

# MyIntealth<sup>™</sup> Applicant User Guide

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# **1** Access the MyIntealth Applicant Portal

**New Applicant** - If you have never used ECFMG's former Online Services (for example, IWA, OASIS, or the EPIC Physician Portal), follow the instructions in the <u>Create a MyIntealth Applicant Account as a New</u> <u>User</u> section.

**Existing Applicant** - If you have used ECFMG's former Online Services (for example, IWA, OASIS, or the EPIC Physician Portal), your account has been transferred to MyIntealth. Follow the instructions in the **Access a MyIntealth Applicant Account as a Previous User of ECFMG's Online Services** section.

# 1.1 Create a MyIntealth Applicant Account as a New User

# **Step 1.** Access the site at <u>www.myintealth.app</u> and click **MyIntealth Applicant Portal**.



# Step 2. Click Access MyIntealth.



Step 3. Click Don't have a MyIntealth account?

MyIntealth Account Sign In
Email Address
Password
Forgot password?
Don't have a MyIntealth account?

Step 4. Enter your email address and click Send Verification Code.

mail Verification		
Are you an Existing User of ECFMG On-line Services? If you are an exerting user of any ECFMG On-line Services, please use your email address of record with ECFMG to claim your Mytheteith account. Your email address of record is the email address that is associated with your existing ECFMG On-line Services account. Enter your email address of record and click Send Verification Code. Check your email address of record and click Send Verification Code. Check your email address of record and click Send Verification Code. Check your email address on exemute. Chec you successfully verify your email address, click Continue.	Verify Your Email / Record	Address of
Never Used Any ECFMG On-line Services and Need a MyIntealth Account?	Send Verilica	tion Code
Enter the email address you would like to be associated with your MyIntealth account. This email will be used to log in. Once you have entered your email address, click Send Verification Code, Check your email and enter the verification code you receive. The code will only be valid for 10 minutes. Does accessed will work your details	Cancel	Continue 20

**Step 5.** The **Verification Code** is sent to the assigned email address.



**Step 6.** Return to the **Email Verification** screen and enter the provided **Verification Code**.

Verification code has been box below.	sent to your	inbox. Please copy	it to the input
Verification code 534097			
Verify C	ode	Send New Code	
Cancel			Continue »

Step 7. Click Verify Code.

Verification co box below.	de has been sent to yo	ur inbox. Please copy it to the	input
Verification co	de		
534097			
	Verify Code	Send New Code	

Step 8. The Email Address Verified section appears. Click Continue.



**Step 9.** Complete all of the required fields.

reate Applicant Account	
<ul> <li>New Account Requirements</li> <li>Please enter the information exactly as it appears in your current passport</li> <li>Enter your faming harme or surmame.</li> <li>If you have only one name, enter it in the Last Name/Surname field and leave the "Rest of Name" field empty.</li> <li>If your family name has multiple parts, enter each part in the "Last Name/Surname" field.</li> <li>If your family name has multiple parts, enter each part in the "Last Name/Surname" field.</li> <li>If your family name has multiple parts, enter each part in the "Last Name/Surname" field.</li> <li>If your family name has multiple parts, enter each part in the "Last Name/Surname" field.</li> <li>If your family name has multiple parts, enter each of the set of Name field.</li> <li>If you have a middle name or initial indude it in the Rest of Name field.</li> <li>If you have a middle name or initial indude it in the Rest of Name field.</li> <li>Must indude characters from at least three of the following categories:</li> <li>english uppercase characters (a-2)</li> <li>inghish uppercase characters (a-2)</li> <li>Symbols (1, S, =, %, etc.)</li> </ul> Confirm Password Confirm Password in the Password and Confirm Password fields and click create Account.	New MyIntealth Account         Verified Email         Last Name/Surname         Rest of Name (optional)         Password         Confirm Password         Cancel

- 1) Password requirements when claiming an account:
- 2) Must be at least eight characters long.
- 3) Must include characters from at least three of the following categories:
  - a. Latin uppercase characters (A-Z)
  - b. Latin lowercase characters (a-z)
  - c. Numbers (0-9)
  - d. Symbols (!, \$, #, %, etc.)

You are only required to create and confirm a new password on your first login.



reate Applicant Account	
New Account Requirements Please enter the information exactly as it appears in your current passport	New MyIntealth Account
Last Name/Surname: • Enter your family name or surname. • If you have only one name, enter it in the Last Name/Surname field and leave the "Rest of Name" field empty. • If your family name has multiple parts, enter each part in the "Last Name/Surname"	Verified Email
field. Rest of Name: Enter your first name or middle name/initial in the Rest of Name field. If you have a middle name or initial, include it in the Rest of Name field. Password:	Last Name/Surname Rest of Name (optional)
<ul> <li>It must be at least eight characters long.</li> <li>Must include characters from at least three of the following categories:</li> <li>English uppercase characters (A-2)</li> <li>English lowercase characters (a-2)</li> <li>Numbers (0-9)</li> <li>Symbols (I, \$, #, %, etc.)</li> </ul>	Password
Confirm Password: • Enter the same password in the Password and Confirm Password fields and click Create Account.	Confirm Password Cancel Create Account

- Step 11. Access the MyIntealth Applicant Portal.
- **Step 12.** The **MyIntealth Account Attestation** page appears. Click the **Terms and Conditions** checkbox.



**Step 13.** The **Terms and Conditions** appear. Review this information, and click **Accept** at the bottom of the page.

Advancing the Global Health Workforce	Attestation by MyIntealth User
Intealth™ Terms and Conditions	S
Last Updated: January 16, 2024	
These Terms and Conditions govern the use programs and services that Intealth offers (c (collectively "Users") of Organizations or En training institutions, governmental agencies	of the Intealth website, MyIntealth <sup>™</sup> portals, and other online collectively "Services") to Individuals and Authorized Users tities, including but not limited to medical schools, post-graduate , and medical regulatory authorities (collectively "Entities").
	Accep

- **Step 14.** Click the **Privacy Notice** checkbox.
- **Step 15.** The **Privacy Notice** appears. Review this information, and click **Accept** at the bottom of the page.
- **Step 16.** The **MyIntealth Account Attestation** page appears. Click **Next**.

4		• •
	MyIntealth Account Attestation	
	In order to proceed with your application or request for Interalth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):	
	☑ Terms and Conditions	
	Privacy Notice	
	Next	

**Step 17.** The **MyIntealth Applicant Portal** homepage appears. Continue with <u>Establish Your</u> <u>MyIntealth Applicant Account</u>.



- **1.2** Access a MyIntealth Applicant Account as a Previous User of ECFMG's Online Services
  - **Step 1.** Access the site at <u>www.myintealth.app</u> and click **MyIntealth Applicant Portal**.



Step 2. Click Access MyIntealth.

😛 I	intealth Home		Log in
P N s h c c	MyIn Please log in using your MyIntealth account. If you do not have a dyIntealth account but have previously used ECFMG's online ervices, you will need to claim your MyIntealth account. If you have never used ECFMG's online services, you will need to reate a MyIntealth account. Please click Access MyIntealth to ontinue.	tealth <sup>™</sup> Applicant Portal MyIntealth is a new online environment for accessing services offered by Intealth and its divisions, ECFNG <sup>®</sup> and FAIMER <sup>®</sup> , MyIntealth services are divided between two different account types: Applicant accounts and Entity accounts. This portal is for applicants (students, physicians, etc.) to access our services. If you are a representative of an entity (medical school, medical regulatory authority, credentialing agency, etc.), please go to the MyIntealth Entity. Portal to access services.	

Step 3. Click Don't have a MyIntealth account?

Have a MyIntealth Account?	MyIntealth Account Sign In
Use your registered email address and password to log in.	h - second
Need a MyIntealth Account?	Email Address
You can claim or create a MyIntealth account by clicking "Don't have a MyIntealth account?"	Password
	Forgot password
	Don't have a MyIntealth account?

**Step 4.** Enter your email address of record (the email address that was associated with your former ECFMG Online Services account). Click **Send Verification Code**.

**Important:** Using your email address of record will link you to your transferred account in MyIntealth.

Email Verification		
Are you an Existing User of ECFMG On-line Services? If you are an existing user of any ECPMG On-line Services, please use your email address of record with ECPMG to claim your Mythetelth account. Your email address of record is the email address that is associated with your existing ECPMG On-line Services account. Enter your email address of record and click Send Verification Code. Oneck your email and enter the verification code you necess. The code will only be valid for 100 minutes. Once you socioesfully with your email address.	Verify Your Email Address Record	of
Never Used Any ECFMG On-line Services and Need a MyIntealth Account?	Send Verification Code	
Enter the email address you would like to be associated with your MyInteath account. This email will be used to log in. Once you have entered your email address, click Send Verification Code, Check your email and enter the verification code you receive. The code will only be saide for 10 minutes. Once you successfully wrely your email address, click Continue.	Cencel	Continue 20

**Step 5.** The **Verification Code** is sent to the assigned email address.

ress	
accounti	
	ess account!

**Step 6.** Return to the **Email Verification** screen and enter the provided **Verification Code**.

Verification code	
534097	
Verify Code Send New Code	

Verification code has been sent box below.	to your inbox. Please copy it to the input
Verification code	
534097	
Verify Code	Send New Code
Canad	

**Step 8.** The Email Address Verified section appears. Click **Continue**.

Email Verification	
Are you an Existing User of ECFMG On-line Services? If you are an existing user of any ECFMG On-line Services, please use your email address of record with ECFMG to clean your Mydinetaith account. Your email address of record and the Service sectores. Enter your email address of record and dick Send Verification Code. One(x) your email address of record and dick Send Verification Code. One (x) your email address. One you ancounterfully verify your email address, click Continue. Never Used Any ECFMG On-line Services and Need a MyIntealth Account? Enter the email address you would like to be associated with your Myintealth account.	E-mail Address Verified E-mail address verified. You can now continue. Cancel Continue 39
Once you have entered your email address, click Send Verification Code. Check your email and enter the verification code you receive. The code will only be valid for 10 minutes. Once you successfully verify your email address, click Continue.	

**Step 9.** Create and confirm a new password on the **Claim Account** screen.

Claim Account		_
New Password Requirements Password:  • Must be at least eight characters long. • Must bricke characters from at least the following categories: • English lowercase characters (a-2) • English lowercase characters (a-2) • Symbols (1, 8, 4, %, etc.) Continm Password: • from the server a server is the Dissection of Casters from the Descent fields at the	New Password	
click Confirm.	Cancel	Confirm

- a. Password requirements when claiming an account:
  - 1) Must be at least eight characters long.
  - 2) Must include characters from at least three of the following categories:
    - i. Latin uppercase characters (A-Z)
    - ii. Latin lowercase characters (a-z)
    - iii. Numbers (0-9)
    - iv. Symbols (!, \$, #, %, etc.)

You are only required to create and confirm a new password on your first login.

## Step 10. Click Confirm.

Claim Account		
New Password Requirements Password: Wat be at least eight characters long. Wat bridge characters from at least three of the following categories: English lowercase characters (a-z) English lowercase characters (a-z) Numbers (0-9) Symbolis (1, 8, 4, 5, etc.) Confirm Password:	New Password	
Enter the same password in the Password and Confirm New Password fields and click Confirm.	Cancel	Cordirm

- Step 11. Access the MyIntealth Applicant Portal.
- **Step 12.** The **MyIntealth Account Attestation** page appears. Click the **Terms and Conditions** checkbox.

4	Intealth	Home	My Profile 🗸	Ndp V	٠	۲
	MyIntealth A In order to proceed with yo terms, releases, policies, ar	ACCOUIT our application nd/or other co	n or request for Inteal onditions (check the b	tion th services, please review and acknowledge that you have read, understood, and agree to the following pox to view the document):		
	Privacy Notice	-				

**Step 13.** The **Terms and Conditions** appear. Review this information and click **Accept** at the bottom of the page.



- Step 14. Click the Privacy Notice checkbox.
- **Step 15.** The **Privacy Notice** appears. Review this information and click **Accept** at the bottom of the page.
- Step 16. The MyIntealth Account Attestation page appears. Click Next.

MyIntealth Account Attestation	
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):	
Terms and Conditions	
Privacy Notice	
Net	

**Step 17.** The **Provide Current Address of Residence** page appears. Confirm your mailing address details. Click **Next**.

4	Intealth Home My Profile ~	Help ~	• •
			MyIntealth ID:
	Provide Current Address	of Residence	
	To ensure that the contact information in your profile is cannot be a P.O. Box or hospital address. Your address of	correct and current, please provide your full and complete residence add f residence will be used as your mailing address. You must enter the requ	iress below. Yor address of residence irred information to proceed.
	*Country	Select	•
	*Street		
			6
	*City		
	State/Province		
	ZIP/Postal Code		
	[	Next	

**Step 18.** The **MyIntealth Applicant Portal** homepage appears. Continue with <u>Establish Your</u> <u>MyIntealth Applicant Account</u>.



# **1.3 Establish Your MyIntealth Applicant Account**

**Step 1.** From the **MyIntealth Applicant Portal** homepage, click **Begin Application** under the service you are interested in pursuing (EPIC, ECFMG Certification, J-1 Visa).

Electronic Portfolio of International Credentials (EPIC)
Our EPIC service offers an innovative way to build a digital career portfolio of the credentials related to your medical education, training, and registration/licensure. Through this service, you can upload your credentials for primary-source verification; store them in a secure, centralized location; and have the ability to send a report verifying the authenticity of your credentials to any organization, anywhere in the world.
Select EPIC if you are applying to an organization that requires you to use EPIC to verify your credentials or if you want to build a portfolio of your primary-source verified credentials.
For more information, including special requirements and instructions for organizations that use EPIC, visit the ECFMG website.
Begin Application
ECFMG Certification
The ECFMG Certification program assesses whether students and graduates of international medical schools are ready to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME).
Select ECFMG Certification if you plan to pursue a residency or fellowship program in the United States.
Begin Application

- Step 2. A page with information about your selected service appears. Click Next.
- Step 3. Additional information about the service displays. Click Next.
- **Step 4.** The **Personal Information** page appears. Enter all required information (\*).
  - a. This page requires you to enter information about your Identity, Address and Phone Number, Citizenship, and existing ECFMG service identification numbers.

Personal Information	
Please see the Instructions for Establishing Your MyIntealth Account for more infor	nation on what you will need to complete this request.
Identity Information	Contact Information
You must enter the information exactly as it appears in your passport. If the information you enter differs from what appears in your passport, we will change your entry to match the information in your passport.	You must provide your full and complete residence address. Your addre residence will be used as your mailing address.
*Last Name/Surname	* Country
Vickie	Select
	*Street
My legal name consists of one name only	
My legal name consists of one name only *Rest of Name	
My legal name consists of one name only         * Rest of Name       Miss	
My legal name consists of one name only *Rest of Name Miss Generational Suffix	*City

**Note:** When entering your Identity Information, you are required to upload a recent, color photograph of yourself along with an image of your passport.

**Step 5.** Click **Save Changes** if you are not ready to submit your information; otherwise, click **Next** to continue.

**Step 6.** The **School Information** page appears.

PIntealth Home My Profile ~ Help ~	
MyIntealth Account Establishment	
School Information	
Enrollment Status	
*School Enrollment Status  Student Graduate	
Degree Medical School	
Your Degree Medical School is the school that awarded or will award your medical degree. You may select only one Degree Medical School.	
Start typing to search for your school. Make a selection from the search results. If your school does not appear in the search results, click Submit New S information for the school.	School to enter
search by name, city, state, or country	Q

- Step 7. Indicate your School Enrollment Status: Student or Graduate.
- **Step 8.** Using **search by name, city, state, or country**, enter/select the medical school or institution from which you received/will receive your degree.

Degree Medical School
Your Degree Medical School is the school that awarded or will award your medical degree. You may select only one Degree Medical School.
Start typing to search for your school. Make a selection from the search results. If your school does not appear in the search results, click Submit New School to enter information for the school.
Baroda Q
R Medical College Baroda
BillingCity: Vadodara BillingState: Gujarat BillingCountry: India
s 🖪 Maharaja Sayajirao University of Baroda
BillingCity: Vadodara BillingState: Gujarat BillingSountry: India
Submit New School

- a. Type the name of the school or institution in the search bar.
- b. Select the school.
  - (1) If your school does not appear, click **Submit New School**, enter all required information (\*), and click **Submit.** Continue to next step.



c. The **Add School** pop-up appears. Verify the school shown and enter the required information (\*). Click **Add**.

	Add	SCHOOL
* Title of Medical D Student ID	egree	Verify that the school listed below is the school you want to add.
Start Month	* Start Year	Medical College Baroda Anandpura Vadodara 390 001 Gujarat
Select v	End tear	Vadodara, Gujarat India
*Degree Issue Month	*Degree Issue Year	
Select 👻		

Step 9. The School Information page updates with your Degree Medical School information.

Degree Medical	School			
Your Degree Medical Schoo	ol is the school that awarded or will	award your medical d	degree. You may select only one De	egree Medical School.
Start typing to search for information for the school	your school. Make a selection from .	the search results. If	your school does not appear in the	search results, click <b>Submit New School</b> to enter
search by name, city,	state, or country			٩
Medical University of Afgha	anistan			
123 Main Broadway Afghanistan	Degree Title: MBBS Degree Issue Month: M Degree Issue Year: 202	ay 3		
	University Name: Student ID: Start Month: January Start Year: 2018 End Month: May End Year: 2023			
		Degree Medical School		

- Step 10. Follow the instructions above to add Other Medical Schools you attended.
- Step 11. Click Next.

**Step 12.** The **Medical Registration/Licensure** page appears. This information is optional for MyIntealth Applicant account establishment. Click **Next**.

**Note:** Depending on which service you chose, additional pages may appear prior to the **Medical Registration/Licensure** page. If so, enter required information (\*) and click **Next**.

Intealth <sup>"</sup> Horne My Profile ~ Help ~	
MyIntealth Account Establishment	
Medical Registration/Licensure	
If you are or have ever been registered as a medical practitioner/licensed to practice medicine, please add all authorities with which you are or were regi	stered/licensed.
Start typing to search for your authority. Make a selection from the search results. If your authority does not appear in the search results, click Submit to enter information for the authority.	New Authority
search by name, city, state, or country	Q
Previous Next	

Step 13. The Additional Information page appears. This information is voluntary. Enter information if desired. Click Save Changes to save your information without submitting or click Next to continue.

Intealth <sup>™</sup> Home My Profile	✓ Help ✓	
MyIntealth Acco	unt Establishment	
Additional Information		
Providing the information in the section below is volum of your application(s). The information collected below verify any of the information collected below.	tary. Providing a particular response, or choosing not to respond, in the section below will not affect the outcome should you choose to provide it, may be used for conducting statistical research and analysis only. We will not	
U.S. Resident Status		
I am/have been a U.S. Permanent Resident (Green Card Holder).	Select	•

**Step 14.** The **Request Summary** page appears. Review and, if necessary, edit the information and click **Next**.



Step 15. The Attestation by Applicant page appears.

lntealth	Home	My Profile 🗸	Ηείρ 🗸
Attestation	by App	licant	
In order to proceed with yo terms, releases, policies, a	our application Ind/or other co	or request for Intea nditions (check the I	Ith services, please review and acknowledge that you have read, understood, and agree to the following box to view the document):
Release of Legal Claim	ns & Indemnific	cation & Hold Harml	ess Statement
Release of Information	n Authorizatior	1	
MyIntealth Account Es	stablishment A	ttestation	

- **Step 16.** Click **Release of Legal Claims, Indemnification, and Hold Harmless Statement** checkbox.
  - a. The **Release of Legal Claims, Indemnification, and Hold Harmless Statement Attestation** appears. Review the attestation and click **Accept**.



#### **Step 17.** Click **Release of Information Authorization** checkbox.

a. The **Release of Information Authorization Attestation** appears. Review the attestation and click **Accept**.



## **Step 18.** Click the **MyIntealth Account Establishment** checkbox.

a. The **MyIntealth Account Establishment Attestation** appears. Review the attestation and click **Accept**.



Step 19. Once you have viewed and accepted all attestations, click Next.

Step 20. The Review Your Cart page appears with an overview of your Cart Items.

<b>Review Your Cart</b>			
Please review the items in your cart. If you make to return to this screen. If you will	ou are ready to continue with this application/rea	quest, click <b>Proceed to Payment</b> . Once you proceed to payment, you will be not to return to the proceeding screen and then click <b>Cancel</b>	
Important Note: Navigating away from th application/request.	is screen, by using the Back button in your brow	was to return to the preceding screen and then circk <b>various</b> ,	
Cart Items			
Product	~ To	tal	
Online Notary			
Account Establishment			
		Subtotal:	
	Total		

- **Step 21.** Click **Proceed to Payment** at the bottom of the screen.
- **Step 22.** Choose your payment method, **Card** or **Bank Account**, and enter your payment information.

If the billing address for the credit c	ard you are using is different from the address in yo em	ur Intealth profile, please ent ail address below.	ter the correct billing address. A payment confirmation will b
	Car	d Bank Account	
	Billing Address	Pa	yment Info
	123 Main Street		
	Apt / Suite	Card Number	
	Sea Salt	MM/YY	CVV ?
	Outside US		
	Zip Code		
			Pay
Wa	ming: Clicking the back button in your brows	er will start the entire app	plication/service request over again.
	When the payn	nent is approved, click Ne	Ext.

**Step 23.** Once all information has been entered, click **Pay \$**.



**Step 24.** When your payment is successfully processed, a **Thank You!** confirmation message appears, and an email confirmation is sent to your email address on file. Click **Next** to finish.

Thank You!
You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below.
For your reference, your case number for this request is <b>C-20729</b> .
Payment Confirmation Number:
Amount:\$
Next

**Note:** It is recommended that you document your case number (**C-#**) for this request. It may be useful if you need an Intealth Advisor to locate your case quickly.

# 1.4 Notarize an Identification Form - NotaryCam

This section highlights how to notarize an Identification Form using NotaryCam.

# 1.4.1 Notarize an Identification Form (Applicant)

At this stage in the process, you have submitted your request for an account, it has been reviewed, and your **Passport** and **Photo** have been accepted. Once this happens, your personalized **Intealth Identification Form (IIF)** will be created. You will be notified by email to log in to the portal for a status update. A copy of your IIF will be accessible via the **MyIntealth Applicant Portal**. You need to have your IIF notarized through NotaryCam.

# **Step 1.** On the **MyIntealth Applicant Portal** homepage, scroll to the **MyIntealth Account Establishment Request Progress** section, which shows a **Current Status** of **Pending Applicant Action-Notarize Identity Form**.

For more information, including special requirements and	l instructions for organizations that use EPIC, vi	sit the ECFMG website.
MyIntealth Account Establishment	Request Progress	Current Status: Pending Applicant Action-Notarize Identity Form
Submitted for Identification Review	Submitted for Identity Verification Revie	w Account Established

## **Step 2.** Click **Continue**.

MyIntealth Account Establishment	Request Progress	Current Status: Per	iding Applicant A	Action-Notarize Identity Form
Submitted for Identification Review	Submitted for Identity Verification	Review	w Account Established	
Continue		G	-	See Case Details

## Step 3. The Release of Identification Form to NotaryCam screen appears.



**Note:** If the **Provide Notarized Identification Form** page appears instead of the one above, refer to the <u>Notarize an Identification Form – Alternate</u> <u>Process</u> section for full instructions. This screen only appears if you cannot use **NotaryCam** to have your identification form notarized.



# **Step 4.** Click **View Your Intealth Identification Form**.

<b>Release of Identificati</b>	on Form to NotaryCam
Please click the button below to review your id incorrect information, please <u>contact us</u> .	entification form and ensure all information is correct. If you are unable to view the identification form or it contains
View Your Intealth Identification Form	4

**Step 5.** The **Intealth Identification Form** (**IIF**), which was also previously emailed, opens in a new tab for reference. Review this form to ensure all information is correct before having it notarized.



a. If there are any errors on the form that need to be corrected prior to notarization, click the **contact us** link to open a new page with contact information.

Re	lease of Identification Form to NotaryCam
Plea	se click the button below to review your identification form and ensure all information is correct. If you are unable to view the identification form or it contains rect information, please contact us
Vi	ew Your Intealth Identification Form
Your	identification form must be notarized by Notary Cam, which provides access to live online sessions with professionally licensed and certified U.S. notaries.
	General Inquiries
	For general inquiries and correspondence, contact ECFMG
	By telephone: +1 (215) 386-5900. Monday through Friday, 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:00 p.m Fastern
	Time in the United States
	By e-mail: info@ecfmg.org

**Step 6.** If the form is ready to be notarized, scroll to the **Identification Form Release and Attestation** section, and click the checkbox.



**Step 7.** The **Intealth Identification Form Release and Attestation** appears. Review the information and click **Accept** to continue.



## Step 8. Click Release.

Identification Form Release and Attestation
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):
Intealth Identification Form Release and Attestation
Release Cancel

**Step 9.** An **Intealth Identification Form Sent to NotaryCam** pop-up appears. Review the information and click **OK**.



Step 10. The MyIntealth Application Portal homepage appears.



**Step 11.** Scroll to the **MyIntealth Account Establishment Request Progress** section. The **Current Status** is updated to **Online Notary Session Created**.

		Current Status: Online Notary Session Created	
Submitted for lo	dentification Review	Submitted for Identity Verification Review	Account Established
Continue			See Case Details

# Step 12. Click Continue.

lyintedith Account	Establishment	Request Progress	Current Status: Online Notary Session Created
Submitted for Identifi	cation Review	Submitted for Identity Verification Review	Account Established
Continue			See Case Details

**Step 13.** The **Online Notary Session** page appears. Review the information and click **Initiate Live Notary Session**.

Online Notary Session
Please ensure you have the following items before you begin the online notary live session with NotaryCam.
<ul> <li>A computer with a webcam and audio (Visit <u>https://www.notarycam.com/fag/</u> for system requirements.)</li> <li>Google Chrome web browser</li> <li>Reliable high-speed internet connection</li> <li>Your original, color passport</li> </ul>
Þ
Your identification form will be made available during the online notary live session. Once you are ready, please initiate an online notary live session by clicking the button below. Wait times may vary.
Initiate Live Notary Session

**Step 14.** Click **Proceed** to initiate the live notary session.

Initiate Live	Online Notary Session
lick <b>Proceed</b> to initiate your	online notary session with NotaryCam. You will
ervice and policies.	session and be subject to NotaryCam's terms of
	La contraction of the second s

**Step 15.** The **NotaryCam** site opens. To begin, you must agree to the **Terms of Service** by clicking the checkbox.

(🕅 NotaryCam	
You are registering as	@gmail.com
We have created the following password for you to	use if you want to return to NotaryCam®.
Please save this for your records or s	et a custom password below.
lagree to the Terms	of Service D

a. A password is provided in case you need to return to NotaryCam. You may also Set a

#### **Custom Password**.

Step 16. Click Continue.

NotaryCam			
You are registering as	@gmail.com		
We have created the following password for you	a to use if you want to return to NotaryCam®.		
Please save this for your records or set a custom password below.			
Set a Custom f	Password		
agree to the Is	erms of Service		
Contin	nue		

**Step 17.** The **NotaryCam** interview session opens. At this time, set your browser permissions to allow access to your microphone and camera.

NotaryCam			® <del>-</del>
	<text><text><text><text><text><image/><image/><image/><image/></text></text></text></text></text>	IN MARY CONTINUES	

#### Step 18. Click Begin Tests.



**Step 19.** The notary session begins. You can communicate with the **NotaryCam** representative during this session.



**Step 20.** The notary requests that you complete an **eSign Consent**. Review the **eSign Consent and Terms of Services** information, click the checkbox, and then click **Yes**.

		Critical	
iame: Barbi Courks Date of Birth: 12-Jul	Gender: Fende	1000	
CERTIFIC AUTORS OF CONTRACTORS OF CO	Do you consent to e-signing ?	Official Soulinemp mut cover a portion of the photo and of the paraport	
The supervises in this de	Please check the checkbox		
Ngratan of Office	I agree to the eSign Consent and Terms of Services		
APPLICANT RELEASE	°	and the second second	
i request and authorise dy- contrast of itsy required or a star-trip, at located by an ite	Sign Consent?	and the	
I heatily authorize DCFM risquare or any other dista- ationswith or intercontention interc. or boad governments intercer in seath informatio		and the second second	
Latin second absolute inte autorities providing with communications, reports, realize, required by HDP	If you don't agree you will be taken back to the dashboard.	and the	
HAVE BEAD, UNDER	No		
Cartification I cartify that I am the indi- and that the signature helt		the game	
I hereby certify that I have	and area to abob to their values and senselines. Lowelly Lindoweed from a transition in the IC/2010 Federal and	and dispersion of the	

**Step 21.** At this stage, the notary grants you permission to update your account and walks through the process step-by-step for all required fields, including:

#### a. Signature of Applicant

Attestation         Lectrify that I on the individual named above, an represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.         Beedye certify that I have read, understood and agree to able the polysics and procedures. Regarding: Prographic Robinsor: among other things, Itacility may find that was insued to me, and the polysics and procedures. Regarding: Prographic Robinsor: among other things, Itacility may find that antennation of failafied documents to Intendition constitutes irregular Robinsor; which could result in a stress including permanent revocation of or permanent bur to ECTMO Certification. among other things.         X	
This Identification Form must be completed and submitted to Intealth by 12-Jan-2024	III



b. Date (of completion)



**Step 22.** The notary completes their section, accordingly, including adding a seal to the **Identification Form**.

B Intealth	Intealth <sup>™</sup> Identification Form	
iame: Jorden Camphell tate of Birth: 30-Oct-2001 MPORTANT NOTE: When completed and submitted it featilization Form is subject to verification and acceptus	Gender: Male bitable this Identification Form will become part of your permanent moved. All information on the c by Interable.	Official Sealitanp
ERTIFICATION OF IDENTIFICATION BY C ontify that on the date set forth belaw the individual opparing high-terphysical approximate with the photog- c) comparises high-fact articular suscept with the array of the statements in this document are subscribed and a	DPFICIAL (To be completed by official) memory disave did appear personally before me and that 1 did identify this applicant by: (a) many brinded here. (b) comparing his/her physical appearance with the pensioner photograph, and of the attached, research worm to before me by the individual on this 12day; of the model, 1 in the year 24	mult cover a portion of the photo and of the paugori
x <u>ECFMG Train Admin</u> Signamu of Othical	Notary Tilk (with Registed strandstein, if and in Registed)	ne D'cople
Release of Information Authoritation		
(P) Intealth	Intealth <sup>™</sup> Identification Form	
Name: Jorden Campbell Date of Birth: 30-0x1-2001	Intealth <sup>TM</sup> Identification Form	C-10997
Very State S	Intealth <sup>TM</sup> Identification Form Gender: Make	C-1007
Comparing his/ber original parsport with the comparing his/ber original parsport with parsport with the comparing his/ber original parsport with the comparing his/ber original parsport with parsport with parsport parsport with the comparing his/ber original parsport with the comparing	Intealth <sup>TM</sup> Identification Form Gender: Male A bised bis Medification Form will become part of your permanent record. All information on the way by texts. <b>VOTTICLA</b> (to be completed by efficial) all samed above did appear percentage before me and the 1 did identify this applicant by: (a) trapped primed branck, (b) comparing hisher physical appearance with the proport photograph, and y of the attached paraper.	C SUBST
Control of the second sec	Intealth <sup>TM</sup> Identification Form Gender: Mak The backho the best file at the part of your permanent mound. All information on the mark by Interact. To PFTCLAL (To be completed by official) all named above did approx permonally before mean that 1 did identify this applicant by: (A) y of the attached pargore. Interact by Interact. Lawren to be fore me by the individual on the 12day, of the mound, 1 in the your 24. Notary. Take (with Regista transmission, if we in Regista)	Cause

**Step 23.** The document is locked by the notary and the interview is complete. The notarized **Identification Form** is sent directly to **Intealth** for review.



# Step 24. Return to the MyIntealth Applicant Portal homepage.

lntealth	Homa My Profile ∽	<b>A</b> (8)
MyIntea	Ith Account Establishment	
Through its nonprofit mer professionals, verify their able to access many of ou Instructions for Establishi	mbers, Intealth offers a flexible and multi-layered portfolio of services that enhance and support the education and training of qualifications required to practice, and inform the development of health workforce policies around the world. MyIntealth is wh revrices. Before you can request services, you must complete a request to establish a MyIntealth account. Please read these ng Your MyIntealth Account.	nealth care nere you will be important

**Step 25.** Scroll to the **MyIntealth Account Establishment Request Progress** section, which shows a **Current Status** of **Submitted for Identity Verification Review**.

United States that are accredited by the Accreditation	students and graduates of international medical school n Council for Graduate Medical Education (ACGME).	is are ready to enter residency or fellowship programs in the
Select ECFMG Certification if you plan to pursue a res	idency or fellowship program in the United States.	
MyIntealth Account Establishmer	nt Request Progress	Current Status: Submitted for Identity Verification Review

# **1.5** Notarize an Identification Form – Alternate Process

This process highlights the process for applicants that Intealth has determined must use an alternate process for getting their IIF notarized.

**Step 1.** Login to the **MyIntealth Applicant Portal**.



**Step 2.** On the **MyIntealth Applicant Portal** homepage, scroll to the **MyIntealth Account Establishment Request Progress** section. The **Current Status** is listed as **Pending Applicant Action-Notarize Identity Form**.

AyIntealth Account Establishment	Request Progress	Current Status: Pending Applicant Action-Notarize Identity Form	
Submitted for Identification Review Submitted for Identity Verification Review		eview Account Established	
Continue		Car Carro Data Ita	

#### Step 3. Click Continue.



#### **Step 4.** The **Provide Notarized Identification Form** page appears.

View and Download Ide	ntification Form
Your personalized Intealth Identification Form has I	been created. Please click the button below to review your identification form and ensure all information is correct. If

a. The screen states: "We have determined that you cannot use NotaryCam to have your identification form notarized."

We have determined that you cannot use NotaryCam to have your identification form notarized. You must have your identification form notarized in person by a Notary Public, Consular Official, First Class Magistrate, or Commissioner of Oaths (each, an "Authorized Official"). Once you have determined that your identification form is correct, download the PDF file of your identification form, print it, and sign it in the presence of an Authorized Official. The Authorized Official must then sign the form and affix his/her seal in the location designated on the form. The seal must cover a portion of your photo and a portion of your passport, as directed on the form. You must then scan and upload the notarized identification form below.

# **Step 5.** Click **View Your Intealth Identification Form**.



a. The **Intealth Identification Form (IIF)**, which was also previously emailed, opens in a new tab for reference. This document is also downloadable.

💌 🗢 UploadNotarizedidTorm 🛛 🛛 🧕	annoxeereneratione × +	- 0 X
← → O @ D Adobe Acciduat PDF	edit, einvert, sign teels - chrome-extension//sfaldnömmn/bpcappgictifindmicajhttpp://schrighant0012ktob.com.windows.ext/rktic-applicat	ant-document/003700000168600001686000_ECTING_Journitization_Form_2004-1-12_16_20 🔍 🕁 🔯   🛛 🐠 I
📕 🖽 Tools	(f) ectingram0 / 003P000001eL_1412_16_20_6 -	は Desktop Q 10 上 〇 … Share Sign in
		Q
e,	Intealth <sup>™</sup> Identification Form	Q
<i>L</i> .	Neuro Kristy Golden Gender: Fenalt Bate of Rivite 19-Oo:2000	C 18457
0	DOTATIONY MOTE. You coupled out should be fault to intelligence if we will home part of your permanent result. All advances on the interfaces from a structure and scepture to insult.	6 5 Ottail failure
A.	CERTIFIC-CERTO OF BENTURE-CERTOR FOR OFFICIAL (15 to comparish y shade) 1 and the arts to do not shade based and and arts do not approprisedly bulkers and that 1 dd datarily the applicative (a) analyzer (also for (friend approximate) and its photography attributed, (b) comparison (also for (friend approximate) that application to comparing lands are participated in the approximate (b) approximate (b) and (b) and (b) and (b) application to comparing lands are participated in the approximate (b) approxi	in the second seco
	The seasons is the focuser on an absolut and version for form on the sub-state on the deg. of the season is the proc X	C Hie Neople
	APERATERICAN DEPARTMENT OF ATTENDATION (In International Ingeneration of Antonia International Ingeneration Antonia	

b. If there are any errors with the form that need to be corrected prior to being notarized, click the **contact us** link to open a new page with contact information.

iew and Download Id	entification Form
our personalized Intealth Identification Form ha o are unable to view the document or it contai	s been created. Please click the <u>button belo</u> w to review your identification form and ensure all information is correct. If is incorrect information, please contact us.
View Your Intealth Identification Form	Ą
View Your Intealth Identification Form	р 
View Your Intealth Identification Form General Inquiries For general inquiries and corresp	Dece, contact ECFMG

- **Step 6.** At this point, you are responsible for getting the document notarized in person.
  - a. Do not continue to the next step until that document has been notarized.
  - b. Once you have had your document notarized in person by a notary, continue with the next step and upload that document to your MyIntealth account for review.
- **Step 7.** Return to the **Provide Notarized Identification Form** page and scroll to the **Upload Your Notarized Identification Form** section.

Upload Your Notarized Identifi	ication Form
- Once you have scanned your notarized identification form, upload	k d the file here, and then click <b>Submit Document</b> .
	1. Upload Files Or drop files
Please note that you can only upload one file for this document. U	Jploading another file will replace the existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or
TIFF file format and 10 MB or less. After you upload your docume save to complete the upload process.	ant, and it appears in the viewer, you can use the tools to rotate the image, if necessary. You must click
	Submit Document Cancel



Upload Your Notarized Identification Form	4
Once you have scanned your notarized identification form, upload the file here, and then click Submit Doc	ument.
Please note that you can only upload one file for this document. Uploading another file will replace the exi TIFF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can save to complete the upload process.	sting file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or use the tools to rotate the image, if necessary. You must click
Submit Document Cancel	

Step 9. A preview of the notarized document appears. Click Save (disk icon) in the top right corner.

In	tealth Identification Form .JPG	
(a)         →	0 🗉	Q 🕸 🛅
	Intealth         Intealth <sup>TM</sup> Identification Form           New Section: 30 constraint         Gender: Mail           Texter New Section: 30 constraint         Section: Mail           Texter New Section: 30 constraint         Section: Mail	C.007
o, @ o,	CONTINUE OF TRANSPORT OF T	Weithe Deople
	APPLICATOR MALLER OF DEVENDENCE NO A STREETSTEP: (1) he support of the system in Heart of Monitor Maller M	And Andrew Control of Antonia
	Let one the darket sense is and here dark genes, which a block presents, partnerse, briefford and darket and the darket benefits and partnerse from the darket and partnerse briefford and partnerse b	A series of the

**Step 10.** A preview of the uploaded file appears below the **Upload Your Notarized Identification Form** section. Click **Submit Document**.



**Step 11.** A pop-up appears stating the Notarized Identification Form was submitted. Click **Ok**.



Step 12. The MyIntealth Account Establishment homepage displays. Scroll to the MyIntealth Account Establishment Request Process section to see the updated status: Submitted for Identity Verification Review.

For more information, including special requirements and instructions for organizations that use EPIC, visit the	e <u>ECFMG website</u> .
MyIntealth Account Establishment Request Progress	Current Status: Submitted for Identity Verification Review
Submitted for Identity Verification Review	Account Established

**Step 13.** The form is sent to Intealth for review.

# **1.6 ID Rejection Review and Application Resubmission**

This section shows next steps after one or more of your identity documents has been rejected and the application resubmission process.

If your application status updated to **Pending Applicant Action-Resubmit Identification Documents**, use the following instructions to resolve any issues.

**Step 1.** From the **MyIntealth Applicant Portal** homepage, scroll to the **MyIntealth Account Establishment Request Progress** section, the **Current Status** appears as **Pending Applicant Action-Resubmit Identification Documents**.

MyIntealth Account Establishment	Request Progress	Current Status: Pending A	pplicant Action-Resubmit Identification Documents
Submitted for Identification Review	Submitted for Identity Verif	ication Review	Account Established
Continue			See Case Details

#### Step 2. Click Continue.

MyIntealth Account Establishment	Request Progress Current Status: Pending A	pplicant Action-Resubmit Identification Documents
Submitted for Identification Review	Submitted for Identity Verification Review	Account Established
Continue	L <sub>2</sub>	See Case Details

**Step 3.** The **Resubmit Documentation** page appears. Use the following instructions to upload a new file.



a. Below each subsection (**Resubmit Photograph** and **Resubmit Passport**), reasons are shown regarding why the document was marked as unacceptable.

Resubmit Photograph	Resubmit Passport
Please upload a new photograph. The previous photograph you submitted was unacceptable for the following reason(s):	Please upload a new passport image. The previous passport image you submitted was unacceptable for the following reason(s):
<ul> <li>Photograph was too blurry</li> <li>The photograph you uploaded cannot be accepted because it is blurry. Please upload a new image that shows a clear, front view of your full face with a plain, light-colored background.</li> </ul>	<ul> <li>The document you uploaded cannot be accepted because the image is cropped and is missing vital information. Please upload a new image of your passport with your photograph and all identification information clearly visible.</li> <li>The document you uploaded cannot be accepted because the image is</li> </ul>
*Upload Photo	cropped and is missing the Machine Readable Zone (MRZ) — the long lines of digits, letters, and chevrons typically at the bottom of the passord. Please upland a new image of wour passnort that includes your
You must upload a recent, color photograph showing only a clear, front view of your full face with a plain, light-colored background.	photograph, MRZ, and all identification information.
	*Upload Passport

b. Click **Upload Files** in either subsection to upload the required file. The previous version of the document appears for reference.


c. Follow the on-screen prompts to upload a file. A preview of the selected file appears onscreen. Click **Save** (disk icon) in the right corner of the preview.



d. A **Success** notification appears, and the image now displays below the **Upload Files** button.



- e. Repeat the same steps for the **Resubmit Passport** (if marked as unacceptable).
- f. Answer the subsequent Yes/No questions pertaining to that newly uploaded Passport.



**Step 4.** Review the **Identify Information** section at the bottom of the screen. If any edits need to be made to this section, update those fields now.



#### Step 5. Click Submit.

Return Home Submit

**Step 6.** The **MyIntealth Applicant Portal** home page appears.



**Step 7.** Scroll to the **MyIntealth Account Establishment Request Progress** section to view the newly updated **Current Status**: **Resubmitted for Identification Review**.



# 1.7 Review My Case Requests

**Step 1.** From the **MyIntealth Applicant Portal**, click **My Cases** in the top banner.



- **Step 2.** The **My Case Requests** section will now appear. Click the **Case Number** to review the case status and details.
  - a. If **Yes** appears in the **Action Required** column, click the **Case Number** to see what actions are required.

wy cusc	Re	equests								
A list of your applic please also make s complete the proc	ation are to essin	is and service requests o review the <b>Action Req</b> g of your application/re	are below. Click the <b>Ca</b> u <b>ired</b> column. A case v quest.	ase with	Number to view a n a status of "Yes"	additio under	nal details about yo Action Required wi	ill req	plication/request. When uire you to take addition	n reviewing your cases, nal action in order to
In certain situation	is, you	u also may see a task rei	ated to one of your ca	ises	s listed under My '	Tasks. I	Please see the com	ment	ts section of the task for	r more information.
If you need to <u>cont</u>	act u	s regarding a specific re	quest, please be prep	are	d to provide your	case n	umber and MyIntea	alth ID	).	Postriction
Case Number	~	Case Type v	Case Status	~	Date Opened	V	Date	~	Action Required ~	Applied
<u>C-66049</u>		ERAS	Pending Document Upload		08-30-2023		09-14-2023		Yes	No
<u>C-66049</u> <u>C-59282</u>		ERAS Identity Verification	Pending Document Upload Account Established	d	08-30-2023		09-14-2023 07-25-2023		Yes	No
<u>C-66049</u> <u>C-59282</u> <u>C-59285</u>		ERAS Identity Verification Application For Certification	Pending Document Upload Account Established Accepted	d	08-30-2023 07-25-2023 07-25-2023		09-14-2023 07-25-2023 07-25-2023		Yes No No	No No No
C-66049 C-59282 C-59285 C-59386		ERAS Identity Verification Application For Certification ERAS	Pending Document Upload Account Established Accepted Token Generated	d	08-30-2023 07-25-2023 07-25-2023 07-25-2023		09-14-2023 07-25-2023 07-25-2023 08-08-2023		Yes No No	No No No
C-66049 C-59282 C-59285 C-59386 C-73134		ERAS Identity Verification Application For Certification ERAS Exam Registration	Pending Document Upload Account Established Accepted Token Generated Rejected	d	08-30-2023 07-25-2023 07-25-2023 07-25-2023 10-20-2023		09-14-2023 07-25-2023 07-25-2023 08-08-2023 10-20-2023		Yes No No No No	No No No No

#### **Step 3.** The **Case Information** page appears.

Case Information	
ou currently have a pendir	ng action on this case: No
Case Number	C-73139
Case Status	Rejected
Case Type	Exam Registration
Date Created	Oct 20, 2023
Last Updated Date	Oct 20, 2023
Deficiency Reason	Applicant does not have a previous medical license. Applicant needs to reapply for the exam, and answer No to this exaction

- a. If this case was **Rejected**, a **Deficiency Reason** appears indicating why the case was rejected.
- b. Once you submit updated information (via portal or email) for a case with an **Action Required**, the document is re-reviewed. As progress is made on your case, you can find additional information under the same **Case Number**.

# 2 Complete a Biographic Change Request

# 2.1 Submit a Biographic Change Request

**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **My Profile** and select **Identity Information** from the dropdown menu.

	My Profile A My	y Documents M	Ay Cases	Services 🗸	Help 🗸	۰	۰
	Contact Information				MyIntealth ID:		
	Financial Account						
	Citizenship Information						
	School Information						
MyIntealth Acco	Registration/Licensure	iblishr	nent				
	Additional Information					_	-

**Step 2.** The **Identity Information** page appears.

My Profile	
Identity Information	*
You must ensure that the name, date of birth, and gender in your pr same information in the passport associated with your profile. If th change request. Click <b>Change</b> to begin the request. In order to com explanation, upload an image of your current, unexpired passport it may be required. There is a fee for requesting a change or correction	ofile is your correct and current legal information. The biographical information below matches the e name, date of birth, or gender in your profile needs to be changed or corrected, you must submit a plete your request, you will be required to enter the change or correction; provide a brief hat reflects the new information; and a current photo. Additional supporting documentation also on to your biographical information that is due at the time of submission.

*Note:* The subsections (*Biographical Information* and *Identification Numbers*) are grayed out and you are unable to edit these sections.

# **Step 3.** Click **Change** at the bottom of the screen.

Identification Numbers	
MyIntealth ID	
USMLE ID	
EPIC ID	
EICS ID	
	Change

**Step 4.** The **Biographical Change Request** page opens. Follow the onscreen instructions and update the fields accordingly. It is possible to update multiple pieces of information within the same request. Additional sections with required fields (\*) may appear depending on your selection.

My Profile					
Biographical Change Request					
Name					
If you have legally changed your name from what a field below, provide a brief explanation of the rease the supporting documentation you submit that you your profile.	ppears in your Intealth profile, you must submit a change request. Enter the necessary change to your name in the on for the change, and upload documentation, as indicated. Then, click <b>Submit</b> . We must be able to determine from ur name has legally changed from the name currently in your profile to the name that you're requesting to appear in				
*Last Name/Surname	Armstrong				
My legal name consists of one name only					
*Rest of Name	Monica				
Generational Suffix	· · · ·				

*Note: In this example, the applicant is updating their Last Name/Surname.* 

*Last Name/Surname	Armstrong-Dennis
My legal name consists of one name only * Rest of Name	Monica
Generational Suffix	· · · · · · · · · · · · · · · · · · ·

a. Additional sections with required information (\*) appear when the revised **Last Name/Surname** is entered. Enter all required information (\*).

Supporting Documentation	
You must provide a brief explanation for the reason unexpired passport bearing the name, gender, and d We must be able to determine from the supporting that you have provided in this request.	you are requesting a change (i.e., name change due to marriage). You also must provide an image of your current, late of birth you are requesting to be listed in your Intealth profile. Additional documentation also may be required. documentation you provide that the information currently in your profile has legally changed to the information
*Reason for Change	
*Passport Number	
* Passport Issue Date	<b>a</b>
*Passport Expiration Date	ä
* Passport Country	· · · · · · · · · · · · · · · · · · ·
* Upload Passport	You must upload a clear, color image of the page in your current, unexpired passport that includes your name and photo.
	土 Upload Files Or drop files
*Reason for Change	Recently married

b. The **Upload Passport** prompt (\*) requires you to upload a passport with your updated information (e.g., if updating your **Last Name/Surname**, ensure you upload a passport that includes the updated name). To **Upload Passport**, follow these instructions:



- (1) Click **Upload Files** and select a file.
- (2) A preview of the file appears. Click **Save** (disk icon) in the top right corner of the preview.



- (3) The file is saved and uploaded.
- c. Enter the remaining required information (\*). For the **Upload Photo** prompt, follow the instructions used for **Upload Passport**.
- d. Additionally, add any supporting documentation (i.e., marriage certificate, official court order, etc.) if applicable.

		_
Supporting Document	Select One	
	Select One	
	Birth Certificate	
	Marriage Certificate	
	Official Court Order	
	U.S. Resident Alien Card	_
	U.S. Naturalization Certificate	
<u>rrms</u>   <u>Privacy</u>	U.S. Passport Card	
opyright © 2024 by Intealth. All rights reserved.		

**Step 5.** Review the information and click the checkbox at the bottom of the page to continue.

By submitting this request, I hereby certify that the information in this request was provided solely by me and is true and correct to the best of my knowledge. I hereby authorize Intealth to change the information in my Intealth profile, as provided in this request.
I also certify that I have read the <i>Policies and Procedures Regarding Irregular Behavior</i> and agree to abide by these policies and procedures. I certify I understand that, as provided in the <i>Policies and Procedures Regarding Irregular Behavior</i> , among other things, Intealth may find that submission of false information and/or falsified documents to Intealth through MyIntealth or otherwise constitutes irregular behavior, which could result in actions including suspension or revocation of, or permanent bar to ECFMG Certification; suspension or removal of J-1 visa sponsorship; and/or a report of a determination of irregular behavior to any organization or individual who, in the judgment of Intealth, has a legitimate interest in such information include the USMLE Committee for Individualized Review; the Federation of State Medical Boards of the United States; any applicable federal, state, local, or other relevant governmental or regulary department or agency; U.S. state and international medical licensing authorities; and graduate medical education programs.)

**Step 6.** Click **Next**.



- **Step 7.** Once you have made all your updates, complete the **Review Your Cart** section to pay for the **Online Notary**.
  - a. Click Proceed to Payment.
  - b. Enter Billing Address and Payment Info.
  - c. Click Pay \$.

Review Your Cart
Please review the items in your cart. If you are ready to continue with this application/request, click <b>Proceed to Payment</b> . Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click <b>Previous</b> to return to the preceding screen and then click <b>Cancel</b> .
Important Note: Navigating away from this screen, by using the Back button in your browser or refreshing your browser, may clear your responses and restart the application/request.

**Step 8.** A **Thank You!** notification screen appears with information related to your purchase. The **Biographic Change Request** is submitted to Intealth for review. Applicants can only submit one biographic change request at a time.

Thank You!
You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below.
For your reference, your case number for this request is
Payment Confirmation Number:

# **3** Electronic Portfolio of International Credentials (EPIC)

# 3.1 Submit Request to Establish Your EPIC Portfolio

**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and then click **EPIC** from the resulting dropdown.



Step 2. Click the Credential Verification tab.



Step 3. Click Establish EPIC Portfolio at the bottom of the screen.



**Step 4.** Review your profile information and, if accurate, click **Next** and continue to the **Organization(s) to Which I Am Applying** section.

About EPIC	Credential Verification EPIC Reports	
Review	w Your Profile Information	
Please review y necessary char this application	w your Intealth profile information below. If any information is incorrect or needs to b hanges now. Please note that submitting certain changes to your identity information ion. If you confirm that the information in your profile is correct as listed below, click I	e updated, you must go to the My Profile section and make the will need to be reviewed and approved before you can continue with Next.
Identity II	Information	
Last Name/Sur	Surname	
Rest of Name	e Ralph L.	
Generational S	I SuffixNone	•
Gender	Male	•
Date of Birth	Sep 12, 20	00 🛱
*Citizenship U	Upon Entering Medical School United Sta	res r

a. If edits need to be made to the **Identity Information** and/or **Contact Information** sections, click **Cancel**. Then, make any necessary edits by opening the **My Profile** tab → **Identity Information** or **Contact Information** pages.



## 3.1.1 Organization(s) to Which I Am Applying

**Step 1.** Search for the organization(s) to which you are applying.

Q Malaysian	0
Halaysian Medical Council BillingCity: Ontario	
BillingState: California BillingCountry: United States	
	Submit New Organization

**Step 2.** Once you begin typing in the search field, choices appear. Click on the organization(s) you want to include and click **Add** to add that organization to your list.

**Note:** Any selected (or previously added during the **MyIntealth Account Establishment** process) organizations appear at the bottom of the screen.

	Add Organization		
	Verify that the organization listed below	s the organization you want to add.	
:	Malaysian Medical Council		
	3624 Market Street Ontario, California 19104 United States		
		Cancel	
Q Search by o	organization name, country, etc		
General Regent's Plac London, NW1 United Kingdo	Medical Council e 350 Euston Road 3JN om	Malaysian Medical Council 3624 Market Street Ontario, California 19104 United States	â
	Entity		Entity
	Previous	xt Cancel	

a. Click **Submit New Organization** if you cannot find the organization you are looking for and follow the on-screen prompts accordingly.

Q Malaysian		8
Malaysian Medical Council		
BillingState: California		
BillingCountry: United States	Submit New Organization	

b. If you are unsure which organizations you want to include, click **I do not know to which organization(s) I plan to send EPIC reports**.

**Note:** Choosing this option removes any previously selected entities/organizations from the bottom display and the search bar disappears. Prior to making this change, a pop-up box warning of this action displays. Click **Ok**.

About EPIC Credential Verification EPIC Reports
Organization(s) to Which I Am Applying
Please indicate the organization(s) to which you plan to send EPIC reports in support of an application for registration/licensure, employment, or other appointment. For a list of the organizations that currently require physicians to use ECFMG to verify their credentials and detailed information on their application processes, visit the <u>ECFMG website</u> .
I do not know to which organization(s) I plan to send EPIC reports.
Please note: The responses provided on this screen are for informational purposes only. You will be able to select and confirm to which organizations you would like to send EPIC reports later in the process.
Start typing to search for your organization. Make a selection from the search results. If your organization does not appear in the search results, click <b>Submit New</b> <b>Organization</b> to enter information for the organization.
Q. Search by organization name, country, etc

**Step 3.** Once you have added all organizations, click **Next** at the bottom of the screen, and continue with the <u>Complete the Attestation by Applicant</u> section.



## 3.1.2 Complete the Attestation by Applicant

# **Step 1.** Click the **EPIC Portfolio Request Attestation** checkbox and review the subsequent documentation.



Step 2. Review the documentation and click Accept. You may also download or print this file.

EPIC Portfolio Request Attestation				
	1 / 1   - 74% +   🗄 🕎	Ŧ	ē	
Compared and the second and the	Intealth Attestation by Applicant			
	<ul> <li>EPC Portfolio Request Attestation</li> <li>Inderstand that,</li> <li>Inteslith, through is Electronic Portfolio of International Credentials (EPC) service, offers primary- source verification of medical credentials to physicians and organizations worldwide using and burlt-step process that ensure see electronic portfolio of International Credentials (EPC) service, offers primary- source verification of medical credentials to physicians and organizations that has been accounted ordernials related to their medical education, training, and registration/fleensare.</li> <li>Application of an applicarly bealing biomission of any failsfield or altered distantial mail/or privalisation of any private Vendical Symposium of the semination. CEPTM Cortification and their part of applicants, examinese, potential applicants, others when solicited by an applicant theory for the processes, programs, or services of Intealth are considered irregular behavior. Intealth, through is CFMG division, may report al determination of freque hadron for the semination, CEPTM Cortification and private presents that would be considered irregular behavior. Intealth, through is CFMG division, may report al determination of threque hadron to the semination of the construction of processes, programs, or services of Intealth are considered irregular behavior. Intealth, through is CFMG division, may report al determination of threque hadron to the semination of threque hadron to the semination of the construction of the semination of threque hadron to the semination of the processes, programs, or as ordered behavior to the USMA Contributed of a programs, or as ordered behavior to the SMA Contributed of the semination of the seminatin the semination of the semination of the seminatin the seminat</li></ul>			Accent

Step 3. Click Next and continue with the Complete Review Your Cart section.



### 3.1.3 Complete Review Your Cart

# **Step 1.** Review the items and subtotal cost of your cart. Once ready to continue, click **Proceed to Payment**.

**Note:** To return to any prior screens, click **Previous**. As stated on the screen, if you navigate away from this screen using your browser's **Back** button or if you refresh your browser page, your responses may clear, and you will need to restart the application/request.

About EPIC Credential Ver	ification EPIC Reports	
Review Your Co	ırt	
Please review the items in your c unable to return to this screen. If	art. If you are ready to continue with this application/request, click <b>Proceed to Paymen</b> you wish to cancel this application/request, click <b>Previous</b> to return to the preceding so	t. Once you proceed to payment, you will be creen and then click <b>Cancel</b> .
Important Note: Navigating away application/request.	from this screen, by using the Back button in your browser or refreshing your browser	, may clear your responses and restart the
📜 Cart Items		
Product	✓ Total	~
EPIC Registration		
	Su	ubtotal: \$
	Total: \$	
	Previous Proceed to Payment	

Step 2. Click Card or Bank Account (depending on how you want to pay for the service).

If the billing address for the credit card you are using is different from th	e address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.
Billing Address	Card Bank Account Payment Info
	Pay \$
Warning: Clicking the back button i	n your browser will start the entire application/service request over again.
W Please r	hen the payment is approved, click <b>Next.</b> efer to the <u>Payment page</u> for additional information.
	Next



# **Step 3.** Confirm/update the **Billing Address** information.

Step 4. Enter the Payment Info according to the Card or Bank Account option you selected.

If the billing address for the credit card you are using is different from the address in your In email ac	tealth profile, please enter the correct billing address. A payment confirmation will be sent to the ddress below.
Card	Bank Account
Billing Address	Payment Info
	Pay \$
Warning: Clicking the back button in your browser w	ill start the entire application/service request over again.
When the payment	t is approved, click <b>Next.</b>
Please refer to the Payment	t page for additional information.
	Next



# Step 5. To pay for the service, click **Pay \$**.

- **Step 6.** When your payment is successfully processed, a **Thank You!** confirmation notification appears, and an email confirmation is sent to your email on file. Click **Next** to continue.
  - a. It is recommended to document your case number for this request. It helps the Intealth advisors locate your case, if necessary.

Thank You!	1
Thank rou:	
You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below.	
For your reference, your case number for this request is	
Payment Confirmation Number:	
Amount:\$	
Next	

Step 7. The MyIntealth Applicant Portal homepage appears.

# 3.2 Upload Credentials to Your EPIC Portfolio for Verification

**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services**, and then select **EPIC** from the dropdown menu.



**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **Credential Verification** tab.



**Step 3.** Review the information related to **Using EPIC**. Click **Credential Verification Request**.

<ul> <li>Step 1. Establish your EPIC portfolio. To get started with EPIC, submit a request to establish an EPIC portfolio by clicking Establish EPIC Portfolio below. As part of this request, we will review your Inteath record to determine if you have any credentials that were previously primary-source verified as part of another Inteath service. If you have credentials that have already been verified, we will add them to your EPIC portfolio.</li> <li>Step 2. Drnce your EPIC portfolio has been established, you can begin submitting the credentials you avoid like to have verified by clicking Credential Verification Request below. Through EPIC, you can upbad copies of your credentials, including your final diploma or alternate graduation document, transcripts, specialist qualification, registration/ifconstrue, and more. For current information on the types of credentials that can be verified through EPIC, you are upbad copies of your credentials, including your final diploma or alternate graduation document, transcripts, specialist qualification, registration/ifconstrue, and more. For current information on the types of credentials that can be verified through EPIC, with the ECEMG website. As you upload credentials you also can request to have a report sent automatically to an EPIC Partner Organization. Upon submission, ECFMG will evaluate your credentials and notify you dany deflecincies or 11 additional information is required.</li> <li>Step 3. ECFMG will primary-source verify your credentials. You can monitor the status of the verification of each credential in the My Cases section of My inteath. Once your credential is verified, you will be notified by email.</li> <li>Step 4. Send EPIC Reports. Once a credential is verified, you will be able on send reports on that credential from the EPIC Reports tab.</li> </ul>	Using EPIC is easy.					
	<ul> <li>Step 1. Establi of this request Intealth service</li> <li>Step 2. Once your of the service</li> <li>Verification R specialist quate your of the service of the servic</li></ul>	your EPIC portfolio. To get started with EPI we will review your Intealth record to determ If you have credentials that have already be ur EPIC portfolio has been established, you o uest below. Through EPIC, you can upload o cation, registration/licensure, and more. For upload credentials, you also can request to dentials and notify you of any deficiencies. will primary-source verify your credentials. I se your credential is verified, you as will be IC Reports. Once a credential is verified, you	C, submit a request to establi ine if you have any credential en verified, we will add them i an begin submitting the cred opies of your credentials, incl- current information on the ty avea a report sent automatica or if additional information is i ou can monitor the status of iotified by email. will be able to send reports o	sh an EPIC portfolio by clicking is that were previously primary to your EPIC portfolio. lentials you would like to have v uding your final diploma or alte pes of credentials that can be pes of credentials that can be ully to an EPIC Partner Organiza required. the verification of each credent in that credential from the EPIC	Establish EPIC Portfolio below. As pa -source verified as part of another erified by clicking Credential mate graduation document, transcrip wrified through PIC, visit the <u>ECFM</u> tion. Upon submission, ECFMG will tial in the My Cases section of C Reports tab.	rt ts, à
There are fees associated with using EPIC that are due at the time of request. See the EPIC Fees page of the ECFMG website for details.	There are fees associa	d with using EPIC that are due at the time of	request. See the EPIC Fees	page of the ECFMG website for	details.	

**Step 4.** The **Add Credential** page opens. If you are applying to an EPIC Partner Organization, click the link to review the special instructions.

Add Credential	
You have indicated that you plan to apply to the General Kingdom-br/>https://www.ecfmgepic.org/instructions-g	Medical Council. Please read the following Special Instructions for Doctors Applying to Practice in the United <u>mc.html</u> before uploading your credentials for verification.
Your EPIC Application	Þ
You have not yet submitted any credentials for primary-s	ource verification.
Add Credes	ntial Cancel

Step 5. In the Your EPIC Application section, click Add Credential.



**Step 6.** The **About Credential Verification** page opens. Select the type of credential you are uploading from the **Credential Type** dropdown menu.

Primary-source verification is a rigoro The process is not complete until we r	us, multi-step process that ECFMG employs to ensure the integrity and authenticity of a physician's med receive and accept verification of these credentials directly from the issuing institution.	dical education credentials.
Provide Credential Info	rmation	
Please indicate below the type of cree rrimary-source verification, including vebsite. Please review this informatic category, we will reassign it to the app your request will be rejected.	lential you are uploading for verification. For information about the types of credentials that you can uplo definitions of the different credential types, translation requirements, and document specifications, see no before selecting the type of credential you are uploading. If we determine that the credential is not up propriate category as part of our review process. If the document you submit is not a credential that can be I	oad through this service for <u>Using EPIC</u> on the ECFMG loaded in the appropriate be verified through EPIC,
Sector Contractor	Select Cradential Type	

a. Enter any additional required information (\*) that appears because of your selected **Credential Type**.

**Note:** In the example below, the additional required information results from selecting **Final Medical School Transcript**.

*U	Jpload Credential	D				
			☆ Upload Files	Or drop files		
		Please note that you can only u existing file. The file must be in you upload your document, and necessary. You must click save	pload one file for this doc DOCX, GIF, JPG/JPEG, PE I it appears in the viewer, y to complete the upload p	ument. Uploading DF, PNG, or TIFF fil you can use the to rocess.	another file will replace the le format and 10 MB or less. Afr iols to rotate the image, if	ter
*G	Graduation Year					
*D	Degree Title					
*D	Degree Issue Date					<b></b>

- **Step 7.** If you are required to **Upload a Credential**, use the following instructions.
  - a. Click Upload Files and follow the onscreen instructions to select a file.

*Upload Credential	
	Please note that you can only upload one file for this document. Uploading another file will replace the existing file. The file must be in DOCX. Glif, JPG/JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate the image, if
	necessary. You must click save to complete the upload process.

b. A preview of the file appears. Click Save (disk icon) in the right corner to save the file.

Final Medical Transcript.pdf	
	Q 🕸 🛅

- c. The file is saved.
- **Step 8.** In the **Name Documentation** section, enter the **Name on Document** and determine if it is different than the name shown in **Name in Intealth Profile**.



- a. If the name on your credential *is different* from the name shown in **Name in Intealth Profile**, click the checkbox.
  - (1) Upload the **Name Documentation** to support the name difference, using the instructions shown above for uploading a file.



**Step 9.** In the **Credential Translation** section, determine if the credential is in a language other than English.

Credential Translation	
All credentials submitted to ECFMG must be in the origi meets ECFMG's translation requirements. ECFMG will n accept an English translation of a document without a c	inal language. Documents that are not in English must be accompanied by an official English translation that hot accept any document that is not in English without an official English translation. Likewise, ECFMG will not opy of the original language document from which the English translation was prepared.

- a. If the credential is in a language other than English, click the checkbox.
  - (1) Upload the **Credential Translation (if not in English)** using the instructions shown above for uploading a file.

Is your credential in a language other than English? If yes, check the box. If no, leave it blank.	×
Upload Credential Translation (if not in English)	A Universities of Automatics
	Please note that you can only upload one file for this document. Uploading another file will replace the
	existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate the image, if necessary. You must click save to complete the upload process.

**Step 10.** Using **Search by name**, enter/select the medical school or institution that issued the credential.



- a. Type the name of the school or institution in the search bar.
- b. Select the school.
- c. The Add Organization pop-up appears. Click Add.

Add Organization
Verify that the organization listed below is the organization that you want to add.
Anwer Khan Modern Medical College H-17 R-8 Dhammondi, Dhaka – 1205 Dhaka, 1205
Bangladesh
Cancel Add

#### Step 11. Click Next.

You may select only one entity.	
Anwer Khan Modern Medical College	â
H-17 R-8 Dhanmondi, Dhaka – 1205 Dhaka, 1205 Bangladesh	
	Organization
This school/institution verifies credentials via a paper process. If your credential is acceptable to be sent for verification, it will be sent by mail. Check the box if you would like to send this credential by courier service for an additional fee.	
External Instructions	
Previous	

Text appears stating how the credential is sent for verification for this specific school/institution.

**Step 12.** Determine if you want to Send Report to an EPIC Partner Organization Automatically.

- a. If so, use Search by name to enter/select the EPIC Partner Organization.
  - (1) If you choose to send an EPIC Report to an EPIC Partner Organization, a field will appear with the option to provide a Reference/Identification Number for the organization.

Send Report to an EPIC Partner Organization Automatically	
* If you want to send your EPIC Report automatically to an EPIC Partner Organization, select it from the list below:	
Start typing to search for the EPIC Partner Organization. Click the organization to select it from the search results.	
Search by name	٩
I do not wish to have an EPIC Report sent automatically once my credential is verified, or the organization I want to send an EPIC Report	rt is not listed.

b. If not, click the checkbox.

Send Report to an EPIC Partner Organization Automatically	
* If you want to send your EPIC Report automatically to an EPIC Partner Organization, select it from the list be	low:
Start typing to search for the EPIC Partner Organization. Click the organization to select it from the search re-	sults.
Start typing to search for the EPIC Partner Organization. Click the organization to select it from the search re-	sults.
Start typing to search for the EPIC Partner Organization. Click the organization to select it from the search res	Q
Start typing to search for the EPIC Partner Organization. Click the organization to select it from the search res	Q.

# Step 13. Click Confirm.

R			
	Previous	Cancel	Cancel

a. If you selected to send the report to an **EPIC Partner Organization**, an **Alert** pop-up message appears reminding you of that selection. Click **Yes** to continue.

Alert		
You have selected Malaysian Medic report will be sent automatically wh	cal Council to receive an EPIC Report. The nen your credential has been verified. Do you	
want to continue?	L3	
	No Yes	

**Step 14.** The **Add Credential** page displays again. The information you recently confirmed appears in the **Your EPIC Application** section.

## 3.2.1 Upload Additional Credentials

At this stage, you may add an additional credential by clicking **Add Credential**. You may also **Edit**, **Remove**, or **Remove Recipient** from the previously confirmed information by clicking the icons within that row.

	liai				
have indicated that you	plan to apply to the Gener	ral Medical Council. Ple	ase read the following Special I	nstructions for Doctors Appl	ying to Practice in the United
dom https://www	ecfmgepic.org/instruction	s-gmc.html before uplo	ading your credentials for verif	ication.	
ur EPIC Applic	ation			₽.	
ur EPIC Applic	ation			l≩	
ur EPIC Applic	ation Issuing Institution	Issue Date	Title	Report Recipient Name	
ur EPIC Applic	Issuing Institution	Issue Date	Title	Report Recipient Name	

#### Step 1. Click Next.

Document Type	Issuing Institution	Issue Date	Title	Report Recipient Name			
Final Medical School Transcript	Anwer Khan Modern Medical College	2025-01-27	Doctor of Medicine	Malaysian Medical Council	0	Ô	×

**Step 2.** The **Credential Verification Request Summary** page appears. Review the information and click **Next** at the bottom of the screen.

Credential Verification Request Summary         Below is a summary of the information you provided as part of this request. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your response by clicking Previous.         Final Medical School Transcript         Graduation Year       2023         Degree Title       MBBS         Degree Title       6/27/2019         Attendance Start Date       5/5/2023         Previous			
Below is a summary of the information you provided as part of this request. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your responses by clicking <b>Previous</b> .          Final Medical School Transcript       Construction         Graduation Year       2023         Degree Title       MBBS         Degree Start Date       5/6/2023         Attendance End Date       5/5/2023	Credential Verification Re	equest Summary	
Final Medical School Transcript         Graduation Year       2023         Degree Title       MBBS         Degree Title       5/6/2023         Attendance Start Date       8/27/2019         Attendance End Date       5/5/2023	Below is a summary of the information you provided as accurate. If necessary, you can change your responses	s part of this request. Please review the summary carefully to ensure that all the information y s by clicking <b>Previous</b> .	ou provided is
Graduation Year     2023       Degree Title     MBBS       Degree Issue Date     5/6/2023       Attendance End Date     8/27/2019	Final Medical School Transcript		
Degree Title     MBBS       Degree Issue Date     5/6/2023       Attendance Start Date     8/27/2019       Attendance End Date     5/5/2023	Graduation Year	2023	
Degree Issue Date     5/6/2023       Attendance Start Date     8/27/2019       Attendance End Date     5/5/2023         Previous     Next     Cancel	Degree Title	MBBS	
Attendance End Date 8/27/2019 Solution Cancel	Degree Issue Date	5/6/2023	
Attendance End Date 5/5/2023  Previous Next Cancel	Attendance Start Date	8/27/2019	G
Previous Next Cancel	Attendance End Date	5/5/2023	
Previous Next Cancel	C		
		Previous Next Cancel	

**Step 3.** The **Attestation by Applicant** page appears. Click the **Request for Credential Verification Attestation** checkbox to review the attestation information.

Attestation by Applicant	
In order to proceed with your application or request for Intea	Ith services, please review and acknowledge that you have read, understood, and agree to the following
terms, releases, policies, and/or other conditions (check the l	box to view the document):
terms, releases, policies, and/or other conditions (check the l	box to view the document):

**Step 4.** The **Request for Credential Verification Attestation** pop-up appears. Review the information and click **Accept**.



#### Step 5. Click Next.

Attestation by Applicant			
In order to proceed with your application or request for Intealth services, pli- terms, releases, policies, and/or other conditions (check the box to view the	ease review a e document):	nd acknow	ledge that
Request for Credential Verification Attestation			
	Previous	Next	Cancel

**Step 6.** The **Review Your Cart** page appears with an overview of your **Cart Items**.

Review four curt		
Please review the items in your cart. If you unable to return to this screen. If you wish	are ready to continue with this application/request, click <b>Proceed to Paym</b> to cancel this application/request, click <b>Previous</b> to return to the preceding	nent. Once you proceed to payment, you will be g screen and then click <b>Cancel</b> .
Important Note: Navigating away from this	screen, by using the Back button in your browser or refreshing your brows	ser, may clear your responses and restart the
Important Note: Navigating away from this application/request.	screen, by using the Back button in your browser or refreshing your brow	ser, may clear your responses and restart the
Important Note: Navigating away from this application/request.	screen, by using the Back button in your browser or refreshing your brow	ser, may clear your responses and restart the

**Step 7.** Click **Proceed to Payment** at the bottom of the screen.



**Step 8.** Select your payment method, **Card** or **Bank Account**, and enter the required information in the subsequent sections.

	Card	Bank Account
Billing Address		Payment Info

Step 9. Once all information has been entered, click Pay \$.



Step 10. When the payment is successfully processed, a Thank You! confirmation message appears,

MyIntealth Applicant User Guide Copyright © 2025 by Intealth. All rights reserved. and an email confirmation is sent to your email address on file. Click Next to finish.

Thank You!	
You have successfully submitted your application/service request. We will notify you as soon as you this request using the case number provided below.	our request has been processed. You can also monitor the status of
For your reference, your case number for this request is C-72516.	
Payment Confirmation Number:	
Amount: \$	Ą
	Next

**Note:** It is recommended that you document your case number (**C-#**) for this request. It may be useful if you need an Intealth Advisor to locate your case quickly.

**Step 11.** The **MyIntealth Applicant Portal** homepage displays again. Click **My Cases** to review the submitted information.

lntealth	Home	My Profile 🗸	My Documents	My Cases	Services 🗸	Help 🗸	<b>.</b> (2)
						MyIntealth ID:	
Welcome	e to t	he My	Intealt	h App	licant	Portal!	
MyIntealth is a new online env	ironment for	accessing services o	offered by Intealth and	its divisions, ECF	'MG <sup>®</sup> and FAIMER <sup>®</sup> .		

**Step 12.** The **My Case Requests** page opens. Scroll to locate the **Case Number** referenced on the **Thank You!** notification.

<u>C-70855</u>	Credential Verification	Submitted - In Review at ECFMG	09-25-2023	09-26-2023	No	No
<u>C-71003</u>	Credential Verification	Submitted - In Review at ECFMG	09-26-2023	09-26-2023	No	No
<u>C-72511</u>	Credential Verification	Cancelled By Applicant	10-12-2023	10-12-2023	No	No
<u>C-72512</u>	EPIC Verification Report Request	Requested	10-12-2023	10-12-2023	No	No
<u>C-72516</u>	Credential	Submitted to ECFMG	10-12-2023	10-12-2023	No	No
<u>C-72517</u>	EPIC Verification Report Request	Requested	10-12-2023	10-12-2023	No	No
Note: If a restriction	on is applied to any of your c	ases then you will not be a	ble to make edits t	o them.		

# 3.3 EPIC Reports

- 3.3.1 Request an EPIC Report Be Sent to EPIC Partner Organization
  - **Step 1.** Click **Services** in the top banner and select **EPIC** from the dropdown.



**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.



**Step 3.** Scroll to the **Request EPIC Report** section. Review the information regarding the ways to request an **EPIC Report**.

Request EPIC Report	
There are two ways to request an EPIC Report.	6
<ul> <li>At the time you upload a credential. If you plan to send an EPIC Report credential so that a report is sent automatically as soon as the creden</li> <li>Once your credential has been verified. After a credential has been ve yourself — by clicking Request an EPIC Report below.</li> </ul>	t o an EPIC Partner Organization, you can request an EPIC Report when you upload your tial is verified. rified, you can request to send an EPIC Report at any time, to any organization — or to

Note: The EPIC Report History is also available for review.

PIC Report Hist	ory				
PIC Reports that you have reque e Report column. You can view a	sted and have been sent to the recipient are listed by the second s	oelow. <mark>I</mark> f you ser Credential colu	nt the report to ye	purself, you can view the	e report by clicking <b>View</b> in
Report Recipient	Credential	Report	Status	Updated Date	Payment History
Report Recipient Malaysian Medical Council	Credential Final Medical Diploma - <u>View</u>	Report View	Status Report Sent	Updated Date October 11, 2023	Payment History Free report
Report Recipient Malaysian Medical Council Malaysian Medical Council	Credential Final Medical Diploma - <u>View</u> Final Medical School Transcript - <u>View</u>	Report <u>View</u> <u>View</u>	Status Report Sent Report Sent	Updated Date October 11, 2023 October 11, 2023	Payment History Free report Free report

## Step 4. Click Request an EPIC Report.

Request EPIC Report	
There are two ways to request an EPIC Report.	la Ia
<ul> <li>At the time you upload a credential. If you plan to send an EPIC Report to a credential so that a report is sent automatically as soon as the credential is</li> </ul>	n EPIC Partner Organization, you can request an EPIC Report when you upload your verified.
Once your credential has been verified. After a credential has been verified yourself — by clicking Request an EPIC Report below.	J, you can request to send an EPIC Report at any time, to any organization — or to
Request an EPIC Report	

**Step 5.** The **Select Report Recipient** page opens. Select the credentials that you want included in this EPIC Report request using the following instructions.

Select Report Recipi	ent		
To send a report to an organizati	on, select Send F	Report to EPIC Partner Organization from	the drop-down menu, and search for the organization.
If the organization you wish to se and enter the information for the	end an EPIC Rep e recipient.	ort does not appear in the search results, s	elect Send Report to One Time Report Recipient from the drop-down menu,
To send a report to yourself, sele	ect Send Report t	o Myself from the drop-down menu.	L\$
All EPIC Reports are sent electro	onically.		
*Select the credential(s) that yo	u would like to in	clude in this EPIC Report request:	
	Case Number	Credential	Source
	C-72415	Final Medical Diploma	View
	C-72417	Final Medical School Transcript	View
	C-72432	Postgraduate Training Credential	View
*Report Recipient:		Choose Values	¥

a. Click the checkbox(es) for the credential(s) you want included.

		Case Number	Credential		Source	
		C-72415	Final Medical Dipl	loma	View	
	2	C-72417	Final Medical Sch	ool Transcript	View	
		C-72432	Postgraduate Tra	ining Credential	View	
Report Recipient:			Choose Va	lues	*	

Only credentials that have already been successfully verified should be included in the EPIC Report request.

b. In the **Report Recipient** field, select **Send Report to EPIC Partner Organization** from the dropdown.

		ouse Humber	oredentida	500100	
	*	C-72415	Final Medical Diploma	View	
		C-72417	Final Medical School Transcript	View	
	*	C-72432	Postgraduate Training Credential	View	
*Report Recipient:			Send Report to EPIC Partner Organizat	tion V	
*Please select the orga	anization	from the list belo	w:		

c. Search for and select an Organization. Click **Add** to select the Organization as a report recipient.

Report Recipient:	Send Report to EPIC Partner Organization	
Please select the organization from the list below	v:	
art typing to search for the organization. Click t	he organization to select it from the search results.	
		٩
-		
Malaysian Medical Council		
BillingCity: Philadelphia		
BillingState: Pennsylvania		
BillingCountry: United States		
General Medical Council		
BillingCity: London		
BillingState:		
BillingCountry: United Kingdom		

	Add Organization
Verify that the send the repo	organization listed below is the organization to which you want to rt.
General Media	cal Council
Regent's Place	e 350 Euston Road
London, NW1	ALE
United Kingdo	om

d. You will also have the option to provide a **Reference/Identification Number** for the organization.

General Medical Council	
egent's Place	
50 Euston Road	
ondon, NW1 3JN	
nited Kingdom	
	Organiza
and a state of the	

e. Click Request Report.



**Step 6.** The **EPIC Report Request Summary** page appears. Review this information.

	EPIC Report Request Sum	mary
	Below is a summary of the information you provided as accurate. If necessary, you can change your responses	s part of this request. Please review the summary carefully to ensure that all the information you provided is by clicking <b>Previous</b> .
	Report Recipient	Volume Entity
	Name of Organization	General Medical Council
	Reference Number	08163264
	C-72415: (Final Medical Diploma)	
Ν	Degree Title	MBBS
13	Degree Issue Date 0	5/7/2005
	Graduation Year	2005
	Attendance Start Date	8/28/2001
	Attendance End Date	5/6/2005

**Step 7.** Scroll to the bottom of the page and click **Next**.



**Step 8.** The **Attestation by Applicant** page appears. Click the **EPIC Report Request Attestation** checkbox.

A	ttestation by Applicant	G		
In o	order to proceed with your application or request for Intealth services, ple rms, releases, policies, and/or other conditions (check the box to view the	ease review a document):	nd acknowle	edge that you have read, understood, and agree to the following
	EPIC Report Request Attestation			
		Previous	Next	Cancel

**Step 9.** The **EPIC Report Request Attestation** appears. Review the attestation and click **Accept**.



## Step 10. Click Next.

<b>Attestation by Applicant</b>	
In order to proceed with your application or request for terms, releases, policies, and/or other conditions (chec	Intealth services, please review and acknowledge that you have read, understood, and agree to the following k the box to view the document):
<ul> <li>EPIC Report Request Attestation</li> </ul>	
	Previous Next Cancel

Step 11. The Review Your Cart page opens with an overview of your Cart Items.



**Step 12.** Scroll down and click **Proceed to Payment**.

	A REAL PROPERTY AND A REAL
Previous	Proceed to Payment

**Step 13.** Select your payment method, **Card** or **Bank Account.** Enter your payment information into the subsequent sections.

	Card	Bank Account
Billing Address		Payment In

**Step 14.** Once you have entered all information, click **Pay \$**.



- **Step 15.** Once the payment is successfully processed, a **Thank You!** message appears, and an email confirmation is sent to your email address on file.
  - a. It is recommended to document your case numbers (**C-#**) for this request. It can help MyIntealth advisors quickly locate your case.

Thank You!
fou have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below. For your reference, your case number for this request is C-72472, C-72473.
Payment Confirmation Number:
Amount: S

**Step 16.** Click **Next** to complete the application and return to the **MyIntealth Applicant Portal** homepage.

**Step 17.** To review the report request, click **Services** in the top banner, and select **EPIC** from the dropdown menu.



**Step 18.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.

Electronic Portfolio of International Credentials (EPIC)	
About EPIC Credential Verification EPIC Reports	

Step 19. The EPIC Report History section appears and now shows your most recent requests.

,				
d and have been sent to the recipient are listed be umbnail of the credential by clicking <b>View</b> in the Cr	ow <mark>. If</mark> you sent edential colun	t the report to yo nn.	urself, you can view the	report by clicking View in
Credential	Report	Status	Updated Date	Payment History
Final Medical Diploma - View	View	Report Sent	October 11, 2023	Free report
Final Medical Diploma - View	View	Report Sent	October 11, 2023	Paid Report
Final Medical Diploma - View	View	Report Sent	October 12, 2023	Paid Report
Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Free report
Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Paid Report
			0.1.1.11.0000	-
	f and have been sent to the recipient are listed bel imbnail of the credential by clicking <b>View</b> in the Cr <b>Credential</b> Final Medical Diploma - <u>View</u> Final Medical Diploma - <u>View</u> Final Medical Diploma - <u>View</u> Final Medical School Transcript - <u>View</u> Final Medical School Transcript - <u>View</u>	f and have been sent to the recipient are listed below. If you sent mbhail of the credential by clicking <b>View</b> in the Credential colur Credential Report Final Medical Diploma - <u>View</u> <u>View</u> Final Medical Diploma - <u>View</u> <u>View</u> Final Medical Diploma - <u>View</u> <u>View</u> Final Medical School Transcript - <u>View</u> <u>View</u> Final Medical School Transcript - <u>View</u> <u>View</u>	Final Medical Diploma - View     View     Report Status       Final Medical Diploma - View     View     Report Sent       Final Medical School Transcript - View     View     Report Sent	Y       f and have been sent to the recipient are listed below. If you sent the report to yourself, you can view the imbnail of the credential by clicking View in the Credential column.       Credential     Report     Status     Updated Date       Final Medical Diploma - View     View     Report Sent     October 11, 2023       Final Medical Diploma - View     View     Report Sent     October 11, 2023       Final Medical Diploma - View     View     Report Sent     October 11, 2023       Final Medical Diploma - View     View     Report Sent     October 11, 2023       Final Medical Diploma - View     View     Report Sent     October 11, 2023       Final Medical School Transcript - View     View     Report Sent     October 11, 2023       Final Medical School Transcript - View     View     Report Sent     October 11, 2023

## 3.3.2 Request an EPIC Report Be Sent to One-Time Report Recipient

**Step 1.** Click **Services** in the top banner and select **EPIC** from the dropdown menu.



**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.



**Step 3.** Scroll to the **Request EPIC Report** section. Review the information for ways to request an **EPIC Report**.

Request EPIC Report	
There are two ways to request an EPIC Report.	C3
At the time you upload a credential. If you plan to send an EPIC Report to an EPIC redential so that a report is sent automatically as soon as the credential is verified	Partner Organization, you can request an EPIC Report when you upload your j.
<ul> <li>Once your credential has been verified. After a credential has been verified, you ca yourself — by clicking Request an EPIC Report below.</li> </ul>	n request to send an EPIC Report at any time, to any organization — or to

Note: The EPIC Report History is also available for review.

C Reports that you have reque Report column. You can view	sted and have been sent to the recipient are listed b a thumbnail of the credential by clicking <b>View</b> in the	below. If you ser Credential colu	nt the report to ye umn.	ourself, you can view the	e report by clicking <b>View</b> i
Report Recipient	Credential	Report	Status	Updated Date	Payment History
Report Recipient Malaysian Medical Council	Credential Final Medical Diploma - <u>View</u>	Report <u>View</u>	Status Report Sent	Updated Date October 11, 2023	Payment History Free report
Report Recipient Malaysian Medical Council Malaysian Medical Council	Credential Final Medical Diploma - <u>View</u> Final Medical School Transcript - <u>View</u>	Report View View	Status Report Sent Report Sent	Updated Date October 11, 2023 October 11, 2023	Payment History Free report Free report

# Step 4. Click Request an EPIC Report.

Request EPIC Report	
There are two ways to request an EPIC Report.	
At the time you upload a credential. If you plan to send an EPIC Report to an EI     credential so that a report is sent automatically as soon as the credential is vei	PIC Partner Organization, you can request an EPIC Report when you upload your rified.
<ul> <li>Once your credential has been verified. After a credential has been verified, yo yourself — by clicking Request an EPIC Report below.</li> </ul>	$\ensuremath{u}$ can request to send an EPIC Report at any time, to any organization — or to
Request an EPIC Report	

MyIntealth Applicant User Guide Copyright © 2025 by Intealth. All rights reserved. **Step 5.** The **Select Report Recipient** page opens. Select the credentials you want to include in this EPIC Report request by using the following instructions:

Select Report Recipi	ent					
To send a report to an organizati	on, select Send F	Report to EPIC Partner Organization fro	m the drop-down menu, and search for the organization.			
If the organization you wish to se and enter the information for the	nd an EPIC Rep recipient.	ort does not appear in the search result:	, select Send Report to One Time Report Recipient from the drop-down menu,			
To send a report to yourself, select Send Report to Myself from the drop-down menu. $I$						
All EPIC Reports are sent electronically.						
*Select the credential(s) that you would like to include in this EPIC Report request:						
	Case Number	Credential	Source			
	C-72415	Final Medical Diploma	View			
	C-72417	Final Medical School Transcript	View			
	C-72432	Postgraduate Training Credential	View			
*Report Recipient:		Choose Values	Ŧ			

a. Click the checkbox(es) for the credential(s) you want to include.

	Case Number	Credential	Source
	C-72415	Final Medical Diploma	View
	C-72417	Final Medical School Transcript	View
	C-72432	Postgraduate Training Credential	View
Report Recipient:		Choose Values	•

Only credentials that have already been successfully verified should be included in the EPIC Report request.

b. In the **Report Recipient** field, select **Send Report to One Time Report Recipient** from the dropdown.

	Case Number	Credential	Source
1	C-72415	Final Medical Diploma	View
*	C-72417	Final Medical School Transcript	View
	C-72432	Postgraduate Training Credential	View

c. More fields appear based on your selection. Enter information for all required fields (\*).

*Report Recipient:	Send Report to One Time Report Recipient	
Please enter the requested information for this organization	ation.	
*Report Recipient Email Address:		
* Verify Report Recipient Email Address:		
*Report Recipient Name:		
*Name of Organization:		
*Country:	Choose Values	•
*Report Recipient Mailing Address:		

# d. Click Request Report.



### **Step 6.** The **EPIC Report Request Summary** page appears. Review this information.

EPIC Report Request Summary
Below is a summary of the information you provided as part of this request. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your responses by clicking <b>Previous</b> .

**Step 7.** Scroll to the bottom of the page and click **Next**.



**Step 8.** The **Attestation by Applicant** page appears. Click the **EPIC Report Request Attestation** checkbox.

Attestation by Applicant	Þ
In order to proceed with your application or request for Intealth sen terms, releases, policies, and/or other conditions (check the box to	vices, please review and acknowledge that you have read, understood, and agree to the following view the document):
EPIC Report Request Attestation	
	Previous Next Cancel

**Step 9.** The **EPIC Report Request Attestation** appears. Review the attestation and click **Accept**.



Step 10. Click Next.

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**Step 11.** The **Review Your Cart** page opens with an overview of the **Cart Items**.



Step 12. Scroll down and click Proceed to Payment.

and and a	
Previous	Proceed to Payment

**Step 13.** Select your payment method, **Card** or **Bank Account.** Enter the payment information into the subsequent sections.

	Card	Bank Account
Billing Address		Payment Info

**Step 14.** Once you have entered all information, click **Pay \$**.



- **Step 15.** Once the payment is successfully processed, a **Thank You!** message appears, and an email confirmation is sent to your email address on file.
  - a. It is recommended to document your case numbers (**C-#**) for this request. It can help MyIntealth advisors quickly locate your case.

Thank You!
You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below. For your reference, your case number for this request is C-72434, C-72435.
Payment Confirmation Number:
Amount:\$

**Step 16.** Click **Next** to complete the application and return to the **MyIntealth Applicant Portal** homepage.

Step 17. To review your submitted request, click **My Cases** in the top banner.



**Step 18.** The **My Case Requests** list appears. This list now includes your **EPIC Verification Report Request(s)**.

Case Number	~	Case Type 🛛 🗸	Case Status v	Date Opened	~	Last Modified Date	~	Action Required $\lor$	Restriction Applied	~
<u>C-67503</u>		Identity Verification	Account Established	09-07-2023		10-11-2023		No	No	
C-72414		Epic Extraction	Verification Extraction Complete	10-11-2023		10-11-2023		No	No	
<u>C-72415</u>		Credential Verification	CV Accepted	10-11-2023		10-11-2023		No	No	
<u>C-72416</u>		EPIC Verification Report Request	Sent	10-11-2023	ß	10-11-2023		No	No	
<u>C-72417</u>		Credential Verification	CV Accepted	10-11-2023		10-11-2023		No	No	
<u>C-72418</u>		EPIC Verification Report Request	Sent	10-11-2023		10-11-2023		No	No	
<u>C-72432</u>		Credential Verification	CV Accepted	10-11-2023		10-11-2023		No	No	
<u>C-72433</u>		EPIC Verification Report Request	Sent	10-11-2023		10-11-2023		No	No	
<u>C-72434</u>		EPIC Verification Report Request	Requested	10-11-2023		10-11-2023		No	No	
<u>C-72435</u>		EPIC Verification Report Request	Requested	10-11-2023		10-11-2023		No	No	

### 3.3.3 Request an EPIC Report Be Sent to Myself

**Step 1.** Click **Services** in the top banner and select **EPIC** from the dropdown.



**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.



Step 3. Scroll to the **Request EPIC Report** section. Review the ways to request an **EPIC Report**.

Note: The EPIC Report History is also available for review.



Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Free report
Malaysian Medical Council	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Free report
Malaysian Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 11, 2023	Free report

# Step 4. Click Request an EPIC Report.

Request EPIC Report	
There are two ways to request an EPIC Report.	L2
At the time you upload a credential. If you plan to send an EPIC Report to credential so that a report is sent automatically as soon as the credential	an EPIC Partner Organization, you can request an EPIC Report when you upload your is verified.
<ul> <li>Once your credential has been verified. After a credential has been verified yourself — by clicking Request an EPIC Report below.</li> </ul>	ed, you can request to send an EPIC Report at any time, to any organization — or to
Request an EPIC Report	

MyIntealth Applicant User Guide Copyright © 2025 by Intealth. All rights reserved. **Step 5.** The **Select Report Recipient** page opens. Select the credentials that you want included in this **EPIC Report** request by using the following instructions.

Select Report Recipi	ent		
To send a report to an organizati	on, select Send R	eport to EPIC Partner Organization from the	e drop-down menu, and search for the organization.
If the organization you wish to so and enter the information for the	end an EPIC Repo e recipient.	rt does not appear in the search results, sel	ect Send Report to One Time Report Recipient from the drop-down menu,
To send a report to yourself, sele	ect Send Report to	<b>b Myself</b> from the drop-down menu.	
All EPIC Reports are sent electro	onically.		
*Select the credential(s) that yo	u would like to inc	lude in this EPIC Report request:	
	Case Number	Credential	Source
	C-72415	Final Medical Diploma	View
	C-72417	Final Medical School Transcript	View
	C-72432	Postgraduate Training Credential	View
*Report Recipient:		Choose Values	×

a. Click the checkbox(s) for the credential(s) you want to include.

		Case Number	Cred	ential	Source	
		C-72415	Fina	l Medical Diploma	View	
	6	C-72417	Fina	I Medical School Transcript	View	
		C-72432	Pos	tgraduate Training Credential	View	iew
Report Recipient:				Choose Values	*	

Only credentials that have already been successfully verified should be included in the EPIC Report request.

b. In the Report Recipient field, select Send Report to Myself from the dropdown.



c. Click Request Report.


## **Step 6.** The **EPIC Report Request Summary** page appears. Review this information.

EPIC Report Request Summary
Below is a summary of the information you provided as part of this request. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your responses by clicking <b>Previous</b> .

**Step 7.** Once ready, scroll to the bottom of the page and click **Next**.



**Step 8.** The **Attestation by Applicant** page appears. Click the **EPIC Report Request Attestation** checkbox.

Attestation by Applicant	
In order to proceed with your application or request for Intealth ser terms, releases, policies, and/or other conditions (check the box to	vices, please review and acknowledge that you have read, understood, and agree to the following view the document):
	Previous Next Cancel

**Step 9.** The **EPIC Report Request Attestation** document appears. Review the attestation and click **Accept**.

EPIC Report Request A	Attestation	
(a) Intealth	Attestation by Applicant	
EPIC Report Request Attestation		
I hereby certify that the information in this Re- best of my knowledge. I understand that the de- rests solely and exclusively with Intellia than the I also certify that I have read the <i>Policies and P</i> these policies and procedures. I certify 1 unders <i>Regarding Irregular Behavior</i> , among other th and/or failfied documents to Intellia through could result in actions indviding suspension or organization or individual web, in the judgmen (Organizations with a legitimate interest in aud Review; the Federation of State Medical Board other relevant governmental or regulatory depa authorities; and graduate medical education pr	uest was provided solely by me and is true and correct to the cision as to whether I qualify to receive any Intealth services at Intealth's decision making authority is ongoing. wrocedurel&cgarding Irregular Behavior and agree to abide by trad that, agrovedurel in the Policies and Procedures ings, Intealth may find that submission of false information Mydirealth or otherwise constitutes irregular behavior, which evocation of, or permanent bar to ECFMC Certification, or the traditional action of the tradition of the tradition of Intealth, and seglitimate interest in such information, information include the USMLE Committee for Individualized of the United States; any applicable federal, state, local, or tranent or agency; U.S. state and international medical licensing ograms.)	
		Accept

#### Step 10. Click Next.

Attestation by Applicant			
In order to proceed with your application or request for Intealth services, ple terms, releases, policies, and/or other conditions (check the box to view the	ease review ar document):	nd acknowl	edge that you have read, understood, and agree to the following
<ul> <li>EPIC Report Request Attestation</li> </ul>			
	Previous	Next	Cancel

**Step 11.** The **Review Your Cart** page opens with an overview of the **Cart Items**.

Review Your Cart
Please review the items in your cart. If you are ready to continue with this application/request, click <b>Proceed to Payment</b> . Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click <b>Previous</b> to return to the preceding screen and then click <b>Cancel</b> .
Important Note: Navigating away from this screen, by using the Back button in your browser or refreshing your browser, may clear your responses and restart the application/request.

**Step 12.** Scroll down and click **Proceed to Payment**.



**Step 13.** Select your payment method, **Card** or **Bank Account.** Enter the payment information into the subsequent sections.

	Card	Bank Account
Billing Address		Rayment Inf

**Step 14.** Once you have entered all information, click **Pay \$**.

	Pay \$
Warning: Clicking the back button	in your browser will start the entire application/service request over again.

- **Step 15.** Once the payment is successfully processed, a **Thank You!** message appears, and an email confirmation is sent to your email address on file.
  - a. It is recommended to document your case numbers (**C-#**) for this request. It can help MyIntealth advisors quickly locate your case.

Thank You!	
You have successfully submitted your application/service request. We will notify you as soon as your requ this request using the case number provided below. For your reference, your case number for this request is C-72481, C-72482.	est has been processed. You can also monitor the status of
Payment Confirmation Number:	6
Amount:\$	Next

Step 16. Click Next to complete the application and return to the MyIntealth homepage.

Payment Confirmation Number:	lş.	
Amount: \$		
		Next

**Step 17.** To review the report request, click **Services** in the top banner, and select **EPIC** from the dropdown menu.



**Step 18.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.

Electronic Portfolio of International Credentials (EPIC)	
About EPIC Credential Verification EPIC Reports	

**Step 19.** The **EPIC Report History** section appears and now shows your most recent requests. In order to view this report, refer to the <u>View History of EPIC Report Requests</u> section.

	- /				
PIC Reports that you have requeste	d and have been sent to the recipient are listed be	low. If you sent	t the report to yo	urself, you can view the	report by clicking View in
e Report column. You can view a th	umbhail of the credential by clicking <b>view</b> in the cr	edential colum	nn.		
Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - View	View	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Paid Report
Malaysian Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 11, 2023	Free report
	Destanded Telefor Contential Man	Manu	Depart Cont	0.1.1.10.0000	D. H.D

## 3.3.4 View History of EPIC Report Requests

**Step 1.** Click **Services** in the top banner and select **EPIC** from the dropdown.



**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.



**Step 3.** Scroll to the **EPIC Report History** section to review the reports sent.

EPIC Report Histo	ry				
EPIC Reports that you have requeste the Report column. You can view a the	the report to yo in.	urself, you can view the	report by clicking <b>View</b> in		
Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - View	View	Report Sent	October 12, 2023	Paid Report
Marsha Madness	Final Medical Diploma	View	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Paid Report
Marsha Madness	Final Medical School Transcript	View	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 11, 2023	Free report
General Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 12, 2023	Paid Report

a. Clicking **View** under the **Report** column may trigger an error warning: Only Report recipients may access Reports.



b. You are only able to view reports that you have sent to yourself.

PIC Report Histo	ry				
PIC Reports that you have requeste	ed and have been sent to the recipient are listed b	elow. If you sent Credential colur	the report to yo	urself, you can view the	report by clicking View in
P	<b>0</b>	2		11-11-12-1-	2
Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - View	View	Report Sent	October 12, 2023	Paid Report
Marsha Madness	Final Medical Diploma	View	Report Sent	October 12, 2023	Paid Report

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	EPIC Report Packet	
D 121% -> ⊕ ⊕ □		Q 🕸
	ECFMG <sup>®</sup> Electronic Portfolio of International Credentials (EPIC <sup>SM</sup> )	
	EPIC Verification Report	
	Report Issued: Oct 12, 2023	

## 4 ECFMG Certification

## 4.1 Submit an Application for ECFMG Certification

**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and select **ECFMG Certification** from the dropdown.



## **Step 2.** Click the **Application for ECFMG Certification** tab.



**Note:** Information about the ECFMG Certification process is found in the **About ECFMG Certification** tab.

**Step 3.** After you have carefully read the information provided in the overview, scroll to the bottom of the page and click **Begin Application**.



**Step 4.** The **Review Your Profile Information** page appears. Review the **Identity Information** section to confirm no changes are necessary, and click **Next** at the bottom of the screen.

ECFMG Ce	rtification				
About ECFMG Certification	Application for ECFMG Certification	USMLE Application	Exam Results	ECFMG Certificate	_
Review Your Pro	ofile Information le information below. If any information is in note that submitting certain changes to you at the information in your profile is correct a	correct or needs to be up r identity information will is listed below, click <b>Next</b>	dated, you must go need to be review	o to the My Profile section and make the ed and approved before you can continue v	vith
Identity Information					
Last Name/Surname					
Rest of Name					
Generational Suffix		None			Ŧ

*Note:* You must make any necessary changes to your identity information before proceeding with the application.

- **Step 5.** The **Degree Medical School and Graduation Information** page appears. The information on this page represents the information you entered during account establishment.
  - a. If you are a student, proceed to the <u>Continue with the Application as a Student</u> section of this user guide.
  - b. If you are a graduate, proceed to the <u>Continue with the Application as a Graduate</u> section of this user guide.

Degree Medical School and Graduation Information	
To be eligible for ECFMG Certification, your medical school must meet requirements established by ECFMG. Schools that meet EC selection below in Degree Medical School. If your medical school does not appear in this list, you are not eligible for ECFMG Certifi available for selection in Degree Medical School are listed in the <u>World Directory of Medical Schools (World Directory</u> ) with an ECF meets eligibility requirements for its students and graduates to apply to ECFMG for ECFMG Certification and examination. The ECF graduation years for which the school meets these requirements. Since ECFMG is a sponsor of the <u>World Directory</u> , the ECFMG no Notes" tab of the medical school listing. You can monitor the <u>World Directory</u> listing for your medical school for information.	CFMG requirements are available for ication at this time. Schools that are iMG note stating that the school FMG note also will include the ote is located on the "Sponsor

*Medical Education Status	a V	<ul> <li>Student</li> <li>Graduate</li> </ul>		
*Degree Medical School		Gotham University		
*Attendance Start Month & Year		Month	Year	
		January 🔻	2020	*
*Attendance End Month & Year		Month	Year	
		January 👻	2024	*
*Number of Years Attended				

**Note:** If your medical school is not currently listed in the World Directory with an ECFMG Sponsor Note, you are not eligible to apply to ECFMG for examination at this time. Please contact <u>info@ecfmg.org</u> for more information.

Additionally, after you select your medical school, the graduation years included in the school's Sponsor Note will be available for selection. If your graduation year is not included in the school's ECFMG Sponsor Note, you are not eligible to apply to ECFMG for examination at this time. Please contact <u>info@ecfmg.org</u> for more information.

## 4.1.1 Continue with the Application as a Student

## **Step 1.** Select **Student** as your **Medical Education Status**. Enter all required information (\*).

*Medical Education Status	Da	• Student Graduate
*Degree Medical School		Gotham University

## **Step 2.** Click **Next** at the bottom of the screen.

*Degree Title	Doctor Of Medicine (MD)	•
*Degree Issue Month & Year	Month January	Year 2024 •
Student ID		
Specialty		
Save Previous Next Cancel		

**Step 3.** The **Other Medical Schools Attended** page appears. Complete all of the required fields (\*).

ECFMG Ce	rtification				
About ECFMG Certification	Application for ECFMG Certification	USMLE Application	Exam Results	ECFMG Certifica	ite
Other Medical S	Schools Attended				
If you have ever attended or were provide the information requeste medical school. If you attended n	e formally enrolled in a medical school other ed for each medical school, including if you a multiple schools, click <b>Add New School</b> to en	than the medical school tended a medical school ter another school.	that awarded or w for a short period	ill award your medical of time and/or did no	l degree, you must t transfer credits from a
Transfer credits are credits earning requirements. For the purpose of certain criteria. Failure to disclos ECFMG, and may result in a finding credentials in the applicable edit	ed for a course taken at one institution (such FECFMG Certification, credits that are trans e and document these credits may have a nu ng of irregular behavior and permanent anno ion of the <u>ECFMG</u> Information Booklet.	n as a medical school) that ferred to the medical sch umber of negative consec otation in your record. Sec	t are accepted by a ool that awarded o quences, including e information on tr	a medical school towa or will award your meo delaying exam regist ansfer credits and me	ard meeting its degree dical degree must meet ration and certification by edical education
	la Is				Add New School

- a. Enter required information (\*) in the **Other Medical School #1** section.
  - (1) (Optional) Once that information has been entered, click **Save**.

Other Medical School #1				
Other Medical School				
*Attendance Start Month & Year	Month	Yea	r	
	Select	▼ Se	elect	•
*Attendance End Month & Year	Month	Yea	r	
13	Select	▼ Se	elect	*
*Number of Years Attended				

b. If any credits were transferred from this school to your **Degree Medical School**, click the checkbox and the **Transfer Credits Disclosure and Documentation** section appears.

Did you transfer any credits from this schoo yes, check the box. If no, leave it blank.	to your Degree Medical School? If			
Transfer Credits Disc	losure and Docu	mentation		
Transfer credits are credits earned for a cou requirements. These courses may appear or Degree Medical School.	rse taken at one institution (such as a 1 your Final Transcript as "transferred	a medical school) that are a d" or "exempt." If you are u	accepted by a medical school toward m nsure of your transfer credit status, ple	eeting its degree ase contact your
For each transferred course, list the title of t taken, and enter the date that the credits we was taken.	he course, the number of credits earn re earned. List each course title exac	ned, indicate whether the ctly as it appears on the of	course was passed at the medical scho ficial transcript from the medical schoo	ol at which it was I at which the course
You must document these credits by upload	ing an official transcript from the me	dical school at which the c	ourse was taken.	
Course Title	Number of Credits	Course Outcome	Date Credits Earned	
		Pass Fail	Month Year Select •	0

## (1) Enter your transfer credits and all required information (\*).

Course Title	Number of Credits	Course Outcome	Date Credi	ts Earned	
General Science	3.50	Pass	Month	Year	a
		Fail	January v	2020	- <b>U</b>

# (2) To **Upload Transcript to Document Transfer Credits**, click **Upload Files** and select a file for upload.

Course Title	Number of Credits	Course Outcome	Date Credit	s Earned	
General Science	3.50	Pass	Month	Year	6
		Fail	January 🗸	2020 👻	-

## (3) A preview of the file appears. Click **Save** (disk icon) to save the file.

					Fi	nal	Medical School Transcript.pdf			
	0	121% ~	Θ	<b>(+)</b>		Ð	tt ⊳	Q	ŝ	Ê
Ē										

(4) After the file has been saved, a thumbnail of the document appears.

Or drop files
of drop mes
(P)

c. The **Name Documentation** section appears.

- (1) Answer the **Name on Document** question.
- (2) If the **Name on Document** is different than the **Name in Intealth Profile**, click the checkbox below to clarify the difference. You must also upload documentation to support the name difference. Use the steps previously shown to upload and save your supporting name documentation.

Name Documentation	
Your name as it appears on all credentials sent to ECFMG must be consistent and exactly, you must submit documentation that verifies the name on your transcript on your transcript(s). For information on the documentation required to verify you the <u>ECFMG Information Booklet</u> .	must match exactly the name in your Intealth profile. If the names do not match (s) was your name. The documentation must show your name exactly as it appears ir name on credentials, see <i>Medical Education Credentials</i> in the applicable edition of
Name in Intealth Profile	
*Name on Document	
Is the name on your document different from your current name in your Intealth profile? If yes, check the box. If no, leave it blank.	
Upload Name Documentation	_
	Please note that you can only upload one file for this document. Uploading another file will replace the existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate the image, if necessary. You must click save to complete the upload process.

- d. In the **Transcript Translation** section, click the checkbox if the transcript to document credits is in a language other than English.
  - (1) If the checkbox is clicked, you must **Upload a Translation of Your Transcript**.
  - (2) Use the previously documented steps to upload and save your transcript translation.

Transcript Translation				
The transcript you submit to document transfer credits must be in the origina translation that meets ECFMG's <u>translation requirements</u> . ECFMG will not ac ECFMG will not accept an English translation of a document without a copy or information on ECFMG's translation requirements and recommended transla	al language. Documents that a cept any document that is not f the original language docum tion vendor, see <u>English Trans</u>	re not in English mu in English without a ent from which the E lations on the ECFM	st be accompanied by an officia n official English translation. Lik English translation was prepared G website.	l English œwise, d. For
Is your transcript to document transfer credits in a language other than Englis yes, check the box. If no, leave it blank. Upload Translation of Your Transcript	sh? If			
			Or drop files	
	Please note that you ca file will replace the exis or TIFF file format and : appears in the viewer, y must click save to com	n only upload one fil ting file. The file mu IO MB or less. After ou can use the tools plete the upload pro-	e for this document. Uploading st be in DOCX, GIF, JPG/JPEG, P you upload your document, and to rotate the image, if necessar	another DF, PNG, it ry. You

**Step 4.** To include additional schools in your application, click **Add New School**, and enter all required information (\*).

	Add New School
Other Medical School #1	Delete School

Note**: Delete School** is available if you need to remove other medical schools.

## Step 5. Click Next.

		_	
Save	Previous	Next	Cancel

**Step 6.** The **Other Institutions Attended** screen appears. Click the **checkbox** if you transferred any credits to your degree medical school from any institution that is not a medical school.



- a. If the checkbox is clicked, the **Other Institution #1** section appears, along with the ability to **Add New Institution**. Complete this information accordingly by following the on-screen prompts. The questions and information that appear follow a similar format to the **Other Medical Schools Attended** screen previously shown.
- Step 7. Click Next.



**Step 8.** *The ECFMG Reporter* screen appears. Click the checkbox to receive important information regarding the ECFMG Certification process.

The ECFMG <sup>®</sup> Reporter
The ECFMG Reporter provides important information regarding the ECFMG Certification process and entry into graduate medical education in the United States. The ECFMG Reporter may also advise you of services and programs offered by other organizations in connection with the certification process or graduate medical education in the United States. The ECFMG Reporter is a free publication. We recommend that all applicants for ECFMG Certification subscribe to The ECFMG Reporter
Interested individuals can join or leave <i>The ECFMG Reporter</i> subscriber list or update their email addresses at any time by visiting the ECFMG website at <u>www.ecfmg.org/reporter/index.html</u> or by writing to: Assistant Vice President, Communications & Outreach, Intealth, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, USA. You may also leave <i>The ECFMG Reporter</i> subscriber list at any time by clicking "unsubscribe" in the email newsletter.
If you wish to receive <i>The ECFMG Reporter</i> , check the box at right.

#### Step 9. Click Next.



**Step 10.** The **Application for ECFMG Certification Summary** screen appears. Review and update the information, if necessary, and click **Next**.



**Step 11.** The **Attestation by Applicant** page appears. Click the **Application for ECFMG Certification Attestation** checkbox.

Attestation by Applicant	
In order to proceed with your application or request for Intealth services, pluterms, releases, policies, and/or other conditions (check the box to view the	, please review and acknowledge that you have read, understood, and agree to the following the document):
Application for ECFMG Certification Attestation	Previous Next Cancel

a. The **Attestation by Applicant** appears. Review the attestation and click **Accept** to continue.





Attestation by Applicant			
In order to proceed with your application or request for Intealth services, ple terms, releases, policies, and/or other conditions (check the box to view the	ease review and ackn document):	owledge that you ha	ve read, understood, and agree to the following
<ul> <li>Application for ECFMG Certification Attestation</li> </ul>	Previous	Cancel	

**Step 13.** The **Review Your Cart** page appears with an overview of your **Cart Items**.

out ECFMG Certification	Application for ECFMG Certification	USMLE Application Exam Result	ts ECFMG Certificate
eview Your Co	art		
ease review the items in your	r cart. If you are ready to continue with this app	lication/request, click Proceed to Paym	ent. Once you proceed to payment, you will be
able to not use to this server I	Management and the second states and the sec	U.I. Developed a seture to the second loss	concern and there allel Concel
able to return to this screen. I	If you wish to cancel this application/request,	lick <b>Previous</b> to return to the preceding	g screen and then click <b>Cancel</b> .
able to return to this screen. I portant Note: Navigating awa plication/request.	If you wish to cancel this application/request, ay from this screen, by using the Back button i	lick <b>Previous</b> to return to the preceding	g screen and then click <b>Cancel</b> . Ser, may clear your responses and restart the
able to return to this screen. I <b>portant Note:</b> Navigating awa uplication/request.	If you wish to cancel this application/request, ay from this screen, by using the Back button i	lick <b>Previous</b> to return to the preceding	g screen and then click <b>Cancel</b> .
able to return to this screen. I portant Note: Navigating awa plication/request. Cart Items Product	If you wish to cancel this application/request, ay from this screen, by using the Back button i	v	g screen and then click <b>Cancel</b> .

Step 14. Click Proceed to Payment.

Total: \$	
Previous Proceed to Payment	

**Step 15.** Select your payment method, **Card** or **Bank Account**, and enter your payment information as required.

	Card	Bank Account
Billing Address		Rayment Info



- **Step 17.** Once your payment is successfully processed, a **Thank You!** confirmation notification appears, and an email confirmation is sent to your email address on file.
  - a. It is recommended to document your case number (**C-#**) for this request. It helps the Intealth advisors quickly locate your case if necessary.

Thank You!	
You have successfully submitted your a this request using the case number pro	upplication/service request. We will notify you as soon as your request has been processed. You can also monitor the status of vided below.
For your reference, your case number for	or this request is <b>C-72759</b> .
Payment Confirmation Number:	
Amount: \$	
	Next
Hello:	
Your Intealth payment of \$	USD made on 10/16/2023 1:39 PM has been processed. Your payment confirmation number is
₿ I	
Your Customer Service Team	
Intealth	
This message was generated a	utomatically by MyIntealth. Please do not reply to this message as this email box is unmonitored.

Step 18. Click Next to complete your application and return to the MyIntealth Applicant Portal homepage. To review your application, proceed to the <u>Review Your Submitted</u> <u>Application for Certification</u> section of this user guide.

## 4.1.2 Continue with the Application as a Graduate

## **Step 1.** Select **Graduate** as your **Medical Education Status**. Enter all required information (\*).

*Medical Education Status	◯ Student
	Graduate
*Degree Medical School	Medical College Baroda

### Step 2. Click Next.

*Degree Title	Doctor Of Medicine (M	ID)		Ŧ
*Degree Issue Month & Year	Month		Year	
	January	v	2024	*
Student ID				
Specialty				
Save Previous Next Cancel				

**Step 3.** The **Other Medical Schools Attended** page appears. Complete all of the required fields (\*).

ECFMG Ce	rtification				
About ECFMG Certification	Application for ECFMG Certification	USMLE Application	Exam Results	ECFMG Certificat	te
Other Medical S	Schools Attended				
If you have ever attended or were provide the information requeste medical school. If you attended n	e formally enrolled in a medical school other ed for each medical school, including if you at multiple schools, click <b>Add New School</b> to en	than the medical school ttended a medical school ter another school.	that awarded or wi I for a short period	II award your medical of time and/or did not	degree, you must t transfer credits from a
Transfer credits are credits earn requirements. For the purpose of certain criteria. Failure to disclos ECFMG, and may result in a findi credentials in the applicable edit	ed for a course taken at one institution (such FECFMG Certification, credits that are transi e and document these credits may have a nu ng of irregular behavior and permanent anno ion of the <u>ECFMG</u> Information Booklet.	as a medical school) tha ferred to the medical sch umber of negative consec otation in your record. Sec	t are accepted by a nool that awarded o quences, including e information on tr	n medical school towar or will award your med delaying exam registr ansfer credits and me	rd meeting its degree lical degree must meet ration and certification by dical education
	la				Add New School

- a. Enter required information (\*) in the **Other Medical School #1** section.
  - (1) (Optional) Once that information has been entered, click **Save**.

Other Medical School #1				
Other Medical School				
*Attendance Start Month & Year	Month		Year	
	Select	*	Select	Ψ.
*Attendance End Month & Year	Month		Year	
6	Select	*	Select	*
*Number of Years Attended				

b. If any credits were transferred from this school to your **Degree Medical School**, click the checkbox and the **Transfer Credits Disclosure and Documentation** section appears.



(1) Enter your transfer credits and all required information (\*).

Course Title	Number of Credits	Course Outcome	Date Credit	s Earned	
General Science	3.50	Pass	Month	Year	6
		Fail	January 🗸	2020	-

(2) To **Upload Transcript to Document Transfer Credits**, click **Upload Files** and select a file for upload.

ou must document these credits by	uploading an official transcript from the m	edical school at which the c	ourse was taken.		
Course Title	Number of Credits	Course Outcome	Date Cred	its Earned	
General Science	3.50	Pass	Month	Year	6
		- Fail	January ~	2020	• •
pload Transcript to Document Tran	sfer Credits				
La.			📩 Upload Files	Or drop files	5

(3) A preview of the file appears. Click **Save** (disk icon) to save the file.

0	121% ~ 🕞 🕀	Ð	¢ 🖥	•
	=			

(4) After the file has been saved, a thumbnail of the document appears.



- c. The Name Documentation section appears.
  - (1) Answer the **Name on Document** question.
  - (2) If the **Name on Document** is different than the **Name in Intealth Profile**, click the checkbox below to clarify the difference. You must also upload documentation to support the name difference. Use the steps previously shown to upload and save your supporting name documentation.

Name Documentation				
Your name as it appears on all credentials sent to ECFMG must be consistent and exactly, you must submit documentation that verifies the name on your transcrip on your transcript(s). For information on the documentation required to verify you the ECFMG <i>Information Booklet</i> .	must match exactly the r (s) was your name. The d r name on credentials, se	name in your Intealth ocumentation must e <i>Medical Education</i>	profile. If the names show your name exa a <i>Credentials</i> in the a	s do not match actly as it appears pplicable edition of
Name in Intealth Profile				
*Name on Document				
Is the name on your document different from your current name in your Intealth profile? If yes, check the box. If no, leave it blank.				
Upload Name Documentation				
		1 Upload Files	Or drop files	
	Please note that you ca file will replace the exis or TIFF file format and appears in the viewer, y must click save to com	an only upload one fil ting file. The file mu: 10 MB or less. After you can use the tools plete the upload pro-	le for this document st be in DOCX, GIF, J you upload your doc to rotate the image cess.	. Uploading another PG/JPEG, PDF, PNG, .ument, and it , if necessary. You

- d. In the **Transcript Translation** section, click the checkbox if the transcript to document credits is in a language other than English.
  - (1) If the checkbox is clicked, you must **Upload a Translation of Your Transcript**.
  - (2) Use the previously documented steps to upload and save your transcript translation.

Transcript Translation				
The transcript you submit to document transfer credits must be in the original lar translation that meets ECFMG's translation requirements. ECFMG will not accept ECFMG will not accept an English translation of a document without a copy of the information on ECFMG's translation requirements and recommended translation	nguage. Documents that a any document that is not original language docume vendor, see <u>English Trans</u>	re not in English mu in English without a ent from which the B lations on the ECFM	st be accompanied by an official En, n official English translation. Likewi English translation was prepared. Fo G website.	glish se, ir
Is your transcript to document transfer credits in a language other than English? I yes, check the box. If no, leave it blank. Upload Translation of Your Transcript	f 🗸			
			Or drop files	
	Please note that you ca file will replace the exist or TIFF file format and J appears in the viewer, yo must click save to comp	n on∦ upload one fil ting file. The file mu 0 MB or less. After ou can use the tools olete the upload pro	e for this document. Uploading ano st be in DOCX, GIF, JPG/JPEG, PDF, I you upload your document, and it to rotate the image, if necessary. Y cess.	ther PNG, ou

Step 4. To add more schools, click Add New School, and enter all required information (\*).



Note: **Delete School** is available if you need to remove other medical schools.

### Step 5. Click Next.



**Step 6.** The **Other Institutions Attended** screen appears. Click the checkbox if you transferred any credits to your degree medical school from any institution that is not a medical school.



- a. If the checkbox is clicked, the **Other Institution #1** section appears, along with the ability to **Add New Institution**. Complete this information accordingly by following the on-screen prompts. The questions and information below follow a similar format to the **Other Medical Schools Attended** screen previously shown.
- Step 7. Once you entered all Other Institutions Attended information, click Next.



- **Step 8.** The **Graduates** page appears. Use the following instructions related to your diploma:
  - a. If you have graduated from medical school but your diploma has not been issued yet, click the checkbox.



b. Use the previously documented steps to upload and save your diploma.

Diploma	
* Upload Diploma	
	1 Upload Files Or drop files
	This is to be used as a front Medical Click to expand view

(1) If the school/institution verifies credentials via a paper process, an additional message appears. Click the associated checkbox to send this credential by courier service for an additional fee.

- c. The Name Documentation section appears.
  - (1) Answer the **Name on Document** question.
  - (2) If the **Name on Document** is different than the **Name in Intealth Profile**, click the checkbox below to clarify the difference. You must also upload documentation to support the name difference. Use the steps previously shown to upload and save your supporting name documentation.
- d. In the **Diploma Translation** section, click the checkbox if your diploma is in a language other than English.
  - (1) If the checkbox is clicked, you must **Upload a Translation of Your Diploma**.
  - (2) Use the previously documented steps to upload and save your diploma translation.

Is your diploma in a language other than English? If yes, check the box. If no, leave it $\fbox$ blank.							
Upload a Translation of Your Diploma (if not in English).							
			₫ Upl	oad Files	Ord	lrop files	
				This is to be used as a P Diploma	inal Medical		

## Step 9. Click Next.

Save	Previous	Next	Cancel

**Step 10.** *The ECFMG Reporter* screen appears. Click the checkbox to receive important information regarding the ECFMG Certification process.

The ECFMG <sup>®</sup> Reporter
The ECFMG Reporter provides important information regarding the ECFMG Certification process and entry into graduate medical education in the United States. The ECFMG Reporter may also advise you of services and programs offered by other organizations in connection with the certification process or graduate medical education in the United States. The ECFMG Reporter is a free publication. We recommend that all applicants for ECFMG Certification subscribe to The ECFMG Reporter.
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If you wish to receive <i>The ECFMG Reporter</i> , check the box at right.

Step 11. Click Next.



**Step 12.** The **Application for ECFMG Certification Summary** screen appears. Review/update the information and click **Next**.

Application for ECFMG Certification Summary Below is a summary of the information you provided as part of the Application for ECFMG Certification. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can update your response by initiating a change in the appropriate section. After you submit your request, a PDF summary of your Application for ECFMG Certification will be available on the case record in the My Cases section.



**Step 13.** The **Attestation by Applicant** page appears. Click the **Application for ECFMG Certification Attestation** checkbox.



a. The **Attestation by Applicant** appears. Review the attestation, and click **Accept** to continue.





Attestation by Applicant				
In order to proceed with your application or request for Intealth services, plea terms, releases, policies, and/or other conditions (check the box to view the d	ase review and a document):	acknowledg	३e that you have read, un	iderstood, and agree to the following
<ul> <li>Application for ECFMG Certification Attestation</li> </ul>				
	Previous	Next	Cancel	

**Step 15.** The **Review Your Cart** page appears with an overview of your **Cart Items**.

eview rour our		
ease review the items in your cart. If you are ready to contin able to return to this screen. If you wish to cancel this appli	nue with this application/request, click <b>Proceed to Paymen</b> lication/request, click <b>Previous</b> to return to the preceding s	nt. Once you proceed to payment, you will be creen and then click <b>Cancel</b> .
portant Note: Navigating away from this screen, by using the plication/request.	the Back button in your browser or refreshing your browser	r, may clear your responses and restart the
Cart Items		
🛱 Cart Items Product	√ Total	~
Cart Items Product Application for ECFMG Certification	~ Total	\$

Step 16. Click Proceed to Payment.

٢	Fotal: \$
	Previous Proceed to Payment

**Step 17.** Select your payment method, **Card** or **Bank Account**, and enter your payment information as required.

	Card	Bank Account
Billing Address		Payment Info

- Step 18. Click the Pay \$.
- **Step 19.** Once your payment is successfully processed, a **Thank You!** confirmation notification appears, and an email confirmation is sent to your email address on file.
  - a. It is recommended to document your case number (**C-**#) for this request. It helps the Intealth advisors quickly locate your case if necessary.

Thank You!
You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below.
For your reference, your case number for this request is C-73537.
Payment Confirmation Number:
Amount: \$
Next

Step 20. Click Next to complete your application and return to the MyIntealth Applicant Portal homepage. To review your application, proceed to the <u>Review Your Submitted</u> <u>Application for Certification</u> section of this user guide.

## 4.2 Review Your Submitted Application for Certification

**Step 1.** From the **MyIntealth Applicant Portal** homepage, click **My Cases** in the top banner.



**Step 2. My Case Requests** information appears showing a list of all your MyIntealth cases, their associated status, and if action is required.

My Case Re	equests					
A list of your application please also make sure to complete the processin	ns and service requests o review the <b>Action Req</b> of your application/re	are below. Click the <b>Cas</b> uired column. A case wi quest.	e Number to view addit th a status of "Yes" und	ional details about your a er Action Required will n	application/request. Wh equire you to take additi	en reviewing your cases, onal action in order to
In certain situations, you	u also may see a task re	lated to one of your case	es listed under <b>My Task</b>	s. Please see the comme	ents section of the task f	or more information.
If you need to contact u	s regarding a specific re	equest, please be prepar	ed to provide your case	number and MyIntealth	ID.	
Case Number v	Case Type 🗸 🗸	Case Status 🗸 🗸	Date Opened v	Last Modified V Date	Action Required $\sim$	Restriction Applied
<u>C-71988</u>	Identity Verification	Account Established	10-06-2023	10-09-2023	No	No
<u>C-72759</u>	Application For Certification	Submitted - In Review at ECFMG	10-16-2023	10-16-2023	No	No
<u>C-72760</u>	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
<u>C-72761</u>	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
Note: If a restriction is a	pplied to any of your ca	ses then you will not be	able to make edits to th	em.		

**Step 3.** Click the **Case Number** (C-#) associated with the case you are interested in viewing.

Case Number v	Case Type 🛛 🗸	Case Status 🗸 🗸	Date Opened V	Last Modified Date	Action Required $~~\lor~$	Restriction Applied
C-71988	Identity Verification	Account Established	10-06-2023	10-09-2023	No	No
<u>C-72759</u>	Application For Certification	Submitted - In Review at ECFMG	10-16-2023	10-16-2023	No	No
C-72760	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
C-72761	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No

## **Step 4.** The related **Case Information** page appears.

Case Inform	ation					
Related Cases	✓ Case Type		~	Document Type ~	External Status	$\sim$
<u>C-72760</u>	Credential	Verification		Transcript to Document Transfer Cre	Submitted to ECFMG	
<u>C-72761</u>	Credential	Verification		Transcript to Document Transfer Cre	Submitted to ECFMG	
Case Number		C-72759 🛇				
Case Status		Submitted - In Revi	ew at l	ECFMG		
Case Type		Application For Cer	tificat	ion		
Date Created		Oct 16, 2023				苗
Last Updated Date		Oct 16, 2023				苗
Action Needed?		No				

Summary				
Application for E	CFMG Certification Summary			
Case				
External Status				
Created By	Old Value	V New Value	<ul> <li>Created Date</li> </ul>	~
	Submitted	Submitted - In Review at ECFM	G 10/16/2023, 01:39	PM EDT
		Submitted	10/16/2023, 01:39	PM EDT
		Back		

## 4.2.1 Identify Rejected Credentials Case

#### **Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **My Cases**.



#### Step 2. The list of your Case Numbers appears in the My Case Requests section.

Case Number v	Case Type V	Case Status ~	Date Opened V	Last Modified V Date V	Action Required $\sim$	Restriction Applied
<u>C-16918</u>	Identity Verification	Account Established	10-31-2023	10-31-2023	No	No
<u>C-16919</u>	Application For Certification	Resubmitted; In Review at ECFMG	10-31-2023	11-01-2023	No	No
<u>C-16926</u>	Exam Registration	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
<u>C-16927</u>	Credential Verification	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
<u>C-16928</u>	Credential Verification	CV Rejected	11-01-2023	11-03-2023	No	No

## **Step 3.** Click the **Case Number** with the **Case Status** of **CV Rejected**.

Case Number v	Case Type V	Case Status ~	Date Opened	<ul> <li>✓ Last Modified</li> <li>✓ Date</li> </ul>	~ Action Requi	ired ~ Restriction Applied	~
C-16918	Identity Verification	Account Established	10-31-2023	10-31-2023	No	No	
<u>C-16919</u>	Application For Certification	Resubmitted; In Review at ECFMG	10-31-2023	11-01-2023	No	No	
<u>C-16926</u>	Exam Registration	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No	
<u>C-16927</u>	Credential Verification	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No	
<u>C-16928</u>	Credential Verification	CV Rejected	11-01-2023	11-03-2023	No	No	

**Step 4.** The **Case Information** page appears. At the top of the page, there is a list of reasons explaining why the case was rejected.

Case Information	
<ul> <li>The credential you uploaded does not list all of the required courses that you transferred. Please upload your Transfer Credit Transcript that has all of the courses which you transferred to your degree medical school.</li> </ul>	
<ul> <li>The credential you uploaded indicates you did not pass all of your transferred courses. ECFMG requires that all transferred courses be passed to be eligible for ECFMG Certification. If this is a mistake on your transcript, please upload your Transfer Credit Transcript which indicates a pass for all transferred courses.</li> </ul>	
<ul> <li>The medical school you indicated you transferred from is not an acceptable school for ECFMG Certification. Please ensure you have provided the correct medical school that you transferred from.</li> </ul>	
<ul> <li>Courses listed were failed courses. Applicant would nee to re-apply with only providing passed courses.</li> </ul>	

## 4.3 Update Your Application for ECFMG Certification

**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and then select **ECFMG Certification** from the dropdown.



**Step 2.** The **ECFMG Certification** page appears. Click the **Application for ECFMG Certification** tab.

ECFMG Certification					
About ECFMG Certification	Application for ECFMG Certification	USMLE Application	Exam Results	ECFMG Certificate	

Step 3. Scroll down and click Update My Application.

Once you submit your application, you can monitor the status of your Application for ECFMG Certification, as well as the requests, in the My Cases section.	status of any associated credential verification
Update My Application	

**Step 4.** All previously saved information appears. Click **Next** to navigate through the pages.

<b>Review Your Profile In</b>	formation	
Please review your Intealth profile information necessary changes now. Please note that subr this application. If you confirm that the informa	below. If any information is nitting certain changes to ation in your profile is corre	s incorrect or needs to be updated, you must go to the My Profile section and make the your identity information will need to be reviewed and approved before you can continue with ct as listed below, click <b>Next</b> .
Identity Information	ß	
Last Name/Surname		



**Step 5.** Edit the information as needed.

*Medical Education Status	• Student Graduate		
*Degree Medical School	Gotham University		
*Attendance Start Month & Year	Month	Year	
	March 👻	2020	Ŧ

a. In this example, the applicant is updating the **Medical Education Status** from **Student** to **Graduate**.

*Medical Education Status	Student			
*Degree Medical School	Gotham University			
*Attendance Start Month & Year	Month		Year	
	March	*	2020	v

**Note:** If the **Medical Education Status** has been updated to **Graduate**, a new **Graduates** page opens asking you to upload your **Diploma**. Refer to the <u>Continue with the Application as a Graduate</u> section of this user guide.

**Step 6.** Refer to the Application for ECFMG Certification\_section of this user guide, as necessary.

## 4.4 Request a Duplicate Certificate

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **ECFMG Certification** from the dropdown.



**Step 2.** Click the **ECFMG Certificate** tab.

ECFMG Ce	rtification			
About ECFMG Certification	Application for ECFMG Certification	USMLE Application	Exam Results	ECFMG Certificate
ECFMG Certific	ate			

Step 3. Click Request a Duplicate Certificate.

Duplicate Certifica	ite
If your original ECFMG Certificate gets los your name has changed since your certific the time of submission.	t, stolen, or destroyed and needs to be replaced, you may request a duplicate certificate. You may also request a duplicate certificate if ate was issued and you would like to obtain a certificate that reflects your current legal name. There is a fee for this request that is due at
Request a Duplicate Certificate	D <sub>2</sub>

**Step 4.** Review your profile information and click **Next**.

*Email Address	jbeeler@ecfmg.org
Telephone Number	2154567777
Next Cancel	

- Step 5. The Request a Duplicate ECFMG Certificate appears. Enter all required information (\*).
  - a. Select a **Reason for Duplicate Certificate Request** from the dropdown.

*Reason for Duplicate Certificate Request:	Select	-
*Brief Explanation:	Lost	
	Stolen	
	Destroyed	
	Name on Record Changed	
Important Note: If ECFMG determines that a duplicate certificate will be issued, the r	Other .	
than your original certificate.		

b. Provide a **Brief Explanation** in the textbox.

## Step 6. Click Next.

Important Note: If ECFM than your original certified	G determines that a duplicate certificate will be issued, the newly issued certificate will be marked "Duplicate" and have a different issue date ate.	I
Previous	Discard Changes and Exit	l

# Step 7. The Attestation by Applicant page appears. Click the Request for Duplicate ECFMG Certificate Attestation checkbox



a. The **Attestation by Applicant** appears. Review the attestation and click **Accept** to continue.



Step 8. Click Next to continue.

Attestation by Applicant	
n order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following rms, releases, policies, and/or other conditions (check the box to view the document):	ing
Request for Duplicate ECFMG Certificate Attestation Previous Next Cancel	

Step 9. The Review Your Cart page appears with an overview of your Cart Items.

<b>Review Your Cart</b>		
Please review the items in your cart. If you are ready unable to return to this screen. If you wish to cancel t	to continue with this application/request, click <b>F</b> his application/request, click <b>Previous</b> to return	Proceed to Payment. Once you proceed to payment, you will be to the preceding screen and then click <b>Cancel</b> .
Important Note: Navigating away from this screen, b application/request.	using the Back button in your browser or refree	shing your browser, may clear your responses and restart the
🖷 Cart Items		
Product	∽ Total	~
Courier (U.S.)		\$
Duplicate ECFMG Certificate		\$
		Subtotal: \$

Step 10. Click Proceed to Payment.

 Total: \$
Previous Proceed to Payment

**Step 11.** Select your method of payment, **Card** or **Bank Account**, and enter your payment information as required.

I	Card	Bank Account
Billing Address		Payment Infe

Step 12. Click Pay \$.

Pay \$
--------

**Step 13.** Once your payment is successfully processed, a **Thank You!** confirmation notification appears, and an email confirmation is sent to your email address on file.

Thank You!	
You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below.	
For your reference, your case number for this request is <b><math>\mathfrak{L}</math>-42128</b> .	
Payment Confirmation Number:	
Amount: \$	
Next	)

**Step 14.** Click **Next** to return to the **MyIntealth Applicant Portal** homepage.

## 5 USMLE Exam

## 5.1 Submit a USMLE Application

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and then select **ECFMG Certification** from the dropdown.



Step 2. The ECFMG Certification page opens.

**Note:** Before applying for a USMLE Exam, ensure the status of your Application for Certification case is "accepted". This status can be found on the **Application for ECFMG Certification** tab.

Step 3. Click the USMLE Application tab.



**Step 4.** Review the information and click **Apply for USMLE**.



- **Step 5.** The **Review Your Profile Information** page appears. Review your information and click **Next**.
  - a. If you need to edit your **Identity Information** and/or **Contact Information**, click **Cancel**. To make any necessary edits, click **My Profile** from the top banner and edit your **Identity Information** or **Contact Information** pages.

Review Four Frome Information	
Please review your Intealth profile information below. If any $\dot{\rm E}$ for necessary changes now. Please note that submitting certain ch this application. If you confirm that the information in your profile	rmation is incorrect or needs to be updated, you must go to the My Profile section and make the anges to your identity information will need to be reviewed and approved before you can continue with le is correct as listed below, click <b>Next</b> .
Identity Information	
Last Name/Surname	Shine
Rest of Name	Shimmer
Generational Suffix	None 👻
*Email Address	staget.2dstager1?1120234@great.com

**Step 6.** The **Review Your Medical Education Information** page appears. Review the information and if the information is correct, click the **I confirm the above information is true and correct to the best of my knowledge** checkbox.

Review Your Medical Education Information		
Please review your medical education information below. If any information is incorrect or needs to be updated, you must click <b>Edit My Application for ECFMG</b> <b>Certification</b> and make the necessary changes. Please note that submitting changes to your medical education will re-open your Application for ECFMG Certification. Your Application for ECFMG Certification case will need to be re-accepted before you can continue with this application. If you confirm that the medical education information is correct as listed below, check the box, and click <b>Next</b> .		
<ul> <li>Medical School Information</li> </ul>	5	
Medical Education Status	Graduate	
Degree Medical School	Daejeon University College of Korean Medicine	
School Program	MBBS	

I confirm the above information is true and correct to the best of my knowledge.

Step 7. Click Next.



**Step 8.** The **Provision of USMLE Performance Data Notification** page appears. Click the **Notification of Provision of USMLE Performance Data to Med Schools** checkbox to view a larger version of the document.

rovision of USMLE Performance Data Notification	
order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following rms, releases, policies, and/or other conditions (check the box to view the document):	
Notification of Provision of USMLE Performance Data to Med Schools	
Save Previous Next Cancel	

## **Step 9.** Review the document and click **Accept**.



### Step 10. Click Next.

Provision of USMLE Performance Data Notification	
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):	
R Notification of Provision of USMLE Performance Data to Med Schools	
Save Previous Next Cancel	

- **Step 11.** The **Physician License in the United States** page appears. Review the information on this page and indicate whether you have already been granted a physician license by a U.S. medical licensing authority.
  - a. If you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, select the Yes, I have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception checkbox.
    - (1) An additional information box appears. Review the information and click the checkbox at the bottom of the pop-up indicating you read and understand the information.

Physician License in the United States
Indicate whether you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, including but not limited to, the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA, or by exception.
Note: If you are a medical student, it is very unlikely that you have already been granted a physician license.
Yes, I have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception.
You indicated that you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, including but not limited to, the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA, or by exception. USMLE policy generally does not allow applicants to take USMLE if they have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations. There are, however, certain limited exceptions that may be considered by the USMLE Secretariat.
If you wish to apply for this exam, you may proceed with your application. However, your application will be placed on hold until your request for exception to the USMLE policy is received by ECFMG and a decision is rendered by the USMLE. Secretariat. You may only request the exception at the time that you apply for examination. Exceptions are not considered prior to your submittal of the exam application. For more information, including the requirements for documentation that must be submitted to ECFMG to support your request for exception, please <u>contact us</u> .
Please check this box to indicate that you have read and understood the above statements and plan to request an exception to the USMLE policy.

(2) Note: If you are a medical student, it is very unlikely that you have already been

granted a physician license.

b. If you have *not* been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, click the **No**, **I have not been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception** checkbox and click **Next**.

Physician License in the United States
Indicate whether you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, including but not limited to, the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA, or by exception.
Note: If you are a medical student, it is very unlikely that you have already been granted a physician license.
• Yes, I have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception.
No, I have not been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception.
Previous Next Cancel

Step 12. The Add Exam page appears. Click Add Exam.

Add Exam	
Click Add Exam to select the USMLE S for a USMLE Step, information will be	Step you want to include on this application. If you do not meet requirements or are otherwise ineligible to apply provided to you when you select that exam.
You may be eligible to apply for more entered all requested information for	than one USMLE Step in a single application. Exams must be added to the application one at a time. Once you have the first exam, you can click <b>Add Exam</b> to add an additional exam to your application.
Once you have added to the application	on all the exams for which you are eligible and wish to register, click Next.
Your USMLE Application	i de la constante de
You have not added any exams to this	application yet.
	6
	Previous Add Exam Cancel

**Note:** You may only add one exam at a time. Once an exam has been added, you may be able to add an additional exam.

**Step 13.** The **Exam Details** page appears. Click the checkbox next to the **USMLE Step exam** you want to take. Use the following instructions to complete the subsequent questions pertaining to the selected exam.



a. After selecting an exam, if a red notification appears stating that you have already passed this exam, additional options will appear, prompting you to select the applicable exception reason (**ECFMG Seven-Year Rule** or **Medical Licensing Authority** 

Time Limit). Once you have selected the applicable exception, click Confirm.

Our records indicate that you have previously passed this excertain exceptions to this policy that have been previously a	am. USMLE policy on reexamination generally pproved by USMLE governance and are listed b	loes not allow applicants to retake a Step if they have already passed that Step. There are, however, elow. Please select the exception from the USMLE policy on reexamination that you wish to request.
CEFMG Seven-Year Rule     Medical Licensing Authority Time Limit	Click here for more information, Click here for more information,	
Previous Confirm		•

b. In the **Eligibility Period Information** section, select your **Eligibility Period** from the dropdown.

202	s Englishing Period Information	
Befo proci he d polic	re applying for an eligibility period in 2025, you must h essing of your application is not completed in time to a late your application is processed. If the next eligibility ies and procedures detailed in the ECFMG 2026 <i>Inform</i>	have read the ECFMG 2025 Information Booklet and the USMLE 2025 Bulletin of Information. If the ssign the eligibility period you select, you will be assigned to the next available eligibility period, based o period extends into 2026 and you test in 2026, you must become familiar with and will be subject to the mation Booklet and USMLE 2026 Bulletin of Information.
*E	ligibility Periods	
Ŀ	Select-	v
Г	February 1, 2025 - April 30, 2025	*
		red eligibility period becomes sucitable. New eligibility periods typically become
v	March 1, 2025 - May 31, 2025	red eligibility period becomes available. New eligibility periods typically become
	March 1, 2025 - May 31, 2025 April 1, 2025 - June 30, 2025	red eligibility period becomes available. New eligibility periods typically become
	March 1, 2025 - May 31, 2025 April 1, 2025 - June 30, 2025 May 1, 2025 - July 31, 2025	red eligibility period becomes available. New eligibility periods typically become
	March 1, 2025 - May 31, 2025 April 1, 2025 - June 30, 2025 May 1, 2025 - Juny 31, 2025 June 1, 2025 - Juny 13, 2025	red eligibility period becomes available. New eligibility periods typically become
t	March 1, 2025 - May 31, 2025 April 1, 2025 - June 30, 2025 May 1, 2025 - July 31, 2025 June 1, 2025 - August 31, 2025	red eligibility period becomes available. New eligibility periods typically become ⇒ Step. You may not take the same examination more than three times within a 12
	March 1, 2025 - May 31, 2025 April 1, 2025 - June 30, 2025 May 1, 2025 - July 31, 2025 June 1, 2025 - August 31, 2025 July 1, 2025 - September 30, 2025	<ul> <li>red eligibility period becomes available. New eligibility periods typically become</li> <li>Step. You may not take the same examination more than three times within a 12 npt at that examination and at least six months after your most recent attempt a</li> </ul>
	March 1, 2025 - May 31, 2025 April 1, 2025 - June 30, 2025 May 1, 2025 - July 31, 2025 June 1, 2025 - August 31, 2025 July 1, 2025 - September 30, 2025 August 1, 2025 - October 31, 2025	<ul> <li>red eligibility period becomes available. New eligibility periods typically become</li> <li>Step. You may not take the same examination more than three times within a 12 npt at that examination and at least six months after your most recent attempt a</li> </ul>

## c. Select your **Testing Region**.

*Testing Region
<ul> <li>Africa (Note: Egypt is in Prometric's Middle East testing region. If you would like to take the exam in Egypt, select Middle East.)</li> </ul>
<ul> <li>Asia (Note: India is in Prometric's India testing region. If you would like to take the exam in India, select India.)</li> </ul>
○ Australia
China (Note: Hong Kong is in Prometric's Asia testing region. If you would like to take the exam in Hong Kong, select Asia.)
○ Europe
🗋 India
🔿 Indonesia
🗇 Japan
○ Korea
🔿 Latin America
Middle East (Note: Israel is in Prometric's Europe testing region. If you would like to take the exam in Israel, select Europe.)
○ Taiwan
○ Thailand
Q United States and Canada

- d. In the **Examinees with Documented Disabilities** section, review the question and select the appropriate answer.
  - (1) If you select **Yes**, follow the on-screen instructions for more detail.

Examinees with Documented Disabilities
Do you have a documented disability as defined by the Americans with Disabilities Act and intend to request test accommodations for USMLE Step 2 CK? * Yes No
Previous





**Step 15.** The **Add Exam** page appears. Review the newly added **Exam Type** under the **Your USMLE Application** section.

may be eligible to apply for more than one USMLE Step in a single application. Exams must be added to the application one at a time. Once you have red all requested information for the first exam, you can click Add Exam to add an additional exam to your application.         ave added to the application all the exams for which you are eligible and wish to register, click Next.         tur USMLE Application         Testing Region       Test Accommodations         ISMLE Step 2 CK       No       © 3	Add Exam to select the USMLE Step, information	ne USMLE Step you want to include on to to will be provided to you when you see	this application. If you do not meet reque elect that exam.	irements or are otherwise ineligible to ap	ply
e you have added to the application all the exams for which you are eligible and wish to register, click Next. TUSMLE Application xam Type Eligibility Period Testing Region Test Accommodations ISMLE Step 2 CK COLL CLICATION	may be eligible to apply red all requested inform	y for more than one USMLE Step in a si mation for the first exam, you can click	ngle application. Exams must be added Add Exam to add an additional exam to	to the application one at a time. Once you your application.	i have
Introduction       Xam Type     Eligibility Period     Testing Region     Test Accommodations       SMLE Step 2 CK     Oct 1, 2023 - Dec 31, 2023     United States and Canada     No     Image: Colspan="3">Image: Colspan="3"       SMLE Step 2 CK     Oct 1, 2023 - Dec 31, 2023     United States and Canada     No     Image: Colspan="3"		e emplication all the exemption which we	u are eligible and wish to register click	Next	
xam Type     Eligibility Period     Testing Region     Test Accommodations       SMLE Step 2 CK     Oct 1, 2023 - Dec 31, 2023     United States and Canada     No     🖉 🌀	e you have added to the	e application all the exams for which yo	a are engine and more to register, ener		
xam Type         Eligibility Period         Testing Region         Test Accommodations           ISMLE Step 2 CK         Oct 1, 2023 - Dec 31, 2023         United States and Canada         No         Image: Commodation States and Canada	e you have added to th				
SMLE Step 2 CK Oct 1, 2023 - Dec 31, 2023 United States and Canada No 🦉 🌀	e you have added to th ur USMLE Appl	ication			
	e you have added to th ur USMLE Appl xam Type	Eligibility Period	Testing Region	Test Accommodations	

- a. If you are eligible to add another exam, click **Add Exam** and follow the previous instructions.
- b. If you would like to edit your exam details, click the green pencil icon.
- c. If you would like to delete your exam, click the red delete icon.

## Step 16. Click Next.

**Step 17.** The **Additional Information** page appears. Choose your native language from the **Select Your Native Language** dropdown. All other fields are optional.

Additional Information Providing the information in the section below is voluntary. Providing a particular response, or choosing not to respond, in the section below will not affect the outco of your application(s). The information collected below, should you choose to provide it, may be used for conducting statistical research and analysis only. We will no verify any of the information collected below.	
*Select Your Native La	anguage
English 👻	
Select Other Languag	es Spoken 💿

## Step 18. Click Next.

Save Previous Next Cancel

Step 19. The USMLE Application Summary page appears. Click Next.

**Important:** This is the last opportunity to make any changes to your exam application before proceeding to the final steps.
USMLE Application Summary	
Below is a summary of the information you provided as part of this application for USMLE. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your response by clicking the button in the appropriate section.	
- Physician License in the United States	
Change Physician License Information	
No, I have not been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception.	
> Exam Details	
> Additional Information	
Previous Next Cancel	_

**Step 20.** The **Attestation by Applicant** page appears. Click the **USMLE Application Attestation** checkbox to view a larger version of the document.

Attestation by Applicant	
In order to proceed with your application or request for Intealth service terms, releases, policies, and/or other conditions (check the box to view	s, please review and acknowledge that you have read, understood, and agree to the following v the document):
USMLE Application Attestation	
	Previous Next Cancel

- a. Accepting the **Attestation by Applicant** confirms your understanding and correct completion of all USMLE application questions.
- b. Review the document and click Accept.







**Step 22.** The **Review Your Cart** page appears with a list of **Cart Items**.

portant Note: Navigating away from this screen, by using the Back button in your browser or refreshing your browser, may clear your responses and resta plication/request.	y from this screen, by using the Back button in your browser or refreshing your browser, may clear your responses and restart the           V         Total         V	portant Note: Navigating away from this screen, by usin	g the Back button in your browser or refraching your browser, may clear your	
Product v Total D USMLE Step 2 Region Surcharge	v Total D₂ v	Cost light	g the back button in your browser or reliesning your browser, may clear you	r responses and restart the
USMLE Step 2 Region Surcharge	rge	Product	V Total	
		1100001		
USMLE Step 2 Exam		USMLE Step 2 Region Surcharge		

a. If there are any credits in your financial account, click Apply Credits to use them.



#### b. Click Proceed to Payment.

Total: \$
 Previous Proceed to Payment

*Note:* As stated on the screen, refreshing your browser page, or navigating away from this screen using your browser's **Back** button restarts your application/request. Click **Previous** to return to any prior screens.

c. Click your payment method, Card or Bank Account.

billing address for the credit card you are using is different from the ad	dress in your Intealth profile, please enter the correct I email address below.	öilling address. A payment confirmation will be sent
Billing Address	Card Bank Account	Payment Info
Apt / Suite	Card Number	
Spartanburg	MM/YY	CVV ?
South Carolina		
29301		

d. Confirm the **Billing Address** information is correct. Correct information as needed.

	Card Bank Account		
Billing Address		Payment Info	
123 USCS Way	Ralph L. Loewe		
Apt / Suite	Card Number		
Spartanburg	MM/YY	CVV	
South Carolina			

e. Enter your **Payment Info** based on the payment method you selected.

billing address for the credit card you are using is different from the addre	ss in your Intealth profile, please enter the corr email address below.	rect billing address. A payment confirmat	tion will be sent to
Billing Address	Card Bank Account	Payment Info	
123 USCS Way	Ralph L. Loewe		
Apt / Suite	Card Number		
Spartanburg	MM/YY	CVV	?
South Carolina			
29301			

f. Click Pay \$.

	Pay
Warning: Clicking the back button in your browser will start the entire application/service request over again.	
When the payment is approved, click <b>Next.</b>	
Please refer to the Payment page for additional information.	

- g. When the payment is successfully processed, a **Thank You!** confirmation notification appears, and an email confirmation is sent to your email address on file.
  - (1) If you are a student and your medical school participates in the **MyIntealth Entity Portal** (Formerly EMSWP), a request is sent to the **MyIntealth Entity Portal** to verify your student enrollment status.
  - (2) If you are a student and your medical school does not participate in the **MyIntealth Entity Portal**, your Form 183 is available on the **USMLE Exam** tab (at the bottom of the screen).
  - (3) If you are a graduate, your application should be accepted within 24 hours.

Thank You!	
You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below. For your reference, your case number for this request is	
Next	

**Step 23.** Click **Next** to return to the homepage.

# 5.2 Request a USMLE Eligibility Period Extension

**Step 1.** Log in to the **MyIntealth Applicant Portal**.



**Step 2.** From the top banner, under **Services**, select **ECFMG Certification**.

lntealth <sup>®</sup>	Home	My Profile 🗸	My Documents	My Cases	Services A	Help V	Ļ	٩
					EPIC	MyIntealth ID:		
					J-1 Sponsorship			- 1
					ERAS Support Services			- 1
					CVS			
Welcome	to t	he Myl	ntealth	n Appl	icant P	Portal!		

**Step 3.** Click the **USMLE Application** tab.

ECFMG Ce	rtification			_
About ECFMG Certification	Application for ECFMG Certificat	USMLE Application	Exam Results	More

**Step 4.** Review the **Current Exam Applications** section to ensure you are within the current **Eligibility Period**.

Current	Exam Ap	plicatio	ns				
Active exam applications you have submitted will appear below. You can monitor the status of current exam applications, see your eligibility period, and access your scheduling permit once it is available. If you are a student whose school completes enrollment verification requests via the paper form, you will see an option to download the form and instructions. If you are a student whose school verifies enrollment through MyIntealth, you will see "Pending Enrollment Verification" as your exam application status; the paper form is not required.							
Exam Type	Eligibility Period	Testing Region	Test Accommodations	Application Status	Scheduling Permit	Practice Per	
USMLE Step 1	Jan 1, 2024 - Mar 31, 2024	Europe	No	Registered	Not Available	Not Available	
	2						

Step 5. Under the Eligibility Period Extension Request section, click Request an Eligibility Period Extension.

<b>Eligibility Period Exte</b>	nsion Request
If you are unable to take USMLE Step 1 and/c extension. You may extend your eligibility per your assigned eligibility period. There is a fee Request an Eligibility Period Extension.	or Step 2 CK during the eligibility period assigned to you, you may request a one-time riod only once and only through the next eligibility period that does not overlap with of this request that is due at the time of submission. To request an extension, click

a. If you are not currently within the **Eligibility Period**, the option to **Request an Eligibility Period Extension** is not available. The section for an Eligibility Period Extension Request will only appear on the USMLE Application tab if you have an active exam registration.

**Step 6.** Review the previously entered **Identity Information** and **Contact Information**.

Identity Information		
Last Name/Surname		
Rest of Name		
Generational Suffix	None	•
Gender	Male	*
Date of Birth		
*Citizenship Upon Entering Medical School	India	*
Contact Information		
Country	United States	
Street		li

**Step 7.** If no changes are necessary, click **Next**.

*Email Address		
Telephone Number	123111111	
Next Cancel		

**Step 8.** On the **Eligibility Period Extension Request** page, select the exam you want to request an eligibility period extension for by clicking the appropriate checkbox.

Eligibility Period Extension Reque	est
Before you begin, please read the Important Information About Eligibi	lity Period Extension Requests.
Please select the exam(s) for which you would like to request an eligib	ility period extension:
USMLE Step 1	
Original Eligibility Period: Jan 1, 2024- Mar 31, 2024 Extended Eligibility Period Requested: Jan 1, 2024- Jun 30, 2024 Processing Deadline: Apr 25, 2024	l.

- a. The **Processing Deadline** is the date by which the eligibility extension request must be accepted. If it is not accepted by this date, then the eligibility extension will not be provided. If you are a student, enrollment verification by the medical school is required to process the extension. The enrollment verification must be received and accepted by the **Processing Deadline** date.
- b. If you are a student and your medical school previously verified your enrollment electronically, once the request for an extension is submitted, another request is sent to your medical school to electronically verify your enrollment status.
- c. If you are a student and your medical school verifies enrollment status via the paper process, once your request is submitted to extend your eligibility period, Form 183 is provided. This form must be signed and dated and then sent to your medical school. Your medical school must then send the form back to ECFMG.

### Step 9. Click Next.

Enrollment Verification
You must continue to be eligible to take the exam during the extended eligibility period. If you were registered for this examination as a graduate, your enrollment status was confirmed by your medical school prior to registration and no additional action is required. If you were registered for this examination as a student, once you submit your eligibility period extension request, ECFMG will request enrollment verification from your medical school via the school's current method. If your medical school verifies enrollment through MyIntealth, your record will be made available to your medical school after you submit your eligibility period extension request. If your medical school completes enrollment verification requests via paper form, you will be provided with the form and instructions after you submit your eligibility period extension request.
If you were registered for this exam as a student, ECFMG must receive verification of your enrollment from your medical school and process your request by the deadline above, or your eligibility period extension request will be rejected.
Previous Next Cancel

**Step 10.** Review the previous and new eligibility period information on the **Eligibility Period Extension Request Summary** page. Once ready, click **Next**.



**Step 11.** Review the **Attestation by Applicant** information by following the instructions below:

a. Click the USMLE Eligibility Period Extension Request Attestation checkbox.



b. Review the attestation form and click Accept.



#### Step 12. Click Next.

Attestation by Applicant				
In order to proceed with your application or request for Intea understood, and agree to the following terms, releases, polic	Ith services, p ies, and/or otł	lease revie ner conditi	ew and acknowledge that you hav ons (check the box to view the do	ve read, ocument):
✓ USMLE Eligibility Period Extension Request Attestation	Previous	Next	Cancel	

Step 13. The Review Your Cart page appears with an overview of your Cart Items.

Sour Lor mo our mouton	Application for ECFMG Certification	USMLE Application Exam Resul	Its ECFMG Certificate
Review Your Co	art		
lease review the items in your	cart. If you are ready to continue with this appl	lication/request, click Proceed to Paym	nent. Once you proceed to payment, you wil
and to contine to this scroop	It you used to cancel this application requires	lick <b>breadoue</b> to return to the precedure	a coroon and thon click ("ancol
nable to return to this screen. I	If you wish to cancel this application/request, c	lick <b>Previous</b> to return to the preceding	g screen and then click <b>Cancel</b> .
nportant Note: Navigating awa	It you wish to cancel this application/request, c	lick <b>Previous</b> to return to the preceding	g screen and then click <b>Cancel</b> . ser, may clear your responses and restart th
napie to return to this screen. I nportant Note: Navigating awa pplication/request. Cart Items	It you wish to cancel this application/request, c	lick <b>Previous</b> to return to the preceding	g screen and then click <b>Cancel</b> . ser, may clear your responses and restart th
nportant Note: Navigating awa pplication/request.	It you wish to cancel this application/request, c	v Total	g screen and then click <b>Cancel</b> .

Step 14. Click Proceed to Payment.

Total: \$	
Previous Proceed to Payment	

**Step 15.** Select your payment method, **Card** or **Bank Account**, and enter your payment information as required.

	Card	Bank Account
Billing Address		Rayment Info

Step 16. Click Pay \$.



- **Step 17.** Once your payment is successfully processed, a **Thank You!** confirmation notification appears, and an email confirmation is sent to your email address on file.
  - a. It is recommended to document your case number (**C-#**) for this request. It helps the Intealth advisors quickly locate your case if necessary.

Thank You!
You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below.
For your reference, your case number for this request is C-72759.
Payment Confirmation Number:
Amount: \$
Next

# 5.3 Review the Case Status of an Eligibility Period Extension Request

**Step 1.** In the top banner, click **My Cases**.



Step 2. Under My Case Requests, locate the Eligibility Period Extension case type request.

Case Number	✓ Case Type ∨	Case Status 🗸	Date Opened $ \smile $	Modified ~	Action Required ~	Restriction Applied
<u>C-22049</u>	Identity Verification	Account Established	01-08-2024	01-09-2024	No	No
<u>C-22226</u>	Application For Certification	Accepted	01-10-2024	01-10-2024	No	No
<u>C-22328</u>	Exam Registration	Cancelled	01-10-2024	01-15-2024	No	No
<u>C-22339</u>	Exam Registration	Registered	01-10-2024	01-15-2024	No	No
<u>C-22535</u>	Region Change	Accepted	01-11-2024	01-11-2024	No	No
<u>C-22539</u>	Exam Registration	Registered	01-11-2024	01-15-2024	No	No
<u>C-22701</u>	USMLE Transcript	Submitted - In Review at ECFMG	01-15-2024	01-15-2024	No	No
<u>C-22702</u>	Eligibility Period Extension	Pending Enrollment Verification	01-15-2024	01-15-2024	No	No

a. From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

# 5.4 Request a USMLE Testing Region Change

**Step 1.** Log in to the **MyIntealth Applicant Portal**.



**Step 2.** From the top banner, under **Services**, select **ECFMG Certification**.

lntealth <sup>®</sup>	Home	My Profile 🗸	My Documents	My Cases	Services A	Help V	Ļ	٩
					EPIC	MyIntealth ID:		
					J-1 Sponsorship			- 1
					ERAS Support Services			- 1
					CVS			
Welcome	to t	he Myl	ntealth	n Appl	icant P	Portal!		

Step 3. Click the USMLE Application tab.

ECFMG Ce	rtification			_
About ECFMG Certification	Application for ECFMG Certificat	USMLE Application	Exam Results	More

**Step 4.** Scroll down to the **Testing Region Change Request** section, and click **Request a Testing Region Change**.



**Note:** Testing Region Change Request will only appear on the USMLE Application tab if you have an active exam registration.

**Step 5.** Review your **Identity Information** and **Contact Information** to verify that it is accurate. Once ready, click **Next**.

Identity Information		
Last Name/Surname		
Rest of Name		
Generational Suffix	None	•
Gender	Male	•
Date of Birth		ä
Citizenship Upon Entering Medical School	India	•
Contact Information	United States	
Street		1.
*Email Address		
Telephone Number	123111111	
Next Cancel		

**Step 6.** Review the information on the **Testing Region Change Request** page and click the checkbox next to the exam you would like to change.

Testing Region Change	e Request	
If you are registered for Step 1 and/or Step 2 CK a to change your testing region. There is a fee for c the international test delivery surcharge for the b region, you also must pay the difference in these this change will be issued. You must present the r	and are unable to take the exam in the testin, hanging a USMLE testing region that is due is esting region you request is more than the si surcharges. If your testing region is changed revised scheduling permit at the test center	g region you selected, you may request at the time you submit your request. If urcharge for your current testing I, a revised scheduling permit reflecting on your exam date.
If you have a scheduled testing appointment in you region is changed. You will need to schedule a new on rescheduling in the applicable edition of the Ed	our current testing region, your appointment w testing appointment at a test center in you CFMG <u>Information Booklet</u> .	will be canceled when your testing Ir new testing region. See information
Please select the exam(s) for which you would like to rec	quest a testing region change:	
USMLE Step 1	Current Testing Region: Europe	Surcharge: \$195.00

**Step 7.** A list of available testing regions will appear below, along with their respective **Surcharge**. Select the **Testing Region** by clicking the circle next to the region.

ease select the exam(s) for which you wo	uld like to request a testing region change:		
USMLE Step 1	Current Testing Region: Europe	Surcharge: \$195.00	
Select the new region below:			
Testing Region			Su
Africa (Note: Egypt is in Prometric'	s Middle East testing region. If you would like to take th	ne exam in Egypt, select Middle East.)	\$1
Asia (Note: India is in Prometric's	India testing region. If you would like to take the exam	in India, select India.)	\$1
Australia			\$1:
China (Note: Hong Kong is in Prom	etric's Asia testing region. If you would like to take the	exam in Hong Kong, select Asia.)	\$10
🔿 India			\$10

#### Step 8. Click Next.

◯ Taiwan	\$1!
Thailand	\$10
<ul> <li>United States and Canada</li> </ul>	\$O
▶	
Previous Next Cancel	

**Step 9.** The **Testing Region Change Request Summary** page now appears. Review the region fee information and click **Next**.

Testing	Region Change Request Summary
Below is a summa provided is accura	ry of the information you provided as part of this request. Please review the summary carefully to ensure that all the information you te. If necessary, you can change your application by clicking <b>Previous</b> .
Exam: USMLE S	Step 1
Ne	evious region Faer: Europe (str w Region Fee : United States and Canada (\$)
No	w Region Change Fee : \$(
Previous	Next Cancel

**Step 10.** Complete the **Attestation by Applicant** section by following the instructions below:

a. Click the **USMLE Testing Region Change Request Attestation** checkbox.

Attestation by Applicant	
In order to proceed with your application or request for Inte- understood, and agree to the following terms, releases, poli-	alth services, please review and acknowledge that you have read, cies, and/or other conditions (check the box to view the document):
USMLE Testing Region Change Request Attestation	Previous Next Cancel

b. Review the information and click Accept.



**Step 11.** Click **Next**, and continue to the **Review Your Cart** screen. Refer to steps 13-17 in Section 5.2 for additional instructions on submitting your payment information.

Attestation by Applicant	
In order to proceed with your application or request for Inte understood, and agree to the following terms, releases, pol	ealth services, please review and acknowledge that you have read, licies, and/or other conditions (check the box to view the document):
✓ USMLE Testing Region Change Request Attestation	Previous Next Cancel

### 5.4.1 Review the Case Status of a Testing Region Change Request

**Step 1.** In the top banner of the **MyIntealth Applicant Portal**, select **My Cases**.

Pintealth	Home	My Profile 🗸	My Documents	More A	<u>ه</u>
				My Cases	
Thank You!				Services ECFMG Certification	
You have successfully submitted yo You can also monitor the status of	our applicatio this request u	n/service request. W sing the case numbe	e will notify you as soon r provided below.	as J-1 Sponsorship	processed.
For your reference, your case numb	per for this red	quest is		ERAS Support Servi	
Payment Confirmation Number:				Help	
Amount:				Applicant User Guide	
					Next

### **Step 2.** Under **My Case Requests**, locate the **Region Change** request.

Case Number	~	Case Type $\sim$	Case Status $\lor$	Date Opened $ \lor $	Modified v Date	Action Required	Restriction Applied
<u>C-22049</u>		Identity Verification	Account Established	01-08-2024	01-09-2024	No	No
0-22226		Application For Certification	Accepted	01-10-2024	01-10-2024	No	No
<u>C-22328</u>		Exam Registration	Cancelled	01-10-2024	01-15-2024	No	No
<u>C-22339</u>		Exam Registration	Registered	01-10-2024	01-15-2024	No	No
C-22535		Region Change	Accepted	01-11-2024	01-11-2024	No	No
<u>C-22539</u>		Exam Registration	Registered	01-11-2024	01-15-2024	No	No
<u>C-22701</u>		USMLE Transcript	Submitted - In Review at ECFMG	01-15-2024	01-15-2024	No	No
<u>C-22702</u>		Eligibility Period Extension	Pending Enrollment Verification	01-15-2024	01-15-2024	No	No
<u>C-22703</u>		Region Change	Submitted	01-15-2024	01-15-2024	No	No

a. From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

### 5.5 Locate and Download Student Enrollment Verification (Form 183)

If your school does not verify enrollment status electronically, you are prompted to download and complete a **paper enrollment verification form**.

The steps shown in this section apply to an applicant who has already completed the **Application for ECFMG Certification** as a student and the application was accepted. In addition, the applicant applied and paid for the **USMLE Exam**. At this point, **the paper Student Enrollment Verification (Form 183)** became available.

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and then select **ECFMG Certification** from the dropdown.



**Step 2.** Click the **USMLE Application** tab and scroll to the **Current Exam Applications** section at the bottom of the page.

ECFMG	Certi	ficatio	on				
About ECFMG Certi	fication Applie	cation for ECFM	IG Certification US	MLE Application Exam Resu	Its ECFMG Certi	ficate	
USMLE App	olication	Overvie	w	•			
Active exam application scheduling permit once download the form and exam application statu	am Appl ons you have subm e it is available. If y d instructions. If you as; the paper form i	ications itted will appear b ou are a student w us are a student w is not required.	below. You can monitor t whose school complete hose school verifies en	the status of current exam applicati s enrollment verification requests v rollment through MyIntealth, you w	ons, see your eligibili via the paper form, yo ill see "Pending Enrol	ty period, and acce u will see an option Iment Verification	ess your h to " as your
USMLE Step 1	Oct 1, 2023 -	United States	No	Pending Enrollment Verification	Not Available	Not Available	Not Availab
USMLE Step 2 CK	Oct 1, 2023 - Dec 31, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Availab

**Step 3.** Click the download icon (  $\pm$  ) in the **Paper Enrollment Form** column.

Appl	ications	5					
have subm vailable. If y ctions. If yo paper form i	itted will appear b rou are a student ou are a student w is not required.	below. You can monitor th whose school completes whose school verifies enro	e status of current exam applicati enrollment verification requests v ollment through MyIntealth, you wi	ons, see your eligibili ia the paper form, yo ill see "Pending Enrol	ty period, and acce u will see an option Iment Verification	ess your n to " as your	
ility Poriod	Testing Region	Test Accommodations	Application Status				
inty Feriou	resting negion	Test Accommodations	Application Status	Scheduling Permit	Practice Permit	Visa Letter	Paper Enrollment Form
2023 - 1, 2023	United States and Canada	No	Pending Enrollment Verification	Scheduling Permit	Practice Permit Not Available	Visa Letter Not Available	Paper Enrollment Form

**Step 4.** The **Student Enrollment Verification (Form 183)** PDF file appears and is available to save.



a. Follow the instructions provided with the form.

# 5.6 Locate and Download a Scheduling Permit

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **My Cases**.



Step 2. The list of Case Numbers appears within the My Case Requests section.

Case Number v	Case Type ~	Case Status $\checkmark$	Date Opened v	Last Modified V Date V	Action Required $\checkmark$	Restriction Applied
<u>C-73995</u>	Identity Verification	Account Established	11-03-2023	11-03-2023	No	No
<u>C-73996</u>	Application For Certification	Accepted	11-03-2023	11-03-2023	No	No
<u>C-73997</u>	Exam Registration	Registered	11-03-2023	11-03-2023	No	No
C-74015	Exam Registration	Registered	11-03-2023	11-03-2023	No	No

# **Step 3.** Click the **Case Number** next to the **Exam Registration** case with a **Case Status** of **Registered**.

Case Number $\lor$	Case Type V	Case Status $\checkmark$	Date Opened	Last Modified V Date	Action Required $\lor$	Restriction Applied			
<u>C-73995</u>	Identity Verification	Account Established	11-03-2023	11-03-2023	No	No			
<u>C-73996</u>	Application For Certification	Accepted	11-03-2023	11-03-2023	No	No			
<u>C-73997</u>	Exam Registration	Registered	11-03-2023	11-03-2023	No	No			
<u>C-74015</u>	Exam Registration	Registered	11-03-2023	11-03-2023	No	No			
Note: If a restriction is applied to any of your cases then you will not be able to make edits to them.									

#### **Step 4.** The **Case Information** page appears. Click **Download**.

Case Information		
You currently have a pending action o	on this case: No	
Case Number	C-73997	
Case Status	Registered	
Case Type	Exam Registration	
Date Created	Nov 3, 2023	ä
Last Updated Date	Nov 3, 2023	ä
Scheduling Permit Form	Download	

# 5.7 Locate and Download a Score Report

Once you have received an email that your score report is available, follow the instructions below to view that report.

**Step 1.** Log in to the **MyIntealth Applicant Portal**.



**Step 2.** From the top banner, under **Services**, select **ECFMG Certification**.

intealth <sup>®</sup>	Home	My Profile 🗸	My Documents	My Cases	Services	Help ~	۰	•
					EPIC	MyIntealth ID:		
					J-1 Sponsorship	My Integration		- 1
					ERAS Support Servi	ices		- 1
					CVS			
Welcome	to t	he Myl	ntealt	h Appl	licant	Portal!		

**Step 3.** Click the **Exam Results** tab.

ECFMG Ce	ertification			_
About ECFMG Certification	Application for ECFMG Certificat	USMLE Application	Exam Results	More
About ECFMG C	Certification			

### **Step 4.** The Score **Reports** section will display your score report, if available.

Score Reports								
Results for USMLE Step 1 and Step 2 CK are typically available two to four weeks after your test date. Once your score report has been issued, we will notify you, and your report will be available here. Score reports are issued in electronic format only and available for approximately 365 days from the date of issuance. Once the score report is removed from MyIntealth, your results will be provided to you only in the form of an official USMLE transcript. Save your score report while it is available!								
Your Most Recent USMLE	Step 2	CK Score						
1	4	Exam Date:	Jan 10, 2024					
		Available Until:	Jan 10, 2025					
		Score Report:	Por					
		Score Withheld from Medical School?	No					

- a. This **Score Report** is only accessible up to the **Available Until** date.
- b. This **Score Report** can be downloaded and saved by clicking the **PDF** file.



# 5.8 Request a Score Recheck

**Step 1.** Log in to the **MyIntealth Applicant Portal**.



**Step 2.** From the top banner, under **Services**, select **ECFMG Certification**.

intealth <sup>®</sup>	Home	My Profile 🗸	My Documents	My Cases		Help 🗸	۰	٢
					EPIC	MyIntealth ID:		
					J-1 Sponsorship	Wynteartrib.		_
					ERAS Support Service	ces		- 1
-					cvs			
Welcome	e to t	he My	ntealt	h App	licant	Portal!		

Step 3. Click the Exam Results tab.

ECFMG Certification									
About ECFMG Certification	Application for ECFMG Certificat	USMLE Application	Exam Results	More					
About ECFMG (	Certification								

**Step 4. Scroll** down to the **Request a Score Recheck** section and review the information. Click **Request a Score Recheck**.

Request a Scor	re Recheck
For all USMLE Steps, a highly rig independent scoring systems. T remote possibility. To date, the U will be performed upon request. fee for this request that is due a below.	gorous process is used to ensure the accuracy of scores, including a parallel scoring method involving Therefore, a change in your score or in your pass/fail outcome based on a recheck is an extremely USMLE program score recheck process has not resulted in a score change. However, a score recheck . Your request must be received no later than 90 days after your result was released to you. There is a t the time of submission. If you would like to request a score recheck, click <b>Request a Score Recheck</b>
Request a Score Recheck	

**Step 5.** Select the exam that you are requesting a **Score Recheck** for by clicking the appropriate checkbox.

Rec	quest USMLE S	core Recheck
A chan USMLI review and res compa was de	ge in your USMLE score or in E program score recheck proc of the questions or your answ scored using a system that is red with the original score. Yo semed accurate. No additional	our pass/fail outcome based on a recheck is an extremely remote possibility. To date, the ess has not resulted in a score change. The score recheck process does not include a manual ers. When a request for a score recheck is received, the original response record is retrieved utside of the normal processing routine. The score calculated during the recheck is then a will be advised in writing whether the original score (if applicable) and/or pass/fail outcome information will be provided in the letter.
Your re	equest for a score recheck mu	st be received no later than 90 days after your result was released to you.
Select	the exams for which you woul	d like a score recheck:
	>	
	USMLE Step 2 CK	
	Date Tested:	Jan 10, 2024
		Next Cancel

**Step 6.** Click **Next**, and continue to the **Review Your Cart** screen. Refer to steps 13-17 in Section 5.2 for additional instructions on submitting your payment information.



### 5.8.1 Review the Case Status of a Score Recheck

**Step 1.** In the top banner, select **My Cases**.

🔒 Intealth	Home	My Profile 🗸	My Documents	More A	<b>.</b> ■
Thank You! You have successfully submitted y You can also monitor the status of For your reference, your case numl	our applicatio this request u ber for this red	n/service request. W Ising the case numbe quest is	'e will notify you as sooi r provided below.	My Cases Services ECFMG Certification EPIC J-1 Sponsorship ERAS Support Servi	processed.
Payment Confirmation Number: Amount:				CVS Help Applicant User Guide	
					Next

### Step 2. Under My Case Requests, locate the Score Recheck request.

<u>C-22702</u>	Eligibility Period Extension	Pending Enrollment Verification	01-15-2024	01-15-2024	No	No
<u>C-22703</u>	Region Change	Accepted	01-15-2024	01-15-2024	No	No
<u>C-22704</u>	Exam Registration	Registered	01-15-2024	01-15-2024	No	No
<u>C-22705</u>	Score Recheck	Submitted - In Review at ECFMG	01-15-2024	01-15-2024	No	No

a. From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

# 5.9 Request to Withhold Exam Results

**Step 1.** Log in to the MyIntealth Applicant Portal.



Step 2. From the top banner, under Services, select ECFMG Certification.

lntealth <sup>®</sup>	Home	My Profile 🗸	My Documents	My Cases	Services A	Help 🗸	۰	٩
					EPIC	MyIntealth ID:		- 1
					J-1 Sponsorship			- 1
					ERAS Support Servic	ces		- 1
					CVS			
Welcome	e to t	he Myl	ntealth	n Appl	icant I	Portal!	_	

Step 3. Click the Exam Results tab.



**Step 4.** Scroll down to the **Withhold Examination Results** section. Click **Request to Withhold Examination Results**.

Withhold Examination Results	
Intealth, through its members, may provide your medical school with data on the performance of its students and g apply for USMLE Step 1 and Step 2. For more information, refer to the <u>Important Information Regarding Provision o</u> <u>Data to International Medical Schools</u> . To have the result of an exam administration withheld from your medical sch submit a request at least 10 days before your scheduled test date. If you do not have a scheduled test date, your red submitted at least 10 days before the end of your eligibility period. A request to have an exam result withheld is vali administration only.	raduates who <u>FPerformance</u> ool, you must juest must be d for one exam
If you are currently registered for examination and would like to withhold your examination result from your medica click <b>Withhold Examination Results</b> below.	í school,

**Step 5.** Review the information on the **Request to Withhold Examination Results** page. Once ready, select the exam for which you would like to withhold the results from your medical school.

t, please be advised that:		
able only to the exam administra exam administration for which y reverse this decision to withhol	ition selected below and that you are required to you want the result withheld from your medical s id the result of the selected exam administration	submit a separate ichool. from your medical
and on here the result of the sale vid pay for a USMLE transcript. (is eligible to receive USMLE per to the medical school for the sel r, the examination, and a notation ch you would like to withhold the	rformance data through MyIntealth on its studen lected exam administration will include your nam n that the exam results have been withheld at you e result from your medical school:	ets and graduates, the e, USMLE ur request.
Exam Type	Eligibility Period	Testing Region
	able only to the exam administra exam administration for which- ineverse this decision to withhol and to have the result of the sele ad pay for a USMLE transcript. I is eligible to receive USMLE per to the medical school for the sele r, the examination, and a notation ich you would like to withhold the Exam Type	able only to the exam administration selected below and that you are required to exam administration for which you want the result withheld from your medical s reverse this decision to withhold the result of the selected exam administration and to have the result of the selected exam administration reported to your med nd pay for a USMLE transcript. It is eligible to receive USMLE performance data through MyIntealth on its studer to the medical school for the selected exam administration will include your nam r, the examination, and a notation that the exam results have been withheld at yo ich you would like to withhold the result from your medical school: Exam Type Eligibility Period

a. The option to withhold exam results is only available once the applicant is registered for examination.

b. The request to withhold exam results cannot be reversed, and the medical school will be notified of the request to not have the results shared with them.

c. If the applicant decides to withhold exam results and the medical school requires them, the applicant will later be required to request and pay for a USMLE transcript.

### Step 6. Click Submit.

Select the exam below for wh	nich you would like to withhold the	result from your medical school:	
Withhold Score	Exam Type	Eligibility Period	Testing Region
	STEP1	January 1, 2024 - March 31, 2024	United States and Car
Submit			

# 6 J-1 Sponsorship Application

### 6.1 Submit a J-1 Visa Sponsorship Application

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



**Step 2.** The **J-1 Visa Sponsorship** page appears. Click the **Application** tab.



**Step 3.** The **J-1 Sponsorship Applications** information appears. Under the **Available Appointment Profiles** section, click **View** for the appropriate appointment profile to review the details and accept or decline that appointment profile.

J-1 Sponsorship Applications	Health/Accident Insurance	Applicant/Dependent Su	upplemental Information	Correspondence
Available Appointm	nent Profiles			
Below is a list of your available a appointment profile. Once an ap	appointment profiles that were ppointment profile has been a	e provided by the training p ccepted, you will be able to	orogram liaison (TPL). Click begin your application for	View to review the details and accept or decline an J-1 visa sponsorship under Current Applications.
Speciality ~	Subspeciality	✓ Start Date	<ul> <li>End Date</li> </ul>	~
Allergy and Immunology		12/01/2023	11/30/2024	View
Current Application	าร			

**Step 4.** The **Review Appointment Profile** page appears. Review the **TPL Information**, **Program Information**, and **Appointment Profile Information** sections.



### Step 5. Click Accept this Appointment Profile.

Name of Institution/Organization:	University of Colorado
External Funding Source: Name of Organization:	
Amount:	
Ассер	ot this Appointment Profile Decline this Appointment Profile Back to Appointment Profile List

**Note:** After reviewing the appointment profile information, you may opt to **Decline the Appointment Profile** instead. If declined, you will not be able to move forward with the application.

**Step 6.** The **Appointment Profile Accepted** notification appears.

	Appointment Profile Accepted	Dervices V	A @
J-1 Visa Sponso	rship		
About J-1 Visa Sponsorship Resources Crede	ntial Verification Application Board Exam		
J-1 Sponsorship Applications Health/Accident	nsurance Applicant/Dependent Supplemental	Information Correspondence	
Required Online Learnin	a Modules for Incomir	J-1V	isa Sponsorship Home

Step 7. On the J-1 Sponsorship Applications page, there is a Required Online Learning Modules for Incoming Exchange Visitor Physicians section. Review the links to the online learning modules and then click the J-1 Online Learning Modules Attestation checkbox.

	J-1 Learning Modules Attestation
	In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):
Ì	J-1 Online Learning Modules Attestation
	Next

**Step 8.** Review the **J-1 Online Learning Modules Attestation** pop-up and click **Accept**.



#### Step 9. Click Next.

J-1 Learning Modules Attestation
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):
J-1 Online Learning Modules Attestation
l⊋ Next

**Step 10.** The **Supporting Documentation** page appears. Review the information and click **Next**.

Supporting Documentation
Please review the application checklist of supporting documentation that may be required to complete your application for J-1 visa sponsorship.
View Documentation Checklist
Please navigate to the checklist opened in the new tab.
The submission of a complete application requires close coordination between you and the TPL at the teaching hospital. We generally reserve four to six weeks from the time all required documentation is received for review and processing of your application. However, submission of all required documentation at the same time may significantly shorten the processing time. Therefore, you and the TPL are encouraged to coordinate and upload all required documentation on the same day, when possible.
Next

a. To review a checklist of supporting documentation that may be required for your **J-1 Visa Sponsorship** application, click **View Documentation Checklist**. The checklist automatically opens in a new browser tab.

	J-1 Visa Sponsorship Home
Supporting Documentation	
Please review the application checklist of supporting documentation that may be required to complete your application for J-1 visa sp	oonsorship.
View Documentation Checklist	

**Step 11.** The **Review Your Contact Information** page appears. Review the information for accuracy and click **Next**.

J-1 Visa Sponsorship Hom	e
Review Your Contact Information	
ECFMG-sponsored J-1 physicians are required to provide and maintain valid contact information, including a U.S. residential mailing address, telephone number, an email address. The mailing address of record cannot be a P.O. Box or hospital address. It is imperative that all ECFMG-sponsored physicians maintain and update th contact information throughout the course of training. The email address you provide is the address to which we will communicate all important information to sponsored J-1 physicians, including visa status expiration notice and special alerts.	d eir
	_
US Phone Number Previous Next	

Note: You cannot edit contact information on this page. To update your contact information, click My Profile in the top banner, and select Contact Information from the dropdown. Then, update the information as necessary and click **Save**.

-



**Step 12.** The **Biographic Information** page appears. Review the information and update any required fields (\*). Click Next.

Biographic Information	
Please review your biographic information of record. If any information is incorrec now. If you hold dual citizenship, you can enter information for a second passport l information you enter differs from what appears in your passport, we will change y	t or needs to be updated, you must go to My Profile and make the necessary changes selow. You must enter the information exactly as it appears in your passport. If the your entry to match the information in your passport.
Last Name/Surname:	King
Rest of Name:	Jane
Gender:	Female
Date of Birth:	
Birth Country:	Australia
First Citizenship Country/Passport Used for Travel as J-1:	Australia•
Passport Number:	
Passport Expiration Date:	
Second Citizenship Country:	Select Second Citizenship Country 👻
Second Citizenship Passport Number:	
Second Citizenship Passport Expiration Date:	
Country of Most Recent Legal Permanent Residence (LPR): Documentation of current LPR status is required if country of LPR differs from country of citizenship. The country of LPR determines the source of the Statement of Need	Select your recent legal residenc •
encertainty, the councily of all reaccontinues are source of the statement of recu.	
Previo	us Next

Note: To update biographic information such as Name, Date of Birth or Gender, click My Profile in the top banner, and select Identity Information from the dropdown.

	My Profile V M	ly Documents	My Cases	Services 🗸	<b>≜</b> ⊛
J-1 Visa Sponsor	Contact Information Financial Account				_

Step 13. The Biographic Information Continued page appears. Complete all required fields (\*).

Biographic Information Continued	
*Have you ever applied for U.S. Permanent Residence Status ("Green Card")?	
-None-	~
* Is this application still in process?	
○ Yes	- 1
O No	- 1
* If currently or previously in J-1 visa status, have you ever been recommended by the U.S. Department of State for a waiver of the two-year home-country physical presence requirement? Yes	
O No	- 1

If you indicate that you have been recommended by the U.S. Department of State for a waiver of the two-year home-country physical presence requirement, a message will pop up indicating that you are ineligible for sponsorship and you will be unable to move forward with this application.

#### Step 14. Click Next.

Biographic Information Continued		
*Have you ever applied for U.S. Permanent Residence Status ("Green Card")?		
No	~	
*If currently or previously in J-1 visa status, have you ever been recommended by the U.S. Department of State for a waiver of the two-year home-country physical presence requirement? Yes No	I	
Previous Next		

Step 15. The Emergency Contact Information page appears. Complete all required fields (\*).

<b>Emergency Contact Information</b>		
Please identify a person we can contact in case of emergency. This person may re-	side inside or outside the United States.	
First Emergency Contact		
*Last Name/Surname:		
*Rest of Name:		
*Email:		
*Country:	Select Country	-
*Street:		
*City:		
State:	0.1.1	
	-Select-	·

a. Click the **Add secondary contact** checkbox if you want to include an additional emergency contact. Additional required fields (\*) appear if this is selected. Only one emergency contact is required.

Step 16.	Click Next.
----------	-------------

		-Select-	w	
*ZIP Code:				
*Phone Number:				
*Relationship:		Spouse	•	
Add secondary contact				
	5			
	F	Previous		

**Step 17.** The **Passport Information** page appears. Review the information. To edit this information, click the **pencil icon** in the **Action** column.

Passport Infor	mation	
Physician Applican Below is the passport informat	t Passport	
Applicant Name	∽ Gender	~ Action
Jane King	Female	

**Step 18.** The **Dependent Passport Information** section is available to add dependents to your record. Review the information and determine if you want to add a dependent.

There are currently no dependents on record.		
Add Dependent	6	

- a. To add a dependent to your record, click **Add Dependent** and follow the on-screen prompts.
- b. Refer to Section 6.1.2 for additional instructions related to adding a dependent.

#### Step 19. Click Next.

There are currently no dependents on record.		
Add Dependent	\$	
	Previous	Next

**Step 20.** The **Confirmation of J-1 Exchange Visitor Sponsorship Requirements** page appears. Click the checkboxes to review the information in each document and then click **Accept**.



a. Review the document and click Accept.



b. Repeat the steps for the **J-1 Exchange Visitor Obligations to Notify Intealth Attestation**.



**Step 21.** Once all checkboxes have been checked, the **Statement of Educational Objectives** (SEO) section appears. Answer the required questions (\*).

Statement of Educational Objectives
Applicant Statements:
* Briefly describe your overall educational and professional objectives and how participation in the current/proposed training program relates to both.
I
* Do you plan to engage in additional U.S. training following completion of your current/proposed training program? If so, please detail additional plans for U.S. training, including intended overall training duration.
<i>h</i>
* Briefly describe how the skills acquired through planned U.S. training will be applied upon return to your country of last legal permanent residence (LPR).
A
Previous Next

#### Step 22. Click Next.

The process of the second	* Briefly describe your overall educational and professional	A philotives and how participation in the current/proposed training program relates to both
<sup>a</sup> Do you plan to engage in additional U.S. training following completion of your current/proposed training program? If so, please detail additional plans for U.S. trainin including intended overall training duration. Yes, I plan on pursuing Cardiology. Total duration of 6 years. <sup>b</sup> Briefly describe how the skills acquired through planned U.S. training will be applied upon return to your country of last legal permanent residence (LPR). I look forward to bringing my skills to my home country.	Llook forward to training in the program.	objectives and now participation in the current proposed training program relates to both.
* Do you plan to engage in additional U.S. training following completion of your current/proposed training program? If so, please detail additional plans for U.S. training including intended overall training duration. Yes, I plan on pursuing Cardiology. Total duration of 6 years. * Briefly describe how the skills acquired through planned U.S. training will be applied upon return to your country of last legal permanent residence (LPR). I look forward to bringing my skills to my home country.	· · · · · · · · · · · · · · · · · · ·	
Including Intended overall training duration. Yes, I plan on pursuing Cardiology. Total duration of 6 years. *Briefly describe how the skills acquired through planned U.S. training will be applied upon return to your country of last legal permanent residence (LPR). I look forward to bringing my skills to my home country.	* Do you plan to engage in additional U.S. training following c	completion of your current/proposed training program? If so, please detail additional plans for U.S. training
Yes, I plan on pursuing Cardiology. Total duration of 6 years.  Briefly describe how the skills acquired through planned U.S. training will be applied upon return to your country of last legal permanent residence (LPR). I look forward to bringing my skills to my home country.	including intended overall training duration.	
* Briefly describe how the skills acquired through planned U.S. training will be applied upon return to your country of last legal permanent residence (LPR). I look forward to bringing my skills to my home country.	Yes, I plan on pursuing Cardiology. Total duration of 6 years	'S.
Briefly describe how the skills acquired through planned U.S. training will be applied upon return to your country of last legal permanent residence (LPR). I look forward to bringing my skills to my home country.		
I look forward to bringing my skills to my home country.	• D : 0	I.S. training will be applied upon return to your country of last legal permanent residence (LPR).
	<ul> <li>Briefly describe now the skills acquired through planned U.</li> </ul>	
	<ul> <li>Briefly describe now the skills acquired through planned U.</li> <li>I look forward to bringing my skills to my home country.</li> </ul>	
	Briefly describe now the skills acquired through planned U.     Ilook forward to bringing my skills to my home country.	
Droviouo	strietly describe how the skills acquired through planned U.     Ilook forward to bringing my skills to my home country.	

**Step 23.** The **J-1 Exchange Visitor History/Location** page appears. Answer the required questions (\*).

J-1 Exchange Visito	r History/Location	
*Are you currently in the United States?		
Select an Option 🔹		
*Are you now or have you ever been in the	United States in J-1 visa status?	
Select an Option	•	
		_
	Previous	Next

a. This step is specific to an initial sponsorship application. A continuation application will instead ask for **Cross-cultural Experiences**.

	J-1 Visa Sponsorship Home
	Cross-cultural Experiences
	* The J-1 exchange visitor visa was created to facilitate educational and cultural exchange between the United States and other countries. Therefore, in addition to being educationally and professionally rewarding, it is the U.S. Department of State's expectation that each ECFMG-sponsored J-1 physician's stay in the United States includes enriching cross-cultural experiences. Through such cross-cultural experiences, J-1 physicians are able to gain insight into U.S. customs, communities, and people while participating in rewarding educational programs.
	Most residency programs provide multiple opportunities for you to share your culture, learn from others with different backgrounds, and explore your community throughout the course of a training year. Below, please provide specific examples of any cross-cultural experiences you have participated in this past year as a J-1 exchange visitor. Examples include pottuck dinners, picnics, group outings to concerts, and other cultural events.
	Previous Next
Step 24.	Click Next.

**Step 25.** The **J-1 Exchange Visitor Sponsorship Applicant Release** page appears. Click the checkboxes to review the information in each document and then click **Accept**.

Previous

J-1 Sponsorship Applications Health/Accident Insurance Applicant/Dependent Supplemental Information Correspondence								
J-1 Visa Sponsorship Home								
J-1 Exchange Visitor Sponsorship Applicant Acknowledgement and								
Attestation								
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):								
J-1 Sponsorship Applicant Attestation								
Acknowledgment of Intealth Discretion in J-1 Visa Sponsorship Determinations								
Previous Next								



#### Step 26. Click Next.



**Step 27.** The **Required Documentation** page appears. Use the following instructions to upload required files for this sponsorship.

Please upload Contract/Letter of Offer			
	☆ Upload Files	Or drop files	
Please note that you can only upload one file for this document. U 10 MB or less. After you upload your document, and it appears in t the upload process. Please upload Curriculum Vitae	ploading another fil he viewer, you can t	e will replace the	: existing file. The file must be in JPG/JPEG/PDF file format and otate the image, if necessary. You must click save to complete
	☆ Upload Files	Or drop files	
Please note that you can only upload one file for this document. U 10 MB or less. After you upload your document, and it appears in t the upload process.	ploading another fil he viewer, you can u	e will replace the	existing file. The file must be in JPG/JPEG/PDF file format and otate the image, if necessary. You must click save to complete

- a. To upload the Contract/Letter of Offer:
  - (1) Click Upload Files.

Please upload Contract/Letter of Offer	
Please note that you can only upload one file for this document 10 MB or less. After you upload your document, and it appears i the upload process.	Upload Files Or drop files Uploading another file will replace the existing file. The file must be in JPG/JPEG/PDF file format and n the viewer, you can use the tools to rotate the image, if necessary. You must click save to complete

- (2) Select the file to upload.
- (3) A preview of the file appears. Click **Save** (disk icon).

Please 10 MB		121% ~ \ominus 🕀	Ð	ц		Q	\$ ۲	and	
the upl	Ð						\$		

b. To upload your remaining required documentation, repeat the above steps.

Step 28. Click Next.
Ple 10 the	ease note that you can only upload one file for this document. Uploading another file will replace the existing file. The file must be in JPG/JPEG/PDF file format and MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate the image, if necessary. You must click save to complete eupload process.	
	Previous Next	1

**Step 29.** The **J-1 Visa Sponsorship Application Summary** page appears. Review the information and click **Pay for Application**.

J-1 Visa Sponsorship Ap	pplication Summary		
fou have completed all items. Below is a summary of the information that you have provided as part of the application for J-1 visa sponsorship. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your responses by clicking <b>Previous</b> . Please note that this s the last opportunity for you to change or correct the information. Once you pay the required fee and submit the application, it will become a part of your permanent record.			
View Checklist Print Summary			
	Previous Pay for Application		

Step 30. The Review Your Cart page appears with an overview of the Cart Items.

<b>Review Your Cart</b>		
Please review the items in your cart. If you are ready to unable to return to this screen. If you wish to cancel the to return to the screen.	to continue with this application/request, click <b>Proceed to Payment.</b> Once this application/request, click <b>Previous</b> to return to the preceding screen and	you proceed to payment, you will be nd then click <b>Cancel</b> .
Important Note: Navigating away from this screen, by application/request.	r using the Back button in your browser or refreshing your browser, may cle	ear your responses and restart the
📜 Cart Items		
Product	√ Total	~
J-1 Visa Sponsorship Application		

**Step 31.** Click **Proceed to Payment** at the bottom of the screen.

<b>Subtotal: \$</b>	
Total: \$	
Previous Proceed to Payment	

**Step 32.** Select your method of payment, **Card** or **Bank Account** and enter the required payment information.

	Card	Bank Account
Billing Address		Payment Info

#### Step 33. Click Pay \$.

Pay \$
--------

- **Step 34.** When the payment is successfully processed, a **Thank You!** notification message appears, and an email confirmation is sent to your email on file.
  - a. It is recommended to document your case number (**C-#**) for this request. It helps Intealth advisors quickly locate your case.

Thank You!		
You have successfully submitted your application/service request. We will notify you as soon as your request have for this request using the case number provided below.	as been processed.	You can also monitor the status
For your reference, your case number for this request is <b>C-64056</b> .		
Payment Confirmation Number:		
Amount: \$	$\square$	
		Next

**Step 35.** Click **Next** to complete the application and return to the **MyIntealth Applicant Portal** homepage.

#### 6.1.1 Add and Upload a Document to a J-1 Sponsorship Application

This section highlights how to add and upload a document to a **J-1 Sponsorship Application** within the **MyIntealth Applicant Portal**.

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



**Step 2.** The **J-1 Visa Sponsorship** page opens. Click the **Application** tab.

J-1 Visa Sponsorship	6
About J-1 Visa Sponsorship Resources Credential Verification Application Board Exam	
About J-1 Visa Sponsorship	
Welcome to the ECFMG Exchange Visitor Sponsorship Program (EVSP)!	

**Step 3.** The **J-1 Sponsorship Applications** page opens. In the **Current Applications** section, click **View** to select for which you wish to upload documentation.

J-1 Sponsorship Applications	Health/Accident Insurance A	pplicant/Dependent Supplementa	I Information	Correspondence	
Available Appointn	Available Appointment Profiles				
Below is a list of your available appointment profiles that were provided by the training program liaison (TPL). Click <b>View</b> to review the details and accept or decline an appointment profile. Once an appointment profile has been accepted, you will be able to begin your application for J-1 visa sponsorship under <b>Current Applications</b> .					
No Records Found	No Records Found				
Current Applications					
Current applications for J-1 visa sponsorship will appear in the list below. Click View to access the application.					
Application Type ~	Application Category $\lor$	Start Date v	End Date	~	
Accredited	Initial	11/15/2023	11/14/2024	View	

**Step 4.** The **Current Application** page opens. Scroll to the bottom of the page and click **View and Upload Documents.** 



Step 5. The Required Documentation section opens. Click Add Document.

Required Documentation
To upload documents to this application, click Add Document.
To view the documents that have alrady been uploaded to this application and those that are still pending submission, go to the View Documents tab.
Note: All documents uploaded to an applicant's record, by either the applicant or the TPL, can be viewed by both parties.
Add Document View Checklist

**Step 6.** A dropdown list appears. Select the appropriate document type.

Add D	ocument View Checklist	
Select	an Option	-
Re	equired Notification of Off-site Elective/Rotation	-
Re	equired Notification of Remediation	
S	ponsorship Final Medical Diploma	
Su	upporting Documents	142
Tr	raining History Request	
Tr	raining Program Description for Clinical Subspecialty	

Step 7. The Upload document pop-up appears. Click Upload Files and select the file for upload.

Upload document
L Upload Files Or drop files Please note that you can only upload one file for this document. Uploading another file will replace the existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload your

**Step 8.** A preview of the document appears. Click **Save** (disk icon).



**Step 9.** A **Success** notification appears indicating that the file was uploaded.



#### 6.1.2 Add a J-2 Dependent

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



**Step 2.** The **J-1 Visa Sponsorship** page appears. Click the **Application** tab.



Step 3. Click the Applicant/Dependent Supplemental Information tab.

About J-1 Visa Sponsorship	Resources	Credential Verifica	tion Application	Board Exam			
J-1 Sponsorship Application	s Health/Ad	ccident Insurance	Applicant/Depende	ent Supplemental Information	Correspondence		
Applicant/Dependent Suppl	Applicant/Dependent Supplemental Information Emergency Contact Information						

**Step 4.** Scroll to the **Dependent-Passport Information** section. Within that section, review the **Dependent Information** and click **Add Dependent**.

Below is the passport information you have provided for any J-2 dependents.										
Name of Dependent $\lor$	Relationship	√ Ge	nder	~	Status	~				
lanet Austen	Spouge	Fe	nale		Current			1		ŵ
Dependent Inform	mation									
Dependent Infor	mation	d/or upmarri	d minor child	drop of a L	1 physician for or	to into th	United Sta	too undor 1.2	vice statu	A minor child is
Dependent Infori	mation	id/or unmarri	ed minor child	dren of a J-	1 physician for er ilv members, and	ntry into th I nannies a	e United Sta	ites under J-2 le for sponsor	visa status ship as J-2	s. A minor child is dependents. J-2
Dependent Infori ECFMG is authorized to spo defined as one under the ag Jependent sponsorship car	mation onsor the spouse an ge of 21. A J-1 physic <b>n be requested at th</b>	id/or unmarri cian's parents i <b>e time of J-1</b>	ed minor child , siblings, exte r <b>isa sponsors</b>	dren of a J- ended fam <b>hip or at a</b> r	1 physician for er ily members, and <b>ny time via the J</b> -:	ntry into th I nannies a <b>1 visa spor</b>	e United Sta e not eligib sorship sec	ites under J-2 le for sponsor <b>tion of MyInte</b>	visa status rship as J-2 ealth.	s. A minor child is dependents. <b>J-2</b>
Dependent Infori ECFMG is authorized to spo defined as one under the ag dependent sponsorship car	mation onsor the spouse an ge of 21. A J-1 physic n be requested at th	id/or unmarri cian's parents <b>e time of J-1</b>	ed minor child , siblings, exte r <b>isa sponsors</b>	dren of a J- ended fam <b>hip or at a</b> r	1 physician for er ily members, and ny time via the J-	ntry into th I nannies a <b>1 visa spor</b>	e United Sta e not eligib sorship sec	ites under J-2 le for sponsor t <b>ion of MyInt</b> e	visa status rship as J-2 ealth.	s. A minor child is dependents. <b>J-2</b>
Dependent Infori ECFMG is authorized to spo defined as one under the ag dependent sponsorship car Please enter/edit the inform	mation onsor the spouse an ge of 21. A J-1 physic n be requested at th mation for your depe	id/or unmarri cian's parents le <b>time of J-1</b> endent(s) exa	ed minor child , siblings, exte r <b>isa sponsors</b> xtly as it appe	dren of a J- ended fam <b>hip or at a</b> r ears in thei	1 physician for er ily members, and <b>ny time via the J-</b> r passport(s). If tl	ntry into th I nannies a <b>1 visa spor</b> ne informa	e United Sta e not eligib sorship sec ion you ent	ites under J-2 le for sponsor <b>tion of MyInte</b> er differs fron	visa status rship as J-2 ealth. n what app	s. A minor child is dependents. <b>J-2</b> ears in the
Dependent Infori ECFMG is authorized to spo defined as one under the ag dependent sponsorship car Please enter/edit the inform ndividual's passport, we wi	mation ponsor the spouse an ge of 21. A J-1 physic n be requested at th mation for your depo II change the entry t	id/or unmarri cian's parents l <b>e time of J-1</b> endent(s) exa to match the	ed minor child , siblings, exte r <b>isa sponsors</b> xtly as it appe nformation in	dren of a J- ended fam <b>hip or at a</b> r ears in thei n the passp	1 physician for er ily members, and <b>ny time via the J-</b> r passport(s). If th port.	ntry into th I nannies a <b>1 visa spon</b> ne informa	e United Sta e not eligib sorship sec ion you ent	ites under J-2 le for sponsor <b>tion of MyInte</b> er differs fron	visa status rship as J-2 <b>ealth.</b> n what app	s. A minor child is dependents. <b>J-2</b> ears in the
Dependent Infori ECFMG is authorized to spo defined as one under the ag dependent sponsorship car Please enter/edit the inforr individual's passport, we wi	mation onsor the spouse an ge of 21. A J-1 physic n be requested at th mation for your depu- II change the entry t	id/or unmarri cian's parents le <b>time of J-1</b> endent(s) exa to match the	ed minor chilc , siblings, exte <b>/isa sponsors</b> ctly as it appe nformation in	dren of a J- ended fam <b>hip or at a</b> r ears in thei n the passp	1 physician for er ily members, and <b>ny time via the J</b> - r passport(s). If the port.	ntry into th I nannies a <b>1 visa spor</b> ne informa	e United Sta e not eligib sorship sec ion you ent	ites under J-2 le for sponsor tion of MyInte er differs fron	visa status rship as J-2 <b>alth.</b> n what app	s. A minor child is dependents. <b>J-2</b> ears in the
Dependent Infori ECFMG is authorized to spo defined as one under the ag dependent sponsorship car Please enter/edit the inform individual's passport, we wi Important Notes:	mation onsor the spouse an ge of 21. A J-1 physic n be requested at th mation for your depu- II change the entry t	id/or unmarri cian's parents i <b>e time of J-1</b> endent(s) exa to match the	ed minor child , siblings, exte <b>risa sponsors</b> ctly as it appe nformation in	dren of a J- ended fam <b>hip or at ar</b> ears in thei n the passp	1 physician for er ily members, and <b>ny time via the J</b> - r passport(s). If th port.	ntry into th I nannies a <b>1 visa spon</b> ne informa	e United Sta e not eligib sorship sec ion you ent	ites under J-2 le for sponsor <b>tion of MyInt</b> e er differs fron	visa status rship as J-2 ealth. n what app	s. A minor child is dependents. J-2 ears in the
Dependent Infori ECFMG is authorized to spr defined as one under the ag dependent sponsorship car Please enter/edit the inform individual's passport, we wi Important Notes:	mation porsor the spouse an ge of 21. A J-1 physic n be requested at the nation for your depoint II change the entry t	id/or unmarri cian's parents e <b>time of J-1</b> endent(s) exa to match the	ed minor child , siblings, exte <b>risa sponsors</b> ctly as it appe nformation in	dren of a J- ended fam <b>hip or at ar</b> ears in thei n the passp	1 physician for er ily members, and <b>ny time via the J</b> - r passport(s). If th port.	ntry into th I nannies a <b>1 visa spon</b> he informa	e United Sta e not eligib sorship sec ion you ent	ites under J-2 le for sponsor <b>tion of MyInt</b> e er differs fron	visa status rship as J-2 ealth. n what app	s. A minor child is dependents. <b>J-2</b> ears in the
Dependent Infori ECFMG is authorized to spr defined as one under the ag dependent sponsorship car Please enter/edit the inform individual's passport, we wi Important Notes: • Do not add your sp	mation porsor the spouse an ge of 21. A J-1 physic n be requested at the mation for your deput III change the entry if	id/or unmarri cian's parents e <b>time of J-1</b> endent(s) exa to match the tly hold and w	ed minor child , siblings, exto risa sponsors ctly as it appe nformation in Il maintain th	dren of a J- ended fam <b>hip or at ar</b> ears in thei n the passp	1 physician for er ily members, and <b>ny time via the J</b> - r passport(s). If th r port. dependent visa s	ntry into th I nannies a <b>1 visa spor</b> he informa tatus (such	e United Sta e not eligib sorship sec ion you ent as J-1, H-18	ites under J-2 le for sponsor <b>tion of MyInte</b> er differs fron 3, etc.).	visa status rship as J-2 ealth. n what app	s. A minor child is dependents, <b>J-2</b> ears in the
Dependent Infori ECFMG is authorized to spe defined as one under the aj dependent sponsorship car Please enter/edit the inform individual's passport, we wi Important Notes: • Do not add your sp • Children should be	mation porsor the spouse an ge of 21. A J-1 physic n be requested at the mation for your depu- li change the entry to pouse if they current added only to one one	nd/or unmarri cian's parents le <b>time of J-1</b> endent(s) exa to match the tly hold and w sponsorship i	ed minor child siblings, extr <b>isa sponsors</b> ctly as it appe nformation in Ill maintain th scord if both	dren of a J- ended fam <b>hip or at ar</b> ears in thei n the passp neir own int parents ho parents ho	1 physician for er ily members, and ny time via the J- r passport(s). If th oort. dependent visa s	ntry into th I nannies a <b>1 visa spon</b> he informa tatus (such	e United Sta e not eligib sorship sec ion you ent as J-1, H-18	ites under J-2 le for sponsor tion of MyInte er differs from 3, etc.).	visa status 'ship as J-2 <b>alth.</b> n what app	s. A minor child is dependents. J-2 ears in the

Step 5. A new Dependent Information page appears. Answer the required questions (\*) related to

#### the dependent to be added.

* Last Name/Surname:			
Rest of Name:			
* Gender:		Select Gender	<b>v</b>
* Relationship:	5	Select Dependent Relationship	
* Date of Birth:			<b></b>
Birth State:			
* Birth City:			
* Birth Country:		Select Birth Country	v
* First Citizenship Country:		Select First Citizenship Country	•
* Passport Number:			
* Passport Expiration Date:			<b></b>

#### Step 6. Click Save.

* Address Information:	Same address as J-1 Physician 3624 Market St Philadelphia, Pennsylvania 19104 United States meaning L2 dependents (sequese and children under the are of 21) are expected to
reside at the same U.S. residential address as the J-1 exchange visitor.	Cancel

## **Step 7.** The **Required Documentation** page appears. Review the information and use the following instructions to continue.

equired Documentation	
ou must upload a copy of the biographic page (name page) from the dependent's passport. If the image of the page with the dependent's name and photo does not iclude the expiration date, you must upload an image of the page that includes the passport expiration date. If the text in the image of the passport page with the ependent's name and photo is not in Latin characters, you will also need to upload an image of the section of the passport that is in Latin characters.	
addition to the passport, you must upload a copy of the evidence of family relationship (Marriage/Birth/Adoption Certificate). If the evidence of family relationship ertificate is not in English, the certificate(s) must include notarized English translation(s). It is your responsibility to ensure that all supporting documentation is ubmitted to ECFMG for review.	
/hen you have prepared the necessary documents, click Add Document and select the appropriate document type from the list.	

#### a. Click Add Document.

When you have prepared the necessary documents, click Add Document and select the ap	propriate document type from the list.
Add Document	
Save	el

b. Select J-2 Dependent's Passport Biographic Page from the dropdown.

Add Document	
Select an Option	Ŧ
الله المعالم ال المعالم المعالم	
Marriage/Birth/Adoption Certificate	
Marriage/Birth/Adoption Certificate	

c. An **Upload document** pop-up appears. Use the following instructions to upload a document.

Upload document				
	☆ Upload Files	Or drop files		
Please note that you can only upload The file must be in DOCX, GIF, JPG/JF document, and it appears in the view to complete the upload process.	one file for this docun PEG, PDF, PNG, or TIFF er, you can use the too	nent. Uploading anot file format and 10 N Is to rotate the imag	her file will replace the exist IB or less. After you upload y e, if necessary. You must clic	ing file. ⁄our k save
¢3				
	Clos	е		

- (1) Click **Upload Files**.
- (2) Select the file to upload.
- (3) A preview of the document appears. Click **Save** (disk icon).



(4) The pop-up window now shows a preview of the document and provides the option to upload either: a **Passport Translation** or **Passport Expiration Page**. If either need to be uploaded, click the respective checkbox(es), and follow the instructions above to upload those files.



(5) Click Close.

# **Step 8.** Select either the **J-2 Dependent's Passport Biographic Page** or **Marriage/Birth/Adoption Certificate** option from the dropdown. Repeat the

instructions shown in the previous step to upload the appropriate documentation. Both documents must be added.

Add Document	
Select an Option	•
J-2 Dependent's Passport Biographic Page	
Marriage/Birth/Adoption Certificate	

	Upload document	
	Birth Certificate This is to Certify that	•
	Weighing Ibs oz. was born           on the day of           to and	
Please note that you can only upload of file. The file must be in DOCX, GIF, JPG your document, and it appears in the v click save to complete the upload proc Upload Translation of Marriage/Bir	In the year of one file for this document. Uploading another file will replace the existing /JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload iewer, you can use the tools to rotate the image, if necessary. You must cess. th/Adoption Certificate	
	Close	

**Step 9.** Once both documents (**J-2 Dependent's Passport Biographic Page** and **Marriage/Birth/Adoption Certificate**) have been uploaded, click **Save**.



**Step 10.** The **Federally Mandated Requirements for J-2 Dependents** page appears. Review and acknowledge the information by clicking the checkboxes.



- a. As each checkbox is clicked, a pop-up of an associated document appears for review.
- b. Once reviewed, click Accept.



c. Continue until all checkboxes have been clicked, reviewed, and accepted.

#### Step 11. Click Next.

Federally Mandated Requirements for J-2 Dependents				
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):				
☑ J-2 Dependent Insurance Requirements				
J-2 Dependent Employment Notification Requirements				
✓ J-2 Dependent Departure Notification Requirements				
₿  }				
Next				

**Step 12.** The **Passport Information** page appears again. Scroll to the **Dependent-Passport Information** section to review the **Pending** dependent.

Dependent-Passport Information						
Below is the passport infor	Below is the passport information you have provided for any J-2 dependents.					
Name of Dependent $\sim$	Relationship ~	Gender v	Status	~		
Janet Austen	Spouse	Female	Current	1	畲	
Thomas Austen	Child	Male	Pending	/	â	

#### 6.2 Submit a Sponsorship Credential Verification Request

The steps outlined in this section are only for U.S. and Canadian graduates who do not need to obtain an ECFMG Certificate.

**Step 1.** Login to the **MyIntealth Applicant Portal**.



**Step 2.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services**, and then select **J-1 Sponsorship** from the dropdown.

intealth <sup>®</sup>	Home	My Profile 🗸	My Documents	My Cases	Services A	<b>.</b> .
					EPIC J-1 Sponsorship	lth ID:
MyIntealth	Acco	ount Es	tablish	ment		

Step 3. Click the Credential Verification tab.



Step 4. Click Credential Verification Request.



**Step 5.** The **Upload Credential for Verification** section appears. Select a **Credential Type** to be uploaded using the dropdown menu.

Upload Credentie	al for Verification			
Primary-source verification is a rigor credentials. The process is not comp	ous, multi-step process that ECFMG employs to ensure the integrity and authenticity of a physician's medical education lete until we receive and accept verification of these credentials directly from the verifying institution.			
Below, please upload a copy of your Final Medical Diploma for verification.				
The Final Medical Diploma is the dipl degree. The Final Medical Diploma m credential used for framing and wall-	oma issued by your medical school or university after you have completed all requirements for and been awarded your medical ay also be referred to as the Primary Medical Qualification, Carton Degree, Conferral Certificate, or Decorative Degree; this is the hanging purposes.			
*Credential Type:	Select Credential Type 🔹			
	Previous Next			

a. Additional required (\*) fields appear. Enter information for each of these fields.

b. To upload the credential, use the following instructions.

(1) Click **Upload Files** and select the file to upload.

*Credential Type:	Sponsorship Final Medical Diploma	
*Upload Credential	Inload Files     Or drop files	
	Please note that you can only upload one file for this document. Uploading another file will replace the existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate the image, if necessary. You must click save to complete the upload process.	E
*Degree Title		
*Degree Issue Date	ë	

(2) A preview of the document appears. Click **Save** (disk icon).

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	ĸ	

#### c. In the Name Documentation section, enter the Name on Document.

Name Documentation	
Your name as it appears on all credentials submitted to submit documentation verifying that both names below credential(s). For information on the documentation re-	ECFMG must match exactly the name in your Intealth profile. If the names do not match exactly, you must ng to one and the same person. The documentation must show your name exactly as it appears on your quired to verify your name on credentials, see the <u>ECFMG website</u> .
2	
Name in Intealth Profile	Gazza Rob
*Name on Document	
Is the name on your credential different from your current name in your Intealth profile? If yes, check the box. If no, leave it blank.	

- (1) If the **Name on Documentation** differs from the **Name in Intealth Profile**, click the checkbox.
- (2) Additional supporting documentation needs to be uploaded to support the name difference.
- (3) Follow the instructions previously shown to upload the supporting documentation.
- d. In the **Credential Translation** section, click the checkbox if the credential is in a language other than English.



- (1) Additional supporting documentation needs to be uploaded.
- (2) Follow the instructions previously shown to upload the supporting documentation.
- e. To select the medical school/institution that issued the credential, use the following instructions.

*Plea	se select the medical school/institution that issued the credential from the list below:				
Start	Start typing to search for the issuing medical school/institution. Click the medical school/institution to select it from the search results.				
Please result school for se	Please Note: If you are submitting this credential for verification through our EPIC service, and you cannot find the issuing medical school/institution in the search results, click Submit New Organization to enter information for the issuing medical school/institution. If you are a student/graduate of a U.S. or Canadian medical school and submitting this credential for verification through our J-1 Sponsorship service, only medical schools located in the United States and Canada are available for selection.				
	Search by name Q				
	Previous Next				

#### (1) Search the name.

acme med I	٩
BillingCity: Ardmore BillingCity: Ardmore BillingState: Pennsylvania BillingCountry: United States	

(2) Click the medical school/institution once the name appears.

acme med	٩
Acme Medical School           Billing:City: Ardmore           Billing:State: Pennsylvania           Billing:Country: United States	

(3) Click Add.

	Add (	Organiz	ation		
	3				
Verify that the	organization liste	d below is the o	organization t	hat you wa	nt to add.
Acme Medica	School				
8 Lancaster A	/e				
Ardmore, Pen	nsylvania 19003				
United States					
					241 (2
				Canaal	
				Cancel	Add

#### Step 6. Click Next.

**Step 7.** The **Credential Verification Request Summary** page appears. Review the information and make any necessary edits. Click **Next**.

About J-1 Visa Sponsorship Resources Credentia	al Verification Application Board Exam
Credential Verification R	equest Summary
Below is a summary of the information you provided a accurate. If necessary, you can change your responses	s part of this request. Please review the summary carefully to ensure that all the information you provided is s by clicking <b>Previous</b> .
Sponsorship Final Medical Diploma	
Degree Title	MBBS
Degree Issue Date 0	6/1/2023
Name on Document	Gazza Rob
Is the name on your credential different from your current name in your Intealth profile?	No
Is your credential in a language other than English? If yes, check the box. If no, leave it blank.	No
Previou	is Next Cancel

**Step 8.** The **Attestation by Applicant** page appears. Click the **Request for Credential Verification Attestation** checkbox to review and acknowledge the terms and policies.

About J-1 Visa Sponsorship	Resources	Credential Verification	Application	Board Exam
Attestation by	/ Appli	cant		
In order to proceed with your terms, releases, policies, and/	application or or other cond	request for Intealth servi itions (check the box to vi	ces, please revi ew the docume	aw and acknowledge that you have read, understood, and agree to the following th:
Request for Credential Ve	ification Atte	station	$\square$	
			Previou	s Next Cancel

- a. The attestation appears in a pop-up.
- b. Review the document and click Accept.



#### Step 9. Click Next.

Attestation by Applicant	
In order to proceed with your application or request for Intealth service terms, releases, policies, and/or other conditions (check the box to view of the terms) of the service terms of the terms of te	es, please review and acknowledge that you have read, understood, and agree to the following w th $\overline{\mathbf{d}}$ document):
Request for Credential Verification Attestation	
	Previous Next Cancel

Step 10. A Thank You! notification appears stating that you have successfully submitted your

#### application/service request.

Thank You! You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You this request using the case number provided below.	can also monitor the status of
For your reference, your case number for this request is	Next

a. It is recommended to save your case number for future reference.

**Step 11.** Click **Next** to return to the **MyIntealth Applicant Portal** homepage.

#### 6.3 Resolve a Deficiency

Applicants are notified of a document deficiency via email. The step-by-step instructions in this section outline the process for resolving the deficiency.

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services**, and select **J-1 Sponsorship** from the dropdown.



**Step 2.** The **J-1 Visa Sponsorship** page opens. Click the **Application** tab.



**Step 3.** Under the **Current Applications** section, click **View** for the corresponding application that has the outstanding deficiency.

J-1 Sponsorship Applications	Health/Accident Insurance A	pplicant/Dependent Supplementa	Information	Correspondence
Available Appointm	nent Profiles			
Below is a list of your available a appointment profile. Once an ap	ppointment profiles that were pro pointment profile has been accep	ovided by the training program liais oted, you will be able to begin your	on (TPL). Click application for J	View to review the details and accept or decline an -1 visa sponsorship under Current Applications.
No Records Found				
<b>Current Application</b>	IS			
Current applications for J-1 visa	sponsorship will appear in the list	below. Click <b>View</b> to access the ap	plication.	
Application Type ~	Application Category $\lor$	Start Date v	End Date	~
Accredited	Initial	11/15/2023	11/14/2024	View

**Step 4.** The **Current Application** page opens. Scroll to the bottom of the page and click **View and Upload Documents**.

DS-2019 Information		
Information Not Available	13	
Previous View and Upload Documents		

Step 5. Click the View Documents tab.

J-1 Sponsorship Appl	ications Health/	Accident Insurance	Applicant/Dependent Supplemental Information	Correspondence	
		1			_
Upload Documents	View Documents				
		-		J-1 V	isa Sponsorship Home

**Step 6.** The **Uploaded Documents** page opens. Review the **Document Type** and **Status** below.

Uploaded	Documents					J-1 V	isa Sponsorship Home
Documents that have I review, the document s <b>Refresh</b> if a document	been provided in support of a status is listed as incomplete a was recently uploaded and is	sponsorship applicatic and information on the not displayed.	on are listed below e deficiency is ava	v along v ilable by	with the status. If we y clicking the <b>View</b> bu	determined that a docu ttton in the Deficiency o	ment is deficient during olumn. Note: Please click Refresh
Date Uploaded $\lor$	Document Type v	Uploaded By 🗸 🗸	Status	~	View Document	Delete Document	Deficiency
07-26-2024	Supporting Documents	Sahana Gupta	In Progress		View	Delete	View
07-03-2024	Contract/Letter of Offer	Sahana Gupta	Incomplete		View	Delete	View
07-03-2024	Curriculum Vitae	Sahana Gupta	In Progress		View	Delete	View

#### a. If the status is **Incomplete**, under the **Deficiency** column, click **View**.

Uploaded	Documents				J-1 V	isa Sponsorship Home
Documents that have to review, the document s <b>Refresh</b> if a document	been provided in support of a status is listed as incomplete a was recently uploaded and is	sponsorship applicatio and information on the not displayed.	n are listed below along deficiency is available b	with the status. If we y clicking the <b>View</b> bu	determined that a docu tton in the Deficiency c	ment is deficient during olumn. <b>Note: P</b> lease clicl
Date Uploaded 🛛 🗸	Document Type V	Uploaded By $\sim$	Status 🗸 🗸	View Document	Delete Document	Refresh
07-26-2024	Supporting Documents	Sahana Gupta	In Progress	View	Delete	View
07-03-2024	Contract/Letter of Offer	Sahana Gupta	Incomplete	View	Delete	View
07-03-2024	Curriculum Vitae	Sahana Gupta	In Progress	View	Delete	View

b. The **Deficient Document** pop-up appears. Review the comments.

Deficient Document	
The document submitted was unacceptable for the following reason(s). If further clarification for the deficiency reason is needed, additional information is available in the <u>Deficiencies Glossary</u> . Please submit new documentation that meets the corresponding document requirements by selecting Add Document below.	^
Document Type: Contract/Letter of Offer	
Not signed by the appropriate hospital official.	18
I	
Close	

c. Scroll down and click Add Document.

ß		
Add Document	View Checklist	

d. The **Upload document** pop-up appears. Click **Upload Files** and select the file to be uploaded.



e. A preview of the document appears. Click Save (disk icon).



f. A Success notification appears indicating that the file uploaded successfully.

Uplor 1 December 2 March 2	Success Your file has been successfully uploaded	×	· · · · · · · · · · · · · · · · · · ·
	Deficient Document		

g. The newly uploaded document is sent for review.

#### 6.4 Submit a Board Application

**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



#### **Step 2.** Click the **Board Exam** tab.

J-1 Visa S	Spon	sorship		
About J-1 Visa Sponsorship	Resources	Credential Verification	Application	Board Exam

Step 3. Click Initiate Board Application.

J-1 Visa Sponsorship
About J-1 Visa Sponsorship Resources Credential Verification Application Board Exam
ABMS Member Board Exam Sponsorship Extension
An ECFMG-sponsored J-1 exchange visitor physician may apply for a sponsorship extension following completion of clinical graduate medical education (GME) activities if s/he is registered for an examination administered by an American Board of Medical Specialties (ABMS) Member Board.
Initiate Board Application

### **Step 4.** Enter all required information (\*) in the **ABMS Member Board Examination Details** section.

Please enter the A	Please enter the ABMS member board examination details					
*Board Name	Select an option					
*Exam	Select an option	•				
* Exam Date		<b>=</b>				
* Personal Funds						



Please enter the Al	BMS member board examination details	
*Board Name	AMERICAN BOARD OF PEDIATRICS	•
*Exam	PEDIATRIC ENDOCRINOLOGY	¥
* Exam Date	4/18/2024	ä
* Personal Funds	12,000	
Next		

#### **Step 6.** The **Required Online Learning Modules for Incoming Exchange Visitor Physicians** page opens. Click the **J-1 Online Learning Modules Attestation** checkbox.

J-1 Learning Modules Attestation	
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):	
J-1 Online Learning Modules Attestation	
Next	

Step 7. Review the J-1 Online Learning Modules Attestation popup and click Accept.

J-1 Online Learning Modules Attestation	
E J-1 Online Learning Modules Attestation     1 / 1   − 90% + E ♦	± # :
Attestation by Applicant J-1 Online Learning Modules Attestation I confirm that I have viewed and completed the required online learning modules.	
	Accept

Step 8. Click Next.

J-1 Learning Modules Attestation		
In order to proceed with your application or request for Int terms, releases, policies, and/or other conditions (check th	ealth services e box to view	, please review and acknowledge that you have read, understood, and agree to the following the document):
✓ J-1 Online Learning Modules Attestation		
	₽.	Next

**Step 9.** The **Supporting Documentation** page appears. Click **View Documentation Checklist** to review the **Application Processing Instructions**, **Documentation Required for Continuing Applicants**, and more.



#### Step 10. Click Next.



#### Step 11. Review Your Contact Information and click Next.



**Note:** You cannot edit contact information on this page. To update your contact information, click **My Profile** in the top banner, and select **Contact Information** from the dropdown. Then, update the information as necessary and click **Save**.

**Step 12.** Review your **Biographic Information** and click **Next**.



Step 13. Review your Emergency Contact Information and click Next.

About J-1 Visa Sponsorship Reso	urces Credential Verification	Application	Board Exam		
Emergency Cont Please identify a person we can cont	act Information	<b>n</b> Derson may resid	de inside or outside th	e United States.	
*Relationship:			Parent	¥	
		Previous	Negt		

**Step 14.** Review the **Passport Information** for yourself and any J-2 dependents, and then click **Next**. Refer to Section 6.1.2 for instructions on adding a J-2 dependent.



**Step 15.** The **Confirmation of J-1 Exchange Visitor Sponsorship Requirements** page appears. Click the checkboxes to review the information in each document and then click **Accept**.





J	-1 Exchange Visitor O	bligations to Notify Intealth			
≡ J-1 Exchange Visitor Obliga	tions to Notify Intealth 1 / 1   -	90% + E S	Ŧ	ē	:
	Linear State	Attestation by Applicant otify Intealth selfb, must monitor any issues impacting a J-1 exchange ing program, as well as the well-being of J-1 program is, J-1 exchange visitors are required to notify Intealth if to inn/it/mey completion of their training program, or of keyendent.		Acc	ept

- Step 16. Click Next.
- **Step 17.** Review the **Cross-cultural Experiences** information and enter your cross-cultural experience examples in the textbox.

The J-1 exchange visitor visa wa	as created to facilitate educational	and cultural exchang	e between the United States and other countries. Therefore, in addition to
eing educationally and profession cludes enriching cross-cultural eople while participating in rewa	onally rewarding, it is the U.S. Depa experiences. Through such cross- arding educational programs.	rtment of State's ex cultural experiences	vectation that each ECFMG-sponsored J-1 physician's stay in the United State J-1 physicians are able to gain insight into U.S. customs, communities, and
	I		
lost residency programs provide iroughout the course of a trainin kchange visitor. Examples include	e multiple opportunities for you to ng year. Below, please provide spec de potluck dinners, picnics, group o	share your culture, le tific examples of any outings to concerts, a	arn from others with different backgrounds, and explore your community cross-cultural experiences you have participated in this past year as a J-1 nd other cultural events.

#### Step 18. Click Next.

I attended dinner with colleagues for the holidays.	
Previous Next	

**Step 19.** Review the information on the **J-1 Exchange Visitor Sponsorship Applicant Acknowledgement and Attestation** page. Click the checkboxes to review the information in each document and then click **Accept**.

About J-1 Visa Sponsorship Resources Credential Verification Application Board Exam	
J-1 Exchange Visitor Sponsorship Applicant Acknowledgement a Attestation	nd Jagree to the following
Acknowledgment of Intealth Discretion in J-1 Visa Sponsorship Determinations	
J-1 Sponsorship Applicant Attestation	
Ξ J-1 Sponsorship Applicant Attestation 1 / 1   - 100% +   🗄 🚸	± 🖶 :
Attestation by Applicant J-1 Sponsorship Applicant Attestation I confirm the following: • 1 understand that ECFMG, a division of Intealth, is designated by the United States Department of State	Aclupt

#### Step 20. Click Next.

☑ J-1 Sponsorship Applicant Attestation	
Acknowledgment of Intealth Discretion in J-1 Visa Sponsorship Determinations	
Nex	
Previous	

- **Step 21.** The **Required Documentation** page appears. Use the following instructions to upload all required documents.
  - a. Click **Upload Files** and select the file to upload.

About J-1 Visa Sponsorship Resources Credential Verification	on Application	Board Exam
<b>Required Documentation</b>		
Please upload Proof of Funding		
	☆ Upload Files	J Or drop files
Please note that you can only upload one file for this document. U or TIFF file format and 10 MB or less. After you upload your docur click save to complete the upload process.	ploading another fi nent, and it appears	file will replace the existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, rs in the viewer, you can use the tools to rotate the image, if necessary. You must

b. A preview of the file appears. Click **Save** (disk icon).

	0	121% ~	$\Theta \oplus$	Ð	П.	Q	ŝ
--	---	--------	-----------------	---	----	---	---

- c. A **Success** notification appears, and a thumbnail file preview appears under the **Upload Files** button.
- d. Repeat these upload steps for all required document uploads (e.g., **Proof of Funding**, **Proof of ABMS board registration**, **Form I-644**, etc.).

#### Step 22. Click Next.

Γ	
	Please note that you can only upload one file for this document. Uploading another file will replace the existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate the image. If necessary, You must
	click save to complete the upload process. Please upload the required docurrents
	Previous

**Step 23.** The **J-1 Visa Sponsorship Application Summary** page appears. Review the information and click **Pay for Application**.



**Step 24.** The **Review Your Cart** page appears with an overview of your **Cart Items**. Click **Proceed to Payment**.



Total: \$		
	Previous Proceed to Payment	Þ

**Step 25.** Select your method of payment, **Card** or **Bank Account**, and enter your payment information as required.



#### Step 26. Click Pay \$.

			Pay \$

- **Step 27.** When the payment is successfully processed, a **Thank You!** notification message appears, and an email confirmation is sent to your email on file.
  - a. It is recommended to document your case number (**C-#**) for this request. It helps Intealth advisors quickly locate your case.

Thank You!	
You have successfully submitted your application/service request. We will notify you as soon as your request has been pr of this request using the case number provided below.	rocessed. You can also monitor the status
For your reference, your case number for this request is	
Payment Confirmation Number:	
Amount: \$	
	Next

Step 28. Click Next to return to the MyIntealth Applicant Portal homepage.

#### 7 ERAS Support Services at ECFMG

#### 7.1 Request an ERAS Token

**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services**, and select **ERAS Support Services** from the dropdown menu.

Home	My Profile 🗸	My Documents	My Cases	Services	<b>≜</b> ⊜
				ICS	
				J-1 Sponsorship	_
				ERAS Support Services	
				CVS	

#### Step 2. The About ERAS Support Services page opens. Click the ERAS Token Request tab.



#### Step 3. Click Request ERAS Token.



**Step 4.** A new page appears with information about the **ERAS Token Request Disclosures**. In order to review the information, click the **ERAS Token Request Disclosures** checkbox, and review the subsequent documentation.

Attestation by Ap	plicant
In order to proceed with your application terms, releases, policies, and/or other ot	on or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following conditions (check the box to view the document):
ERAS Token Request Disclosures	Back Next

Step 5. Review the documentation, and click Accept. You may also download or print this file.



#### Step 6. Click Next.

Attestation by Applicant	
In order to proceed with your application or request for Inte terms, releases, policies, and/or other conditions (check the	alth services, please review and acknowledge that you have read, understood, and agree to the following s box to view the document):
ERAS Token Request Disclosures	Back Next

**Step 7.** A new page appears with sections regarding **Contact Information** and **Citizenship Status**. Review the information and click **Next**.

Contact Information	
Please review your contact information below. If any information is incorrect or nee Please note that submitting certain changes to your identity information will need t confirm that the contact information in your profile is correct as listed below, click <b>N</b>	ds to be updated, you must go to My Profile and make the necessary changes now. o be reviewed and approved before you can continue with this application. If you <b>ext</b>
Country	
Syrian Arab Republic	
CITIZENSIP STATUS Physicians who do not hold citizenship or permanent residency status in the United programs of U.S. graduate medical education (GME). There are various visa/immigr GME. Each visa classification carries distinct regulatory requirements and obligatio	States must secure status in a valid U.S. visa classification to participate in ation options available to foreign national physicians who seek to participate in U.S. ns specific to the foreign national, the visa sponsor, and/or the training institution should not be nersumed. In the case of FCFM CI visa sponsorshin a
or employer. It is important to note that eligibility for a particular visa classification	

- a. If any **Contact Information** needs updating, use **My Profile** -> **Contact Information** from the top banner.
- **Step 8.** The **Degree Medical School Confirmation** information appears. Indicate if your **Degree Medical School** (listed above) is correct.

Degree Medical School G	Degree Medical School Confirmation		
lease review the Degree Medical School information in your profile.			
Degree Medical School	St. George's University School of Medicine		
* Is the Degree Medical School displayed correct?	○ Yes ○ No		
	Back Next		

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- a. If you select **No**, follow the on-screen instructions to resolve the error. You *cannot* proceed with your ERAS Token request until all information is correct.
- Step 9. Click Next.

Degree Medical School Confirmation			
Please review the Degree Medical School information in your profile.			
Degree Medical School®	St. George's University School of Medicine		
* Is the Degree Medical School displayed correct?	○ Yes ○ No		
	Back		

**Step 10.** The **ERAS Token Request Summary** page appears. Review the information and click **Next**.

ERAS Token Request Summary
You are about to request an ERAS 2025 Token to apply via MyERAS for a residency position to start in July 2025. This Token will be valid for the 2025 ERAS season only. Please note that the fee to request an ERAS Token is non-refundable, even if you do not use the Token. All other fees in connection with your MyERAS application are payable to other organizations, such as the AAMC.
Once your Token is issued, you will be notified by email that you have an update on your case. The Token will be displayed on this ERAS Token Request tab and on the ERAS case in the My Cases section of MyIntealth.
To proceed with your ERAS 2025 Token request and pay the fee, click Next.
Back Next

**Step 11.** The **Review Your Cart** page appears with an overview of your **Cart Items**.

Review Your Ca	rt		
Please review the items in your car unable to return to this screen. If ye	t. If you are ready to contin ou wish to cancel this applic	ue with this application/request, click <b>Proceed to Payment</b> cation/request, click <b>Previous</b> to return to the preceding sc	. Once you proceed to payment, you will be reen and then click <b>Cancel</b> .
mportant Note: Navigating away frapplication/request.	rom this screen, by using th	e Back button in your browser or refreshing your browser,	may clear your responses and restart the
📜 Cart Items	₿.		
Product		√ Total	~
ERAS Residency Token			\$

**Step 12.** Click **Proceed to Payment** at the bottom of the screen.

Total	: \$	₿.	
Previous	Proceed to Payment		

Step 13. Select your payment method, Card or Bank Account, and enter payment.

	Card	Bank Account
Billing Address		Payment Info

- Step 14. Once you have entered all required information, click Pay \$.
  - Pay \$
- **Step 15.** Once the payment is successfully processed, a **Thank You!** confirmation message displays, and an email confirmation message is sent to your email address on file.

Thank You!	
You have successfully submitted your application/service request. We will notify you as soon as your request has been pr of this request using the case number provided below.	ocessed. You can also monitor the status
For your reference, your case number for this request is C-11900.	
Payment Confirmation Number:	
Amount: \$	
	Next

- a. It is recommended that you document this request's case number (**C-#**) for future reference.
- **Step 16.** Click **Next** to complete the application and return to the **About ERAS Support Services** page.
- **Step 17.** To access your ERAS Token, click **ERAS Token Request**.



Step 18. The ERAS Token Request Information appears.

ERAS Token F	ERAS Token Request Information		
Time and date calculated	using Eastern Standard Time (EST) in the United States.		
ERAS 2025 Token:			
Request Date:	12/20/2024 11:56 AM		
Issue Date:	12/20/2024 12:00 PM		

**Note:** You must register this Token at **AAMC's MyERAS** to begin working on your **ERAS** application. Once your ERAS Token has been issued, follow the <u>linked instructions</u> to register it.

#### 7.2 Upload a Supporting Document to ERAS Support Services

**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services**, and select **ERAS Support Services** from the dropdown.



Step 2. The About ERAS Support Services page appears. Click Document Upload.

ERAS Support Services	
About ERAS Support Services ERAS Token Request Document Up	load
About ERAS Support Services	

**Step 3.** Review the information and click **Upload Documents**.

IMPORTANT NOTE: MyIntealth provides access to web-based services for international medical schools and includes a service for ERAS. Participating schools can
upload supporting documents for the MyERAS application on behalf of their students and graduates. Students and graduates of participating schools will not have the
ability to upload their own MSPEs and medical school transcripts. If your medical school participates in the ERAS Service through MyIntealth, you will be notified on
the next screen.
Upload Documents

- **Step 4.** Review the instructions for uploading and scroll to the applicable document upload section. Use the following instructions to upload a document.
  - a. Click **Upload Files** and select a file to upload.

	☆ Upload Files	Or drop files
Once you	ır document(s) ha	ve been successfully uploaded, click Submit.

b. A preview of the document appears. Click Save (disk icon).

□ 127% ~ ○ ⊕	\$ C	Q	¢ 🖹
			63

c. Repeat this process for any additional sections if applicable.

It is important to note that not all documents have to be uploaded simultaneously and can be uploaded over time.

#### **Step 5.** Click **Submit**.



**Step 6.** The document is saved and submitted.

# 7.3 Request a Transcript Transfer from the ECFMG Certification Record to the ERAS Application

It is important to note that not all applicants will have the ability to submit this request. It is only available to applicants whose school of graduation does not have the ability to upload their documents in the **MyIntealth Entity Portal**.

## **Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **ERAS Support Services** from the dropdown.



Step 2. The ERAS Support Services page appears. Click the Document Upload tab.

ERAS Support Services	
About ERAS Support Services ERAS Token Request	Document Upload

Step 3. Click Request Medical School Transcript Transfer from ECFMG Certification.



**Step 4.** The **Request Medical School Transcript Transfer from ECFMG Certification** page appears. Enter all required information (\*).

*Do you have a copy of your medical school transcript, or can you obtain one from your medical school? Yes No	
*Are you attempting to request an MSPE that was previously submitted to ECFMG? Ves No	
Cancel Next	



Vos		
Tes		
NO		
Are you attempting to request a	MSPF that was previously submitted to FCFMG2	
Are you attempting to request a	MSPE that was previously submitted to ECFMG?	
Are you attempting to request a	MSPE that was previously submitted to ECFMG?	
Are you attempting to request a	MSPE that was previously submitted to ECFMG?	
Are you attempting to request a Yes No	MSPE that was previously submitted to ECFMG?	

#### **Step 6.** Information summarizing your request appears. Click **Submit**.

The total processing time from submission of this request to the availability of the transcript in ERAS may take up to eight business days.
Once submitted, your request will be reviewed within two to three business days. If ECFMG is unable to fulfill your request, you will be notified via email. If ECFMG is able to fulfill your request, your transcript will be transferred to your MyERAS application where you will be able to track the status of the document. The status of the transcript will be updated to "available" in MyERAS within five business days of the date it is uploaded to MyERAS.
By clicking Submit, you confirm:
<ul> <li>You do not already have a medical school transcript on file from the previous ERAS season.</li> <li>You do not have access to a copy of your medical school transcript and are unable to secure one from your medical school.</li> <li>You understand that this is not a request for an MSPE or USMLE transcript.</li> </ul>
If you have any questions about this request, please contact ERAS Support Services before submission.
Cancel Back Submit

# **Step 7.** A **Thank You!** message appears indicating that you have successfully submitted your request.

About ERAS Support Services	ERAS Token Request	Document Upload
Thank You!		
You have successfully submitted a r	request to have your medica	al school transcript transferred from ECFMG Certification to your MyERAS application.
For reference, your case number for	r this request is	
You can monitor the status of this c	ase in the My Cases sectior	ι.
Close		