

## Requirements

ECFMG Certificates issued to applicants who satisfy the clinical and communication skills requirements for ECFMG Certification through the Pathways program are subject to expiration. ECFMG is a division of Intealth<sup>®</sup>.

For an applicant's ECFMG Certificate to become valid indefinitely (i.e., no longer subject to expiration), the applicant must meet one of the following requirements:

- successfully complete at least 12 months of clinical education in a U.S. graduate medical education (GME) training program accredited by the Accreditation Council for Graduate Medical Education (ACGME);  
or
- successfully complete at least 12 months of clinical education in a U.S. non-standard training program associated with an ACGME-accredited program;  
or
- hold an unrestricted license to practice medicine in a U.S. state, U.S. territory, or the District of Columbia.

## Instructions for Obtaining Permanent Validation

If you have met the requirement to have your certificate made valid indefinitely by holding an unrestricted license to practice medicine in a U.S. state, U.S. territory, or the District of Columbia, you may request permanent validation through the attached *Request for Permanent Validation of ECFMG Certificate (License)* form.

If you have met the requirement to have your certificate made valid indefinitely by completing 12 months of clinical training, do not complete this form. Please refer to the [Request for Permanent Validation of ECFMG Certificate \(Training\)](#) form, available on the ECFMG website.

To submit the request, complete the following steps:

1. Complete Section I of the form. Be sure to confirm that all of your biographic information is accurate. You should enter your name as it appears on your ECFMG Certificate.
2. Complete Section II of the form. List all unrestricted licenses to practice medicine in the United States that you hold.
3. Sign the form after ensuring all information is correct.
4. Email the completed form to [validindefinitely@ecfm.org](mailto:validindefinitely@ecfm.org).

**DO NOT SEND YOUR ECFMG CERTIFICATE TO US.**

After we receive the completed form, we will verify your licensure information directly with the issuing authority and, if acceptable, make your certificate valid indefinitely in our records. Documentation may also be required if the name on your license does not match your name of record with us.

## Notification and Reporting on Certification Status

We will notify you at your email address of record when the process is complete. If you meet the requirements and your certificate is made valid indefinitely, we will provide you with a confirmation letter that you can use to demonstrate that your certificate is valid indefinitely. You will not receive a new ECFMG Certificate. **Note that it is your responsibility to ensure that your email address of record is up to date in order to receive the confirmation email and letter.** For information on updating your email address of record, see our [Online Services Overview](#).

Training programs and other entities can request confirmation of your certification status directly with us by requesting an ECFMG Certification Verification Service (CVS) report. We provide this confirmation at no cost to residency/fellowship programs. For status reports sent to medical licensing authorities/state medical boards, you also may submit a request. See [CVS Overview](#) on our website for additional information.



Follow the instructions on page 1 to complete this form. All requested information must be provided. Please type or print carefully.

## SECTION I – BIOGRAPHIC INFORMATION

MyIntealth ID:

Date of Birth:        /        /         
Month Day Year

Applicant's Name  
as It Appears on  
ECFMG Certificate:

## SECTION II – LICENSURE INFORMATION

List all unrestricted licenses to practice medicine in the United States that you hold. Please provide all of the information requested.

|   |   |
|---|---|
| 1 | Your Name as It Appears on the License: _____ |
|   | State in which You Hold the License: _____    |
|   | Medical License Number: _____                 |
| 2 | Your Name as It Appears on the License: _____ |
|   | State in which You Hold the License: _____    |
|   | Medical License Number: _____                 |
| 3 | Your Name as It Appears on the License: _____ |
|   | State in which You Hold the License: _____    |
|   | Medical License Number: _____                 |

I certify that the information provided is true and correct, and I am requesting that my ECFMG Certificate be made valid indefinitely. I understand that ECFMG will verify my licensure information directly with the issuing authority.

Applicant's Signature \_\_\_\_\_ Date:        /        /         
Month Day Year