (includes forwarding one Physician Information Profile) 2 9 5 . 0 0

B. Paper application fee (applications **NOT** submitted online) \$50 5 0 . 0 0

C. Fee to forward additional Physician Information Profile(s)
 _____ Profiles x \$60.00 each , , , . 0 0

D. Examination Score Transcript Fee

 1. USMLE Pre-1985 FLEX
 FLEX SPEX
 _____ transcripts x \$50.00 (1 - 2) , , , . 0 0

 2. NBOME
 _____ transcripts x \$50.00 (each)

 3. Licentiate of Medical Council of Canada (LMCC) , , , . 0 0
 \$100.00 (one time charge)

 4. State Board Examinations (indicate Board(s): _____) , , , . 0 0
 _____ transcripts (you will be billed separately for this once we determine the charge from the state board)

E. ECFMG Certification Confirmation/Status fee
 _____ x \$25.00 , , . 0 0

F. ECFMG Medical Education Verification Fee 3 0 . 0 0

G. Institutional Administrative Fee (one time fee) 2 5 . 0 0

H. Shipping and handling (if applicable)
 _____ Passport – \$25.00 , , . 0 0

Total Fee Submitted: , , , . 0 0

20. Required Documents

Please use this checklist to be certain you have submitted all required documents. Some may not apply.

- | | |
|---|---|
| <input type="checkbox"/> Resident Certificates | <input type="checkbox"/> Photocopy of ECFMG Certificate |
| <input type="checkbox"/> Certified Birth Certificate | <input type="checkbox"/> Affidavit and Release and Authorization and Release of Information Form |
| <input type="checkbox"/> Original Passport (with explanation) | <input type="checkbox"/> Photocopies of Medical Education Documents (International graduates only see Section V for detailed information) |
| <input type="checkbox"/> sent with application | <input type="checkbox"/> ECFMG Authorization for Release of Information Form |
| <input type="checkbox"/> sent separate from application | <input type="checkbox"/> ECFMG Medical School Release Request |
| <input type="checkbox"/> Documentation (or explanation) of Use of Alternate Name Form | |
| <input type="checkbox"/> 8.5" x 11" Photocopy of Medical School Diploma | |
| <input type="checkbox"/> Photocopy of Fifth Pathway Certificate | |
| <input type="checkbox"/> Fifth Pathway Program Form | |

21. Signature

IMPORTANT:
 Failure to complete this section will suspend all processing of your application.

I, the undersigned, hereby certify that I have read the "Instructions for Completing the FCVS Application" and agree to the terms and conditions set forth therein. I acknowledge that I have answered all the questions and reported all information in this application truthfully and completely.

Signature _____

Date _____

**Affidavit and Release
and Authorization for Release of Information,
Documents and Records**

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "Instructions for Completing the FCVS Application" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I waive confidentiality, authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service (FCVS) any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, my examination grades, or any other pertinent data and to permit FCVS or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application 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 hereby release, discharge and exonerate FCVS, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by FCVS.

I will immediately notify FCVS in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to my FCVS Physician Information Profile being mailed.

Applicant's Signature (must be signed in the presence of a notary)

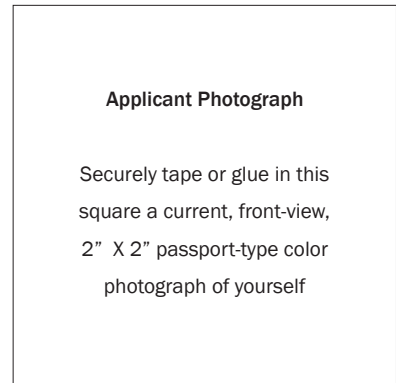
Applicant's Printed Last Name

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

Date of Signature

Date of Birth

Applicant SSN



NOTARY

Your seal or stamp must be partly upon the photograph.

State of _____ County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

My commission expires: _____

(NOTARY PUBLIC SIGNATURE & SEAL)

Notary Public signature: _____

I certify that on the date set forth above the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

Explanation of Alternate Name Form

Use this form to explain the use of any name(s) not supported by the identity document(s) submitted with your application. Do not write on the back of this form. If additional space is required, please make a photocopy(ies). Be certain to sign the form in the space provided at the bottom of the page.

<p>Documented Name</p> <p>The name reported here must be the name on your identity document (birth certificate or passport).</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last name (surname) and generational suffix</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and middle name</p>
	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last name (surname) and generational suffix</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and middle name</p> <p style="margin-top: 20px;">Explanation of use of name.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last name (surname) and generational suffix</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and middle name</p> <p style="margin-top: 20px;">Explanation of use of name.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last name (surname) and generational suffix</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and middle name</p> <p style="margin-top: 20px;">Explanation of use of name.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
<p>Signature</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="font-size: small;">Signature Date</p>

Explanation of Other Activities During Medical Education

Please provide a complete, specific explanation regarding any other training or breaks between the beginning of your medical education and the final year of your graduate medical education. Dates should be reported in mm/yyyy format.

<p>From: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p> <p>To: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p>	<p>Activity</p> <hr/> <hr/> <hr/>
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<p>From: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p> <p>To: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p>	<p>Activity</p> <hr/> <hr/> <hr/>
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<p>From: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p> <p>To: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p>	<p>Activity</p> <hr/> <hr/> <hr/>
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<p>From: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p> <p>To: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p>	<p>Activity</p> <hr/> <hr/> <hr/>
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<p>From: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p> <p>To: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> Month Year</p>	<p>Activity</p> <hr/> <hr/> <hr/>
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Signature (physician applicant)/Date

FCVS packet ID Number

Fifth Pathway Form

Name and address of the medical school that awarded the Fifth Pathway Certification (do not abbreviate)

Name of Institution

Address

City, State, ZIP Code

Name and address of hospital or clinic in which you performed the required rotations

Name of Institution

Address

City, State, ZIP Code

Attendance Dates

Exact Date Certificate was Issued

From: _____ To: _____
MM DD YYYY MM DD YYYY

MM DD YYYY

Rotations

Type of Rotation	Dates Attended (MM/DD/YYYY)		Number of Weeks Credit
	From	To	

Unusual Circumstances (Circle Yes or No)

Did you take a leave(s) of absence or break(s) from this program?	YES	NO
Were you ever placed on probation?	YES	NO
Were you ever disciplined or placed under investigation?	YES	NO
Were any negative reports for behavioral reasons ever filed by instructors?	YES	NO
Were any limitations or special requirements imposed on you because of academic incompetence, disciplinary problems, or for any other reason?	YES	NO

Please explain any "Yes" responses from above. _____

Note: Please provide a legible, complete photocopy of your Fifth Pathway Certificate.

Clinical Clerkship

Complete this section if you did not graduate from a school accredited by the Liaison Committee on Medical Education or the American Osteopathic Association and if your clinical clerkship (training) was completed in a country other than where your medical school is located. List all clerkships attended. Please copy and use additional page(s) if required.

Complete name of affiliated university or college where clerkship was performed (Do not abbreviate).

Complete name of hospital, institution or individual where clerkship was performed (Do not abbreviate).

Address line 1

Address line 2

City

State/Province

Country

ZIP/Postal Code

From:

Month Year

To:

Month Year

Clinical Clerkship Area

Complete name of affiliated university or college where clerkship was performed (Do not abbreviate).

Complete name of hospital, institution or individual where clerkship was performed (Do not abbreviate).

Address line 1

Address line 2

City

State/Province

Country

ZIP/Postal Code

From:

Month Year

To:

Month Year

Clinical Clerkship Area



ECFMGSM

Form of Authorization for Release of Information

I, the undersigned, hereby authorize the Federation Credentials Verification Service (“FCVS”) to submit to the Educational Commission for Foreign Medical Graduates (“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 further requests from FCVS for verification and/or source verification of my Candidate Information; (2) responding to any request sent to ECFMG from an authority other than FCVS, as authorized by me, or directly from me, to verify and/or source verify my credentials; and (3) to internally access those portions of my Candidate Information that are not personally identifiable information in order to verify credentials of other persons from time to time.

I request and authorize every person, institution, professional licensing board of any state or country in which I hold or may have held a license to practice my profession, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release information, records, transcripts and other documents, concerning my professional qualifications and competence, ethics, character and other information pertaining to me to ECFMG and FCVS.

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

**Educational Commission for Foreign Medical Graduates
3624 Market Street
Philadelphia, PA 19104**

Immunity and Release

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability: 1) ECFMG and FCVS and 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, recommendations or disclosures involving me, made in good faith and without malice, requested or received by ECFMG or FCVS.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons to ECFMG. I understand that ECFMG will not accept such information, records or documents forwarded by me.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid from the date signed.

Signature Date of Signature

Print Last Name, First Name, Middle Initial, Suffix e.g., Jr.

Date of Birth (month/day/year)

Social Security Number

Securely tape or glue in this square a current front-view 2” x 2” passport-type color photograph of yourself (alone) Sign across the bottom or top of the photo.

Do not sign the back.



ECFMGSM

Form of Medical School Release Request

Please complete, sign and date this form and return it with your application.

Name of Medical School

Address of Medical School

City, State/Province, Postal Code

Country

Re: Name: _____
(Applicant Name)

USMLE/ECFMG ID No. (if known): _____

Date of Birth: _____
Day/Month/Year

Date of Graduation: _____
Month/Year

Dear Sir or Madam:

I am currently applying to the Federation Credentials Verification Service (“FCVS”). To facilitate this process, I hereby request:

- An official, final medical school transcript that bears your institution’s seal and the signature of an authorized representative; and
- Certification of the enclosed final medical diploma, by affixing the institution’s seal and the signature of an authorized representative on to the diploma; and
- The Dean, or an authorized representative, of your Medical School to complete the attached form titled “Verification of Medical Education.”

Please send the “Verification of Medical Education” form, certified diploma and official, signed transcript to FCVS’ service provider, Educational Commission for Foreign Medical Graduates (“ECFMG”), in the enclosed, self-addressed envelope. If you have any questions about this process, please contact ECFMG by e-mail at deansbox@ecfm.org. Thank you for your assistance.

Sincerely,

Signature of Applicant

Date of Signature