



**UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)
2003 Step 1 and/or Step 2 Application Instructions**

FOR INTERNATIONAL MEDICAL STUDENTS/GRADUATES REGISTERED BY
THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES, PO BOX 48087, NEWARK, NEW JERSEY 07101-4887, USA
TELEPHONE: (215) 386-5900 INTERNET: www.ecfm.org

APPLICATION MATERIALS Your USMLE Step 1/Step 2 application packet includes: these **application instructions** (Form 103) and the five-page **application form** (Form 104S). You may use the following application form to apply for Step 1/Step 2 eligibility periods that **end in 2003**, provided that the application is received at ECFMG® no later than August 29, 2003. If the following application form is received at ECFMG after August 29, 2003, it will be rejected, and you must reapply for an eligibility period **ending in 2004** using the 2004 application form.

GENERAL INSTRUCTIONS Refer to the following instructions when completing your application form. Follow these instructions exactly and answer all items completely and accurately, even if you have previously submitted this information to ECFMG. If you are asked to provide additional documentation, be sure to include it. All information should be provided in English; signatures and official titles should be provided in Latin characters with English translations, where applicable. **If your application is not complete, it will be rejected and returned to you.**

You must complete the application **in ink**. You should **type or print neatly in uppercase (capital) letters**. You must complete the following application and send it with all attachments to ECFMG, following the mailing instructions above Part A on the application form. Payment is due at the time of application. All photographs, signatures and seals/stamps must be original. You cannot register by faxing or sending photocopies of your completed application to ECFMG.

PART A — BIOGRAPHICAL INFORMATION

1. ECFMG EXAMINATION HISTORY If you have previously submitted an application to ECFMG, answer “Yes” to this question. You should answer “Yes” **even if you submitted an application under a different name or did not take the exam for which you applied**. If you answer “Yes,” enter the USMLE/ECFMG Identification Number assigned to you at the time you submitted your first application in item 1.A **and in the spaces provided on pages 2-5 of the application**. If you have previously submitted an application but do not know your USMLE/ECFMG Identification Number, check the box in item 1.B.

2. NAME Enter your first and middle names (given names) and your last name (surname) in uppercase letters in item 2 **and in the spaces provided on pages 2-5 of the application**. When you arrive at the test center on the date of your exam, you must present an unexpired form of government-issued identification that includes your name, signature and photograph (see page 22 of the 2003 *Information Booklet* for acceptable forms of identification). You should enter your name **exactly** as it appears on the form of identification that you plan to use. **If the name you enter on the application does not exactly match the name on the form of identification you present, you will not be allowed to take the exam. If you are a graduate and the name you enter in item 2 does not match exactly the name on your medical diploma, you must submit a copy of a legal document verifying that both of these names belong to you (see *Name on Medical Diploma* on page 9 of the 2003 *Information Booklet*).**

2.1 PREVIOUS/MAIDEN NAME If the name you entered in item 2 above is different from the name on the last application you submitted to ECFMG, enter your previous name here. You **must** include with the application a copy of the legal document that verifies this name change to change your name in your ECFMG file. Refer to page 9 of the 2003 *Information Booklet* for acceptable documentation. **If you do not provide acceptable documentation that verifies this name change, your application will be rejected and returned to you.**

2.2 NAME ON MEDICAL DIPLOMA (Pertains to graduates only) Enter your name as it appears on your medical diploma. If the name on your medical diploma is different from the name you entered in item 2, you must submit legal documentation that verifies the name on the medical diploma is/was your name (see *Name on Medical Diploma* on page 9 of the 2003 *Information Booklet*).

3. CONTACT INFORMATION Enter your e-mail address, mailing address and telephone/fax numbers. **Print your e-mail address clearly**. If you provide an e-mail address, ECFMG will send you an e-mail message to confirm receipt of your application. If you do not provide an e-mail address, ECFMG will send confirmation by mail. You should enter the mailing address at which you would like to receive ECFMG correspondence, including your exam scheduling permit, score report, and your Standard ECFMG Certificate. If any of your contact information (including e-mail address) changes, you can update this information **on-line** using ECFMG’s On-line Applicant Status and Information System (OASIS). You can also complete a *Request to Change Applicant Contact Information* (Form 182) and send it to ECFMG. You can access OASIS and Form 182 on the ECFMG website at www.ecfm.org.

4. U.S. SOCIAL SECURITY AND/OR NATIONAL IDENTIFICATION NUMBERS Enter all that apply.

5. BIRTHDATE/BIRTHPLACE Enter the **numbers** that correspond to the day, month and year of your birth. Enter this information in the order **DAY-MONTH-YEAR**. For example, if your date of birth were January 5, 1970, you would enter “05” for the day, “01” for the month and “1970” for the year. You must also enter your place of birth.

6. GENDER Indicate whether you are male or female.

7. NATIVE LANGUAGE Enter the name of your native language.

8. CITIZENSHIP Enter your citizenship: (8.1) At Birth, (8.2) When you entered medical school, and (8.3) Now.

9. ETHNICITY Check the box(es) that best describe(s) your ethnicity. Select all that apply. Although you are encouraged to complete this item, providing this information is voluntary. This information will be used for research purposes and will be kept confidential. Choosing a particular answer or answers, or choosing not to answer this question will not affect the outcome of your application.

PART B — REGISTRATION INFORMATION

10. EXAMINEES WITH DOCUMENTED DISABILITIES Check “Yes” **only** if you have a documented disability, are covered under the Americans with Disabilities Act, **and** are requesting test accommodations for the exam(s) you selected. **Checking “Yes” does not constitute an official request.** If you are requesting test accommodations, you **must** refer to the Test Accommodations information on the USMLE website at www.usmle.org and follow the instructions **before** you submit your application (see page 17 of the 2003 *Information Booklet*). All of the necessary forms and documentation, as described on the USMLE website, must be received at ECFMG **at the same time** as your application. However, do **not** send the forms/documentation in the same envelope or to the same address as your application form; follow the mailing instructions on the USMLE website.

You can use the following application form to register for Step 1, Step 2 or both Step 1 and 2. **If applying only for Step 1**, complete item 11 and ignore item 12. **If applying only for Step 2**, ignore item 11 and complete item 12. **If applying for both Step 1 and Step 2**, complete items 11 and 12.

11. STEP 1 – If you are applying for Step 1:

11.1 Eligibility Period. Fill in **completely** the circle next to the three-month eligibility period during which you want to take Step 1. Please note that Step 1 and Step 2 are not offered during the first two weeks in January. See *Eligibility Period* on page 14 of the 2003 *Information Booklet* for additional information.

11.2 Testing Region. Fill in **completely** the circle next to the testing region where you would like to take Step 1. **Once your testing region has been assigned, it cannot be changed.** See *Testing Region* on page 16 of the 2003 *Information Booklet* for additional information. You should refer to the list of test centers within each testing region on pages 49-51 of the 2003 *Information Booklet* **before** selecting your testing region.

International Test Delivery Surcharge. If you select an international testing region, you must pay the surcharge listed for that region in addition to the examination fee. If you select the United States/Canada testing region, there is no additional surcharge.

11.3 Fees

11.3.1 The examination fee for USMLE eligibility periods ending in 2003 is \$660.

11.3.2 If you selected the United States/Canada in 11.2, enter \$0. If you selected an international testing region in 11.2, enter the amount of the surcharge for this region.

11.3.3 Add lines 11.3.1 and 11.3.2 and enter the result.

12. STEP 2 – If you are applying for Step 2:

12.1 Eligibility Period. Fill in **completely** the circle next to the three-month eligibility period during which you want to take Step 2. Please note that Step 1 and Step 2 are not offered during the first two weeks in January. See *Eligibility Period* on page 14 of the 2003 *Information Booklet* for additional information.

12.2 Testing Region. Fill in **completely** the circle next to the testing region where you would like to take Step 2. **Once your testing region has been assigned, it cannot be changed.** See *Testing Region* on page 16 of the 2003 *Information Booklet* for additional information. You should refer to the list of test centers within each testing region on pages 49-51 of the 2003 *Information Booklet* **before** selecting your testing region.

International Test Delivery Surcharge. If you select an international testing region, you must pay the surcharge listed for that region in addition to the examination fee. If you select the United States/Canada testing region, there is no additional surcharge.

12.3 Fees

12.3.1 The examination fee for USMLE eligibility periods ending in 2003 is \$660.

12.3.2 If you selected the United States/Canada in 12.2, enter \$0. If you selected an international testing region in 12.2, enter the amount of the surcharge for this region.

12.3.3 Add lines 12.3.1 and 12.3.2 and enter the result.

13. TOTAL FEE(S) FOR ALL EXAMS Add the amounts from items 11.3.3 and 12.3.3 and enter the total in item 13.

14. PAYMENT If you have a USMLE/ECFMG Identification Number, you can pay the required fees on-line by credit card or with an electronic payment from your U.S. checking account. To make an on-line payment, access OASIS on the ECFMG website at www.ecfm.org. All applicants can pay the required fees with a credit card, check or wire transfer by completing the payment form on page 3 of the application. If you complete page 3, check the box in item 14.3 for the method of payment

you are using. You must complete all requested information for that payment method to ensure that your payment is credited to your account. Payment of all required fees is due at the time of application. **If you do not have sufficient funds in your ECFMG financial account to cover the required fees, your application will be rejected.** See *Payment* on page 10 of the 2003 *Information Booklet* for a detailed explanation of ECFMG's payment policies.

PART C — MEDICAL EDUCATION, LICENSURE AND EMPLOYMENT INFORMATION

15. MEDICAL SCHOOL NAME AND ADDRESS Enter the exact name and address of the medical school from which you graduated or expect to graduate. **If all information is not completed, your application will be rejected and returned to you.**

15.1 MEDICAL SCHOOL INFORMATION Enter all information requested. **If all information is not completed, your application will be rejected and returned to you.**

15.2 STATUS OF MEDICAL SCHOOL STUDENT These questions refer to some of the minimum medical education requirements for medical school students to take these exams. If you are a medical school student, you must answer **both** questions for **each** Step for which you are applying. If you are a student and answer "No," to either question for a given exam, you are not eligible to take that exam. (See *Eligibility* on page 13 of the 2003 *Information Booklet*.) **If you are a medical school student and do not answer the questions pertaining to the Step(s) for which you are applying, your application will be rejected and returned to you. Medical school graduates are not required to complete this item.**

15.3 MEDICAL SCHOOL DIPLOMA Medical school **graduates must** complete this item and provide the required documents, as described below. Medical school **students** are not required to complete this item.

If you have not previously submitted photocopies of your medical diploma, you must send two photocopies of your medical diploma with the application. You must also send one full-face photograph with the copies of your medical diploma. The photograph must be current; it must have been taken within six months of the date you send it. A photocopy of a photograph is not acceptable. (This photograph is in addition to the two photographs that all applicants must send with the application form [see 19.1 below].) Write your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the back of the photograph and the copies of your diploma. Refer to the *Reference Guide for Medical Education Credentials* on pages 45-48 of the 2003 *Information Booklet* for a list of the medical degrees required by ECFMG.

If you have previously submitted photocopies of your medical diploma to ECFMG, you are not required to submit them again.

If you graduated from medical school but your medical diploma has not been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date (month and year) your medical diploma will be issued.

ECFMG requires copies of the original language medical diploma or letter from the medical school. Any document that is not in English must be accompanied by an English translation. This translation must be **prepared by** and certified to be correct by a government official, medical school official or recognized translation service. The translation must appear on official stationery, must identify the translator, and must bear the signature of the official or representative of the translation service.

Additionally, the name on your medical diploma must match the name you entered in item 2. If the name on your medical diploma is different from the name you entered in item 2, you must submit legal documentation that verifies the name on your diploma is/was your name. (See "Provision of Credentials and Translations" on page 36 of the 2003 *Information Booklet*.)

If you do not submit photocopies of your medical diploma (with an official English translation, if applicable) or, if your diploma has not been issued and you do not submit a letter from a medical school official as described above, your application will be rejected and returned to you.

16. OTHER MEDICAL SCHOOL(S) ATTENDED If you attended medical school(s) other than the medical school you entered in item 15, enter the exact name and address and dates of attendance at this other medical school. If you attended more than one other medical school, list the name, address and attendance dates for the other medical school(s) on a separate sheet and attach it to the application. Enter your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the attached sheet.

16.1 TRANSFER CREDITS Indicate whether you transferred academic credits from **any** school to the medical school that conferred or will confer your medical degree. If yes, attach to the application a separate sheet of paper that lists: the name of the school(s) from which the credits were transferred, the number of credits transferred and the course titles for all credits transferred. Enter your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the attached sheet.

17. MEDICAL LICENSURE If you received an unrestricted license or certificate of full registration to practice medicine, enter the date and the country or state of your licensure.

18. EMPLOYMENT – Present employment only If you are currently employed, list the name and address of your employer, the position that you hold and the beginning date of your employment.

19. CERTIFICATION BY APPLICANT **Students and graduates** must read the certification statement and sign and date the application form in the presence of their Medical School Dean, Vice Dean or Registrar. The medical school official must then certify the application in 19.2.A below. The application form should be mailed to ECFMG from the office of this official.

If a **graduate** cannot sign the application form in the presence of a medical school official, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public. This official must then certify the application in 19.2.B below. The application form should be mailed to ECFMG from the office of this official.

19.1 PHOTOGRAPHS You must provide **two full-face photographs** with the application. Attach one photograph to the application form in the space provided. Use tape or glue. Do not use staples or paper clips. You must enclose the other photograph with the application form. Write your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the back of both photographs. The photographs that you use must be **current**; they must have been taken within six months of the date that you send your application. A photocopy of a photograph is not acceptable. **The seal or stamp of the official who certifies your application form (see 19.2 below) must cover a portion of the photograph that you attach to the application form and a portion of the application form.** (The two photographs that you must provide with the application form are in addition to the photograph that graduates must provide with the copies of their medical diploma [see 15.3 above].)

19.2 CERTIFICATION BY OFFICIAL

19.2.A CERTIFICATION BY MEDICAL SCHOOL OFFICIAL The Medical School Dean, Vice Dean or Registrar that witnesses your signature must **sign and date** the application and provide his/her **name, official title** and the **institution name**. The signature of the medical school official must be **current**; the official must have signed the application form within **four months** of the date that it is received at ECFMG. All information, including the official signature, must be in Latin characters with English translations, where appropriate. The medical school official must also affix the **medical school seal or stamp over a portion of the photograph in 19.1 and a portion of the application form. Application forms from students which are not signed and dated by one of the medical school officials listed above or do not contain the medical school seal or stamp over a portion of the applicant's photograph and a portion of the application form will not be accepted.**

19.2.B CERTIFICATION BY OFFICIAL IDENTIFICATION (Pertains to graduates only)

For graduates who cannot sign the application form in the presence of a medical school official, the Consular Official, First Class Magistrate or Notary Public that witnesses their signature must **sign and date** the application form and provide his/her **official title**. The signature of this official must be **current**; the official must have signed the application form within **four months** of the date that it is received at ECFMG. All information, including the official signature, must be in Latin characters with English translations, where appropriate. The official must affix his/her **seal or stamp over a portion of the photograph** in 19.1 and a portion of the application form.

20. CLINICAL CLERKSHIPS The term *clinical clerkships* refers to that period of your medical education in the clinical disciplines during which, as a medical student, you gained practical experience in hospitals or clinics through rotations, pre-graduate internships, etc. List all of your clinical clerkships for each discipline. If necessary, continue on a separate sheet of paper and attach this sheet to the application. Include your full name and USMLE/ECFMG Identification Number, if one has been assigned, on all attachments.

PART D — OTHER EXAM HISTORY AND APPLICANT NUMBERS

21. OTHER EXAM HISTORY and APPLICANT NUMBERS If you have previously submitted an application to the National Board of Medical Examiners® (NBME®) for a Step or Part examination or to a U.S. State Licensing Authority for the Federation Licensing Examination (FLEX), you should check the appropriate box and enter the Identification Number that was assigned to you at that time. You should enter this information **even if you did not actually take the exam**. If you took one of these exams, you should also enter the date of the most recent exam taken.

Name: _____ Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: ---

PART A — (Continued)

8. CITIZENSHIP:

- 8.1 At Birth: USA **or** Other (Specify) _____
- 8.2 Upon Entering Medical School: USA **or** Other (Specify) _____
- 8.3 Now: USA **or** Other (Specify) _____

- 9. ETHNICITY:** Provision of the following information is voluntary. See *Instructions* for details. Check **all** that apply:
- | | |
|--|--|
| 1 <input type="checkbox"/> American Indian/Alaska Native | 4 <input type="checkbox"/> Hispanic or Latino |
| 2 <input type="checkbox"/> Asian | 5 <input type="checkbox"/> Black or African American |
| 3 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | 6 <input type="checkbox"/> White |
| | 7 <input type="checkbox"/> Other |

PART B — REGISTRATION INFORMATION

10. EXAMINEES WITH DOCUMENTED DISABILITIES: I have a documented disability and am covered under the Americans with Disabilities Act. I am requesting test accommodations for the exam(s) selected below. Yes No

11. STEP 1: Fill in completely one circle each for eligibility period and testing region.

11.1 Eligibility Period — select one:

- November 1, 2002 – January 31, 2003*
- December 1, 2002 – February 28, 2003*
- January 1, 2003 – March 31, 2003*
- February 1, 2003 – April 30, 2003
- March 1, 2003 – May 31, 2003
- April 1, 2003 – June 30, 2003
- May 1, 2003 – July 31, 2003
- June 1, 2003 – August 31, 2003
- July 1, 2003 – September 30, 2003
- August 1, 2003 – October 31, 2003
- September 1, 2003 – November 30, 2003
- October 1, 2003 – December 31, 2003

*USMLE Step 1/Step 2 are not offered during the first two weeks of January.

11.2 Testing Region — select one:

REGION	SURCHARGE
<input type="radio"/> United States and Canada	\$0
<input type="radio"/> Africa	\$110
<input type="radio"/> Asia	\$110
<input type="radio"/> Australia	\$110
<input type="radio"/> China (For Hong Kong, select Asia testing region.)	\$110
<input type="radio"/> Europe	\$140
<input type="radio"/> India	\$110
<input type="radio"/> Indonesia	\$110
<input type="radio"/> Japan	\$270
<input type="radio"/> Korea	\$140
<input type="radio"/> Latin America	\$110
<input type="radio"/> Middle East (For Tel Aviv, select Europe testing region.)	\$110
<input type="radio"/> Taiwan	\$140
<input type="radio"/> Thailand	\$110

11.3 Fees

11.3.1 Step 1 Exam Fee \$ 660 . 00

11.3.2 International Test Delivery Surcharge + . 00
(For United States and Canada, enter \$0.)

11.3.3 Step 1 Subtotal = \$. 00

12. STEP 2: Fill in completely one circle each for eligibility period and testing region.

12.1 Eligibility Period — select one:

- November 1, 2002 – January 31, 2003*
- December 1, 2002 – February 28, 2003*
- January 1, 2003 – March 31, 2003*
- February 1, 2003 – April 30, 2003
- March 1, 2003 – May 31, 2003
- April 1, 2003 – June 30, 2003
- May 1, 2003 – July 31, 2003
- June 1, 2003 – August 31, 2003
- July 1, 2003 – September 30, 2003
- August 1, 2003 – October 31, 2003
- September 1, 2003 – November 30, 2003
- October 1, 2003 – December 31, 2003

*USMLE Step 1/Step 2 are not offered during the first two weeks of January.

12.2 Testing Region — select one:

REGION	SURCHARGE
<input type="radio"/> United States and Canada	\$0
<input type="radio"/> Africa	\$120
<input type="radio"/> Asia	\$120
<input type="radio"/> Australia	\$120
<input type="radio"/> China (For Hong Kong, select Asia testing region.)	\$120
<input type="radio"/> Europe	\$155
<input type="radio"/> India	\$120
<input type="radio"/> Indonesia	\$120
<input type="radio"/> Japan	\$295
<input type="radio"/> Korea	\$155
<input type="radio"/> Latin America	\$120
<input type="radio"/> Middle East (For Tel Aviv, select Europe testing region.)	\$120
<input type="radio"/> Taiwan	\$155
<input type="radio"/> Thailand	\$120

12.3 Fees

12.3.1 Step 2 Exam Fee \$ 660 . 00

12.3.2 International Test Delivery Surcharge + . 00
(For United States and Canada, enter \$0.)

12.3.3 Step 2 Subtotal = \$. 00

13. TOTAL FEE(S) FOR ALL EXAMS:

Add the subtotals from 11.3.3 and 12.3.3 and enter total at right.

\$, . 00

14. PAYMENT

If you have a USMLE/ECFMG Identification Number, you can pay the required fees **on-line** using ECFMG's On-line Applicant Status and Information System (OASIS). You can access OASIS on the ECFMG website at www.ecfm.org.

OR

You can also complete the following payment form and submit it with your application.

Payment of the required fees is due at the time of application. If you do not have sufficient funds in your ECFMG financial account to cover the required fees, your application will be rejected.

For Office Use Only

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Name: _____ Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: ---

PART C — MEDICAL EDUCATION, LICENSURE AND EMPLOYMENT INFORMATION

15. MEDICAL SCHOOL NAME AND ADDRESS:

List the exact name and address of the medical school from which you graduated or expect to graduate.

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Official Name of Medical School _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Country _____ University Name (if applicable) _____

15.1 MEDICAL SCHOOL INFORMATION:

■ Attendance Dates: (Dates you entered the medical school listed in Item 15 and completed, or will complete, requirements for final medical diploma): From _____ / _____ to _____ / _____
MONTH YEAR MONTH YEAR

■ Number of Years Attended/Will Attend: _____

■ Date you graduated (or expect to graduate): _____ / _____
MONTH YEAR

■ Date your medical diploma was issued (or is expected to be issued): _____ / _____
MONTH YEAR

■ Title of Medical Degree you received or will receive _____

Refer to the "Reference Guide for Medical Education Credentials" on pages 45-48 of the 2003 *Information Booklet* for the list of medical degrees required by ECFMG.

■ Are you required to complete an internship prior to receiving your medical diploma? Yes No
If yes, enter the start and end dates of the internship: From _____ / _____ to _____ / _____
MONTH YEAR MONTH YEAR

15.2 STATUS OF MEDICAL SCHOOL STUDENT — Must be completed by all students:

If you are applying for Step 1, answer both questions:

- Will you have completed 2 years of medical school by the beginning of your requested eligibility period (see PART B, 11.1)? Yes No
- Are you now officially enrolled in medical school and, at the time you take the exam, will you either still be officially enrolled or have graduated from medical school? Yes No

If you are applying for Step 2, answer both questions:

- Will you be within 12 months of completion of the formal didactic curriculum at your medical school by the beginning of your requested eligibility period (see PART B, 12.1)? Yes No
- Are you now officially enrolled in medical school and, at the time you take the exam, will you either still be officially enrolled or have graduated from medical school? Yes No

15.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates: If you have graduated from medical school, you must include two photocopies of your medical diploma if you have not sent them previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date (month and year) your medical diploma will be issued. Additionally, the name on your medical diploma must match the name you entered in item 2. If the name on your medical diploma is different from the name you entered in item 2, you must submit legal documentation that verifies the name on your diploma is/was your name. (See "Provision of Credentials and Translations" on page 36 of the 2003 *Information Booklet*.)

Graduates must check one:

- I have graduated from medical school and am enclosing two photocopies of my medical diploma.
- I have graduated from medical school and have previously submitted to ECFMG photocopies of my medical diploma.
- I have graduated from medical school, but my medical diploma has not yet been issued. I am enclosing a letter from my medical school that confirms I graduated, have met the requirements to receive my medical diploma and states the date my medical diploma will be issued.

Note: ECFMG requires copies of the original language medical diploma or letter from the medical school. If the medical diploma or letter is not in English, you must also submit an official English translation. Your application will be rejected if you graduated from medical school and have not submitted photocopies of your medical diploma or a letter from your medical school that confirms your graduation (as described above).

16. OTHER MEDICAL SCHOOL(S) ATTENDED — Continue on a separate sheet of paper, if necessary:

List the names, addresses and dates of attendance of all other medical schools you attended.

Official Name of Medical School _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Country _____ University Name (if applicable) _____

Attendance Dates: From _____ / _____ to _____ / _____
MONTH YEAR MONTH YEAR

16.1 TRANSFER CREDITS:

Did you transfer academic credits from any school(s) to the medical school that conferred or will confer your medical degree? Yes No
If Yes, indicate on a separate sheet of paper the name of the school(s) from which the credits were transferred, the number of credits transferred and the course titles for all credits transferred.

17. MEDICAL LICENSURE:

Date you received an unrestricted license or certificate of full registration to practice medicine: _____ / _____
MONTH YEAR

Country or state in which you are licensed: _____

