

## 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 these requirements and **you are sponsored by us on a J-1 visa, do not complete the attached form.** You do not need to take additional action. We will make your certificate valid indefinitely in our records on the basis of your J-1 visa status after your successful completion of at least 12 months of eligible training and notify you when the process is complete. See the Notification and Reporting on Certification Status section below for additional information.

If you have met these requirements and **you are not sponsored by us on a J-1 visa**, you may request permanent validation through the attached *Request for Permanent Validation of ECFMG Certificate (Training)* form.

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. Sign the form to certify that you completed at least 12 months of clinical education in an eligible GME training program.
2. Provide the form with Section I completed to the Program Director of your GME training program. The Program Director must complete Section II of the form to provide information about the training program and to certify that you have successfully completed at least 12 months of eligible clinical training.
3. After completing Section II and signing the form, the Program Director must email the completed form to [validindefinitely@ecfm.org](mailto:validindefinitely@ecfm.org). **The form may not be submitted by the applicant.**

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

After we receive the completed form, we will evaluate it and, if acceptable, make your certificate valid indefinitely in our records.

## 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. The applicant must meet the requirements detailed on page 1 and must not be sponsored on a J-1 visa. All requested information must be provided. Please type or print carefully.

## SECTION I – TO BE COMPLETED BY THE APPLICANT

MyIntealth ID:

Date of Birth:      /      /       
Month Day Year

Applicant's Name as It Appears on ECFMG Certificate:

I certify that I have successfully completed 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 a non-standard training program associated with an ACGME-accredited program, and I am requesting that my ECFMG Certificate be made valid indefinitely.

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

## SECTION II – TO BE COMPLETED BY THE PROGRAM DIRECTOR OF THE APPLICANT'S GME TRAINING PROGRAM

Program type: (Check one):	<input type="checkbox"/> ACGME-accredited <input type="checkbox"/> Non-standard		
Sponsoring Institution:	<input style="width: 100%; height: 30px;" type="text"/>		
ACGME Sponsoring Institution ID:	<input style="width: 90%; height: 30px;" type="text"/>	ACGME Program ID Number:	<input style="width: 90%; height: 30px;" type="text"/>
Specialty or Subspecialty Name:	<input style="width: 100%; height: 30px;" type="text"/>		
Date Applicant Started the Program:	<u>    </u> / <u>    </u> / <u>    </u> Month Day Year		
Date Applicant successfully completed <b>12 months</b> of training: <i>(Not date applicant will complete training. Date may not be in the future.)</i>	<u>    </u> / <u>    </u> / <u>    </u> Month Day Year		
Applicant is currently in what level of training? (Check one):	<input type="checkbox"/> PGY-1 <input type="checkbox"/> PGY-2 <input type="checkbox"/> PGY-3 <input type="checkbox"/> Other Level, specify: _____		

I certify that the Applicant named above has successfully completed at least 12 months of clinical education in a U.S. GME training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a non-standard program associated with an ACGME-accredited program, and that I am authorized to certify this on behalf of this training institution.

Program Director's Name: \_\_\_\_\_

Program Director's Email Address: \_\_\_\_\_

Program Director's Signature \_\_\_\_\_ Date:      /      /       
Month Day Year