



**Intealth**<sup>TM</sup>  
Advancing the Global Health Workforce

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

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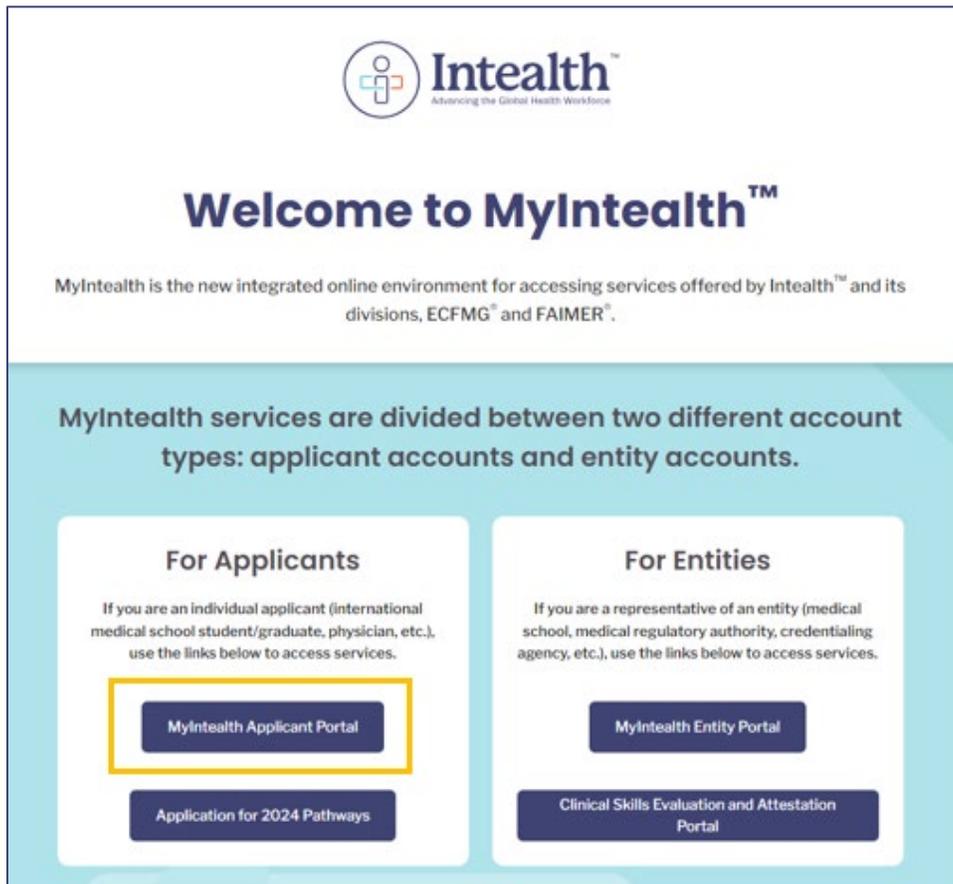
# 1 Access the MyIntealth Applicant Portal

**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 [Create a MyIntealth Applicant Account as a New User](#) section.

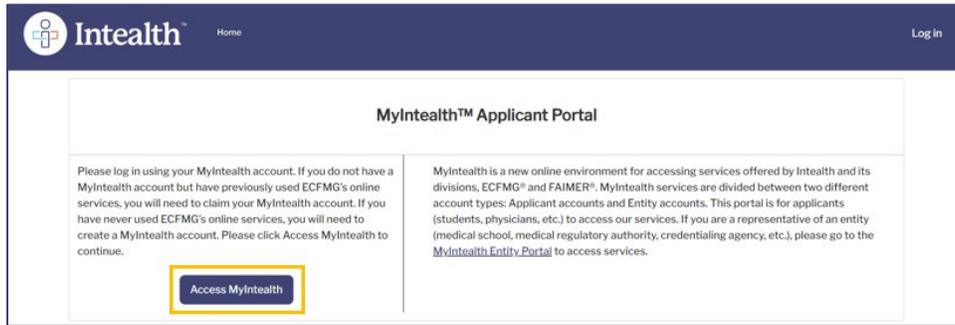
**Existing Applicant** - If you have used ECFMG's former Online Services (for example, IWA, OASIS, or the EPIC Physician Portal), your account has been transferred to MyIntealth. Follow the instructions in the [Access a MyIntealth Applicant Account as a Previous User of ECFMG's Online Services](#) section.

## 1.1 Create a MyIntealth Applicant Account as a New User

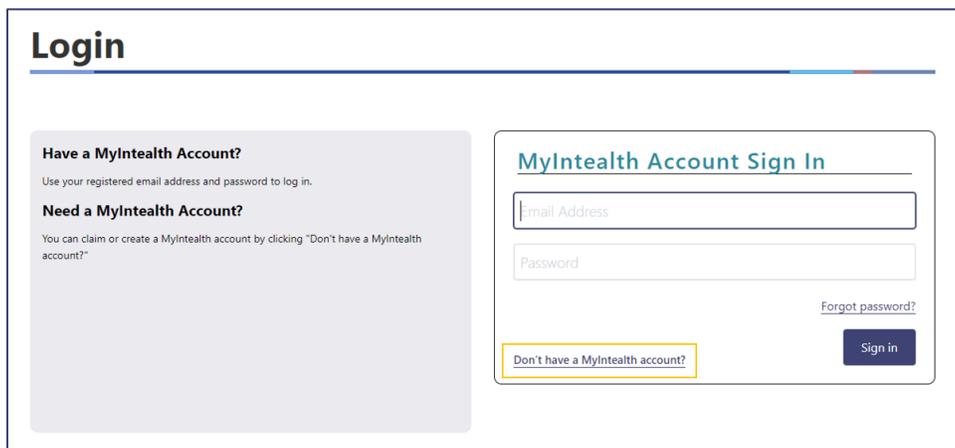
**Step 1.** Access the site at [www.myintealth.app](http://www.myintealth.app) and click **MyIntealth Applicant Portal**.



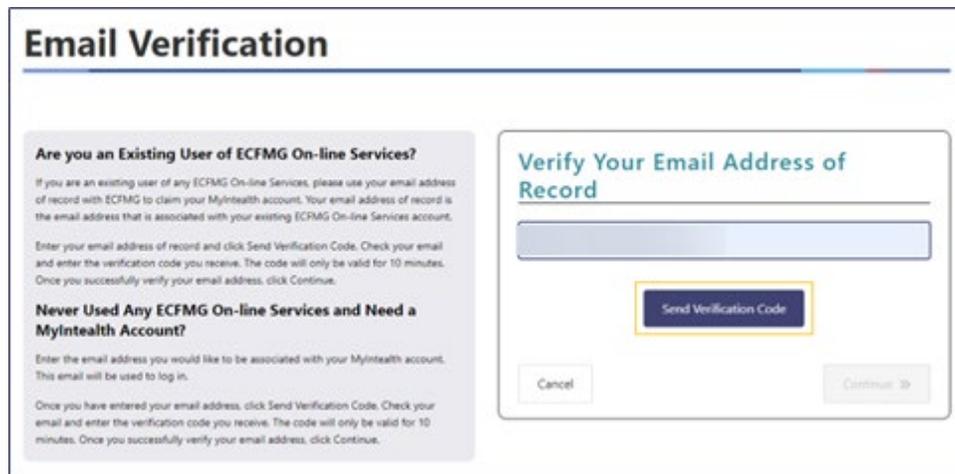
**Step 2. Click Access MyIntealth.**



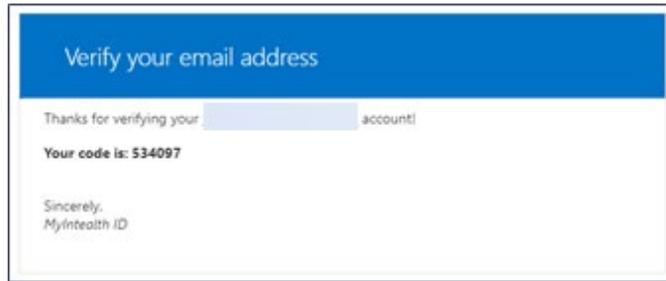
**Step 3. Click Don't have a MyIntealth account?**



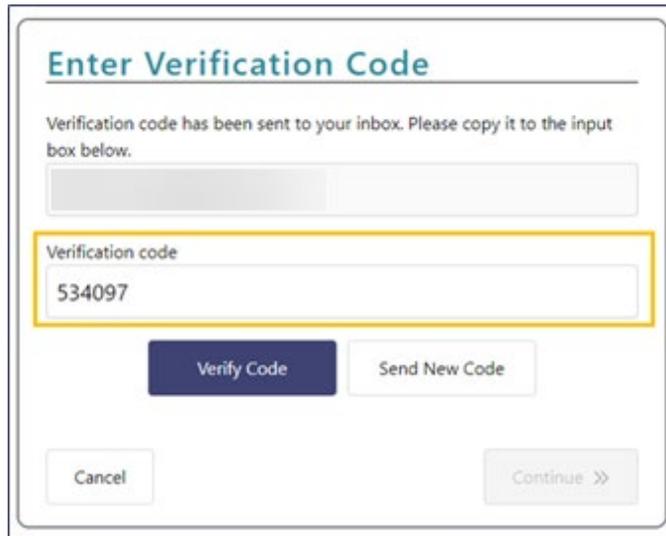
**Step 4. Enter your email address and click Send Verification Code.**



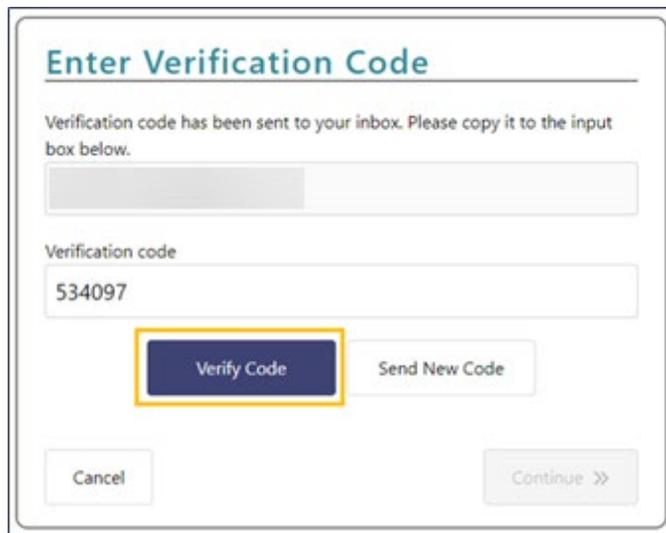
**Step 5.** The **Verification Code** is sent to the assigned email address.



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



**Step 7.** Click **Verify Code**.



**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 claim your MyIntealth 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 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.

**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. 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. Once you successfully verify your email address, click Continue.

### Email Address Verified

E-mail address verified. You can now continue.

Cancel
Continue >>

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

## Create Applicant Account

**New Account Requirements**

Please enter the information exactly as it appears in your current passport

**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" 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:**

- It must be at least eight characters long.
- Must include characters from at least three of the following categories:
  - English uppercase characters (A-Z)
  - English lowercase characters (a-z)
  - Numbers (0-9)
  - Symbols (!, \$, #, %, etc.)

**Confirm Password:**

- Enter the same 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
Create Account

- 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.*

**Step 10.** Click **Create Account**.

**Create Applicant Account**

**New Account Requirements**  
Please enter the information exactly as it appears in your current passport

**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" 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:**

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  - English uppercase characters (A-Z)
  - English lowercase characters (a-z)
  - Numbers (0-9)
  - Symbols (!, \$, #, %, etc.)

**Confirm Password:**

- Enter the same 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 Create Account

**Step 11.** Access the **MyIntealth Applicant Portal**.

**Step 12.** The **MyIntealth Account Attestation** page appears. Click the **Terms and Conditions** checkbox.

**Intealth** Home My Profile Help

**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

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

**Intealth** Advancing the Global Health Workforce

**Attestation by MyIntealth User**

**Intealth™ Terms and Conditions**

**Last Updated: January 16, 2024**

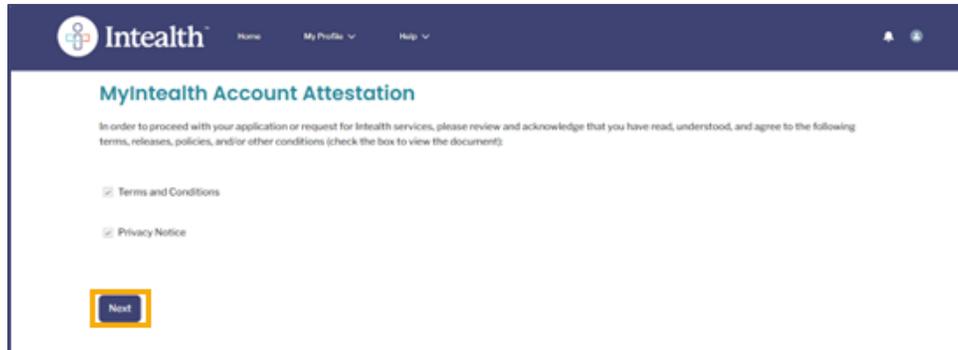
These Terms and Conditions govern the use of the Intealth website, MyIntealth™ portals, and other online programs and services that Intealth offers (collectively "Services") to Individuals and Authorized Users (collectively "Users") of Organizations or Entities, including but not limited to medical schools, post-graduate training institutions, governmental agencies, and medical regulatory authorities (collectively "Entities").

Accept

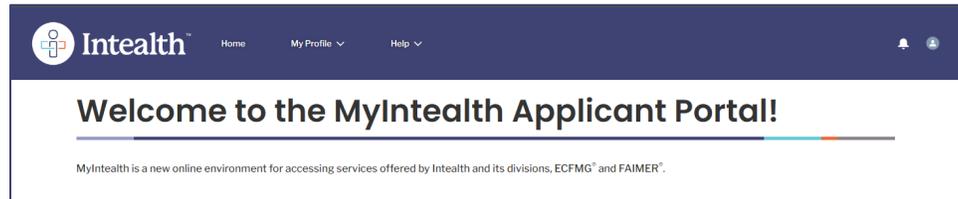
**Step 14.** Click the **Privacy Notice** checkbox.

**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**.



**Step 17.** The **MyIntealth Applicant Portal** homepage appears. Continue with [Establish Your MyIntealth Applicant Account](#).

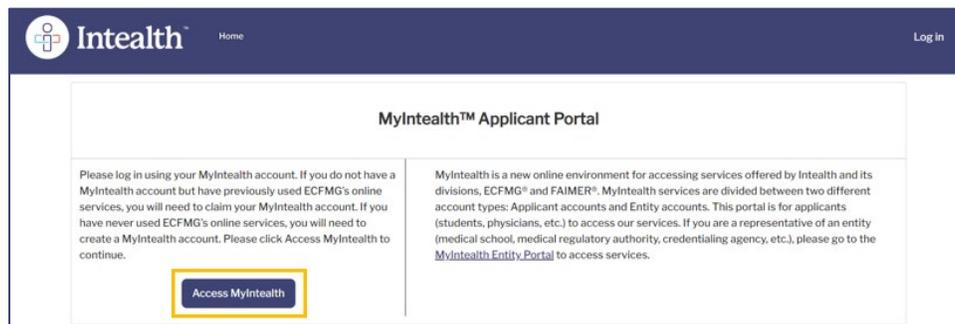


## 1.2 Access a MyIntealth Applicant Account as a Previous User of ECFMG's Online Services

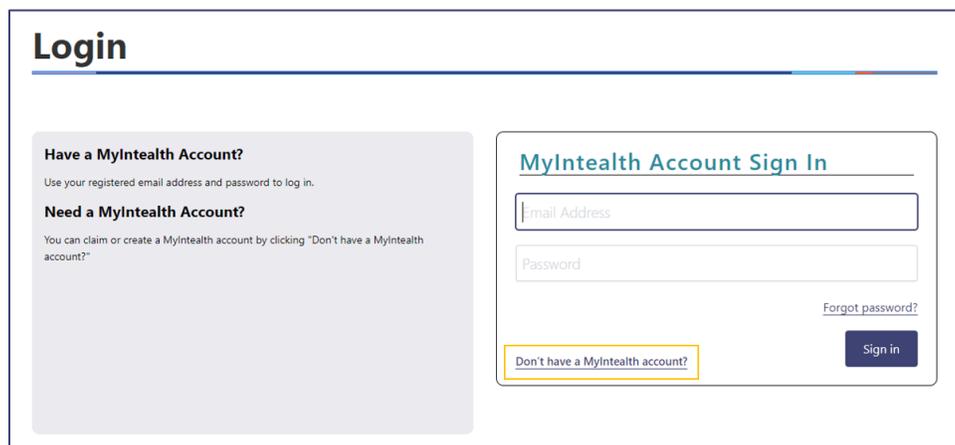
**Step 1.** Access the site at [www.myintealth.app](http://www.myintealth.app) and click **MyIntealth Applicant Portal**.



**Step 2.** Click **Access MyIntealth**.



**Step 3.** Click **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 ECFMG On-line Services, please use your email address of record with ECFMG to claim your MyIntealth 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 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.

**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. 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. Once you successfully verify your email address, click Continue.

**Verify Your Email Address of Record**

**Send Verification Code**

Cancel Continue >>

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

**Verify your email address**

Thanks for verifying your [redacted] account!

**Your code is: 534097**

Sincerely,  
MyIntealth ID

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

**Enter Verification Code**

Verification code has been sent to your inbox. Please copy it to the input box below.

**Verification code**  
534097

**Verify Code** Send New Code

Cancel Continue >>

**Step 7.** Click **Verify Code**.

**Enter Verification Code**

Verification code has been sent to your inbox. Please copy it to the input box below.

Verification code

534097

Verify Code Send New Code

Cancel Continue >>

**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 claim your MyIntealth 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 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.

**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. 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. Once you successfully verify your email address, click Continue.

**Email Address Verified**

E-mail address verified. You can now continue.

Cancel 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 include characters from at least three of the following categories:
  - English uppercase characters (A-Z)
  - English lowercase characters (a-z)
  - Numbers (0-9)
  - Symbols (!, @, #, %, etc.)

**Confirm Password:**

- Enter the same password in the Password and Confirm New Password fields and click Confirm.

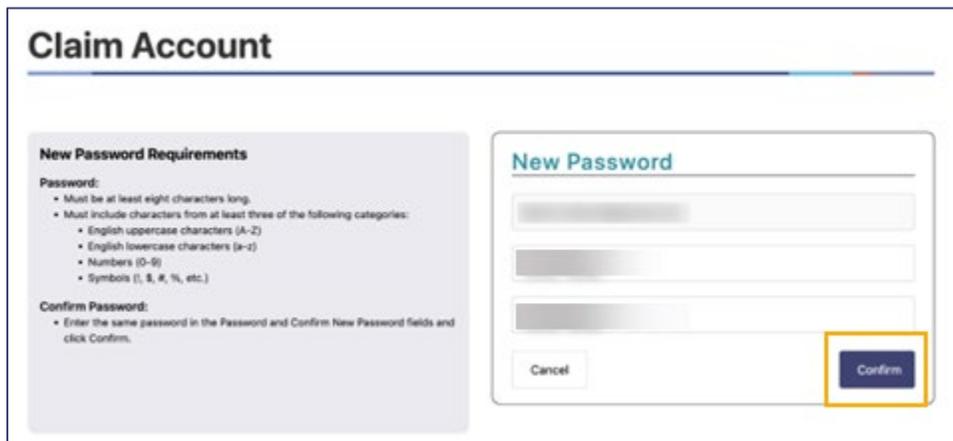
**New Password**

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.*

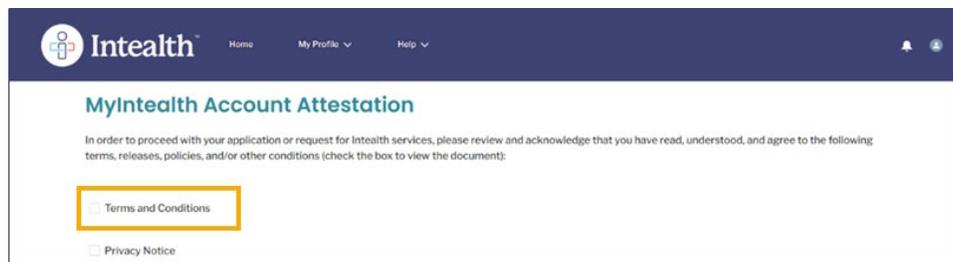
**Step 10.** Click **Confirm**.



The screenshot shows a 'Claim Account' page. On the left, there is a 'New Password Requirements' section with the following text: 'Password: Must be at least eight characters long. Must include characters from at least three of the following categories: English uppercase characters (A-Z), English lowercase characters (a-z), Numbers (0-9), Symbols (!, \$, #, %, etc.)'. Below this is a 'Confirm Password:' section with the text: 'Enter the same password in the Password and Confirm New Password fields and click Confirm.' On the right, there is a 'New Password' form with three input fields and a 'Confirm' button highlighted with a yellow box.

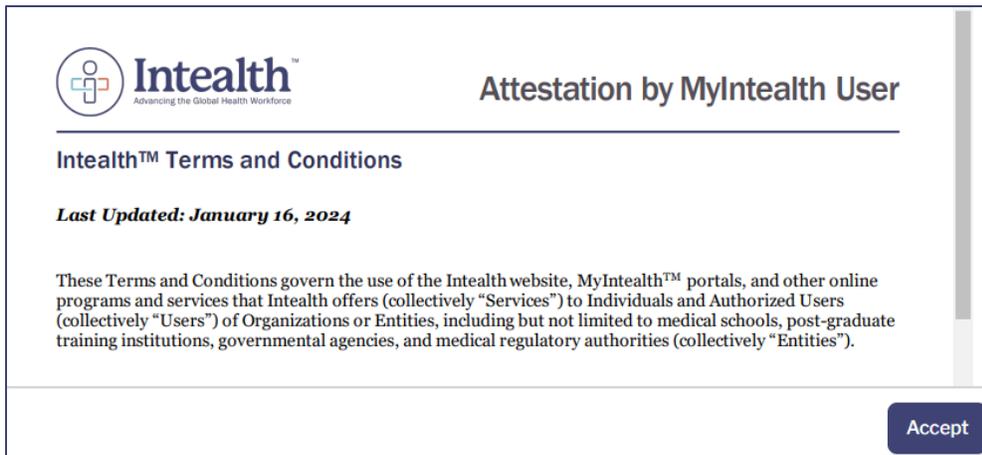
**Step 11.** Access the **MyIntealth Applicant Portal**.

**Step 12.** The **MyIntealth Account Attestation** page appears. Click the **Terms and Conditions** checkbox.



The screenshot shows the 'MyIntealth Account Attestation' page. The page has a dark blue header with the Intealth logo and navigation links for 'Home', 'My Profile', and 'Help'. Below the header, the page title is 'MyIntealth Account Attestation'. The main content area contains the text: '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):'. Below this text, there are two checkboxes: 'Terms and Conditions' (which is highlighted with a yellow box) and 'Privacy Notice'.

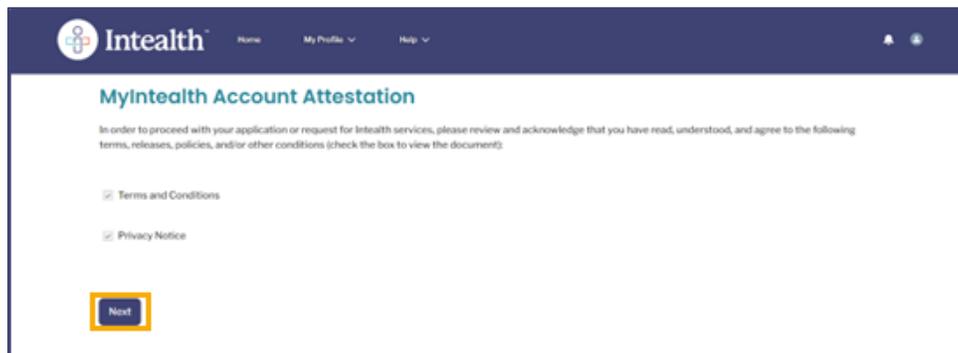
**Step 13.** The **Terms and Conditions** appear. Review this information and click **Accept** at the bottom of the page.



**Step 14.** Click the **Privacy Notice** checkbox.

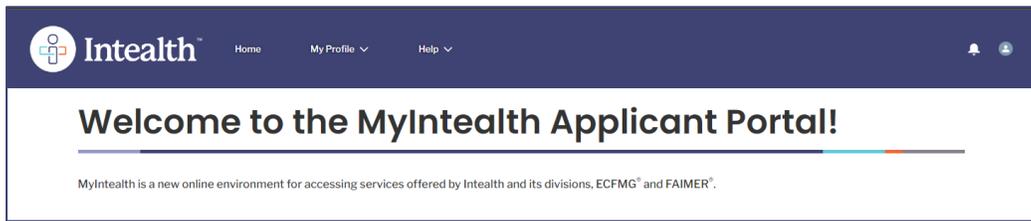
**Step 15.** The **Privacy Notice** appears. Review this information and click **Accept** at the bottom of the page.

**Step 16.** The **MyIntealth Account Attestation** page appears. Click **Next**.



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

**Step 18.** The **MyIntealth Applicant Portal** homepage appears. Continue with [Establish Your MyIntealth Applicant Account](#).



## 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)

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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**

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### ECFMG Certification

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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 (\*).

- This page requires you to enter information about your Identity, Address and Phone Number, Citizenship, and existing ECFMG service identification numbers.

Home My Profile Help

## MyIntealth Account Establishment

### Personal Information

Please see the [Instructions for Establishing Your MyIntealth Account](#) for more information on what you will need to complete this request.

#### Identity 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.

\*Last Name/Surname  
  
 My legal name consists of one name only

\*Rest of Name

Generational Suffix

\*Gender

#### Contact Information

You must provide your full and complete residence address. Your address of residence will be used as your mailing address.

\*Country

\*Street

\*City

State/Province

**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.

The screenshot shows the 'MyIntealth Account Establishment' page. At the top, there is a navigation bar with the Intealth logo and links for 'Home', 'My Profile', and 'Help'. The main heading is 'MyIntealth Account Establishment'. Below this, the 'School Information' section is active. It includes an 'Enrollment Status' section with radio buttons for 'Student' (selected) and 'Graduate'. There is a 'Degree Medical School' section with a search bar and a 'Submit New School' button. The search bar contains the text 'search by name, city, state, or country...'.

**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.

The screenshot shows the 'Degree Medical School' search results. The search bar contains the text 'Baroda'. Below the search bar, there are two search results listed:

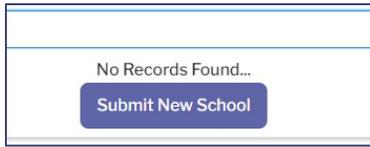
- Medical College Baroda**  
BillingCity: Vadodara  
BillingState: Gujarat  
BillingCountry: India
- Maharaja Sayajirao University of Baroda**  
BillingCity: Vadodara  
BillingState: Gujarat  
BillingCountry: India

At the bottom of the search results, there is a 'Submit New School' button.

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**.

A white pop-up window titled "Add School" in teal. It contains several input fields and a list of school details. On the left, there are fields for "Title of Medical Degree", "Student ID", "Start Month", "Start Year", "End Month", "End Year", "Degree Issue Month", and "Degree Issue Year". On the right, there is a list of school details for "Medical College Baroda" in Anandpura, Vadodara, Gujarat, India. At the bottom right, there are "Add" and "Cancel" buttons.

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

A page titled "Degree Medical School". It contains a search bar with the text "search by name, city, state, or country...". Below the search bar, there is a search result for "Medical University of Afghanistan". The result includes the address "123 Main Broadway Afghanistan" and degree information: "Degree Title: MBBS", "Degree Issue Month: May", "Degree Issue Year: 2023". It also lists "University Name:", "Student ID:", "Start Month: January", "Start Year: 2018", "End Month: May", and "End Year: 2023". A red circle with a white 'x' is next to the result. At the bottom right of the result box, it says "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**.

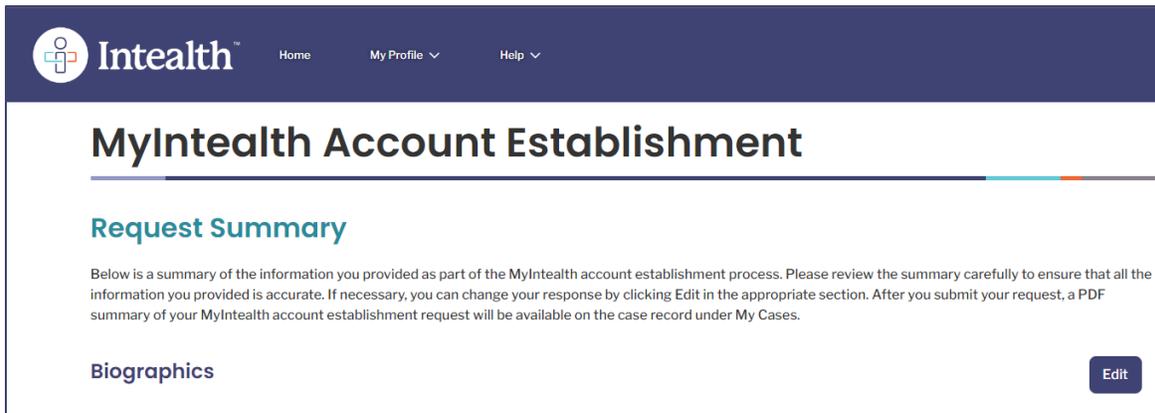
***Note:** Depending on which service you chose, additional pages may appear prior to the **Medical Registration/Licensure** page. If so, enter required information (\*) and click **Next**.*

The screenshot shows the 'MyIntealth Account Establishment' page. The header includes the Intealth logo and navigation links for Home, My Profile, and Help. The main heading is 'MyIntealth Account Establishment', followed by a sub-heading 'Medical Registration/Licensure'. Below this, there is a paragraph of instructions: '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 registered/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 New Authority** to enter information for the authority.' A search input field is provided with the placeholder text 'search by name, city, state, or country...'. At the bottom of the page, there are two buttons: 'Previous' and 'Next'.

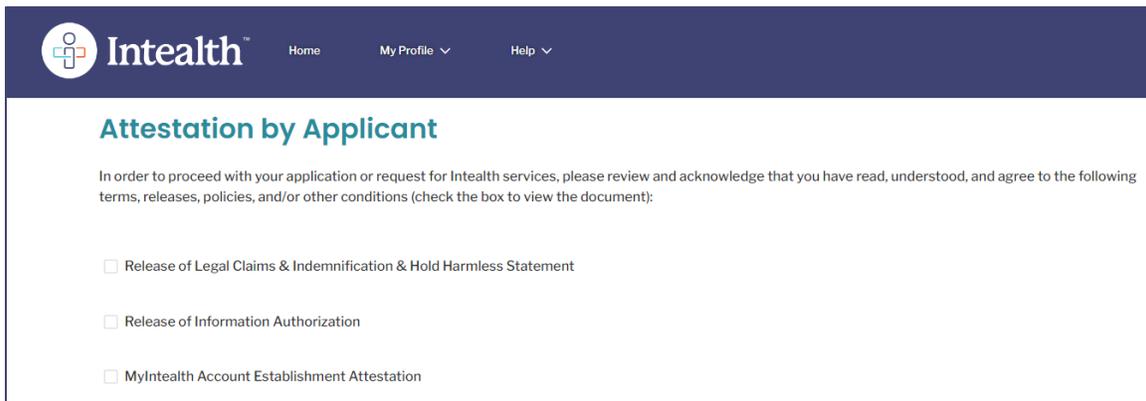
**Step 13.** The **Additional Information** page appears. This information is voluntary. Enter information if desired. Click **Save Changes** to save your information without submitting or click **Next** to continue.

The screenshot shows the 'MyIntealth Account Establishment' page. The header includes the Intealth logo and navigation links for Home, My Profile, and Help. The main heading is 'MyIntealth Account Establishment', followed by a sub-heading 'Additional Information'. Below this, there is a paragraph of instructions: '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 outcome 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 not verify any of the information collected below.' Under the heading 'U.S. Resident Status', there is a text prompt: 'I am/have been a U.S. Permanent Resident (Green Card Holder).'. To the right of this prompt is a dropdown menu with the word 'Select' and a downward arrow.

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

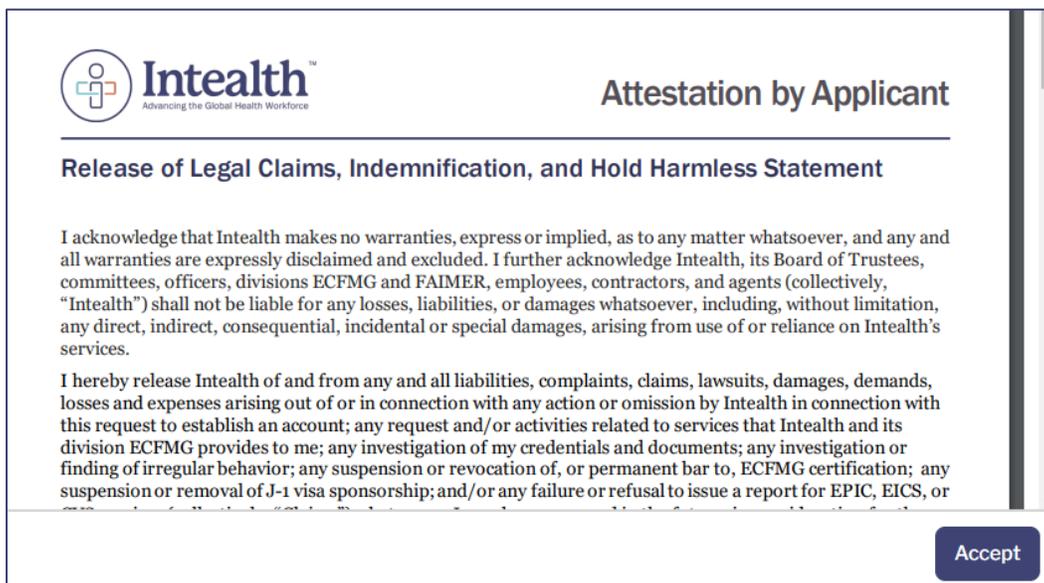


**Step 15.** The **Attestation by Applicant** page appears.



**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**.

**Intealth**  
Advancing the Global Health Workforce

## Attestation by Applicant

### Release of Information Authorization

I hereby request and authorize every person, medical school, medical regulatory authority, university, hospital, government agency, or other entity to release any documents and information to Intealth bearing on the content of my application or other request related to services that I have asked Intealth to provide to me, including, but not limited to: records, diplomas, transcripts, licenses/registrations, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby request and authorize Intealth to transmit any documents or information in its possession, or that may otherwise become available to Intealth, bearing on the content of my application or other request related to services I have requested Intealth provide to me, including, but not limited to: records, diplomas, transcripts, licenses/registrations, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment where such disclosure is necessary for Intealth to provide the requested services or to any other organization or individual who, in the sole judgment of Intealth, has a legitimate interest in such information.

I hereby authorize Intealth to transmit any documents or information in its possession, or that may otherwise

**Accept**

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

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

**Intealth**  
Advancing the Global Health Workforce

## Attestation by Applicant

### MyIntealth Account Establishment Attestation

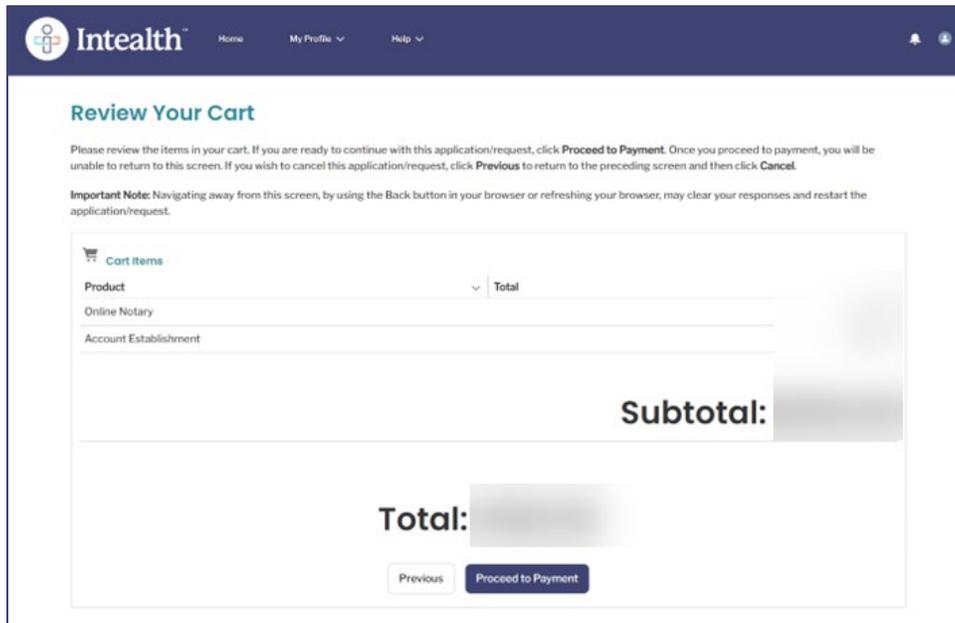
I hereby certify that the information that I have provided to establish a MyIntealth account was provided solely by me and is true and correct to the best of my knowledge. I understand that the decision as to whether I qualify for a MyIntealth account or to receive any Intealth or ECFMG services rests solely and exclusively with Intealth and that Intealth's decision-making authority is ongoing.

I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, 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. (Organizations with 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 regulatory department or agency; U.S. state and international medical licensing authorities; and graduate medical education programs.)

**Accept**

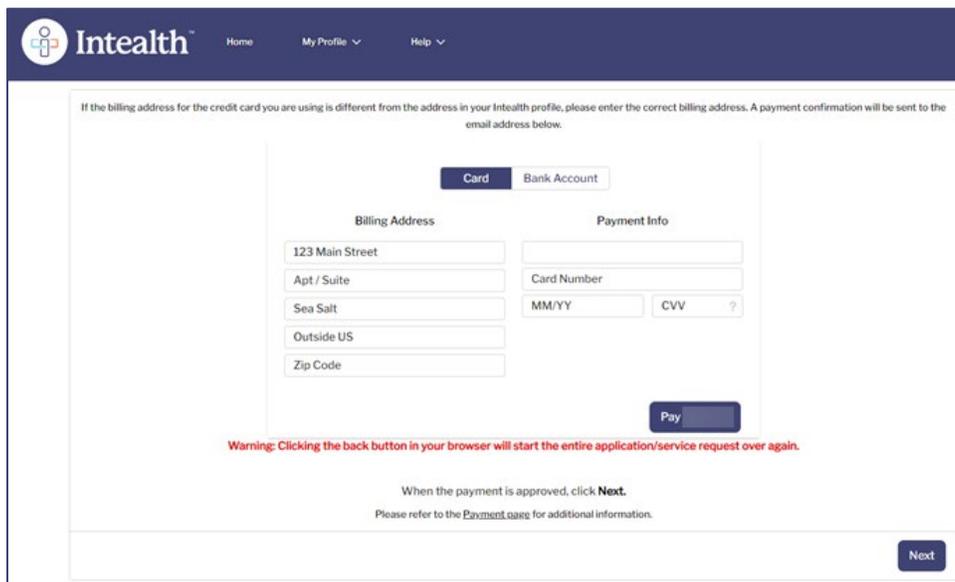
**Step 19.** Once you have viewed and accepted all attestations, click **Next**.

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

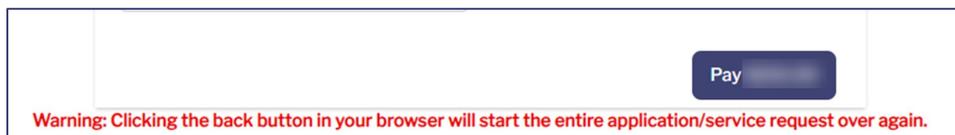


**Step 21.** Click **Proceed to Payment** at the bottom of the screen.

**Step 22.** Choose your payment method, **Card** or **Bank Account**, and enter your payment information.



**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 **C-20729**.

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**.

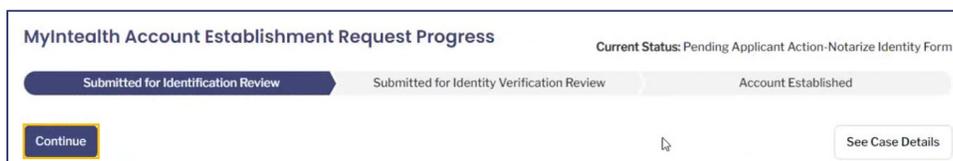
### 1.4.1 Notarize an Identification Form (Applicant)

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.

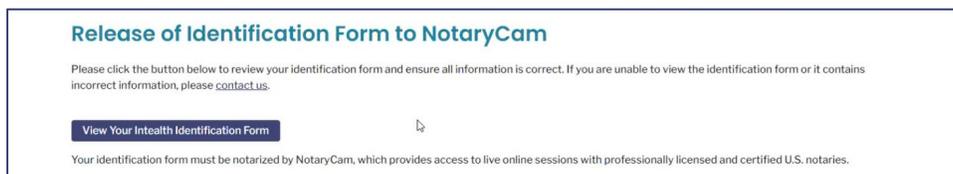
- Step 1.** On the **MyIntealth Applicant Portal** homepage, scroll to the **MyIntealth Account Establishment Request Progress** section, which shows a **Current Status** of **Pending Applicant Action-Notarize Identity Form**.



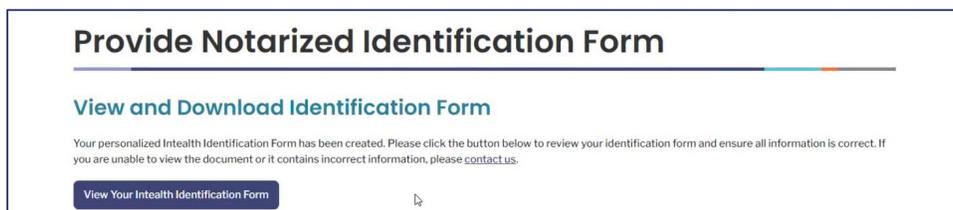
- Step 2.** Click **Continue**.



- 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 [Notarize an Identification Form – Alternate Process](#) 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**.

**Release of Identification Form to NotaryCam**

Please 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 incorrect information, please [contact us](#).

[View Your Intealth Identification Form](#)

Your identification form must be notarized by NotaryCam, which provides access to live online sessions with professionally licensed and certified U.S. notaries.

**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.

**Release of Identification Form to NotaryCam**

Please 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 incorrect information, please [contact us](#).

[View Your Intealth Identification Form](#)

Your identification form must be notarized by NotaryCam, 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., Eastern Time in the United States

By e-mail: [info@ecfm.org](mailto:info@ecfm.org)

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

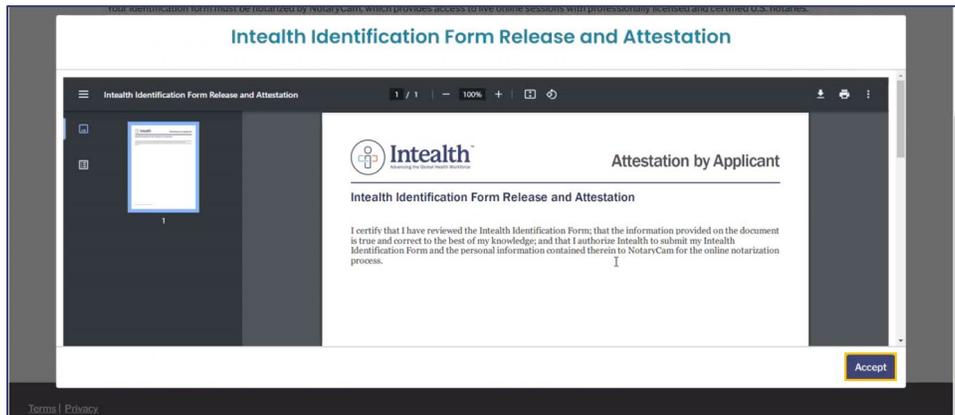
**Identification Form Release and Attestation**

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](#)

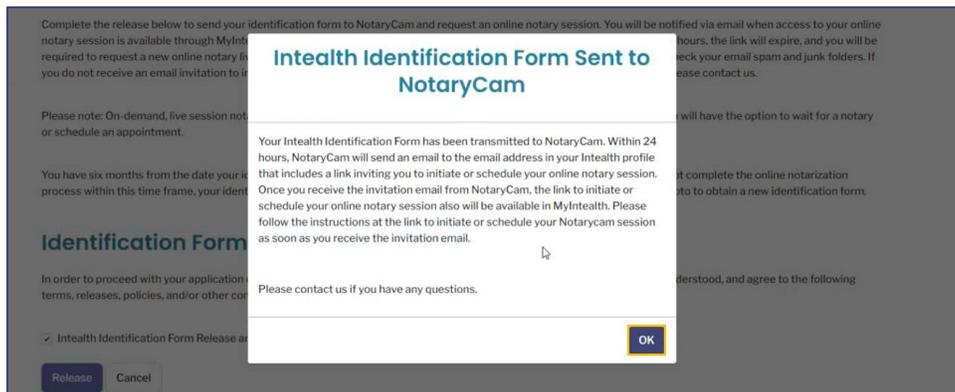
**Step 7.** The **Intealth Identification Form Release and Attestation** appears. Review the information and click **Accept** to continue.



**Step 8.** Click **Release**.



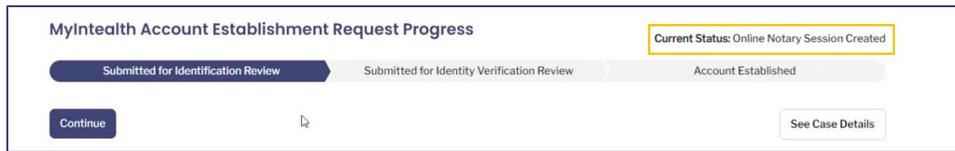
**Step 9.** An **Intealth Identification Form Sent to NotaryCam** pop-up appears. Review the information and click **OK**.



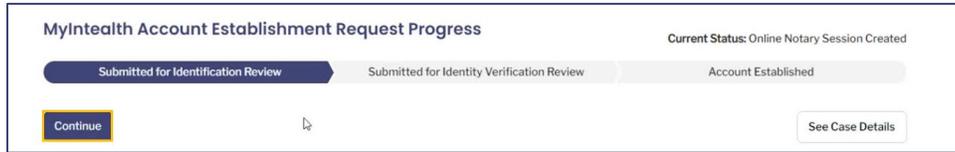
**Step 10.** The **MyIntealth Application Portal** homepage appears.



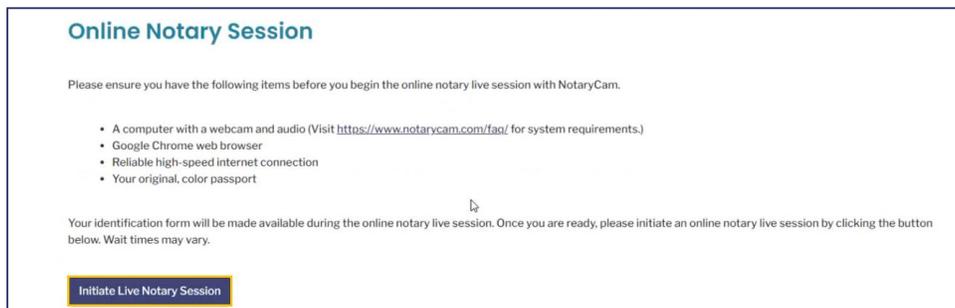
**Step 11.** Scroll to the **MyIntealth Account Establishment Request Progress** section. The **Current Status** is updated to **Online Notary Session Created**.



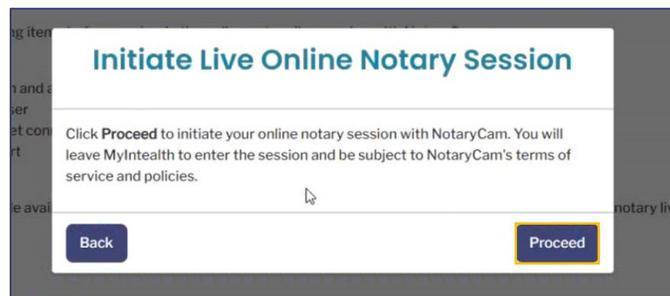
**Step 12.** Click **Continue**.



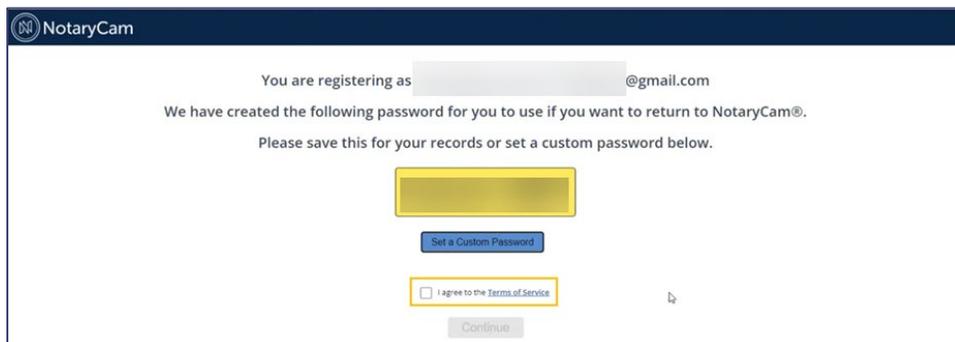
**Step 13.** The **Online Notary Session** page appears. Review the information and click **Initiate Live Notary Session**.



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



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



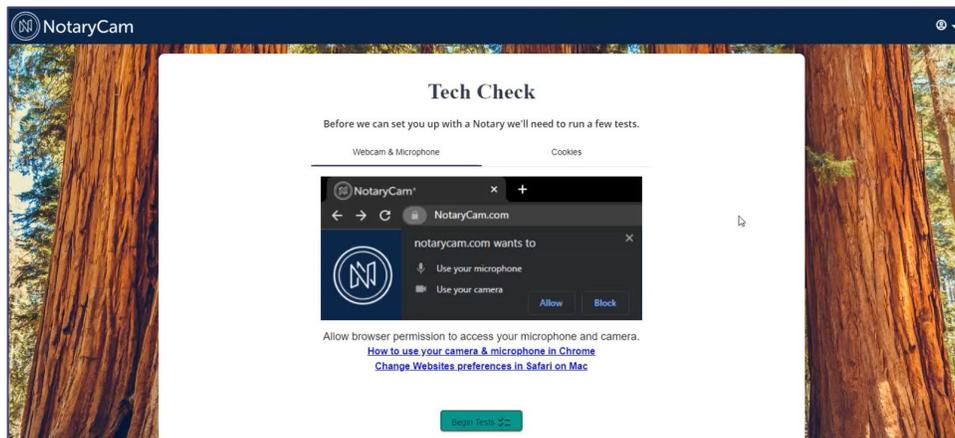
a. A password is provided in case you need to return to **NotaryCam**. You may also **Set a**

## Custom Password.

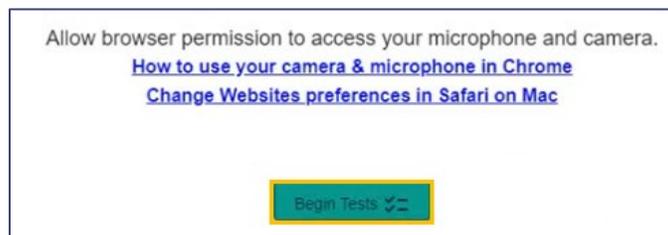
**Step 16.** Click **Continue**.



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



**Step 18.** Click **Begin Tests**.



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



003P00001evs5NIAQ\_ECFMG\_Identification\_Form\_2024-1-12\_14\_55\_43.pdf

**Intealth™ Identification Form**

Name: Jordan Campbell Gender: Male  
Date of Birth: 30-Oct-2001

**IMPORTANT NOTE:** When completed and submitted to Intealth this Identification Form will become part of your permanent record. All information on the Identification Form is subject to verification and acceptance by Intealth.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL:** (To be completed by official)  
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this **12** day, of the month **1**, in the year **24**.

X ECFMG Train Admin Notary  
Signature of Official Title (with English translation, if not in English)

**APPLICANT RELEASE OF INFORMATION AND ATTESTATION:** (To be completed by physician)  
Release of Information Authorization

**APPLICANT RELEASE OF INFORMATION AUTHORIZATION:**  
I request and authorize every content of my request or any of identity, citizenship or foreign status, academic or professional history for the requested services, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

I have read, understood and intend to be legally bound by the information to Intealth bearing on the above, and other documents concerning my application.

I become available to Intealth, bearing in mind, but not limited to: records, diplomas, degrees, academic or professional history for the requested services, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

I consent, and registration and licensing requirements for their acts, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

I have read, understood and intend to be legally bound by the information to Intealth bearing on the above, and other documents concerning my application.

I consent, and registration and licensing requirements for their acts, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

**Signature of Applicant:** Person A  
Date: \_\_\_\_\_

This Identification Form must be completed and submitted to Intealth by 12-Jan-2024

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

**Intealth™ Identification Form**

Name: Jordan Campbell Gender: Male  
Date of Birth: 30-Oct-2001

**IMPORTANT NOTE:** When completed and submitted to Intealth this Identification Form will become part of your permanent record. All information on the Identification Form is subject to verification and acceptance by Intealth.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL:** (To be completed by official)  
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this **12** day, of the month **1**, in the year **24**.

X ECFMG Train Admin Notary  
Signature of Official Title (with English translation, if not in English)

**APPLICANT RELEASE OF INFORMATION AND ATTESTATION:** (To be completed by physician)  
Release of Information Authorization

**APPLICANT RELEASE OF INFORMATION AUTHORIZATION:**  
I request and authorize every content of my request or any of identity, citizenship or foreign status, academic or professional history for the requested services, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

I have read, understood and intend to be legally bound by the information to Intealth bearing on the above, and other documents concerning my application.

I consent, and registration and licensing requirements for their acts, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

I have read, understood and intend to be legally bound by the information to Intealth bearing on the above, and other documents concerning my application.

I consent, and registration and licensing requirements for their acts, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

**Intealth™ Identification Form**

Name: Jordan Campbell Gender: Male  
Date of Birth: 30-Oct-2001

**IMPORTANT NOTE:** When completed and submitted to Intealth this Identification Form will become part of your permanent record. All information on the Identification Form is subject to verification and acceptance by Intealth.

**CERTIFICATION OF IDENTIFICATION BY OFFICIAL:** (To be completed by official)  
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this **12** day, of the month **1**, in the year **24**.

X ECFMG Train Admin Notary  
Signature of Official Title (with English translation, if not in English)

**APPLICANT RELEASE OF INFORMATION AND ATTESTATION:** (To be completed by physician)  
Release of Information Authorization

**APPLICANT RELEASE OF INFORMATION AUTHORIZATION:**  
I request and authorize every content of my request or any of identity, citizenship or foreign status, academic or professional history for the requested services, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

I have read, understood and intend to be legally bound by the information to Intealth bearing on the above, and other documents concerning my application.

I consent, and registration and licensing requirements for their acts, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

I have read, understood and intend to be legally bound by the information to Intealth bearing on the above, and other documents concerning my application.

I consent, and registration and licensing requirements for their acts, and/or to any other organization or individual U.S. state and international me I also extend absolute annual authorities providing in foreign communications, records, mail, requested by Intealth.

**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.



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



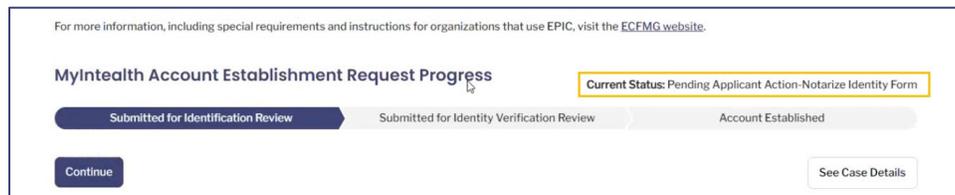
## 1.5 Notarize an Identification Form – Alternate Process

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

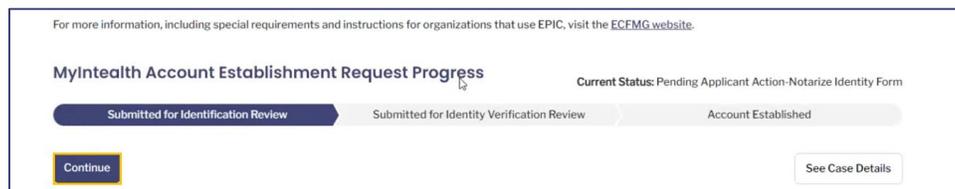
### Step 1. Login to the MyIntealth Applicant Portal.



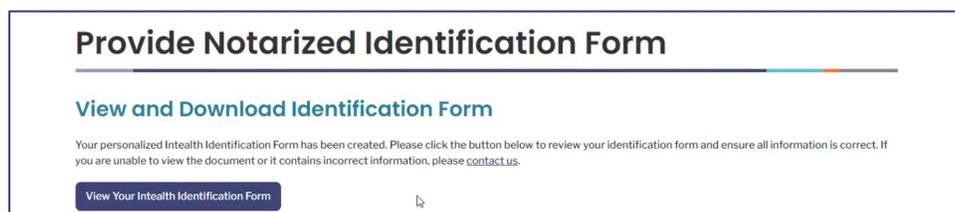
### Step 2. On the MyIntealth Applicant Portal homepage, scroll to the MyIntealth Account Establishment Request Progress section. The Current Status is listed as Pending Applicant Action-Notarize Identity Form.



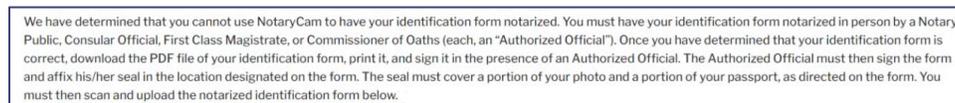
### Step 3. Click Continue.



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



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



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

**Provide Notarized Identification Form**

[View and Download Identification Form](#)

Your personalized Intealth Identification Form has been created. Please click the button below to review your identification form and ensure all information is correct. If you are unable to view the document or it contains incorrect information, please [contact us](#).

[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.



- 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.

**Provide Notarized Identification Form**

[View and Download Identification Form](#)

Your personalized Intealth Identification Form has been created. Please click the [button](#) below to review your identification form and ensure all information is correct. If you are unable to view the document or it contains incorrect information, please [contact us](#).

[View Your Intealth Identification Form](#)

**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., Eastern Time in the United States

By e-mail: [info@ecfm.org](mailto:info@ecfm.org)

**Step 6.** At this point, you are responsible for getting the document notarized in person.

- Do not continue to the next step until that document has been notarized.
- 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 Identification Form**

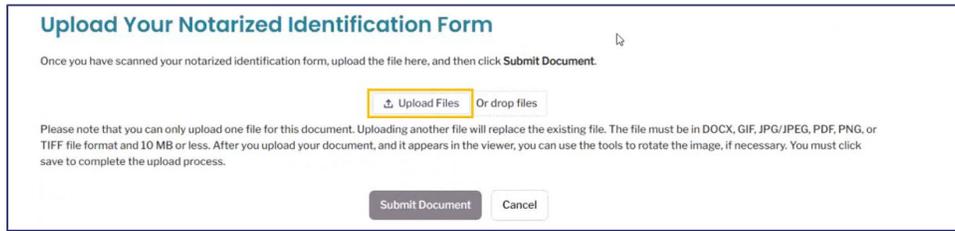
Once you have scanned your notarized identification form, upload the file here, and then click **Submit Document**.

[Upload Files](#) Or drop files

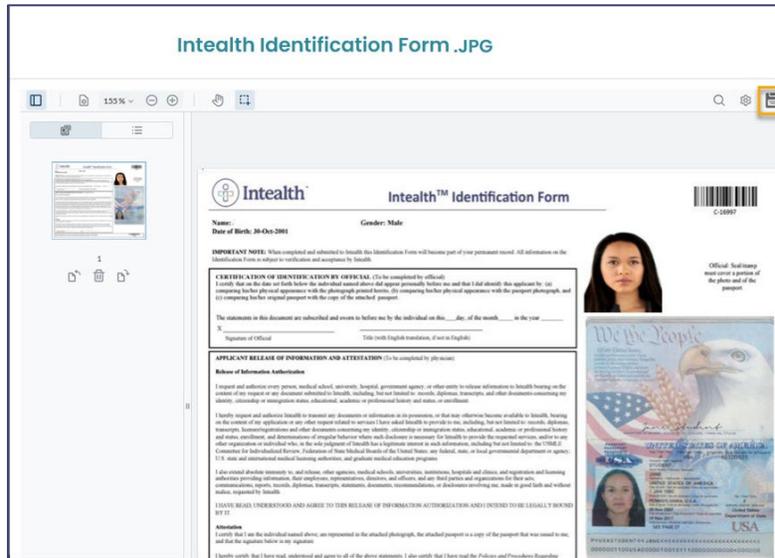
Please note that you can only upload one file for this document. Uploading another file will replace the existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate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

[Submit Document](#) [Cancel](#)

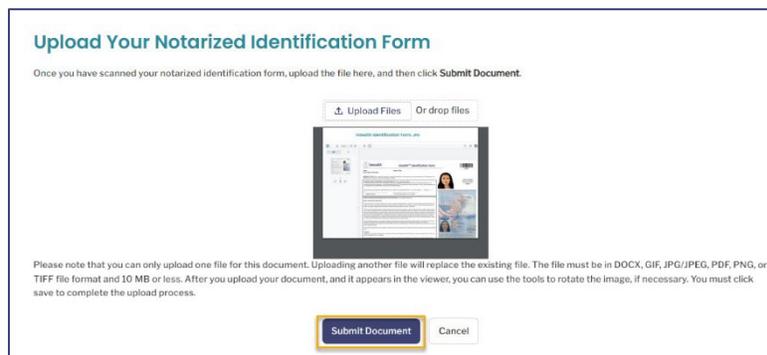
**Step 8.** Click **Upload Files** and upload the notarized document.



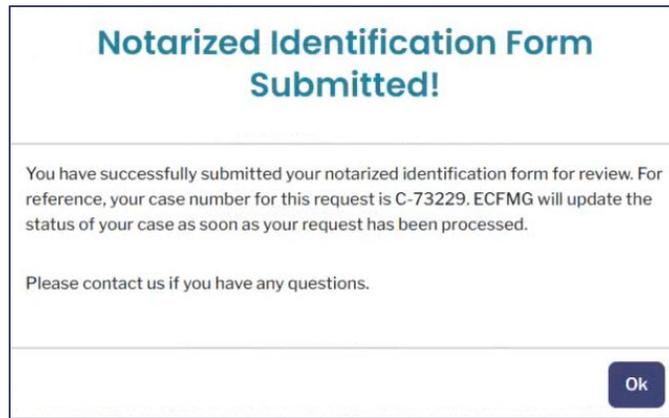
**Step 9.** A preview of the notarized document appears. Click **Save** (disk icon) in the top right corner.



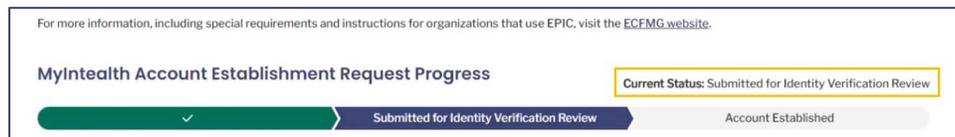
**Step 10.** A preview of the uploaded file appears below the **Upload Your Notarized Identification Form** section. Click **Submit Document**.



**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**.



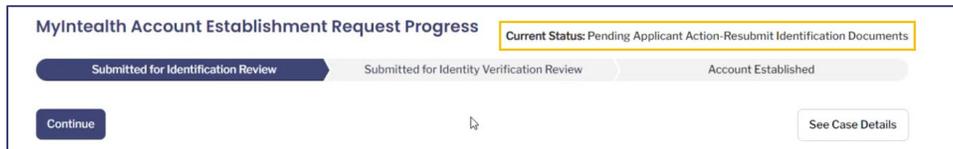
**Step 13.** The form is sent to Intealth for review.

## 1.6 ID Rejection Review and Application Resubmission

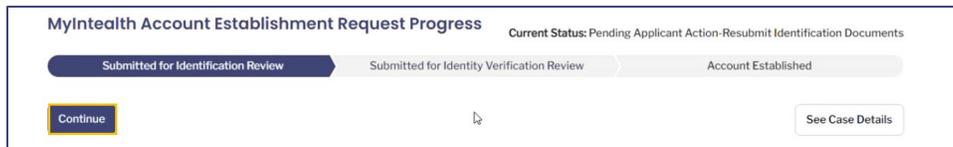
This section shows next steps after one or more of your identity documents has been rejected and the application resubmission process.

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

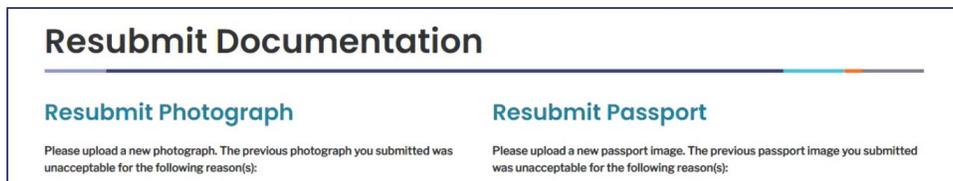
- Step 1.** From the **MyIntealth Applicant Portal** homepage, scroll to the **MyIntealth Account Establishment Request Progress** section, the **Current Status** appears as **Pending Applicant Action-Resubmit Identification Documents**.



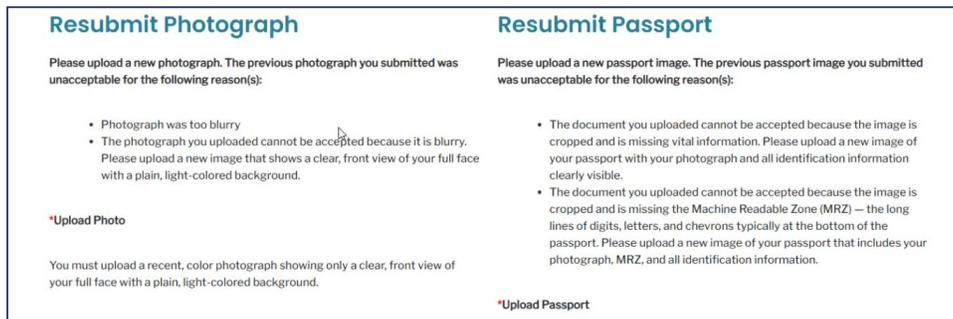
- Step 2.** Click **Continue**.



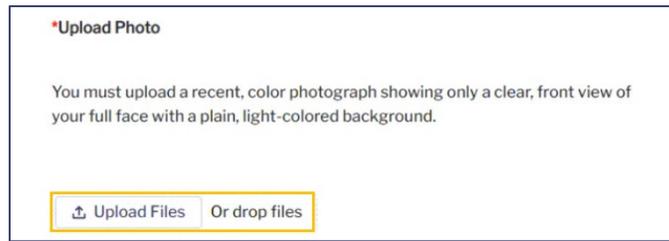
- Step 3.** The **Resubmit Documentation** page appears. Use the following instructions to upload a new file.



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



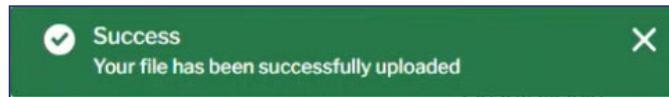
- b. Click **Upload Files** in either subsection to upload the required file. The previous version of the document appears for reference.



- 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.

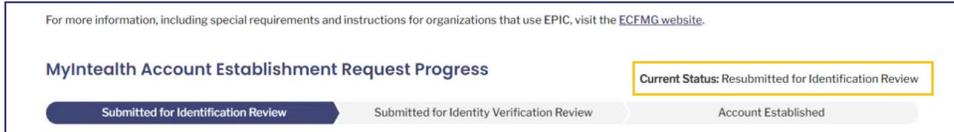
- Step 5.** Click **Submit**.



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

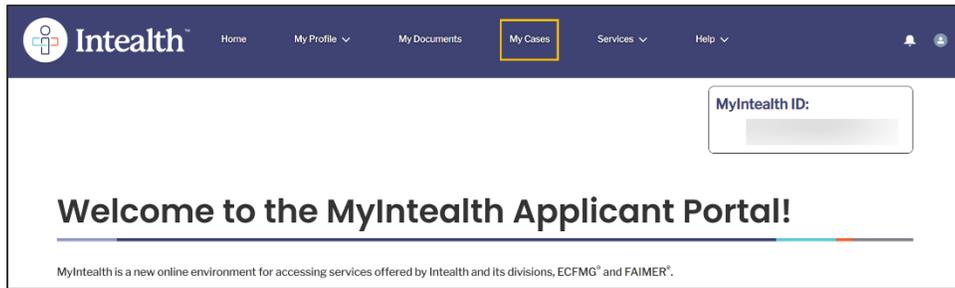


**Step 7.** Scroll to the **MyIntealth Account Establishment Request Progress** section to view the newly updated **Current Status: Resubmitted for Identification Review**.



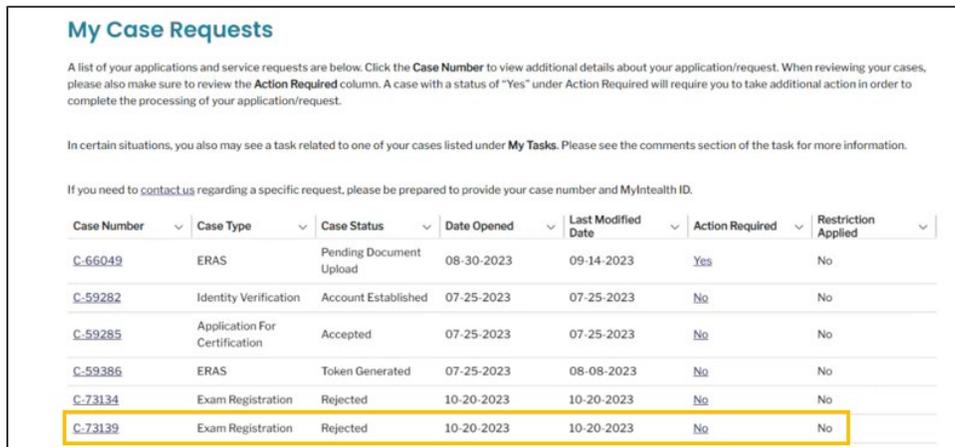
## 1.7 Review My Case Requests

**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.

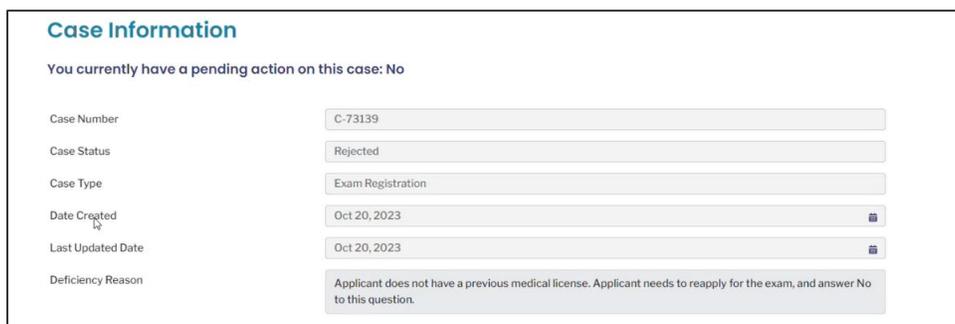
- If **Yes** appears in the **Action Required** column, click the **Case Number** to see what actions are required.



The screenshot shows the "My Case Requests" section. It includes a heading, a paragraph of instructions, and a table of case requests. The table has columns for Case Number, Case Type, Case Status, Date Opened, Last Modified Date, Action Required, and Restriction Applied. The row for Case Number C-73139 is highlighted with a yellow box.

Case Number	Case Type	Case Status	Date Opened	Last Modified Date	Action Required	Restriction Applied
<a href="#">C-66049</a>	ERAS	Pending Document Upload	08-30-2023	09-14-2023	Yes	No
<a href="#">C-59282</a>	Identity Verification	Account Established	07-25-2023	07-25-2023	No	No
<a href="#">C-59285</a>	Application For Certification	Accepted	07-25-2023	07-25-2023	No	No
<a href="#">C-59386</a>	ERAS	Token Generated	07-25-2023	08-08-2023	No	No
<a href="#">C-73134</a>	Exam Registration	Rejected	10-20-2023	10-20-2023	No	No
<a href="#">C-73139</a>	Exam Registration	Rejected	10-20-2023	10-20-2023	No	No

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



The screenshot shows the "Case Information" page. It displays the following information:

- You currently have a pending 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 question.

- If this case was **Rejected**, a **Deficiency Reason** appears indicating why the case was rejected.
- 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**.

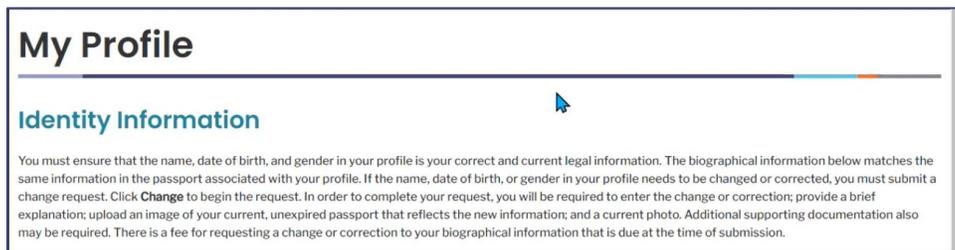
## 2 Complete a Biographic Change Request

### 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.



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



**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.



**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 appears in your Intealth profile, you must submit a change request. Enter the necessary change to your name in the field below, provide a brief explanation of the reason for the change, and upload documentation, as indicated. Then, click **Submit**. We must be able to determine from the supporting documentation you submit that your name has legally changed from the name currently in your profile to the name that you're requesting to appear in your profile.

\* Last Name/Surname

My legal name consists of one name only

\* Rest of Name

Generational Suffix

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

\* Last Name/Surname

My legal name consists of one name only

\* Rest of Name

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 you are requesting a change (i.e., name change due to marriage). You also must provide an image of your current, unexpired passport bearing the name, gender, and date of birth you are requesting to be listed in your Intealth profile. Additional documentation also may be required. We must be able to determine from the supporting documentation you provide that the information currently in your profile has legally changed to the information that you have provided in this request.

\* Reason for Change

\* Passport Number

\* Passport Issue Date

\* Passport Expiration Date

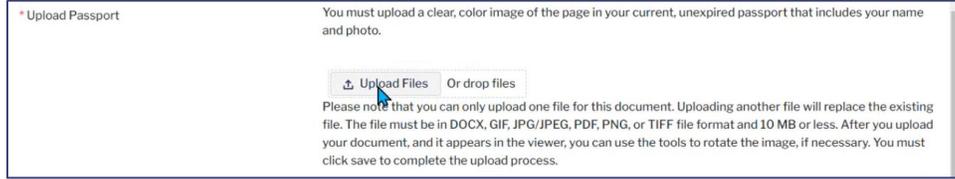
\* Passport Country

\* Upload Passport

You must upload a clear, color image of the page in your current, unexpired passport that includes your name and photo.

\* Reason for Change

- 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:



\* Upload Passport

You must upload a clear, color image of the page in your current, unexpired passport that includes your name and photo.

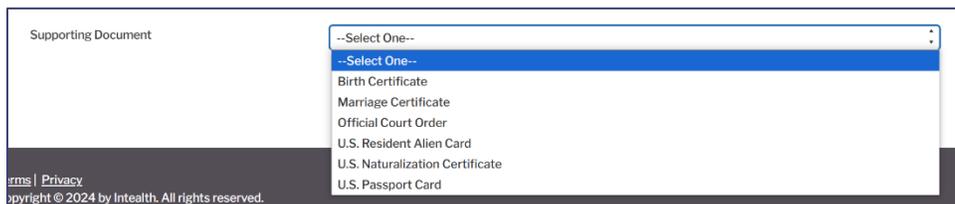
Or drop files

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.

- (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.S. Passport Card

Terms | Privacy

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**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 [Policies and Procedures Regarding Irregular Behavior](#) and agree to abide by these policies and procedures. I certify I understand that, as provided in the [Policies and Procedures Regarding Irregular Behavior](#), 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. (Organizations with 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 regulatory department or agency; U.S. state and international medical licensing authorities; and graduate medical education programs.)

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

I also certify that I have read the [Policies and Procedures Regarding Irregular Behavior](#) and agree to abide by these policies and procedures. I certify I understand that, as provided in the [Policies and Procedures Regarding Irregular Behavior](#), 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. (Organizations with 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 regulatory department or agency; U.S. state and international medical licensing authorities; and graduate medical education programs.)

**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 **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

**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 [REDACTED]

Payment Confirmation Number: [REDACTED]

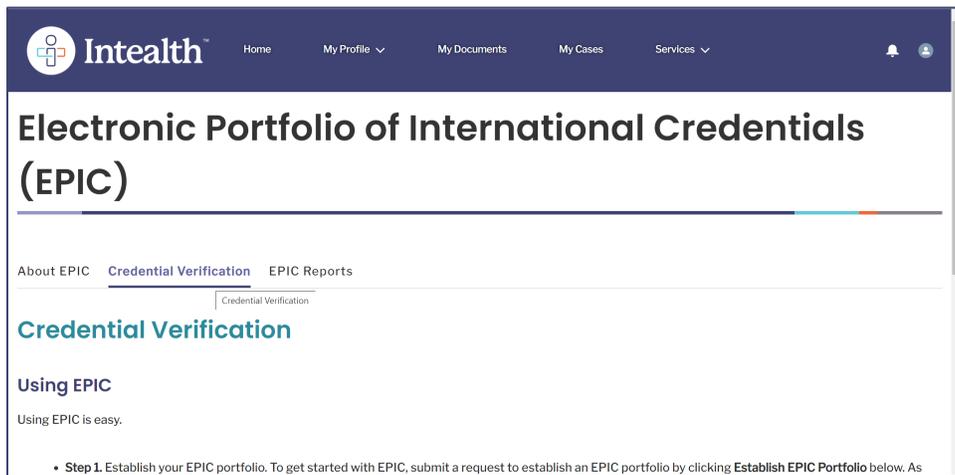
## 3 Electronic Portfolio of International Credentials (EPIC)

### 3.1 Submit Request to Establish Your EPIC Portfolio

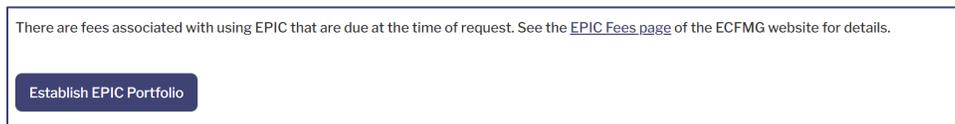
**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and then click **EPIC** from the resulting dropdown.



**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](#)

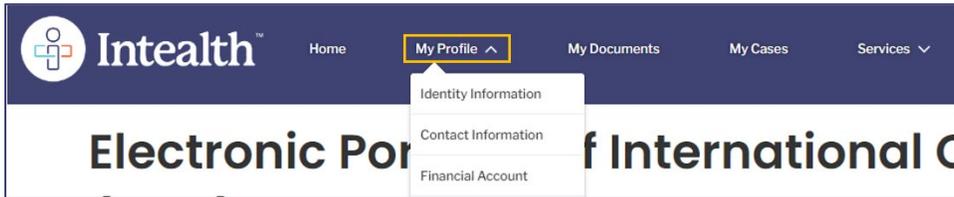
## Review Your Profile Information

Please review your Intealth profile information below. If any information is incorrect or needs to be updated, you must go to the My Profile section and make the necessary changes now. Please note that submitting certain changes to your identity information will need to be reviewed and approved before you can continue with this application. If you confirm that the information in your profile is correct as listed below, click **Next**.

### Identity Information

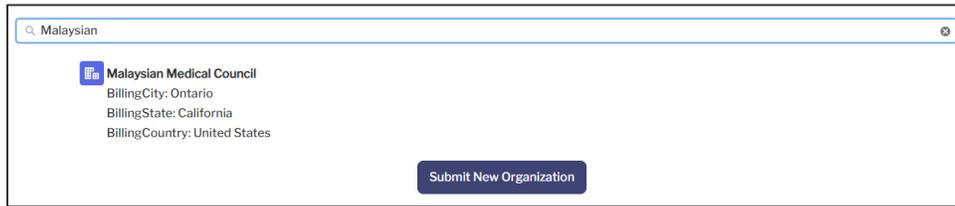
Last Name/Surname	<input type="text" value="Loewe"/>
Rest of Name	<input type="text" value="Ralph L."/>
Generational Suffix	<input type="text" value="--None--"/>
Gender	<input type="text" value="Male"/>
Date of Birth	<input type="text" value="Sep 12, 2000"/>
* Citizenship Upon Entering Medical School	<input type="text" value="United States"/>

- 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

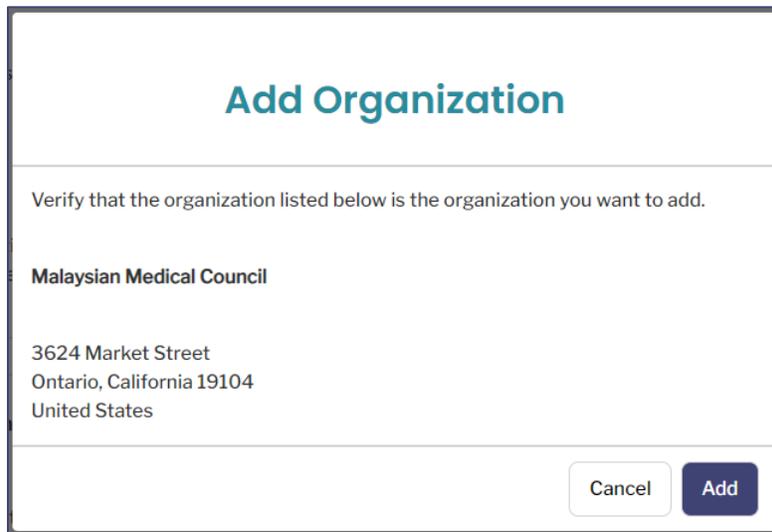
**Step 1.** Search for the organization(s) to which you are applying.



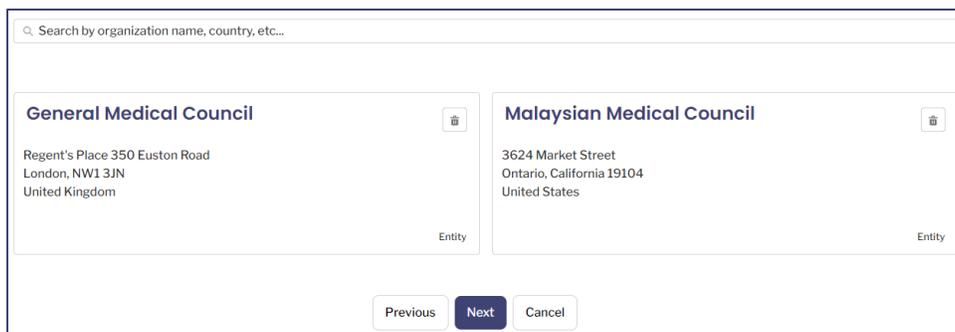
A search bar with the text "Malaysian" entered. Below the search bar, a list of search results is displayed. The first result is "Malaysian Medical Council" with a small icon to its left. Below the organization name, the following details are listed: "BillingCity: Ontario", "BillingState: California", and "BillingCountry: United States". At the bottom right of the search results area, there is a dark blue button labeled "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.



The screen displays the heading "Add Organization" in a large, bold, teal font. Below the heading, a message reads: "Verify that the organization listed below is the organization you want to add." Underneath this message, the organization name "Malaysian Medical Council" is displayed in bold. Below the name, the address is listed: "3624 Market Street", "Ontario, California 19104", and "United States". At the bottom right of the screen, there are two buttons: a light gray "Cancel" button and a dark blue "Add" button.



A search bar at the top contains the placeholder text "Search by organization name, country, etc...". Below the search bar, two organization cards are displayed side-by-side. The left card is for "General Medical Council" with the address "Regent's Place 350 Euston Road", "London, NW1 3JN", "United Kingdom". The right card is for "Malaysian Medical Council" with the address "3624 Market Street", "Ontario, California 19104", "United States". Each card has a small trash icon in the top right corner and the word "Entity" at the bottom. At the bottom of the screen, there are three buttons: "Previous", "Next", and "Cancel".

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

Search: Malaysian

Malaysian Medical Council  
BillingCity: Ontario  
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 [ECFMG website](#).

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 **Submit New Organization** to enter information for the organization.

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 **Complete the Attestation by Applicant** section.

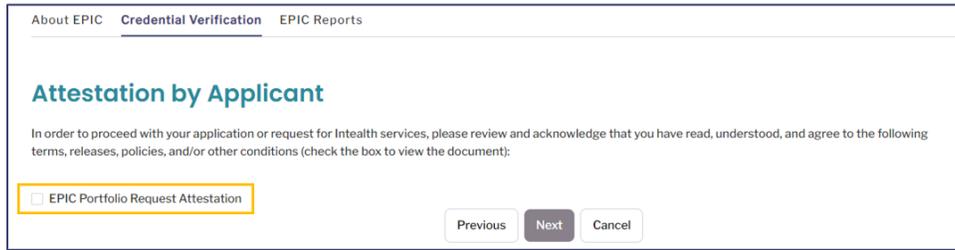
Search by organization name, country, etc...

<p><b>General Medical Council</b></p> <p>Regent's Place 350 Euston Road London, NW1 3JN United Kingdom</p> <p>Entity</p>	<p><b>Malaysian Medical Council</b></p> <p>3624 Market Street Ontario, California 19104 United States</p> <p>Entity</p>
--	---

Previous | **Next** | Cancel

### 3.1.2 Complete the Attestation by Applicant

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



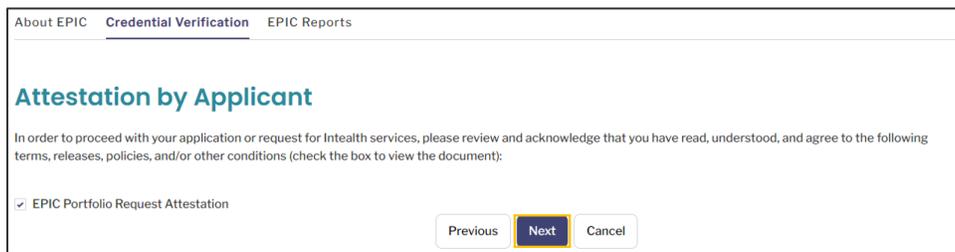
The screenshot shows the 'Attestation by Applicant' page. At the top, there are navigation links: 'About EPIC', 'Credential Verification', and 'EPIC Reports'. The main heading is 'Attestation by Applicant'. Below it, a paragraph reads: 'In order to proceed with your application or request for Intealth 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):'. A checkbox labeled 'EPIC Portfolio Request Attestation' is currently unchecked. At the bottom right, there are three buttons: 'Previous', 'Next', and 'Cancel'.

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



The screenshot shows a PDF viewer interface. The title bar reads 'EPIC Portfolio Request Attestation'. The document content includes the 'Intealth' logo and the heading 'Attestation by Applicant'. Below this is the title 'EPIC Portfolio Request Attestation' and the text 'I understand that,' followed by a bulleted list of terms and conditions. At the bottom right of the document, there is an 'Accept' button.

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



The screenshot shows the 'Attestation by Applicant' page, similar to the first screenshot. The checkbox for 'EPIC Portfolio Request Attestation' is now checked. The 'Next' button at the bottom right is highlighted with a yellow border.

### 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 Verification | EPIC Reports

## Review Your Cart

Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

**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.

Product	Total
EPIC Registration	

**Subtotal: \$** [blurred]

**Total: \$** [blurred]

**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 the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

Card  Bank Account

Billing Address

Payment Info

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

When the payment is approved, click **Next**.

Please refer to the [Payment page](#) for additional information.

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

If the billing address for the credit card you are using is different from the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

**Card** Bank Account

Billing Address

Payment Info

Pay \$

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

When the payment is approved, click **Next**.  
Please refer to the [Payment page](#) for additional information.

Next

**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 Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

**Card** Bank Account

Billing Address

Payment Info

Pay \$

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

When the payment is approved, click **Next**.  
Please refer to the [Payment page](#) for additional information.

Next

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

If the billing address for the credit card you are using is different from the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

Card Bank Account

Billing Address Payment Info

Pay \$

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

When the payment is approved, click **Next**.  
Please refer to the [Payment page](#) for additional information.

Next

**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!**

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 [blurred]

Payment Confirmation Number: [blurred]

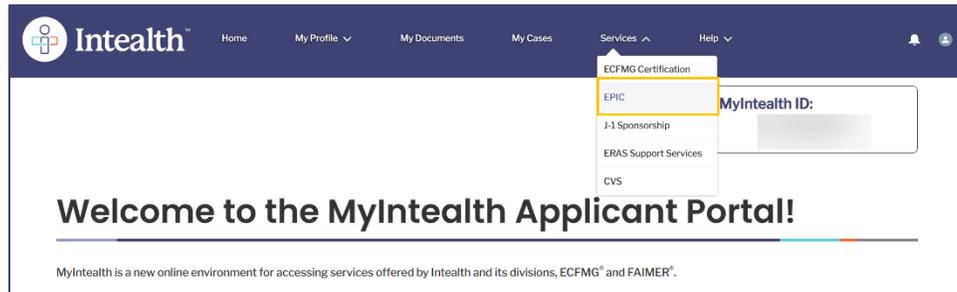
Amount: \$ [blurred]

Next

**Step 7.** The **MyIntealth Applicant Portal** homepage appears.

## 3.2 Upload Credentials to Your EPIC Portfolio for Verification

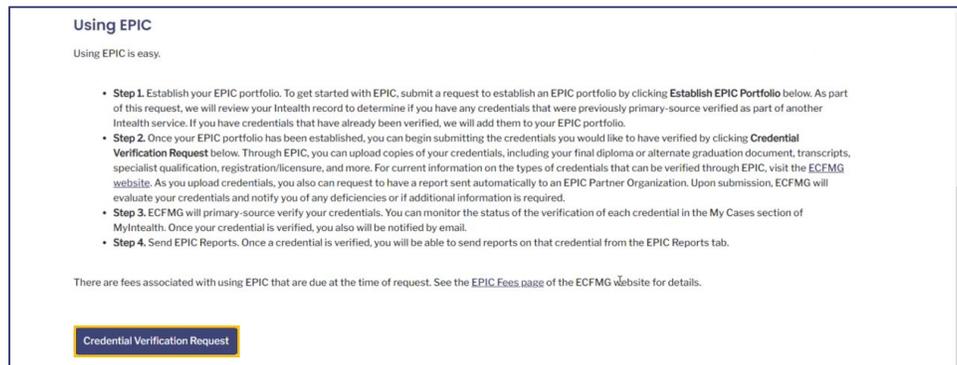
**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services**, and then select **EPIC** from the dropdown menu.



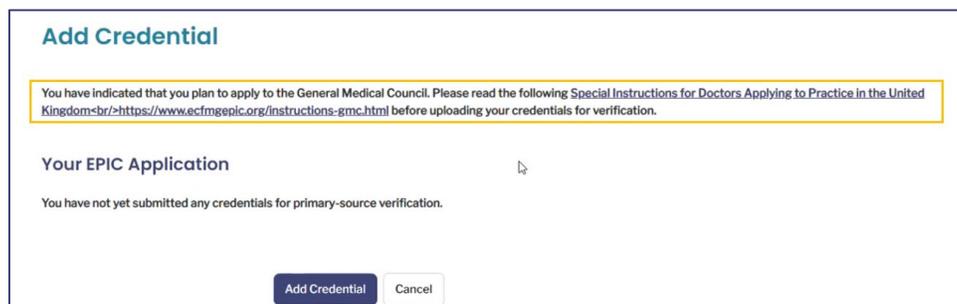
**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **Credential Verification** tab.



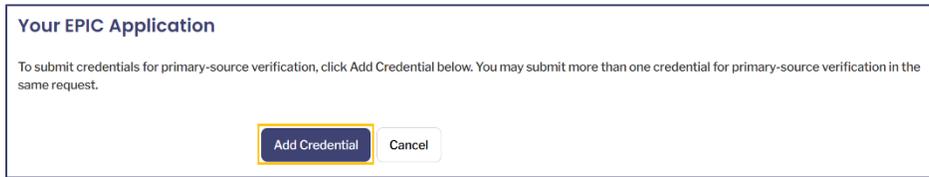
**Step 3.** Review the information related to **Using EPIC**. Click **Credential Verification Request**.



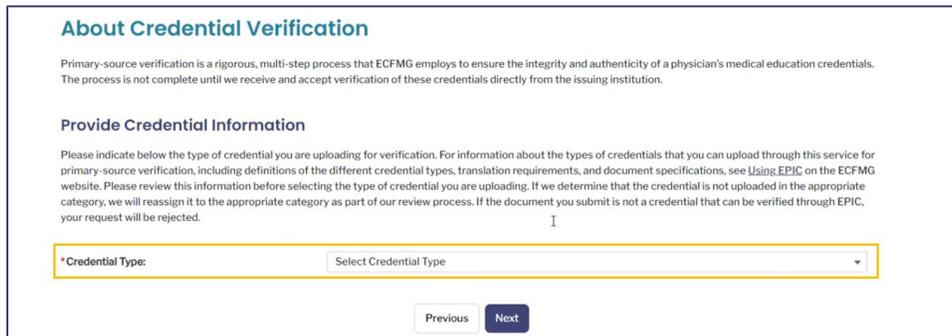
**Step 4.** The **Add Credential** page opens. If you are applying to an EPIC Partner Organization, click the link to review the special instructions.



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

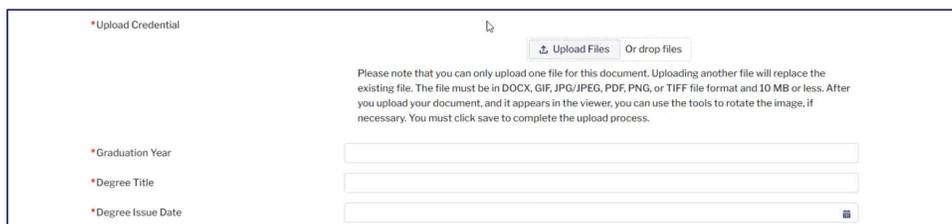


**Step 6.** The **About Credential Verification** page opens. Select the type of credential you are uploading from the **Credential Type** dropdown menu.



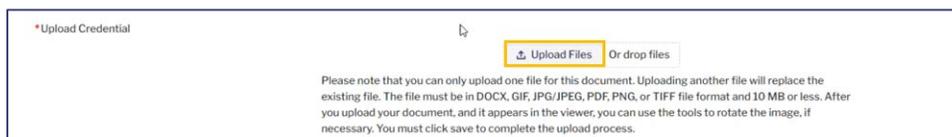
a. Enter any additional required information (\*) that appears because of your selected **Credential Type**.

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



**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.



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



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**.

**Name Documentation**

Your name as it appears on all credentials submitted to ECFMG must match exactly the name in your Intealth profile. If the names do not match exactly, you must submit documentation verifying that both names belong to one and the same person. The documentation must show your name exactly as it appears on your credential(s). For information on the documentation required to verify your name on credentials, see the [ECFMG website](#).

Name in Intealth Profile

\* 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.

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.

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.

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.

**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 original language. Documents that are not in English must be accompanied by an official English translation that meets ECFMG's [translation requirements](#). ECFMG will not accept any document that is not in English without an official English translation. Likewise, ECFMG will not accept an English translation of a document without a copy of the original language document from which the English translation was prepared.

Is your credential in a language other than English? If yes, check the box. If no, leave it blank.

a. If the credential is in a language other than English, click the checkbox.

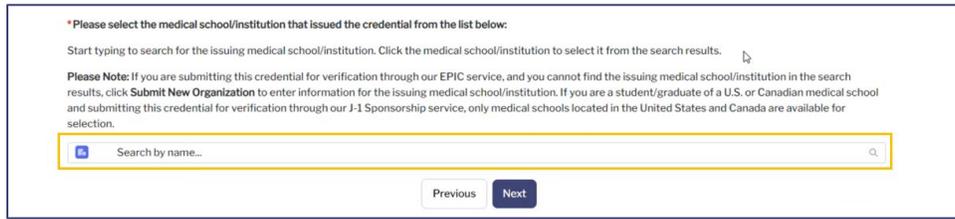
(1) Upload the **Credential Translation (if not in English)** using the instructions shown above for uploading a file.

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)

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.



\*Please select the medical school/institution that issued the credential from the list below:

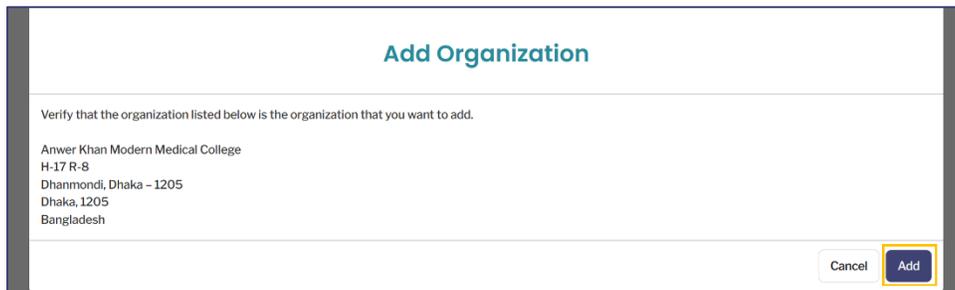
Start typing to search for the issuing medical school/institution. Click the medical school/institution to select it from the search results.

**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...

Previous Next

- 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**.



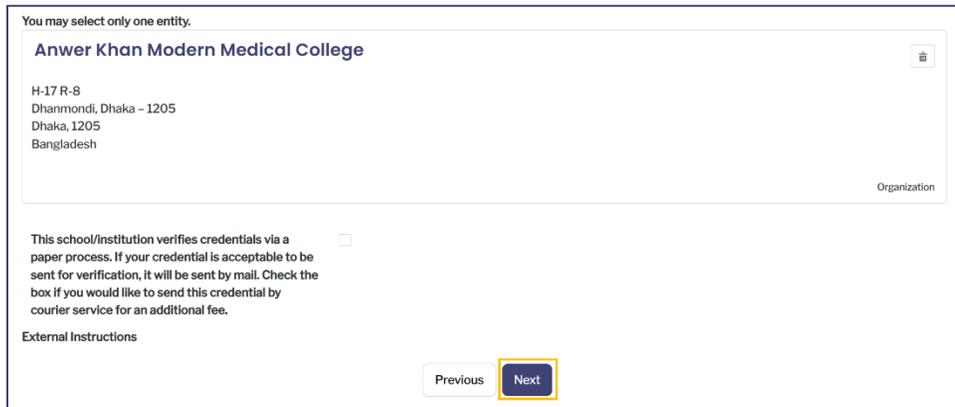
**Add Organization**

Verify that the organization listed below is the organization that you want to add.

Anwer Khan Modern Medical College  
H-17 R-8  
Dhanmondi, Dhaka - 1205  
Dhaka, 1205  
Bangladesh

Cancel Add

**Step 11.** Click **Next**.



You may select only one entity.

**Anwer Khan Modern Medical College**

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 Next

*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...

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 is not listed.

Previous Confirm Cancel

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 below:  
Start typing to search for the EPIC Partner Organization. Click the organization to select it from the search results.

Search by name...

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 is not listed.

Previous Confirm Cancel

**Step 13.** Click **Confirm**.

Previous Confirm 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 Medical Council to receive an EPIC Report. The report will be sent automatically when your credential has been verified. Do you want to continue?

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.

**Add Credential**

You have indicated that you plan to apply to the General Medical Council. Please read the following [Special Instructions for Doctors Applying to Practice in the United Kingdom](https://www.ecfmgepic.org/instructions-gmc.html) before uploading your credentials for verification.

Your EPIC Application

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

**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

**Add Credential** **Next** Cancel

**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 responses by clicking **Previous**.

**Final Medical School Transcript**

Graduation Year	2023
Degree Title	MBBS
Degree Issue Date	5/6/2023
Attendance Start Date	8/27/2019
Attendance End Date	5/5/2023

**Previous** **Next** Cancel

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

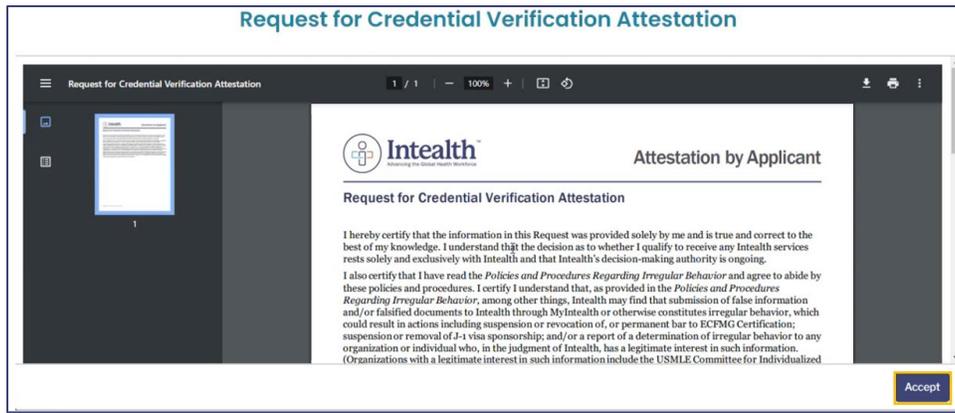
**Attestation by Applicant**

In order to proceed with your application or request for 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):

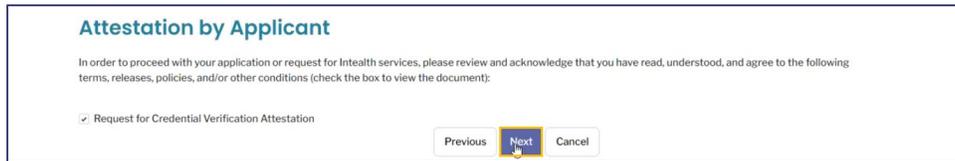
Request for Credential Verification Attestation

**Previous** **Next** Cancel

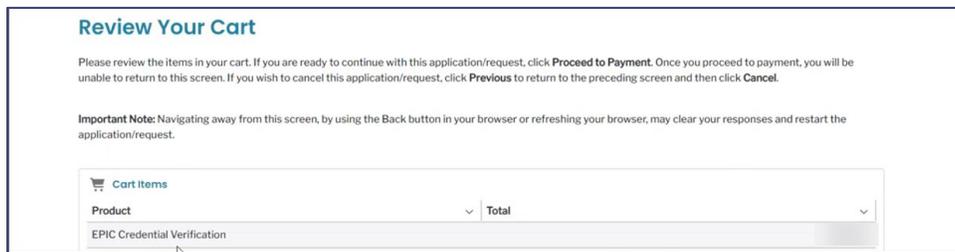
**Step 4.** The **Request for Credential Verification Attestation** pop-up appears. Review the information and click **Accept**.



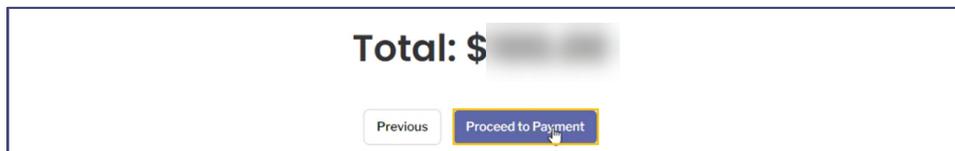
**Step 5.** Click **Next**.



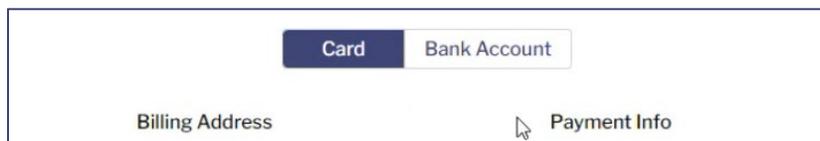
**Step 6.** The **Review Your Cart** page appears with an overview of your **Cart Items**.



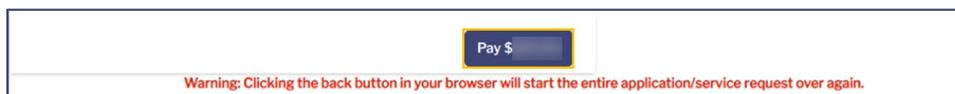
**Step 7.** Click **Proceed to Payment** at the bottom of the screen.



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

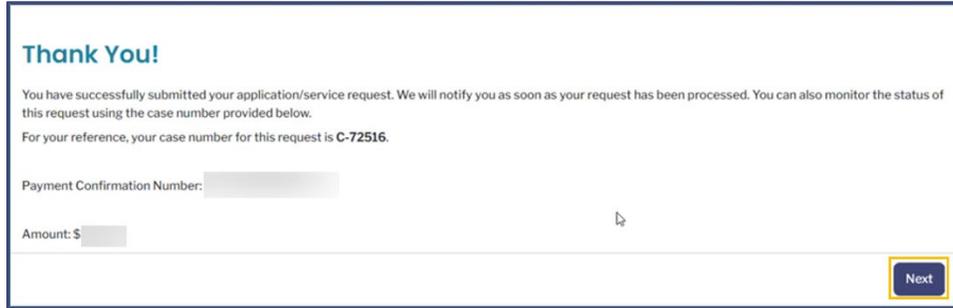


**Step 9.** Once all information has been entered, click **Pay \$**.



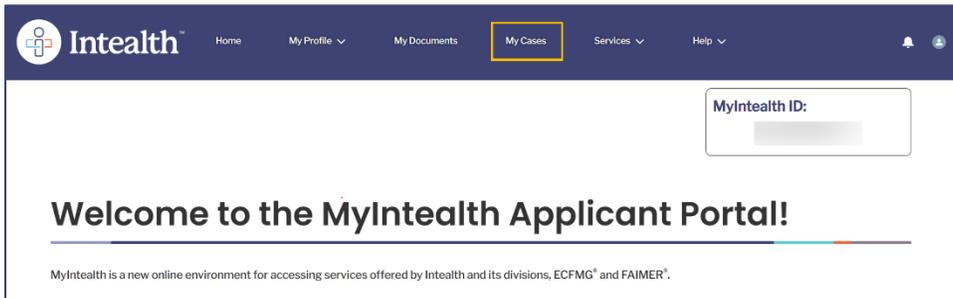
**Step 10.** When the payment is successfully processed, a **Thank You!** confirmation message appears,

and an email confirmation is sent to your email address on file. Click **Next** to finish.



**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.



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

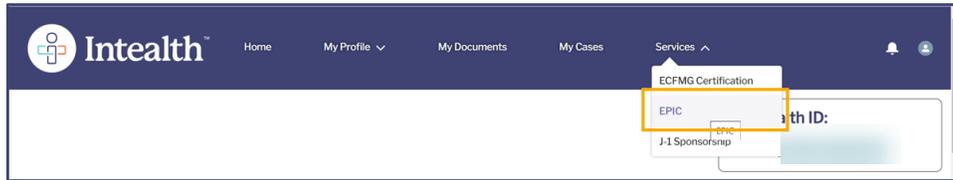
C-70855	Credential Verification	Submitted - In Review at ECFMG	09-25-2023	09-26-2023	No	No
C-71003	Credential Verification	Submitted - In Review at ECFMG	09-26-2023	09-26-2023	No	No
C-72511	Credential Verification	Cancelled By Applicant	10-12-2023	10-12-2023	No	No
C-72512	EPIC Verification Report Request	Requested	10-12-2023	10-12-2023	No	No
C-72516	Credential Verification	Submitted to ECFMG	10-12-2023	10-12-2023	No	No
C-72517	EPIC Verification Report Request	Requested	10-12-2023	10-12-2023	No	No

Note: If a restriction is applied to any of your cases then you will not be able to make edits to them.

## 3.3 EPIC Reports

### 3.3.1 Request an EPIC Report Be Sent to EPIC Partner Organization

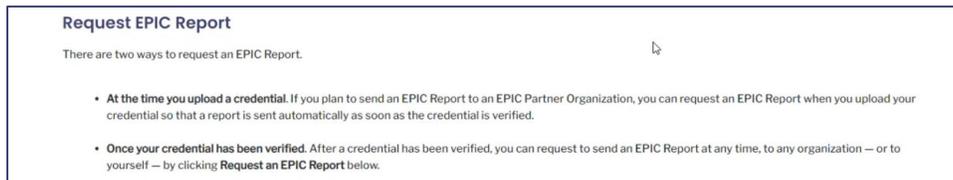
**Step 1.** Click **Services** in the top banner and select **EPIC** from the dropdown.



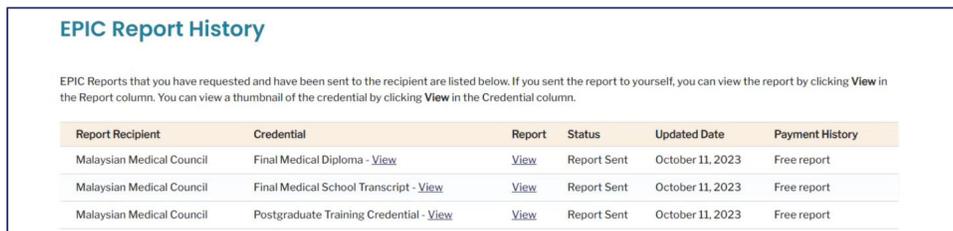
**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.



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

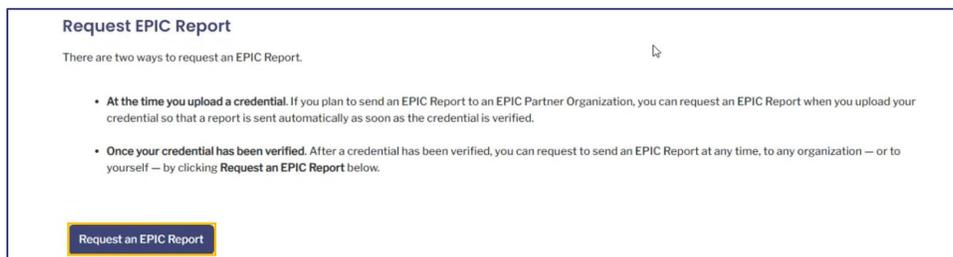


**Note:** The **EPIC Report History** is also available for review.



Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
Malaysian Medical Council	Final Medical School Transcript - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
Malaysian Medical Council	Postgraduate Training Credential - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report

**Step 4.** Click **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 Recipient**

To send a report to an organization, select **Send Report to EPIC Partner Organization** from the drop-down menu, and search for the organization.

If the organization you wish to send an EPIC Report does not appear in the search results, select **Send Report to One Time Report Recipient** from the drop-down menu, and enter the information for the recipient.

To send a report to yourself, select **Send Report to Myself** from the drop-down menu.

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
<input type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

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

\*Select the credential(s) that you would like to include in this EPIC Report request:

Case Number	Credential	Source
<input checked="" type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

[Request Report](#) [Back](#)

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.

\*Select the credential(s) that you would like to include in this EPIC Report request:

Case Number	Credential	Source
<input checked="" type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input checked="" type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

\*Please select the organization from the list below:

Start typing to search for the organization. Click the organization to select it from the search results.

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:

Start typing to search for the organization. Click the organization to select it from the search results.

- M **Malaysian Medical Council**  
 BillingCity: Philadelphia  
 BillingState: Pennsylvania  
 BillingCountry: United States
- G **General Medical Council**  
 BillingCity: London  
 BillingState:  
 BillingCountry: United Kingdom

## Add Organization

Verify that the organization listed below is the organization to which you want to send the report.

General Medical Council  
 Regent's Place 350 Euston Road  
 London, NW1 3JN  
 United Kingdom

Cancel Add

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

You may only add one report recipient. If you would like to send an EPIC Report to multiple organizations, you must submit an additional request for each organization.

**General Medical Council** ✕

Regent's Place  
 350 Euston Road  
 London, NW1 3JN  
 United Kingdom

Organization

Reference/Identification Number:

e. Click **Request Report**.

Request Report
Back

**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 **Previous**.

Report Recipient	Volume Entity
Name of Organization	General Medical Council
Reference Number	08163264
<b>C-72415: (Final Medical Diploma)</b>	
Degree Title	MBBS
Degree Issue Date	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.

### Attestation by Applicant

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):

EPIC Report Request Attestation

Previous Next Cancel

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

### EPIC Report Request Attestation

**Attestation by Applicant**

**EPIC Report Request Attestation**

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 understand that the decision as to whether I qualify to receive any Intealth services rests solely and exclusively with Intealth and that Intealth's decision-making authority is ongoing.

I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, 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. (Organizations with 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 regulatory department or agency; U.S. state and international medical licensing authorities; and graduate medical education programs.)

Accept

**Step 10.** Click **Next**.

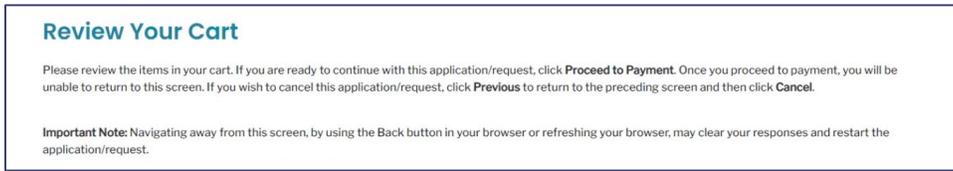
### Attestation by Applicant

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):

EPIC Report Request Attestation

Previous Next Cancel

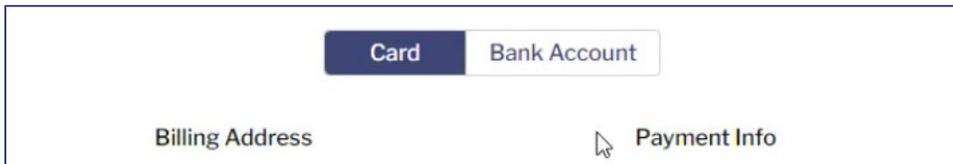
**Step 11.** The **Review Your Cart** page opens with an overview of your **Cart Items**.



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



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

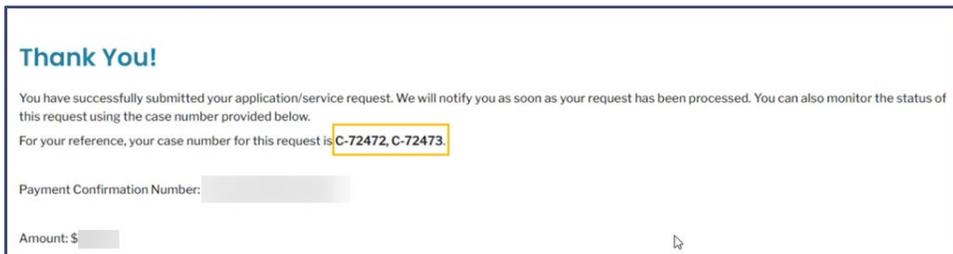


**Step 14.** Once you have entered all information, click **Pay \$**.



**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.



**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.



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

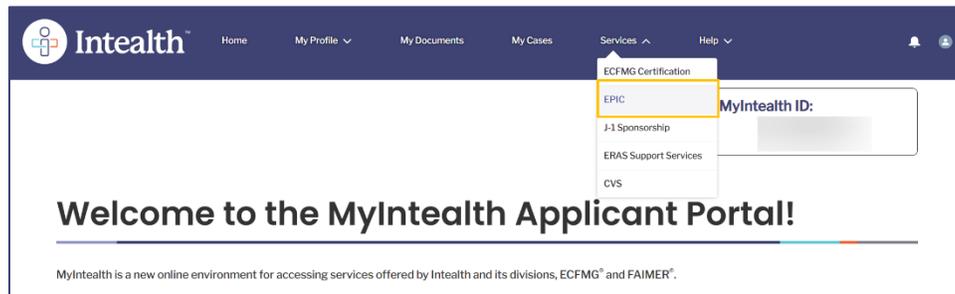
**EPIC Report History**

EPIC Reports that you have requested and have been sent to the recipient are listed below. If you sent the report to yourself, you can view the report by clicking **View** in the Report column. You can view a thumbnail of the credential by clicking **View** in the Credential column.

Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Final Medical School Transcript - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical School Transcript - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Paid Report
Malaysian Medical Council	Postgraduate Training Credential - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
General Medical Council	Postgraduate Training Credential - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report

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

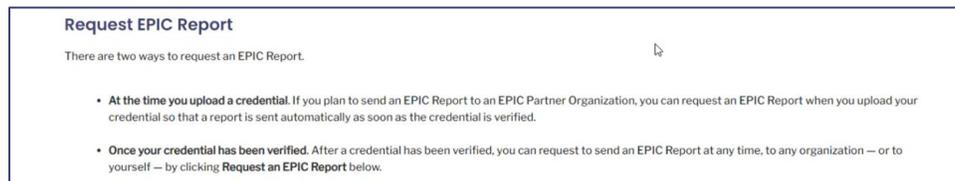
**Step 1.** Click **Services** in the top banner and select **EPIC** from the dropdown menu.



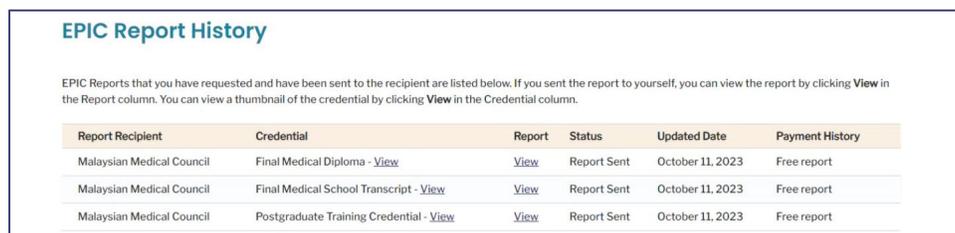
**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.



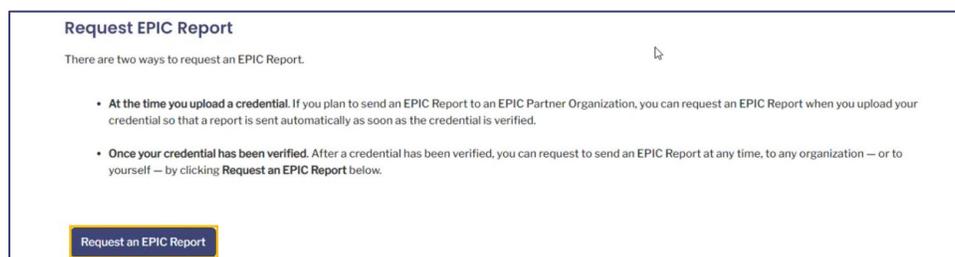
**Step 3.** Scroll to the **Request EPIC Report** section. Review the information for ways to request an **EPIC Report**.



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



**Step 4.** Click **Request an EPIC Report**.



**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 Recipient**

To send a report to an organization, select **Send Report to EPIC Partner Organization** from the drop-down menu, and search for the organization.

If the organization you wish to send an EPIC Report does not appear in the search results, select **Send Report to One Time Report Recipient** from the drop-down menu, and enter the information for the recipient.

To send a report to yourself, select **Send Report to Myself** from the drop-down menu.

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
<input type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

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

\*Select the credential(s) that you would like to include in this EPIC Report request:

Case Number	Credential	Source
<input checked="" type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

[Request Report](#) [Back](#)

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.

\*Select the credential(s) that you would like to include in this EPIC Report request:

Case Number	Credential	Source
<input checked="" type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input checked="" type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

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.

\* 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**.



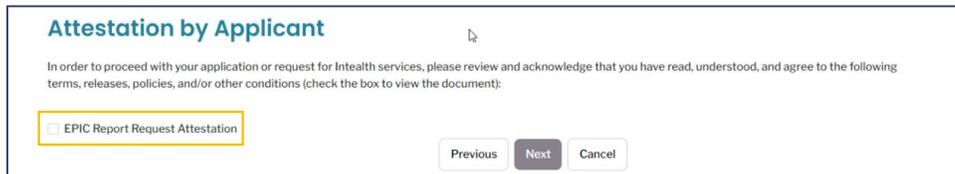
**Step 6.** The **EPIC Report Request Summary** page appears. Review this information.



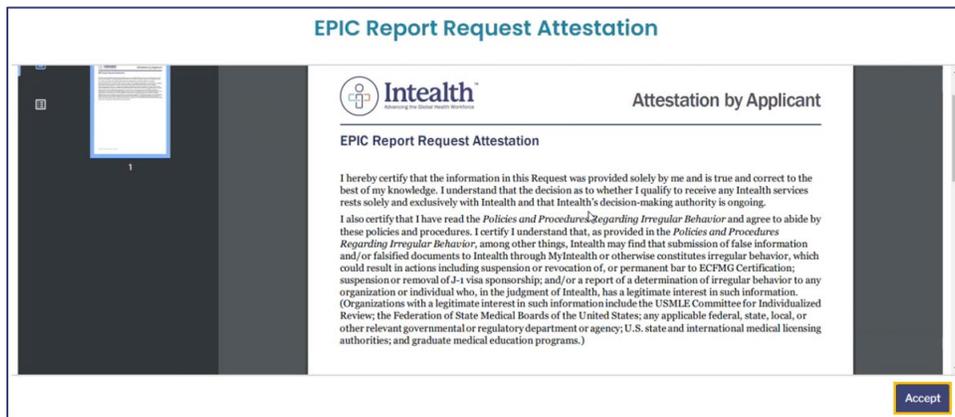
**Step 7.** Scroll to the bottom of the page and click **Next**.



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



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



**Step 10.** Click **Next**.

**Attestation by Applicant**

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):

EPIC Report Request Attestation

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 **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

**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**.

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 \$**.

**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 request has been processed. You can also monitor the status of this request using the case number provided below.

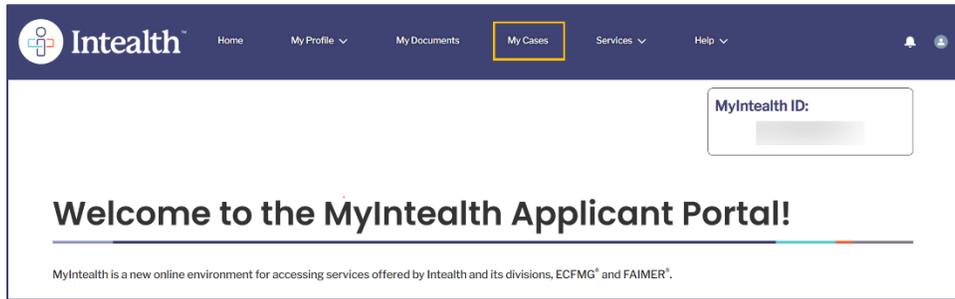
For your reference, your case number for this request is **C-72434, C-72435**.

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.



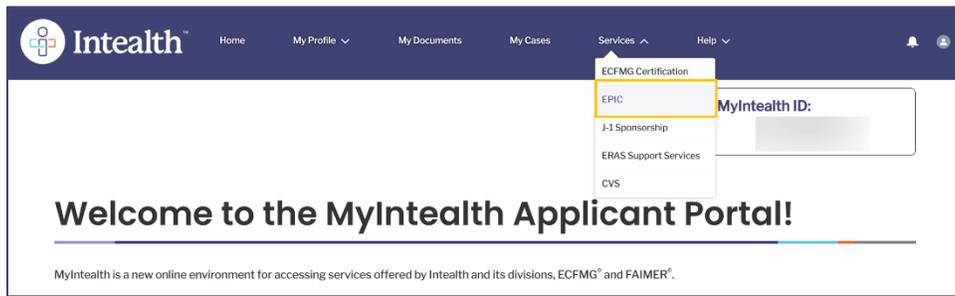
**Step 18.** The **My Case Requests** list appears. This list now includes your **EPIC Verification Report Request(s)**.

Case Number	Case Type	Case Status	Date Opened	Last Modified Date	Action Required	Restriction Applied
C-67503	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
C-72415	Credential Verification	CV Accepted	10-11-2023	10-11-2023	No	No
C-72416	EPIC Verification Report Request	Sent	10-11-2023	10-11-2023	No	No
C-72417	Credential Verification	CV Accepted	10-11-2023	10-11-2023	No	No
C-72418	EPIC Verification Report Request	Sent	10-11-2023	10-11-2023	No	No
C-72432	Credential Verification	CV Accepted	10-11-2023	10-11-2023	No	No
C-72433	EPIC Verification Report Request	Sent	10-11-2023	10-11-2023	No	No
C-72434	EPIC Verification Report Request	Requested	10-11-2023	10-11-2023	No	No
C-72435	EPIC Verification Report Request	Requested	10-11-2023	10-11-2023	No	No

**Note:** If a restriction is applied to any of your cases then you will not be able to make edits to them.

### 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.

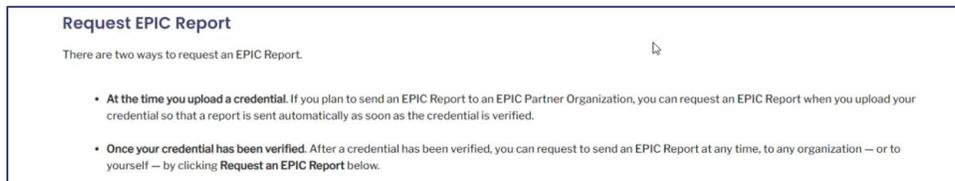


**Step 2.** The **Electronic Portfolio of International Credentials (EPIC)** page appears. Click the **EPIC Reports** tab.

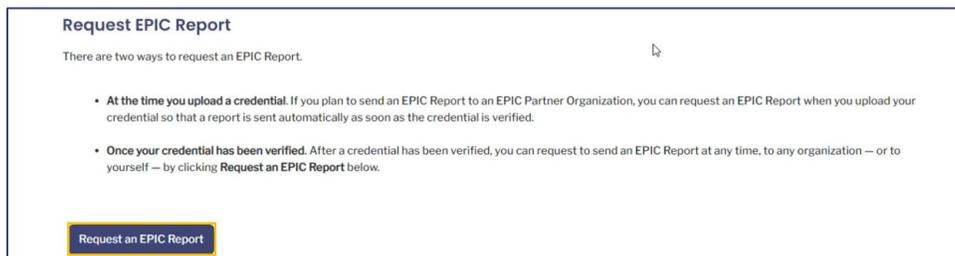


**Step 3.** Scroll to the **Request EPIC Report** section. Review the ways to request an **EPIC Report**.

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



**Step 4.** Click **Request an EPIC Report**.



**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 Recipient

To send a report to an organization, select **Send Report to EPIC Partner Organization** from the drop-down menu, and search for the organization.

If the organization you wish to send an EPIC Report does not appear in the search results, select **Send Report to One Time Report Recipient** from the drop-down menu, and enter the information for the recipient.

To send a report to yourself, select **Send Report to Myself** from the drop-down menu.

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
<input type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

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

\*Select the credential(s) that you would like to include in this EPIC Report request:

Case Number	Credential	Source
<input checked="" type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

[Request Report](#) [Back](#)

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.

\*Select the credential(s) that you would like to include in this EPIC Report request:

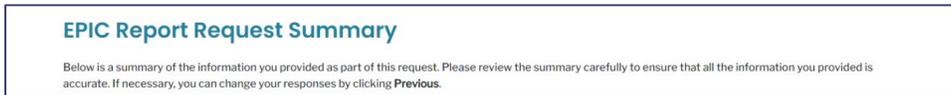
Case Number	Credential	Source
<input checked="" type="checkbox"/> C-72415	Final Medical Diploma	<a href="#">View</a>
<input checked="" type="checkbox"/> C-72417	Final Medical School Transcript	<a href="#">View</a>
<input type="checkbox"/> C-72432	Postgraduate Training Credential	<a href="#">View</a>

\*Report Recipient:

c. Click **Request Report**.

[Request Report](#) [Back](#)

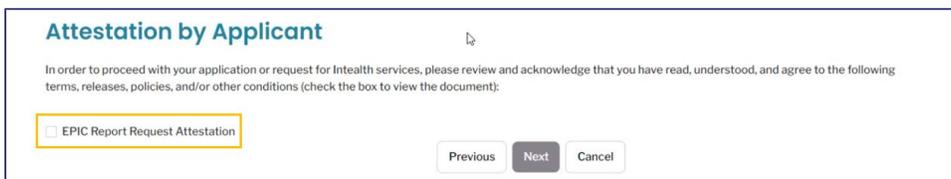
**Step 6.** The **EPIC Report Request Summary** page appears. Review this information.



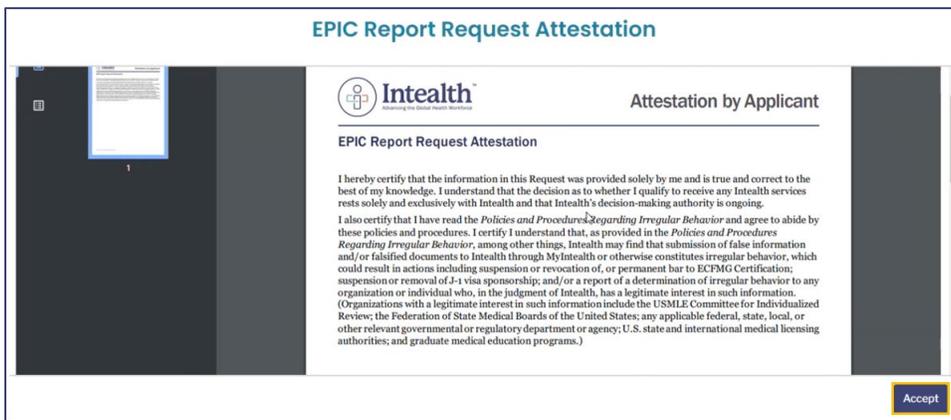
**Step 7.** Once ready, scroll to the bottom of the page and click **Next**.



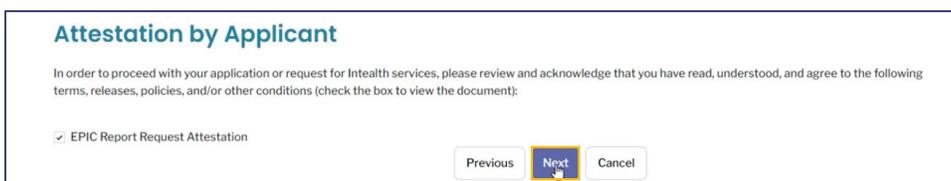
**Step 8.** The **Attestation by Applicant** page appears. Click the **EPIC Report Request Attestation** checkbox.



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



**Step 10.** Click **Next**.



**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 **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

**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.

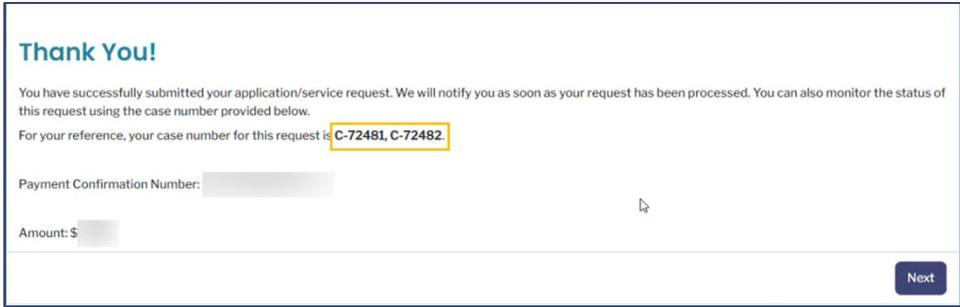


**Step 14.** Once you have entered all information, click **Pay \$**.



**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.

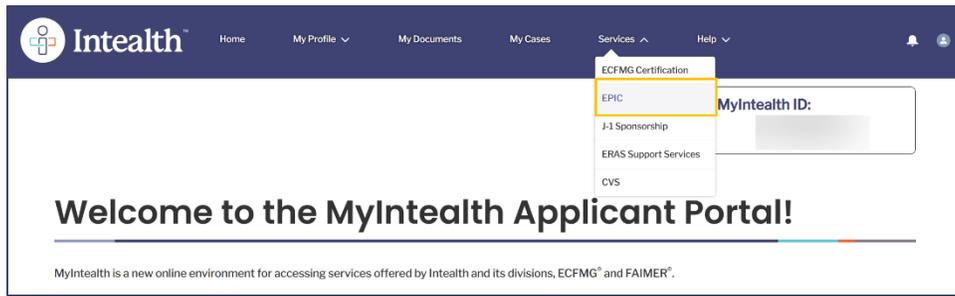
- a. It is recommended to document your case numbers (**C-#**) for this request. It can help MyIntealth advisors quickly locate your case.



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



**Step 19.** The **EPIC Report History** section appears and now shows your most recent requests. In order to view this report, refer to the [View History of EPIC Report Requests](#) section.

**EPIC Report History**

EPIC Reports that you have requested and have been sent to the recipient are listed below. If you sent the report to yourself, you can view the report by clicking **View** in the Report column. You can view a thumbnail of the credential by clicking **View** in the Credential column.

Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Final Medical School Transcript - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical School Transcript - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Paid Report
Malaysian Medical Council	Postgraduate Training Credential - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
General Medical Council	Postgraduate Training Credential - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report

### 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.

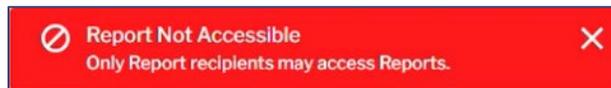


**Step 3.** Scroll to the **EPIC Report History** section to review the reports sent.

The screenshot shows the 'EPIC Report History' section. It includes a table with columns: Report Recipient, Credential, Report, Status, Updated Date, and Payment History. The table lists several reports sent to various recipients, including Malaysian Medical Council, South Jersey A&M University, General Medical Council, and Marsha Madness. Each report has a 'View' link in the Report column.

Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report
Marsha Madness	Final Medical Diploma	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Final Medical School Transcript - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical School Transcript - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Paid Report
Marsha Madness	Final Medical School Transcript	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Postgraduate Training Credential - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
General Medical Council	Postgraduate Training Credential - <a href="#">View</a>	<a href="#">View</a>	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.

The screenshot shows the 'EPIC Report History' section. It includes a table with columns: Report Recipient, Credential, Report, Status, Updated Date, and Payment History. The table lists several reports sent to various recipients. The 'View' link in the Report column for the report sent to Marsha Madness is highlighted with a yellow box.

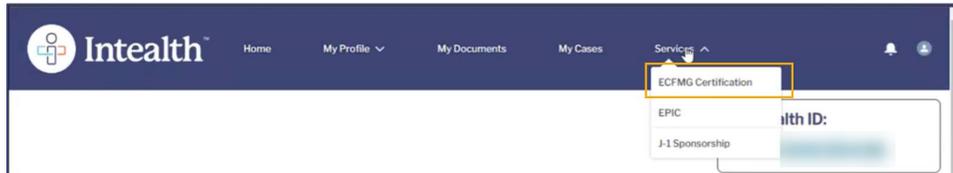
Report Recipient	Credential	Report	Status	Updated Date	Payment History
Malaysian Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report
Marsha Madness	Final Medical Diploma	<a href="#">View</a>	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Final Medical School Transcript - <a href="#">View</a>	<a href="#">View</a>	Report Sent	October 11, 2023	Free report



## 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 Certification

[About ECFMG Certification](#)
[Application for ECFMG Certification](#)
[USMLE Application](#)
[Exam Results](#)
[ECFMG Certificate](#)

### Review Your Profile Information

Please review your InTealth profile information below. If any information is incorrect or needs to be updated, you must go to the My Profile section and make the necessary changes now. Please note that submitting certain changes to your identity information will need to be reviewed and approved before you can continue with this application. If you confirm that the information in your profile is correct as listed below, click **Next**.

#### Identity Information

Last Name/Surname   
 Rest of Name   
 Generational Suffix

**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.
- If you are a student, proceed to the [Continue with the Application as a Student](#) section of this user guide.
  - If you are a graduate, proceed to the [Continue with the Application as a Graduate](#) 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 ECFMG requirements are available for selection below in Degree Medical School. If your medical school does not appear in this list, you are not eligible for ECFMG Certification at this time. Schools that are available for selection in Degree Medical School are listed in the [World Directory of Medical Schools \(World Directory\)](#) with an ECFMG note stating that the school meets eligibility requirements for its students and graduates to apply to ECFMG for ECFMG Certification and examination. The ECFMG note also will include the graduation years for which the school meets these requirements. Since ECFMG is a sponsor of the [World Directory](#), the ECFMG note is located on the "Sponsor Notes" tab of the medical school listing. You can monitor the [World Directory](#) listing for your medical school for information.

\*Medical Education Status

Student  
 Graduate

\*Degree Medical School

Gotham University

\*Attendance Start Month & Year

Month: January  
 Year: 2020

\*Attendance End Month & Year

Month: January  
 Year: 2024

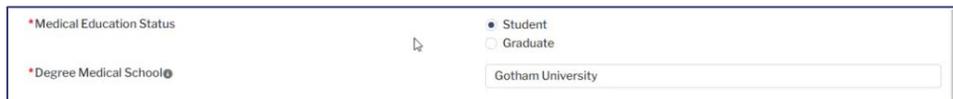
\*Number of Years Attended

**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 [info@ecfm.org](mailto:info@ecfm.org) 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 [info@ecfm.org](mailto:info@ecfm.org) 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 (\*).



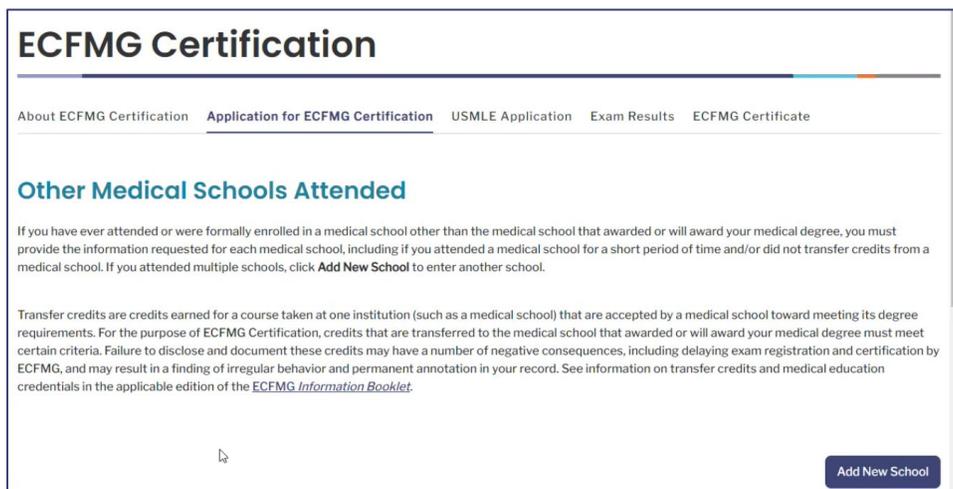
A screenshot of a web form. On the left, there are two red asterisked labels: '\*Medical Education Status' and '\*Degree Medical School'. On the right, there are two radio buttons: 'Student' (which is selected) and 'Graduate'. Below the radio buttons is a text input field containing 'Gotham University'.

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



A screenshot of a web form. On the left, there are three red asterisked labels: '\*Degree Title', '\*Degree Issue Month & Year', and 'Student ID'. On the right, there is a dropdown menu for 'Degree Title' with 'Doctor Of Medicine (MD)' selected. Below it are two dropdown menus for 'Month' (with 'January' selected) and 'Year' (with '2024' selected). There are also two empty text input fields for 'Student ID' and 'Specialty'. At the bottom, there are four buttons: 'Save', 'Previous', 'Next' (highlighted with a yellow box), and 'Cancel'.

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



A screenshot of the 'ECFMG Certification' page. The page title is 'ECFMG Certification'. Below the title is a navigation bar with links: 'About ECFMG Certification', 'Application for ECFMG Certification' (which is underlined), 'USMLE Application', 'Exam Results', and 'ECFMG Certificate'. The main heading is 'Other Medical Schools Attended'. Below the heading is a paragraph of text explaining the requirement to provide information for other medical schools attended. At the bottom right, there is a blue button labeled 'Add New School'.

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



A screenshot of a form titled 'Other Medical School #1'. It contains several red asterisked labels: 'Other Medical School', '\*Attendance Start Month & Year', '\*Attendance End Month & Year', and '\*Number of Years Attended'. There are four dropdown menus for 'Month' and 'Year' for both start and end dates, each with 'Select' as the current value. There is also a text input field for '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 school to your Degree Medical School? If  yes, check the box. If no, leave it blank.

### Transfer Credits Disclosure and Documentation

Transfer credits are credits earned for a course taken at one institution (such as a medical school) that are accepted by a medical school toward meeting its degree requirements. These courses may appear on your Final Transcript as "transferred" or "exempt." If you are unsure of your transfer credit status, please contact your Degree Medical School.

For each transferred course, list the title of the course, the number of credits earned, indicate whether the course was passed at the medical school at which it was taken, and enter the date that the credits were earned. List each course title exactly as it appears on the official transcript from the medical school at which the course was taken.

You must document these credits by uploading an official transcript from the medical school at which the course was taken.

Course Title	Number of Credits	Course Outcome	Date Credits Earned	
<input type="text"/>	<input type="text"/>	<input type="radio"/> Pass <input type="radio"/> Fail	Month <input type="text"/>	Year <input type="text"/>

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

You must document these credits by uploading an official transcript from the medical school at which the course was taken.

Course Title	Number of Credits	Course Outcome	Date Credits Earned	
<input type="text" value="General Science"/>	<input type="text" value="3.50"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	Month <input type="text" value="January"/>	Year <input type="text" value="2020"/>

\*Upload Transcript to Document Transfer Credits

Or drop files

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

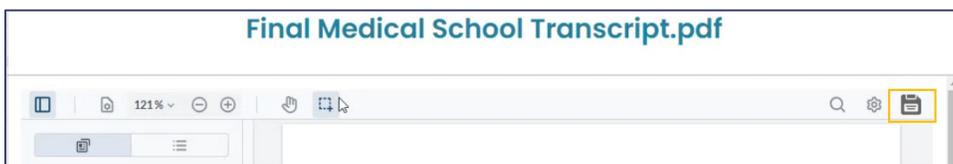
You must document these credits by uploading an official transcript from the medical school at which the course was taken.

Course Title	Number of Credits	Course Outcome	Date Credits Earned	
<input type="text" value="General Science"/>	<input type="text" value="3.50"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	Month <input type="text" value="January"/>	Year <input type="text" value="2020"/>

\*Upload Transcript to Document Transfer Credits

Or drop files

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



(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 must match exactly the name in your Intealth profile. If the names do not match exactly, you must submit documentation that verifies the name on your transcript(s) was your name. The documentation must show your name exactly as it appears on your transcript(s). For information on the documentation required to verify your name on credentials, see [Medical Education Credentials](#) in the applicable edition of the [ECFMG Information Booklet](#).

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 original language. Documents that are not in English must be accompanied by an official English translation that meets ECFMG's [translation requirements](#). ECFMG will not accept any document that is not in English without an official English translation. Likewise, ECFMG will not accept an English translation of a document without a copy of the original language document from which the English translation was prepared. For information on ECFMG's translation requirements and recommended translation vendor, see [English Translations](#) on the ECFMG website.

Is your transcript to document transfer credits in a language other than English? If yes, check the box. If no, leave it blank.

Upload Translation of Your Transcript

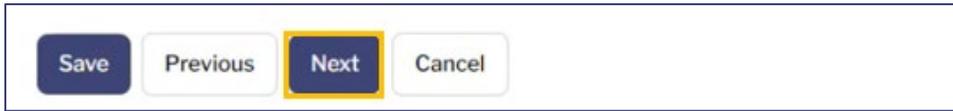
Please note that you can only upload one file for this document. Uploading another file will replace the existing file. The file must be in DOCX, GIF, JPG/JPEG, PDF, PNG, or TIFF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate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

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

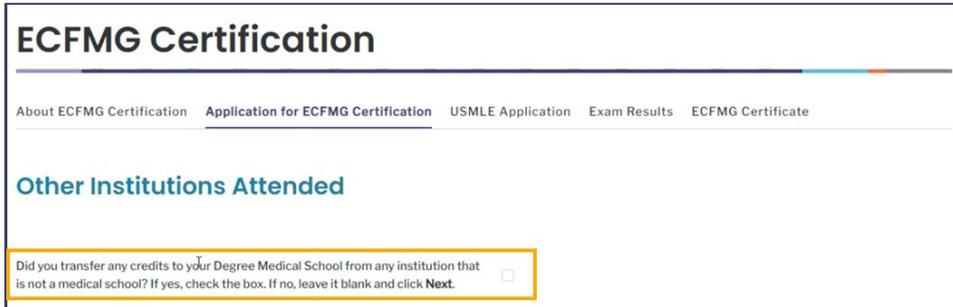
Other Medical School #1

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

**Step 5.** Click **Next**.

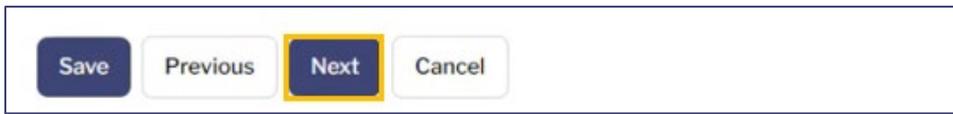


**Step 6.** The **Other Institutions Attended** screen appears. Click the **checkbox** if you transferred any credits to your degree medical school from any institution that is not a medical school.



- 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 that appear follow a similar format to the **Other Medical Schools Attended** screen previously shown.

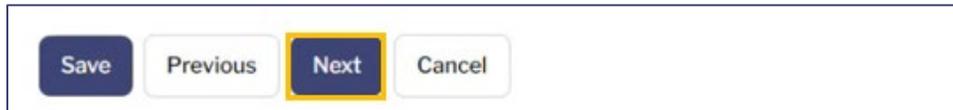
**Step 7.** Click **Next**.



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



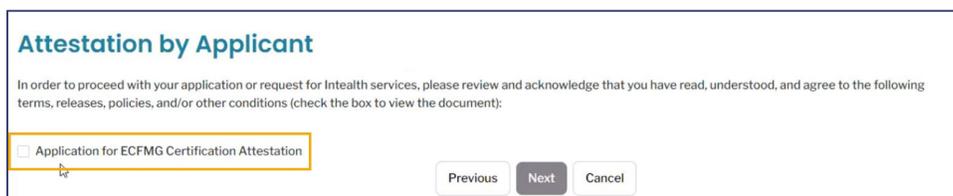
**Step 9.** Click **Next**.



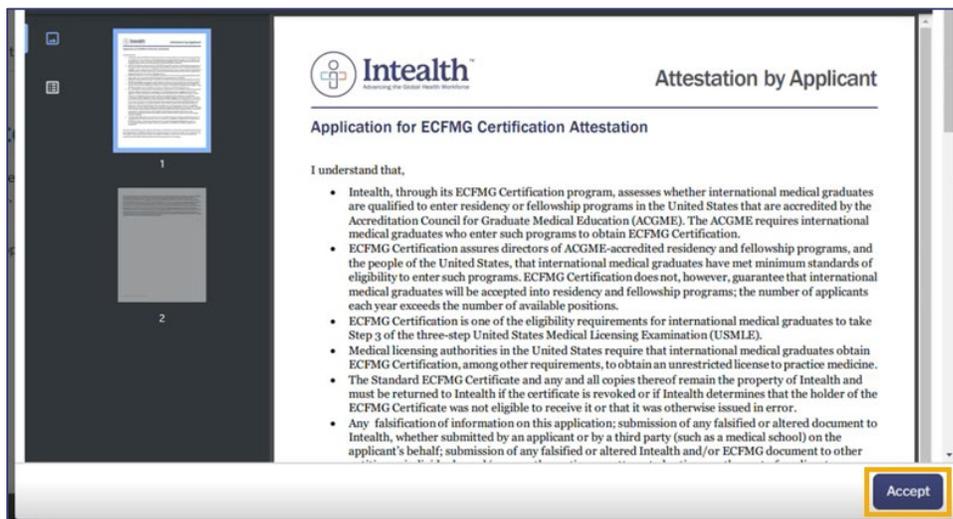
**Step 10.** The **Application for ECFMG Certification Summary** screen appears. Review and update the information, if necessary, and click **Next**.



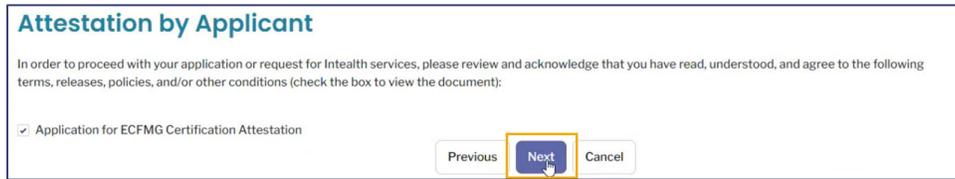
**Step 11.** The **Attestation by Applicant** page appears. Click the **Application for ECFMG Certification Attestation** checkbox.



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



**Step 12.** Click **Next** to continue.



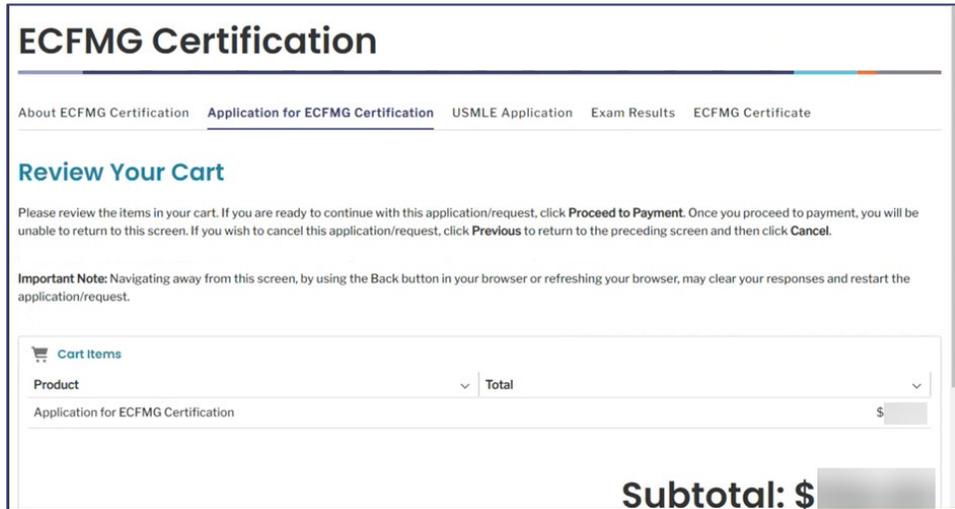
**Attestation by Applicant**

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):

Application for ECFMG Certification Attestation

Previous **Next** Cancel

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



**ECFMG Certification**

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

**Review Your Cart**

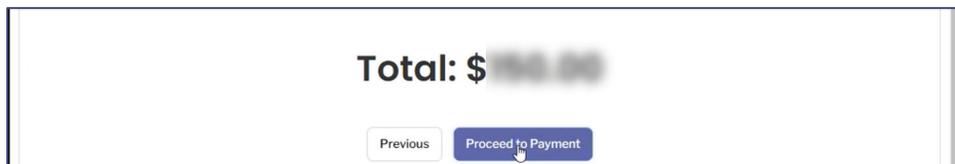
Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

**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.

Product	Total
Application for ECFMG Certification	\$

**Subtotal: \$**

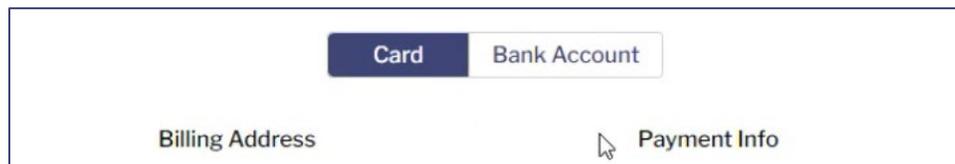
**Step 14.** Click **Proceed to Payment**.



**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

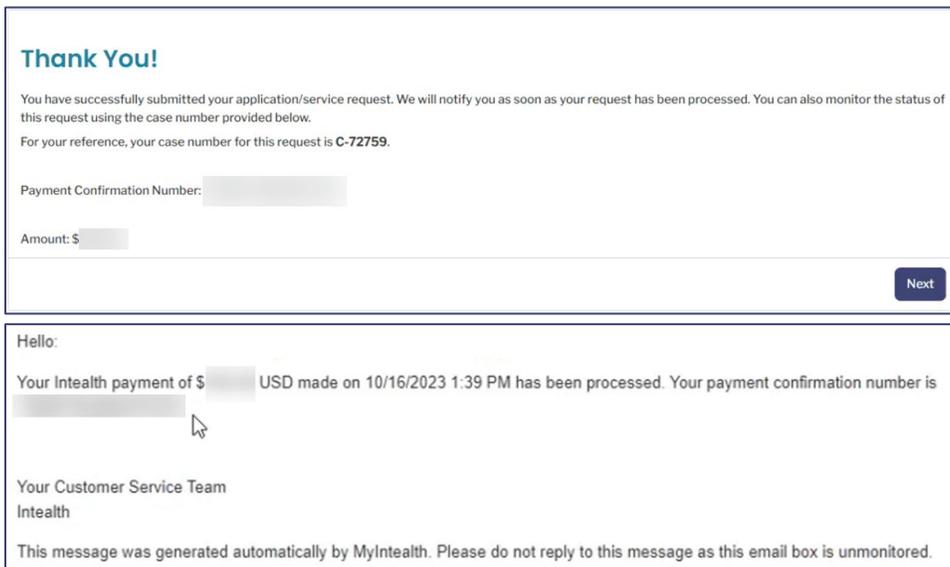
Billing Address **Payment Info**

**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.

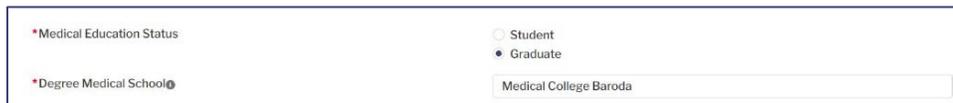
- a. It is recommended to document your case number (**C-#**) for this request. It helps the Intealth advisors quickly locate your case if necessary.



**Step 18.** Click **Next** to complete your application and return to the **MyIntealth Applicant Portal** homepage. To review your application, proceed to the [Review Your Submitted Application for Certification](#) section of this user guide.

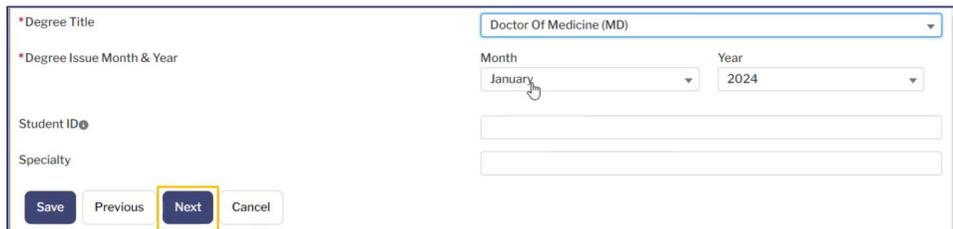
## 4.1.2 Continue with the Application as a Graduate

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



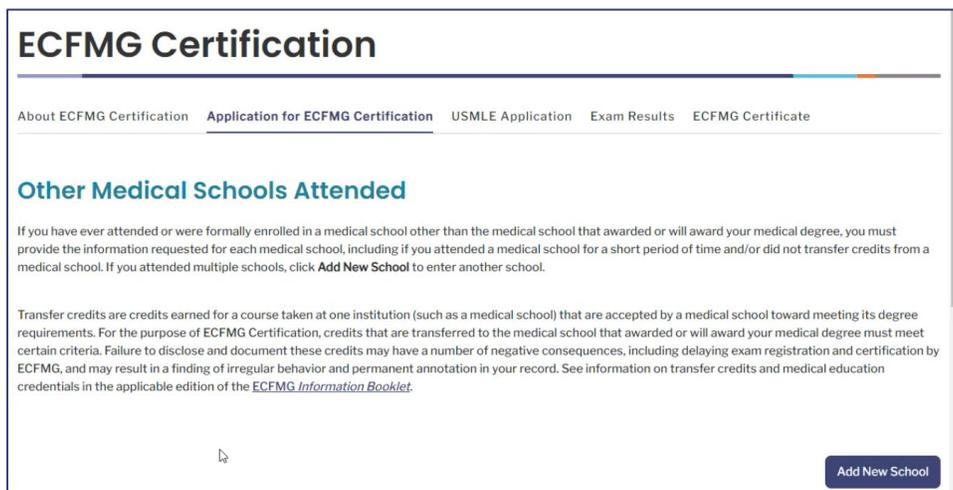
A screenshot of a web form for selecting medical education status. It features two radio buttons: 'Student' (unselected) and 'Graduate' (selected). Below the radio buttons is a text input field containing 'Medical College Baroda'. A red asterisk is visible next to the 'Medical Education Status' label.

**Step 2.** Click **Next**.



A screenshot of a web form for entering degree information. It includes a dropdown menu for 'Degree Title' set to 'Doctor Of Medicine (MD)'. Below it are dropdown menus for 'Degree Issue Month & Year', with 'January' selected for the month and '2024' for the year. There are also empty text input fields for 'Student ID' and 'Specialty'. At the bottom, there are four buttons: 'Save', 'Previous', 'Next' (highlighted with a yellow border), and 'Cancel'. A red asterisk is next to the 'Degree Title' label.

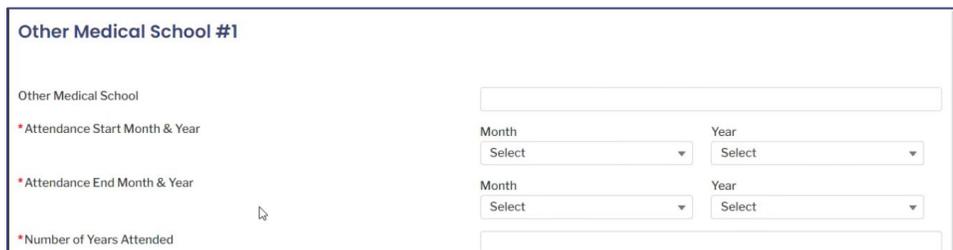
**Step 3.** The **Other Medical Schools Attended** page appears. Complete all of the required fields (\*).



A screenshot of the 'ECFMG Certification' application page. The page title is 'ECFMG Certification' and the navigation menu includes 'About ECFMG Certification', 'Application for ECFMG Certification', 'USMLE Application', 'Exam Results', and 'ECFMG Certificate'. The main heading is 'Other Medical Schools Attended'. Below the heading is a paragraph of text explaining the requirement to provide information for other medical schools attended. At the bottom right, there is a blue button labeled 'Add New School'.

a. Enter required information (\*) in the **Other Medical School #1** section.

(1) (Optional) Once that information has been entered, click **Save**.



A screenshot of the 'Other Medical School #1' form. It includes a text input field for 'Other Medical School'. Below it are two sets of dropdown menus for 'Attendance Start Month & Year' and 'Attendance End Month & Year', each with 'Month' and 'Year' dropdowns. At the bottom, there is a text input field for 'Number of Years Attended'. A red asterisk is next to the 'Attendance Start Month & Year' label.

- 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 school to your Degree Medical School? If yes, check the box. If no, leave it blank.

### Transfer Credits Disclosure and Documentation

Transfer credits are credits earned for a course taken at one institution (such as a medical school) that are accepted by a medical school toward meeting its degree requirements. These courses may appear on your Final Transcript as "transferred" or "exempt." If you are unsure of your transfer credit status, please contact your Degree Medical School.

For each transferred course, list the title of the course, the number of credits earned, indicate whether the course was passed at the medical school at which it was taken, and enter the date that the credits were earned. List each course title exactly as it appears on the official transcript from the medical school at which the course was taken.

You must document these credits by uploading an official transcript from the medical school at which the course was taken.

Course Title	Number of Credits	Course Outcome	Date Credits Earned
<input type="text"/>	<input type="text"/>	<input type="radio"/> Pass <input type="radio"/> Fail	Month <input type="text"/> Year <input type="text"/>

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

You must document these credits by uploading an official transcript from the medical school at which the course was taken.

Course Title	Number of Credits	Course Outcome	Date Credits Earned
<input type="text" value="General Science"/>	<input type="text" value="3.50"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	Month <input type="text" value="January"/> Year <input type="text" value="2020"/>

\*Upload Transcript to Document Transfer Credits

Or drop files

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

You must document these credits by uploading an official transcript from the medical school at which the course was taken.

Course Title	Number of Credits	Course Outcome	Date Credits Earned
<input type="text" value="General Science"/>	<input type="text" value="3.50"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	Month <input type="text" value="January"/> Year <input type="text" value="2020"/>

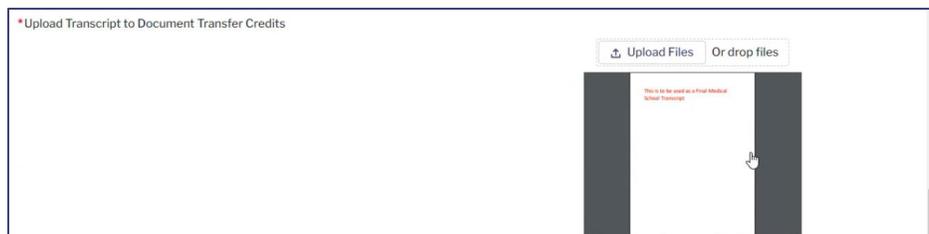
\*Upload Transcript to Document Transfer Credits

Or drop files

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



- (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 must match exactly the name in your Intealth profile. If the names do not match exactly, you must submit documentation that verifies the name on your transcript(s) was your name. The documentation must show your name exactly as it appears on your transcript(s). For information on the documentation required to verify your name on credentials, see [Medical Education Credentials](#) in the applicable edition of the [ECFMG Information Booklet](#).

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 original language. Documents that are not in English must be accompanied by an official English translation that meets ECFMG's [translation requirements](#). ECFMG will not accept any document that is not in English without an official English translation. Likewise, ECFMG will not accept an English translation of a document without a copy of the original language document from which the English translation was prepared. For information on ECFMG's translation requirements and recommended translation vendor, see [English Translations](#) on the ECFMG website.

Is your transcript to document transfer credits in a language other than English? If yes, check the box. If no, leave it blank.

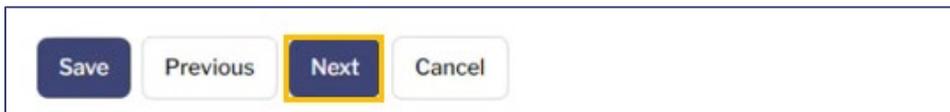
Upload Translation of Your Transcript

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.

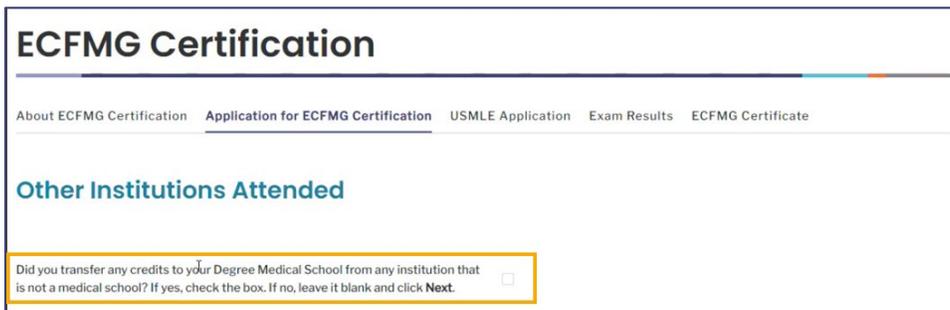
**Step 4.** To add more schools, click **Add New School**, and enter all required information (\*).

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

**Step 5.** Click **Next**.

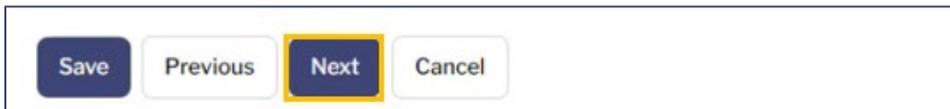


**Step 6.** The **Other Institutions Attended** screen appears. Click the checkbox if you transferred any credits to your degree medical school from any institution that is not a medical school.



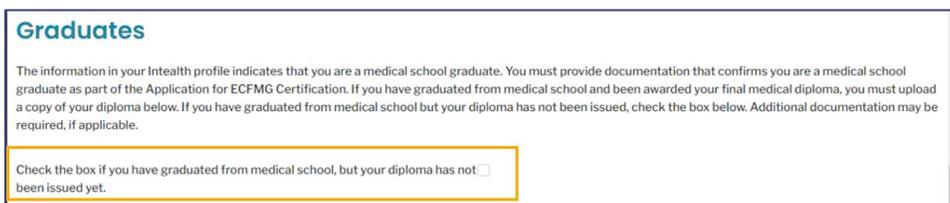
- a. If the checkbox is clicked, the **Other Institution #1** section appears, along with the ability to **Add New Institution**. Complete this information accordingly by following the on-screen prompts. The questions and information below follow a similar format to the **Other Medical Schools Attended**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



- (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.

**Step 9.** Click **Next**.

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

**Step 11.** Click **Next**.

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

> **Contact Information**

> **Medical School Information**

> **Other Medical Schools Information**

> **Other Institutions Information**

**Step 13.** 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, 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):

Application for ECFMG Certification Attestation

Previous Next Cancel

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

**Intealth**  
Helping the World Heal

**Attestation by Applicant**

**Application for ECFMG Certification Attestation**

I understand that,

- Intealth, through its ECFMG Certification program, assesses whether international medical graduates are qualified to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME requires international medical graduates who enter such programs to obtain ECFMG Certification.
- ECFMG Certification assures directors of ACGME-accredited residency and fellowship programs, and the people of the United States, that international medical graduates have met minimum standards of eligibility to enter such programs. ECFMG Certification does not, however, guarantee that international medical graduates will be accepted into residency and fellowship programs; the number of applicants each year exceeds the number of available positions.
- ECFMG Certification is one of the eligibility requirements for international medical graduates to take Step 3 of the three-step United States Medical Licensing Examination (USMLE).
- Medical licensing authorities in the United States require that international medical graduates obtain ECFMG Certification, among other requirements, to obtain an unrestricted license to practice medicine.
- The Standard ECFMG Certificate and any and all copies thereof remain the property of Intealth and must be returned to Intealth if the certificate is revoked or if Intealth determines that the holder of the ECFMG Certificate was not eligible to receive it or that it was otherwise issued in error.
- Any falsification of information on this application; submission of any falsified or altered document to Intealth, whether submitted by an applicant or by a third party (such as a medical school) on the applicant's behalf; submission of any falsified or altered Intealth and/or ECFMG document to other

Accept

**Step 14.** Click **Next** to continue.

**Attestation by Applicant**

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):

Application for ECFMG Certification Attestation

Previous Next Cancel

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

**Review Your Cart**

Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

**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.

Product	Total
Application for ECFMG Certification	\$ [redacted]
Certification Credential Verification	\$ [redacted]

**Subtotal: \$ [redacted]**

**Step 16.** Click **Proceed to Payment**.

**Total: \$ [redacted]**

[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: [redacted]

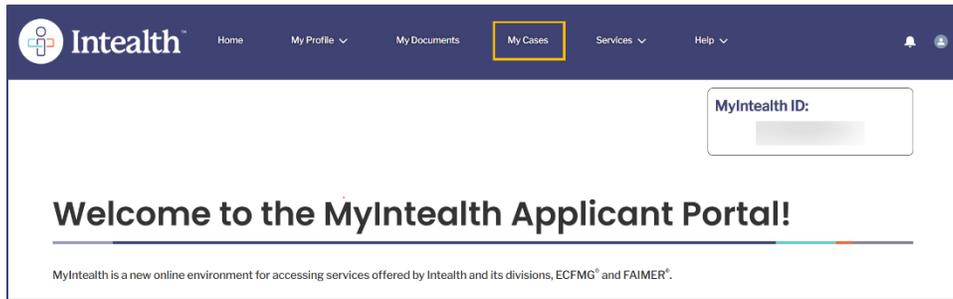
Amount: \$ [redacted]

[Next](#)

**Step 20.** Click **Next** to complete your application and return to the **MyIntealth Applicant Portal** homepage. To review your application, proceed to the [Review Your Submitted Application for Certification](#) 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 Requests**

A list of your applications and service requests are below. Click the **Case Number** to view additional details about your application/request. When reviewing your cases, please also make sure to review the **Action Required** column. A case with a status of "Yes" under Action Required will require you to take additional action in order to complete the processing of your application/request.

In certain situations, you also may see a task related to one of your cases listed under **My Tasks**. Please see the comments section of the task for more information.

If you need to [contact us](#) regarding a specific request, please be prepared to provide your case number and MyIntealth ID.

Case Number	Case Type	Case Status	Date Opened	Last Modified Date	Action Required	Restriction Applied
<a href="#">C-71988</a>	Identity Verification	Account Established	10-06-2023	10-09-2023	No	No
<a href="#">C-72759</a>	Application For Certification	Submitted - In Review at ECFMG	10-16-2023	10-16-2023	No	No
<a href="#">C-72760</a>	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
<a href="#">C-72761</a>	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	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 3.** Click the **Case Number (C-#)** associated with the case you are interested in viewing.

Case Number	Case Type	Case Status	Date Opened	Last Modified Date	Action Required	Restriction Applied
<a href="#">C-71988</a>	Identity Verification	Account Established	10-06-2023	10-09-2023	No	No
<a href="#">C-72759</a>	Application For Certification	Submitted - In Review at ECFMG	10-16-2023	10-16-2023	No	No
<a href="#">C-72760</a>	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
<a href="#">C-72761</a>	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	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 related **Case Information** page appears.

## Case Information

Related Cases	Case Type	Document Type	External Status
C-72760	Credential Verification	Transcript to Document Transfer Cre...	Submitted to ECFMG
C-72761	Credential Verification	Transcript to Document Transfer Cre...	Submitted to ECFMG
Case Number	C-72759 		
Case Status	Submitted - In Review at ECFMG		
Case Type	Application For Certification		
Date Created	Oct 16, 2023 		
Last Updated Date	Oct 16, 2023 		
Action Needed?	No		

## Summary

 Application for ECFMG Certification Summary

Case

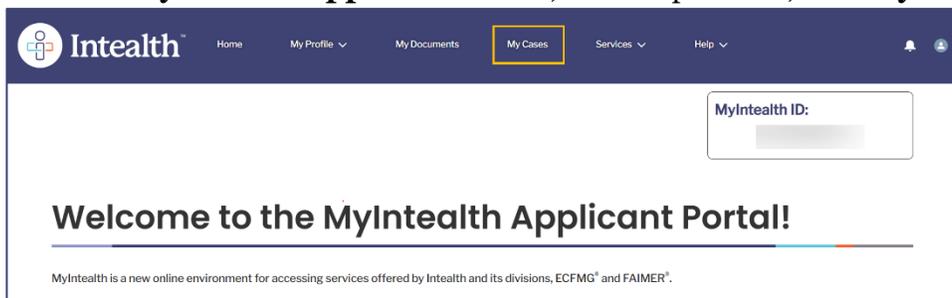
### External Status

Created By	Old Value	New Value	Created Date
	Submitted	Submitted - In Review at ECFMG	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	Case Type	Case Status	Date Opened	Last Modified Date	Action Required	Restriction Applied
<a href="#">C-16918</a>	Identity Verification	Account Established	10-31-2023	10-31-2023	No	No
<a href="#">C-16919</a>	Application For Certification	Resubmitted; In Review at ECFMG	10-31-2023	11-01-2023	No	No
<a href="#">C-16926</a>	Exam Registration	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
<a href="#">C-16927</a>	Credential Verification	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
<a href="#">C-16928</a>	Credential Verification	CV Rejected	11-01-2023	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 3.** Click the **Case Number** with the **Case Status** of **CV Rejected**.

Case Number	Case Type	Case Status	Date Opened	Last Modified Date	Action Required	Restriction Applied
<a href="#">C-16918</a>	Identity Verification	Account Established	10-31-2023	10-31-2023	No	No
<a href="#">C-16919</a>	Application For Certification	Resubmitted; In Review at ECFMG	10-31-2023	11-01-2023	No	No
<a href="#">C-16926</a>	Exam Registration	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
<a href="#">C-16927</a>	Credential Verification	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
<a href="#">C-16928</a>	Credential Verification	CV Rejected	11-01-2023	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. At the top of the page, there is a list of reasons explaining why the case was rejected.

Case Information
<ul style="list-style-type: none"><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><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><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><li>◦ Courses listed were failed courses. Applicant would need to re-apply with only providing passed courses.</li></ul>

## 4.3 Update Your Application for ECFMG Certification

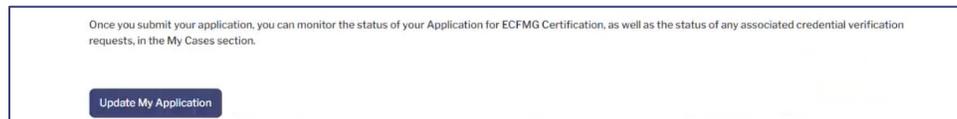
**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and then select **ECFMG Certification** from the dropdown.



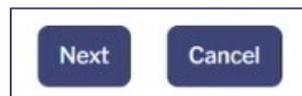
**Step 2.** The **ECFMG Certification** page appears. Click the **Application for ECFMG Certification** tab.



**Step 3.** Scroll down and click **Update My Application**.



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



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

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

*Medical Education Status	<input type="radio"/> Student
	<input checked="" type="radio"/> Graduate
*Degree Medical School	<input type="text" value="Gotham University"/>
*Attendance Start Month & Year	Month: <input type="text" value="March"/> Year: <input type="text" value="2020"/>

**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 [Continue with the Application as a Graduate](#) 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

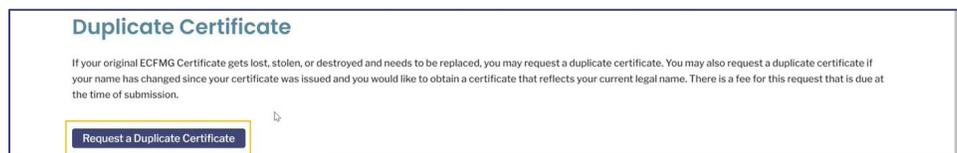
**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **ECFMG Certification** from the dropdown.



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



**Step 3.** Click **Request a Duplicate Certificate**.



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



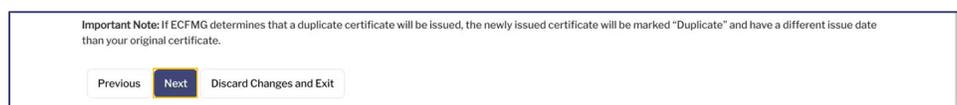
**Step 5.** The **Request a Duplicate ECFMG Certificate** appears. Enter all required information (\*).

a. Select a **Reason for Duplicate Certificate Request** from the dropdown.



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

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



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

**Attestation by Applicant**

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):

Request for Duplicate ECFMG Certificate Attestation

Previous Next Cancel

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

**Request for Duplicate ECFMG Certificate Attestation**

Request for Duplicate ECFMG Certificate Attestation

I hereby certify that the information that I have provided to request a Duplicate ECFMG Certificate was provided solely by me and is true and correct to the best of my knowledge. I understand that the decision as to whether I qualify to receive any Intealth services rests solely and exclusively with Intealth and Intealth's decision-making authority is ongoing.

I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and agree to abide by these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, 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

Accept

**Step 8.** Click **Next** to continue.

**Attestation by Applicant**

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):

Request for Duplicate ECFMG Certificate Attestation

Previous Next Cancel

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

**Review Your Cart**

Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

**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.

Product	Total
Courier (U.S.)	\$
Duplicate ECFMG Certificate	\$

**Subtotal: \$**

**Step 10.** Click **Proceed to Payment**.

Total: \$ [blurred]

Previous Proceed to Payment

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

Card Bank Account

Billing Address Payment Info

**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 C-42128.

Payment Confirmation Number: [blurred]

Amount \$ [blurred]

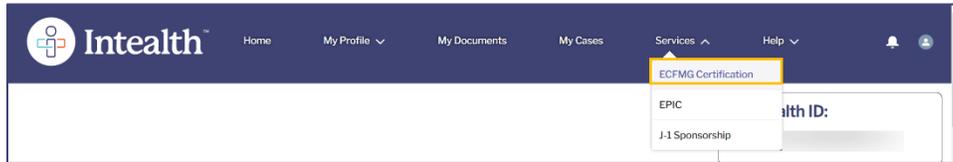
Next

**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.



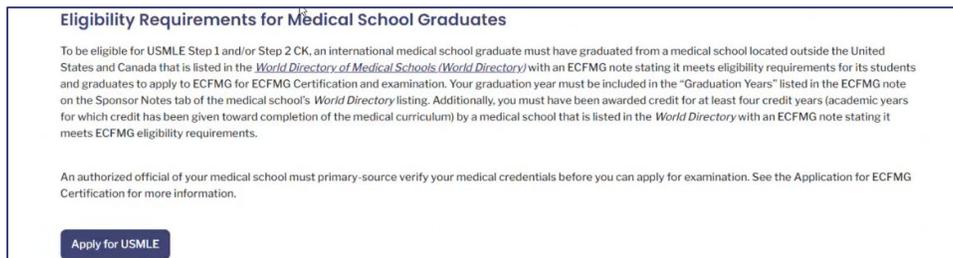
- Step 2.** The **ECFMG Certification** page opens.

**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 Your Profile Information**

Please review your Intealth profile information below. If any information is incorrect or needs to be updated, you must go to the My Profile section and make the necessary changes now. Please note that submitting certain changes to your identity information will need to be reviewed and approved before you can continue with this application. If you confirm that the information in your profile is correct as listed below, click **Next**.

**Identity Information**

Last Name/Surname

Rest of Name

Generational Suffix

---

\*Email Address

Telephone Number

**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 **Edit My Application for ECFMG Certification** 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 **Next**.

▼ **Medical School Information**

Medical Education Status

Degree Medical School

School Program

---

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

**Step 7.** Click **Next**.

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

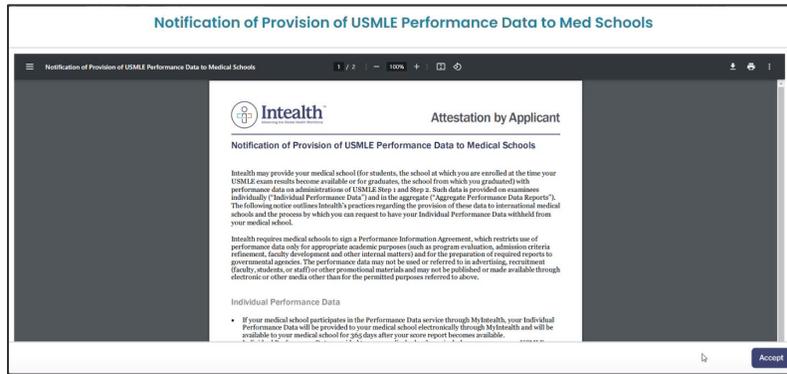
**Step 8.** The **Provision of USMLE Performance Data Notification** page appears. Click the **Notification of Provision of USMLE Performance Data to Med Schools** checkbox to view a larger version of the document.

**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):

Notification of Provision of USMLE Performance Data to Med Schools

**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):

Notification of Provision of USMLE Performance Data to Med Schools

**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 [contact us](#).

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.

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

### Add Exam

Click **Add Exam** to select the USMLE Step you want to include on this application. If you do not meet requirements or are otherwise ineligible to apply for a USMLE Step, information will be provided to you when you select that exam.

You 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 entered all requested information for the first exam, you can click **Add Exam** to add an additional exam to your application.

Once you have added to the application all the exams for which you are eligible and wish to register, click **Next**.

#### Your USMLE Application

You have not added any exams to this application yet.

**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.

### Exam Details

**Select an Exam**  
Select the USMLE Step you want to take.

\*  USMLE Step 1  
 USMLE Step 2 CK

- 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 exam. USMLE policy on reexamination generally does not allow applicants to retake a Step if they have already passed that Step. There are, however, certain exceptions to this policy that have been previously approved by USMLE governance and are listed below. Please select the exception from the USMLE policy on reexamination that you wish to request.

ECFMG Seven-Year Rule [Click here for more information.](#)  
 Medical Licensing Authority Time Limit [Click here for more information.](#)

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

Select the three-month eligibility period during which you would like to take the exam.

### 2025 Eligibility Period Information

Before applying for an eligibility period in 2025, you must have read the ECFMG 2025 *Information Booklet* and the USMLE 2025 *Bulletin of Information*. If the processing of your application is not completed in time to assign the eligibility period you select, you will be assigned to the next available eligibility period, based on the date your application is processed. If the next eligibility period extends into 2026 and you test in 2026, you must become familiar with and will be subject to the policies and procedures detailed in the ECFMG 2026 *Information Booklet* and USMLE 2026 *Bulletin of Information*.

**\* Eligibility Periods**

-Select-

- February 1, 2025 - April 30, 2025
- 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
- September 1, 2025 - November 30, 2025

If you are applying to retake a failed exam, only eligibility periods that comply with the USMLE retake policy are shown. If an eligibility period that complies with this policy is not yet available, you cannot apply for this examination until an eligibility period that complies with the USMLE retake policy becomes available.

c. Select your **Testing Region**.

**\* Testing Region**

- Africa  
(Note: Egypt is in Prometric's Middle East testing region. If you would like to take the exam in Egypt, select Middle East.)
- Asia  
(Note: India is in Prometric's India testing region. If you would like to take the exam in India, select India.)
- 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
- 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

**Step 14.** Once you have entered all information, click **Confirm**.

**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

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

**Add Exam**

Click **Add Exam** to select the USMLE Step you want to include on this application. If you do not meet requirements or are otherwise ineligible to apply for a USMLE Step, information will be provided to you when you select that exam.

You 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 entered all requested information for the first exam, you can click **Add Exam** to add an additional exam to your application.

Once you have added to the application all the exams for which you are eligible and wish to register, click **Next**.

**Your USMLE Application**

Exam Type	Eligibility Period	Testing Region	Test Accommodations
USMLE Step 2 CK	Oct 1, 2023 - Dec 31, 2023	United States and Canada	No  

- If you are eligible to add another exam, click **Add Exam** and follow the previous instructions.
- If you would like to edit your exam details, click the green pencil icon.
- 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 outcome 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 not verify any of the information collected below.

**Language Fluency**

\*Select Your Native Language

English ▾

Select Other Languages Spoken 

**Step 18.** Click **Next**.

**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.

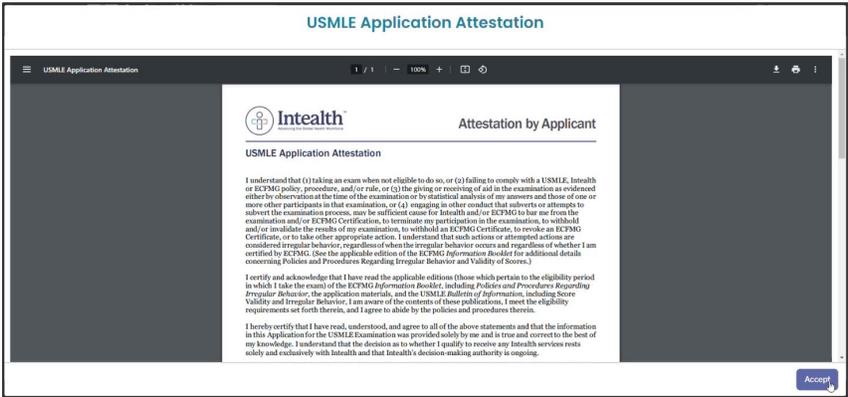
**Attestation by Applicant**

In order to proceed with your application or request for Intealth 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):

[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 21.** Click **Next**.

**Attestation by Applicant**

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):

USMLE Application Attestation

Previous **Next** Cancel

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

**Review Your Cart**

Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

**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.

Product	Total
USMLE Step 2 Region Surcharge	
USMLE Step 2 Exam	

**Subtotal: \$** [blurred]

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

**Credits on Your Account**

You have a credit of \$2,450.00 in your Intealth financial account. You can apply this credit to your Total above by clicking **Apply Credits** and then **Proceed to Payment**. If you do not want to apply this credit to your Total, click **Proceed to Payment**.

**Apply Credits**

b. Click **Proceed to Payment**.

**Total: \$** [blurred]

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**.

If the billing address for the credit card you are using is different from the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

Card     Bank Account

**Billing Address**

123 USCS Way

Apt / Suite

Spartanburg

South Carolina

29301

**Payment Info**

Ralph L. Loewe

Card Number

MM/YY    CVV ?

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

If the billing address for the credit card you are using is different from the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

Card     Bank Account

**Billing Address**

123 USCS Way

Apt / Suite

Spartanburg

South Carolina

29301

**Payment Info**

Ralph L. Loewe

Card Number

MM/YY    CVV ?

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

If the billing address for the credit card you are using is different from the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

Card     Bank Account

**Billing Address**

123 USCS Way

Apt / Suite

Spartanburg

South Carolina

29301

**Payment Info**

Ralph L. Loewe

Card Number

MM/YY    CVV ?

f. Click **Pay \$**.

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

When the payment is approved, click **Next**.

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.

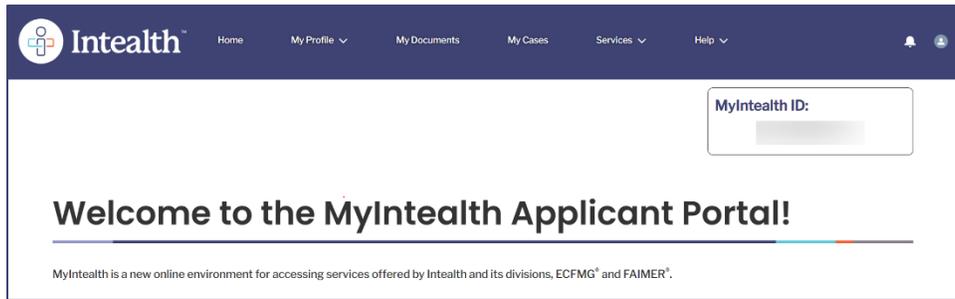
For your reference, your case number for this request is

[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**.



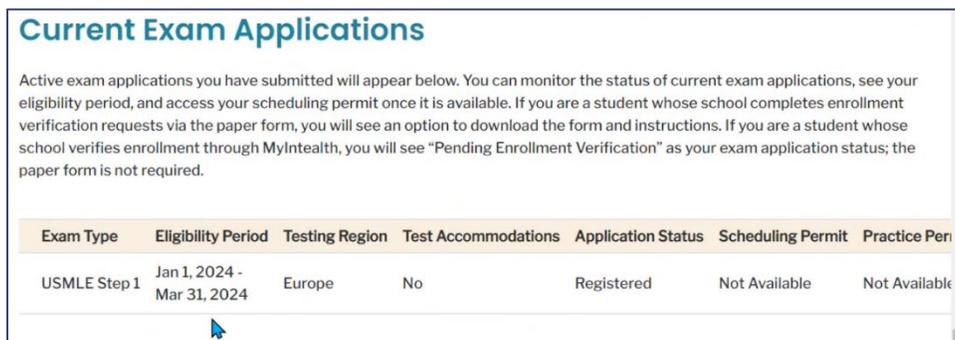
**Step 2.** From the top banner, under **Services**, select **ECFMG Certification**.



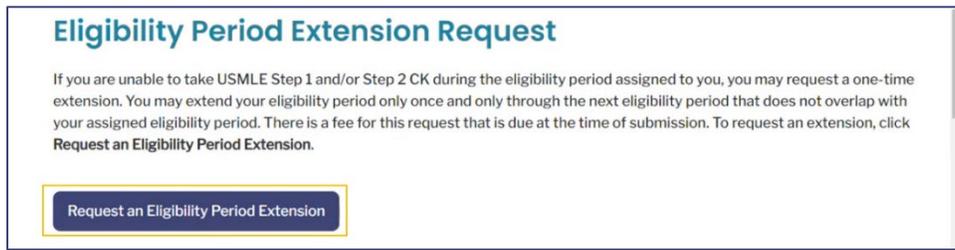
**Step 3.** Click the **USMLE Application** tab.



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



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



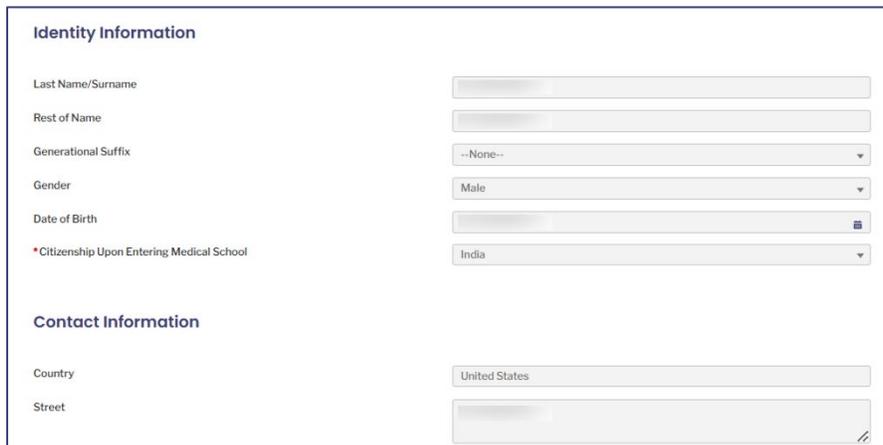
**Eligibility Period Extension Request**

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

**Request an Eligibility Period Extension**

- 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

Gender

Date of Birth

\* Citizenship Upon Entering Medical School

**Contact Information**

Country

Street

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

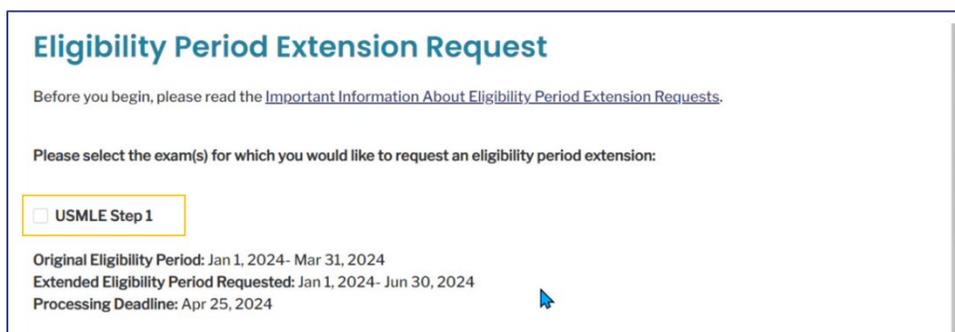


\* Email Address

Telephone Number

**Next**

**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 Request**

Before you begin, please read the [Important Information About Eligibility Period Extension Requests](#).

Please select the exam(s) for which you would like to request an eligibility 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

- 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.

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

**Eligibility Period Extension 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 **Previous**.

Exam : **USMLE Step 1**  
Previous Eligibility Period: Jan 1, 2024 - Mar 31, 2024  
New Eligibility Period: Jan 1, 2024 - Jun 30, 2024

**Previous** **Next** **Cancel**

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

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

**Attestation by Applicant**

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):

**USMLE Eligibility Period Extension Request Attestation**

**Previous** **Next** **Cancel**

b. Review the attestation form and click **Accept**.

**USMLE Eligibility Period Extension Request Attestation**

USMLE Eligibility Period Extension (EPEX) Request ... 1 / 1 122%

**Intealth**  
Advancing the World Health Workforce

**Attestation by**

**USMLE Eligibility Period Extension (EPEX) Request Attestation**

I certify that I currently meet the examination eligibility requirements for the examination(s) requesting an extension of eligibility period; that I will meet these requirements on my test date information provided in this request and previously provided in my USMLE application was p me and is true and correct to the best of my knowledge. I understand that the decision as to wI receive any Intealth services rests solely and exclusively with Intealth and that Intealth's deci authority is ongoing.

I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and these policies and procedures. I certify I understand that, as provided in the *Policies and Pro Regarding Irregular Behavior*, among other things, Intealth may find that submission of fals and/or falsified documents to Intealth through MyIntealth or otherwise constitutes irregular

**Accept**

**Step 12.** Click **Next**.

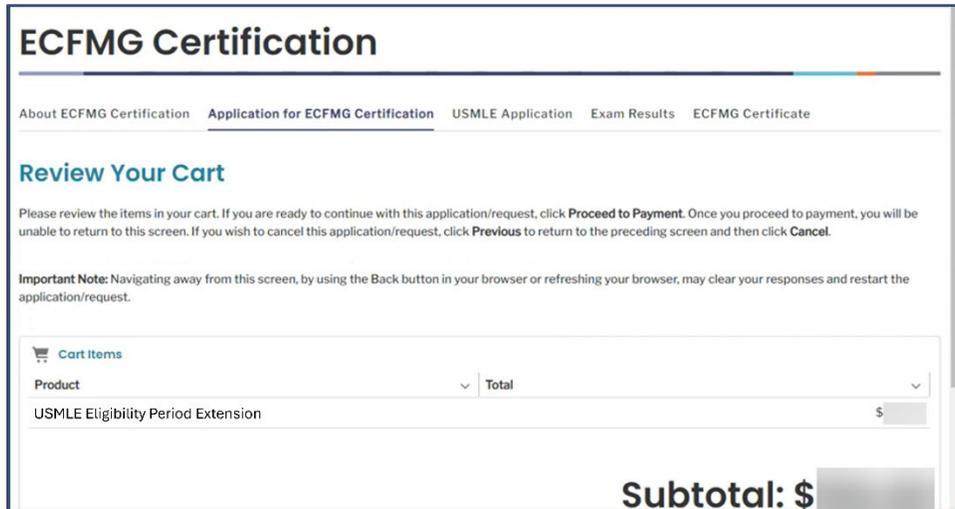
**Attestation by Applicant**

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):

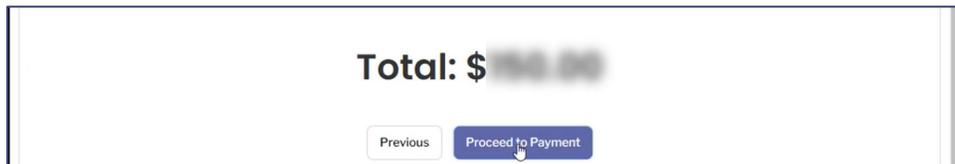
**USMLE Eligibility Period Extension Request Attestation**

**Previous** **Next** **Cancel**

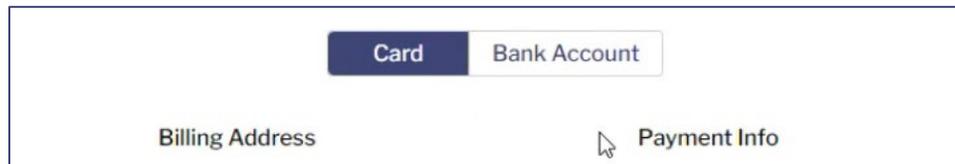
**Step 13.** The **Review Your Cart** page appears with an overview of your **Cart Items**.



**Step 14.** Click **Proceed to Payment**.



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



**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**.

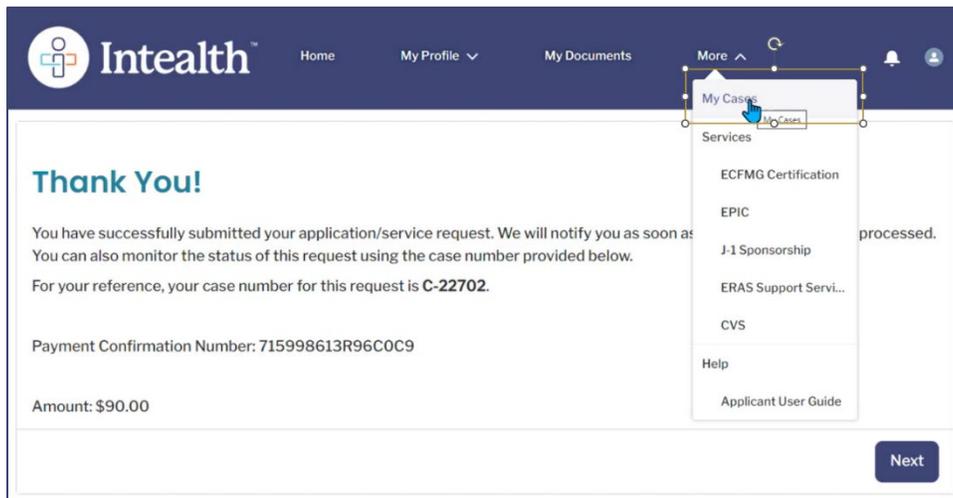
Payment Confirmation Number:

Amount: \$

[Next](#)

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

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



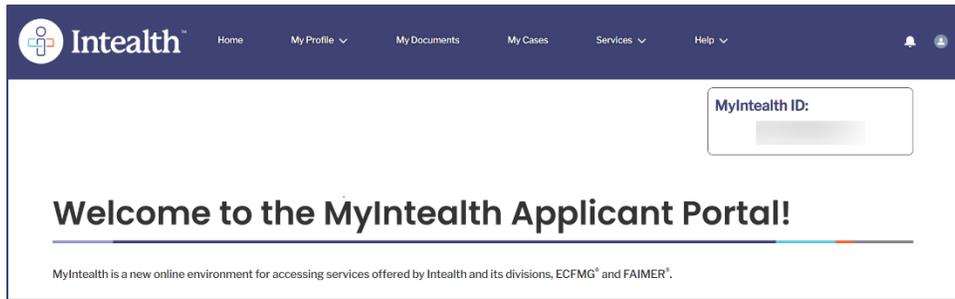
**Step 2.** Under **My Case Requests**, locate the **Eligibility Period Extension** case type request.

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

- 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**.



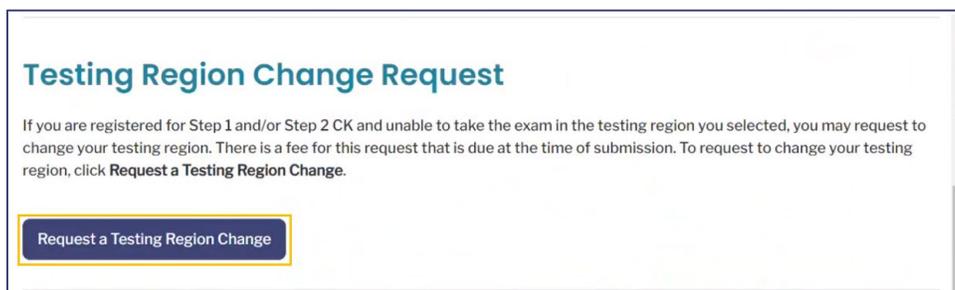
**Step 2.** From the top banner, under **Services**, select **ECFMG Certification**.



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



**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

Gender

Date of Birth

\*Citizenship Upon Entering Medical School

**Contact Information**

Country

Street

\*Email Address

Telephone Number

**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 Request**

If you are registered for Step 1 and/or Step 2 CK and are unable to take the exam in the testing region you selected, you may request to change your testing region. There is a fee for changing a USMLE testing region that is due at the time you submit your request. If the international test delivery surcharge for the testing region you request is more than the surcharge for your current testing region, you also must pay the difference in these surcharges. If your testing region is changed, a revised scheduling permit reflecting this change will be issued. You must present the revised scheduling permit at the test center on your exam date.

If you have a scheduled testing appointment in your current testing region, your appointment will be canceled when your testing region is changed. You will need to schedule a new testing appointment at a test center in your new testing region. See information on rescheduling in the applicable edition of the ECFMG *Information Booklet*.

Please select the exam(s) for which you would like to request 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.

Please select the exam(s) for which you would like to request a testing region change:

USMLE Step 1 Current Testing Region: Europe Surcharge: \$195.00

Select the new region below:

Testing Region	Surcharge
<input type="radio"/> Africa (Note: Egypt is in Prometric's Middle East testing region. If you would like to take the exam in Egypt, select Middle East.)	\$100
<input type="radio"/> Asia (Note: India is in Prometric's India testing region. If you would like to take the exam in India, select India.)	\$100
<input type="radio"/> Australia	\$100
<input type="radio"/> China (Note: Hong Kong is in Prometric's Asia testing region. If you would like to take the exam in Hong Kong, select Asia.)	\$100
<input type="radio"/> India	\$100

**Step 8.** Click **Next**.

A screenshot of a web form for selecting a testing region. It features three radio button options: Taiwan (\$1,000), Thailand (\$1,000), and United States and Canada (\$0). The 'United States and Canada' option is selected. Below the options are three buttons: 'Previous', 'Next' (highlighted with a yellow box), and 'Cancel'.

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

A screenshot of the 'Testing Region Change Request Summary' page. The title is 'Testing Region Change Request Summary'. Below the title is a paragraph: '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 application by clicking Previous.' The exam is identified as 'Exam: USMLE Step 1'. The summary lists: 'Previous Region Fee: Europe (\$1,000)', 'New Region Fee: United States and Canada (\$0)', and 'New Region Change Fee: \$0'. At the bottom are three buttons: 'Previous', 'Next' (highlighted with a yellow box), and 'Cancel'.

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

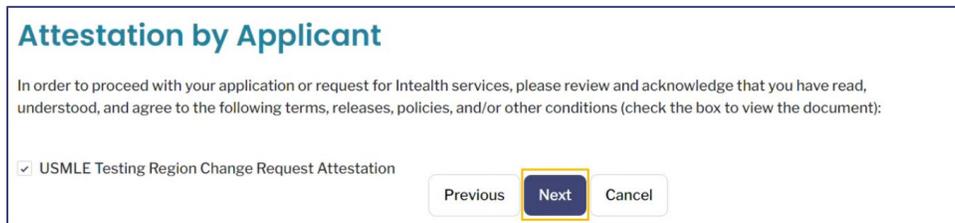
a. Click the **USMLE Testing Region Change Request Attestation** checkbox.

A screenshot of the 'Attestation by Applicant' section. The title is 'Attestation by Applicant'. Below the title is a paragraph: '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):'. Below this is a checkbox labeled 'USMLE Testing Region Change Request Attestation', which is highlighted with a yellow box. At the bottom are three buttons: 'Previous', 'Next' (highlighted with a yellow box), and 'Cancel'.

b. Review the information and click **Accept**.

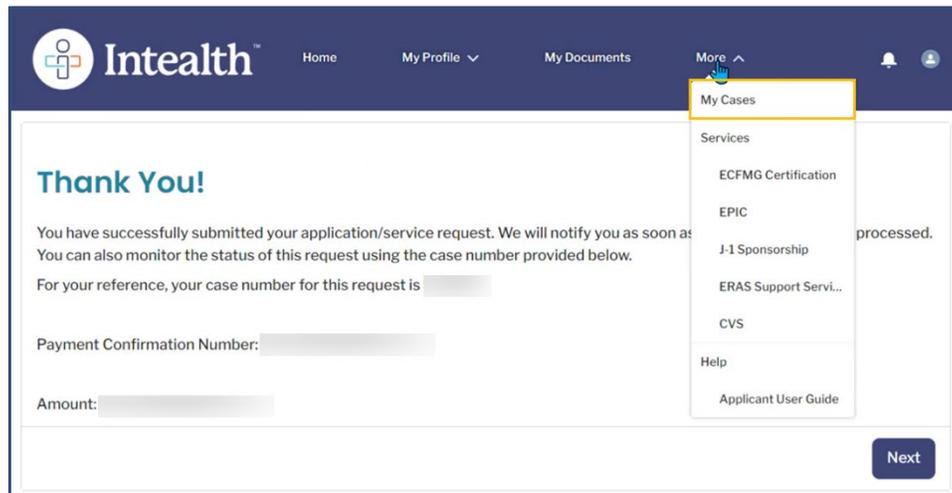


**Step 11.** Click **Next**, and continue to the **Review Your Cart** screen. Refer to steps 13-17 in Section 5.2 for additional instructions on submitting your payment information.



## 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**.



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

If you need to [contact us](#) regarding a specific request, please be prepared to provide your case number and MyIntealth ID.

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

- 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)

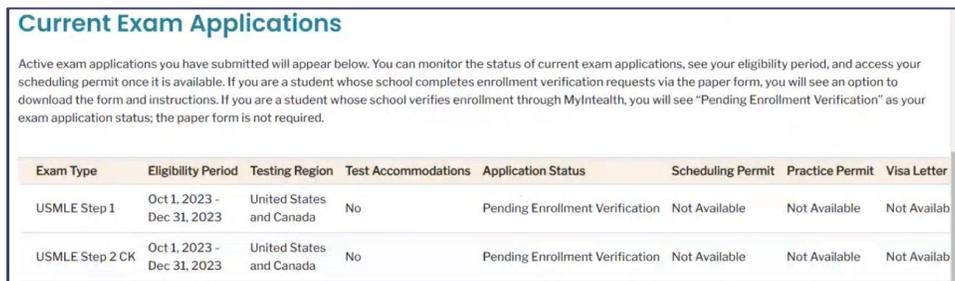
If your school does not verify enrollment status electronically, you are prompted to download and complete a **paper enrollment verification form**.

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.

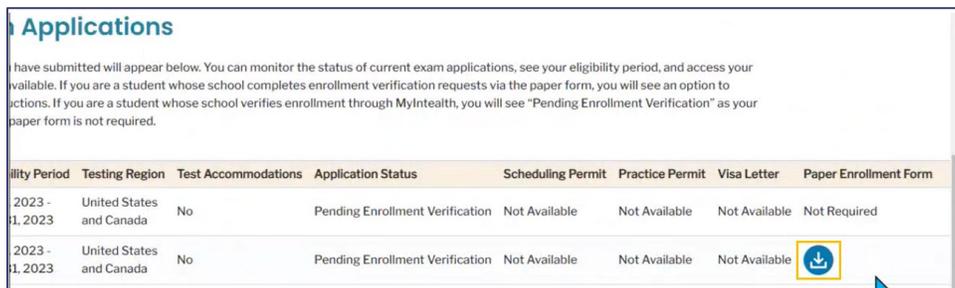


- Step 2.** Click the **USMLE Application** tab and scroll to the **Current Exam Applications** section at the bottom of the page.



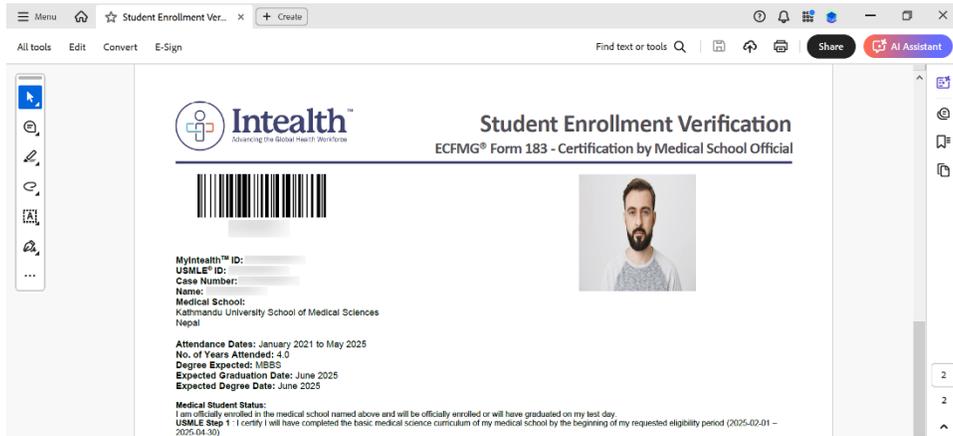
Exam Type	Eligibility Period	Testing Region	Test Accommodations	Application Status	Scheduling Permit	Practice Permit	Visa Letter
USMLE Step 1	Oct 1, 2023 - Dec 31, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Availab
USMLE Step 2 CK	Oct 1, 2023 - Dec 31, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Availab

- Step 3.** Click the download icon (📄) in the **Paper Enrollment Form** column.



Eligibility Period	Testing Region	Test Accommodations	Application Status	Scheduling Permit	Practice Permit	Visa Letter	Paper Enrollment Form
2023 - 1, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Available	Not Required
2023 - 1, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Available	

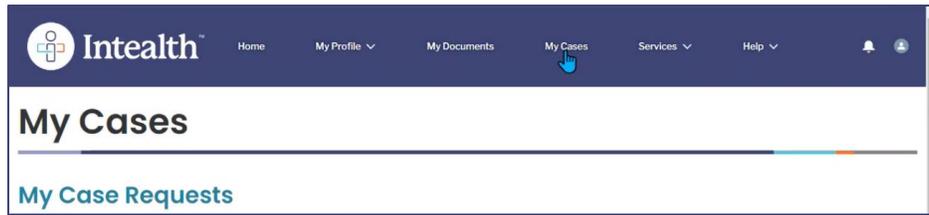
- Step 4.** The **Student Enrollment Verification (Form 183)** PDF file appears and is available to save.



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	Case Type	Case Status	Date Opened	Last Modified Date	Action Required	Restriction Applied
<a href="#">C-73995</a>	Identity Verification	Account Established	11-03-2023	11-03-2023	No	No
<a href="#">C-73996</a>	Application For Certification	Accepted	11-03-2023	11-03-2023	No	No
<a href="#">C-73997</a>	Exam Registration	Registered	11-03-2023	11-03-2023	No	No
<a href="#">C-74015</a>	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 3.** Click the **Case Number** next to the **Exam Registration** case with a **Case Status** of **Registered**.

Case Number	Case Type	Case Status	Date Opened	Last Modified Date	Action Required	Restriction Applied
<a href="#">C-73995</a>	Identity Verification	Account Established	11-03-2023	11-03-2023	No	No
<a href="#">C-73996</a>	Application For Certification	Accepted	11-03-2023	11-03-2023	No	No
<a href="#">C-73997</a>	Exam Registration	Registered	11-03-2023	11-03-2023	No	No
<a href="#">C-74015</a>	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

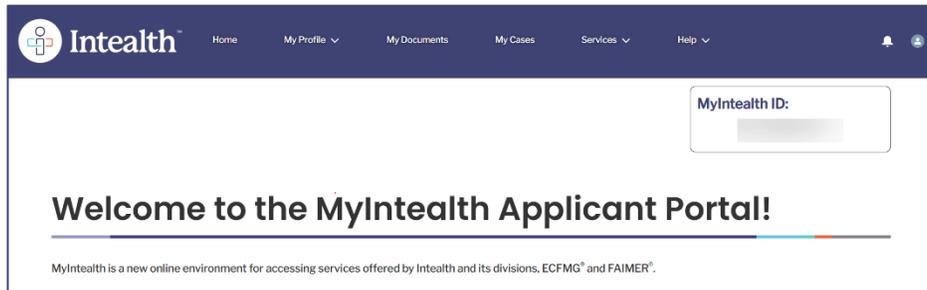
You currently have a pending action on this case: No

Case Number	C-73997
Case Status	Registered
Case Type	Exam Registration
Date Created	Nov 3, 2023
Last Updated Date	Nov 3, 2023
Scheduling Permit Form	<a href="#">Download</a>

## 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**.



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



**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

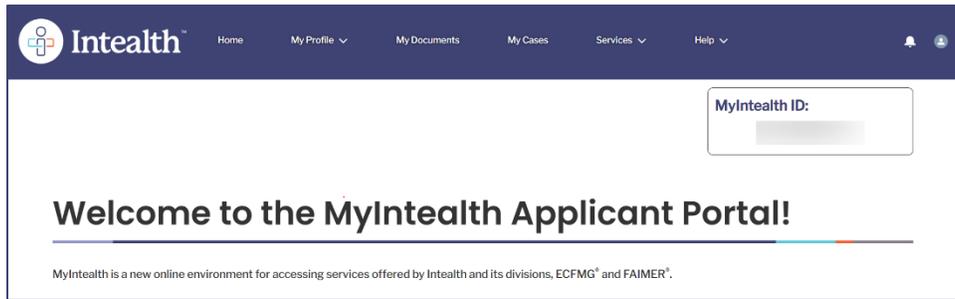
Exam Date:	Jan 10, 2024
Available Until:	Jan 10, 2025
Score Report:	
Score Withheld from Medical School?	No

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

Exam Date:	Jan 10, 2024
Available Until:	Jan 10, 2025
Score Report:	
Score Withheld from Medical School?	No

## 5.8 Request a Score Recheck

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



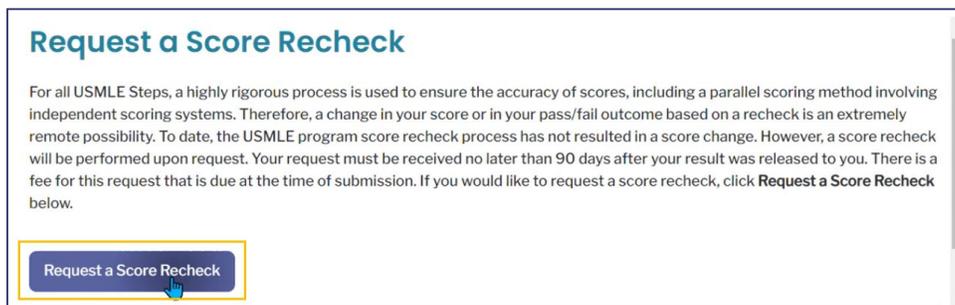
**Step 2.** From the top banner, under **Services**, select **ECFMG Certification**.



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



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



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

### Request USMLE Score Recheck

A change in your USMLE score or in your pass/fail outcome based on a recheck is an extremely remote possibility. To date, the USMLE program score recheck process has not resulted in a score change. The score recheck process does not include a manual review of the questions or your answers. When a request for a score recheck is received, the original response record is retrieved and rescored using a system that is outside of the normal processing routine. The score calculated during the recheck is then compared with the original score. You will be advised in writing whether the original score (if applicable) and/or pass/fail outcome was deemed accurate. No additional information will be provided in the letter.

Your request for a score recheck must be received no later than 90 days after your result was released to you.

Select the exams for which you would like a score recheck:

<input type="checkbox"/>	USMLE Step 2 CK
Date Tested:	Jan 10, 2024

**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.

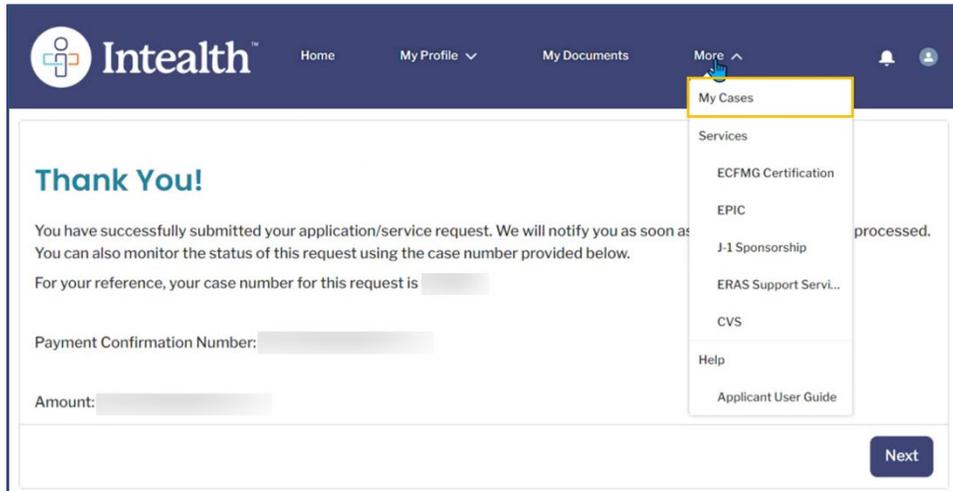
Your request for a score recheck must be received no later than 90 days after your result was released to you.

Select the exams for which you would like a score recheck:

<input checked="" type="checkbox"/>	USMLE Step 2 CK
Date Tested:	Jan 10, 2024

## 5.8.1 Review the Case Status of a Score Recheck

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



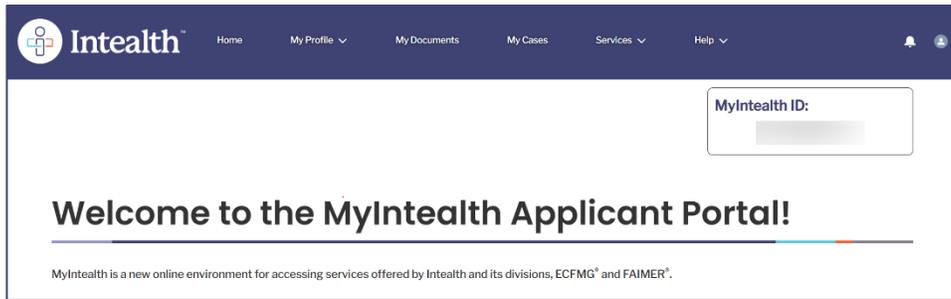
**Step 2.** Under **My Case Requests**, locate the **Score Recheck** request.

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

- 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.



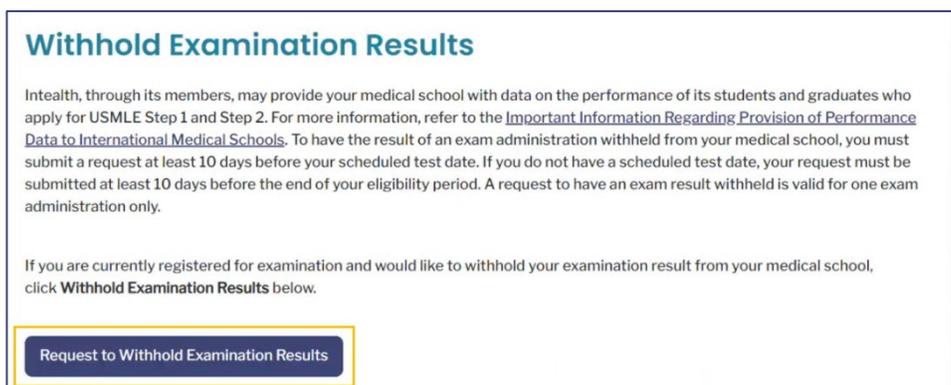
**Step 2.** From the top banner, under **Services**, select ECFMG Certification.



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



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



**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.

## Request to Withhold Examination Results

Before you submit this request, please be advised that:

- Your request is applicable only to the exam administration selected below and that you are required to submit a separate request for any future exam administration for which you want the result withheld from your medical school.
- You will not be able to reverse this decision to withhold the result of the selected exam administration from your medical school.
- If you subsequently want to have the result of the selected exam administration reported to your medical school, you will be required to request and pay for a USMLE transcript.
- If your medical school is eligible to receive USMLE performance data through MyIntealth on its students and graduates, the information provided to the medical school for the selected exam administration will include your name, USMLE Identification Number, the examination, and a notation that the exam results have been withheld at your request.

Select the exam below for which you would like to withhold the result from your medical school:

Withhold Score	Exam Type	Eligibility Period	Testing Region
<input type="checkbox"/>	STEP1	January 1, 2024 - March 31, 2024	United States and Car

- 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 which you would like to withhold the result from your medical school:

Withhold Score	Exam Type	Eligibility Period	Testing Region
<input checked="" type="checkbox"/>	STEP1	January 1, 2024 - March 31, 2024	United States and Car

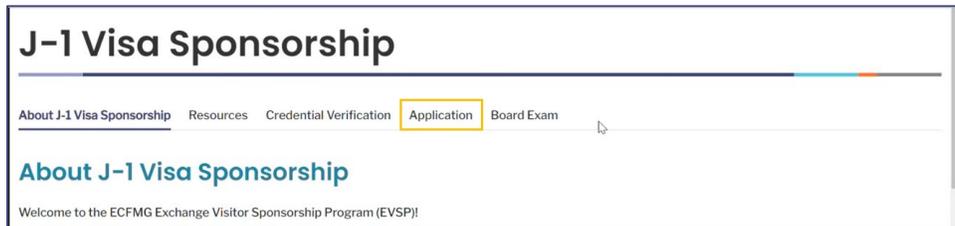
## 6 J-1 Sponsorship Application

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

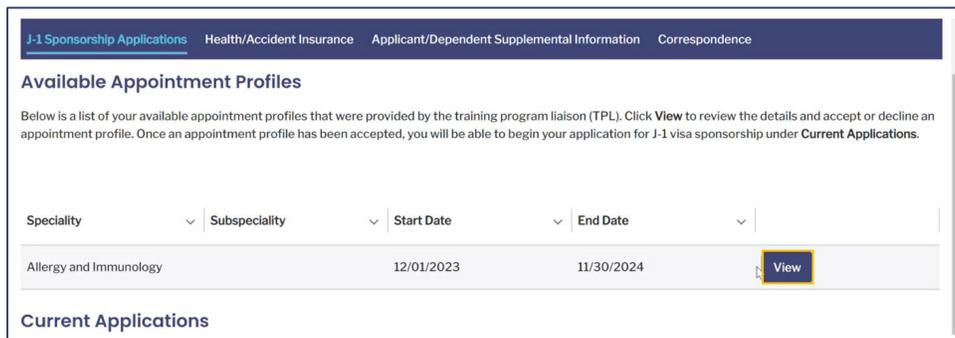
**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



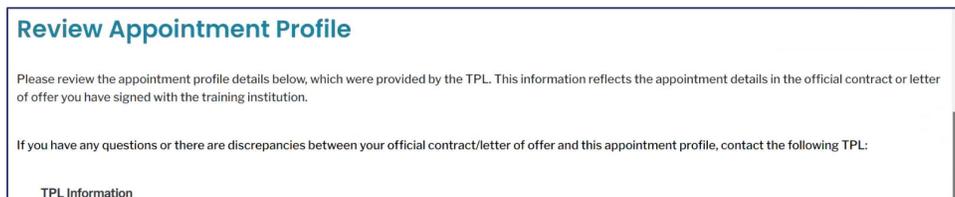
**Step 2.** The **J-1 Visa Sponsorship** page appears. Click the **Application** tab.



**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.



**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:

External Funding Source:

Name of Organization:

Amount:

[Accept 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.

The screenshot shows the Intealth website interface. At the top, there is a navigation bar with the Intealth logo, a 'Home' link, and a green notification banner that reads 'Appointment Profile Accepted'. Below the navigation bar, the main heading is 'J-1 Visa Sponsorship'. Underneath, there are several menu items: 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification', 'Application', and 'Board Exam'. A secondary navigation bar contains links for 'J-1 Sponsorship Applications', 'Health/Accident Insurance', 'Applicant/Dependent Supplemental Information', and 'Correspondence'. A 'J-1 Visa Sponsorship Home' button is also visible. The main content area features a section titled 'Required Online Learning Modules for Incoming Exchange Visitor Physicians'.

**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.

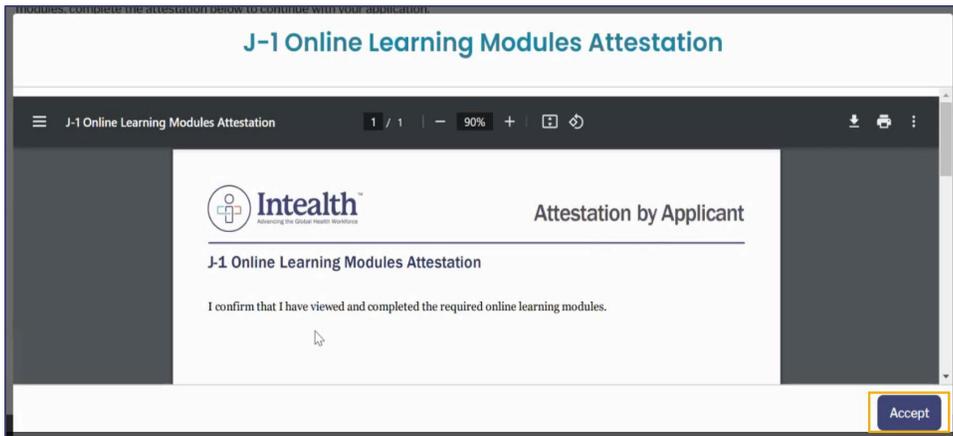
**J-1 Learning Modules Attestation**

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):

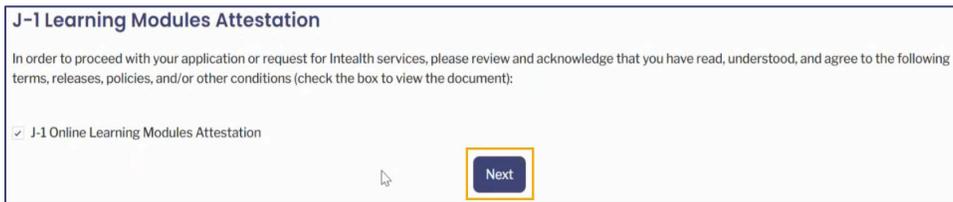
J-1 Online Learning Modules Attestation

[Next](#)

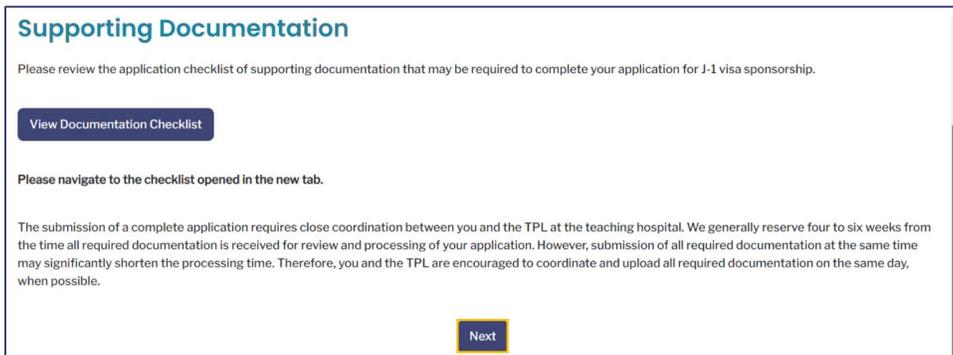
**Step 8.** Review the **J-1 Online Learning Modules Attestation** pop-up and click **Accept**.



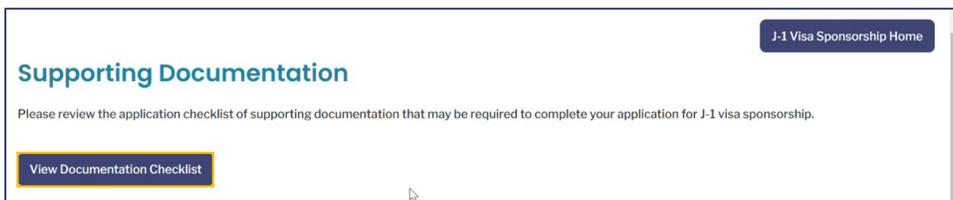
**Step 9.** Click **Next**.



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



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

[J-1 Visa Sponsorship Home](#)

## 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, and 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 their 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.

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**.

The screenshot shows the Intealth user interface. The top navigation bar includes 'Home', 'My Profile', 'My Documents', 'My Cases', and 'Services'. The 'My Profile' dropdown menu is open, showing options for 'Identity Information', 'Contact Information', and 'Financial Account'. The 'Contact Information' option is highlighted with a yellow box. Below the navigation bar, the page title 'J-1 Visa Sponsor' is visible.

**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 incorrect or needs to be updated, you must go to My Profile and make the necessary changes now. If you hold dual citizenship, you can enter information for a second passport below. 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.

Last Name/Surname:

Rest of Name:

Gender:

Date of Birth:

Birth Country:

First Citizenship Country/Passport Used for Travel as J-1:

Passport Number:

Passport Expiration Date:

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.

[Previous](#) [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.



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

*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**.

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

- 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**.

The screenshot shows a form with the following fields: 'State' (dropdown menu with '-Select-' selected), '\* ZIP Code:' (text input), '\* Phone Number:' (text input), '\* Relationship:' (dropdown menu with 'Spouse' selected), and an 'Add secondary contact' checkbox. At the bottom, there are 'Previous' and 'Next' buttons, with the 'Next' button highlighted in blue.

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

The screenshot shows the 'Passport Information' page. It has a title 'Passport Information' and a subtitle 'Physician Applicant Passport'. Below the subtitle, it says 'Below is the passport information associated with this application.' There is a table with the following columns: 'Applicant Name', 'Gender', and 'Action'. The table has one row with the following data: 'Jane King', 'Female', and a pencil icon in the 'Action' column.

**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.

The screenshot shows a message box with the text 'There are currently no dependents on record.' and a blue 'Add Dependent' button.

- 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**.

The screenshot shows the same message box as in Step 18, but with 'Previous' and 'Next' buttons at the bottom. The 'Next' button is highlighted in blue.

**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**.

J-1 Sponsorship Applications Health/Accident Insurance Applicant/Dependent Supplemental Information Correspondence

J-1 Visa Sponsorship Home

## Confirmation of J-1 Exchange Visitor Sponsorship Requirements

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 Exchange Visitor Insurance Requirements Acknowledgment
- J-1 Exchange Visitor Obligations to Notify Intealth

### 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.

a. Review the document and click **Accept**.

## J-1 Exchange Visitor Insurance Requirements Acknowledgment

J-1 Exchange Visitor Insurance Requirements Ackno... 1 / 1 90%

**Intealth**  
Advancing the Global Health Workforce

### Attestation by Applicant

#### J-1 Exchange Visitor Insurance Requirements Acknowledgment

Please be advised that federal regulation 22 CFR § 62.14 requires all J-1 exchange visitors and their J-2 dependents to obtain and maintain insurance that provides: (1) medical benefits of \$100,000 per accident or illness, (2) a maximum \$500 deductible per accident or illness, (3) medical evacuation benefits of \$50,000, (4) repatriation benefits of \$25,000, and (5) Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.

**Accept**

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

## J-1 Exchange Visitor Obligations to Notify Intealth

J-1 Exchange Visitor Obligations to Notify Intealth 1 / 1 90%

**Intealth**  
Advancing the Global Health Workforce

### Attestation by Applicant

#### J-1 Exchange Visitor Obligations to Notify Intealth

As a J-1 program sponsor, ECFMG, a division of Intealth, must monitor any issues impacting a J-1 exchange visitor's participation in or completion of their training program, as well as the well-being of J-1 program participants and their accompanying J-2 dependents. J-1 exchange visitors are required to notify Intealth if there are any issues affecting their full-time participation in/timely completion of their training program, or of any serious matters involving a J-1 physician or J-2 dependent.

**Accept**

**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.

\* 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).

Previous Next

**Step 22.** Click **Next**.

**Applicant Statements:**

\* Briefly describe your overall educational and professional objectives and how participation in the current/proposed training program relates to both.

I look forward to training in the program.

\* 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.

Previous Next

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

**J-1 Exchange Visitor 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 potluck dinners, picnics, group outings to concerts, and other cultural events.

Previous
Next

**Step 24.** Click **Next**.

Previous
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**.

[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

### J-1 Sponsorship Applicant Attestation

J-1 Sponsorship Applicant Attestation

1 / 1    80%

1



**Attestation by Applicant**

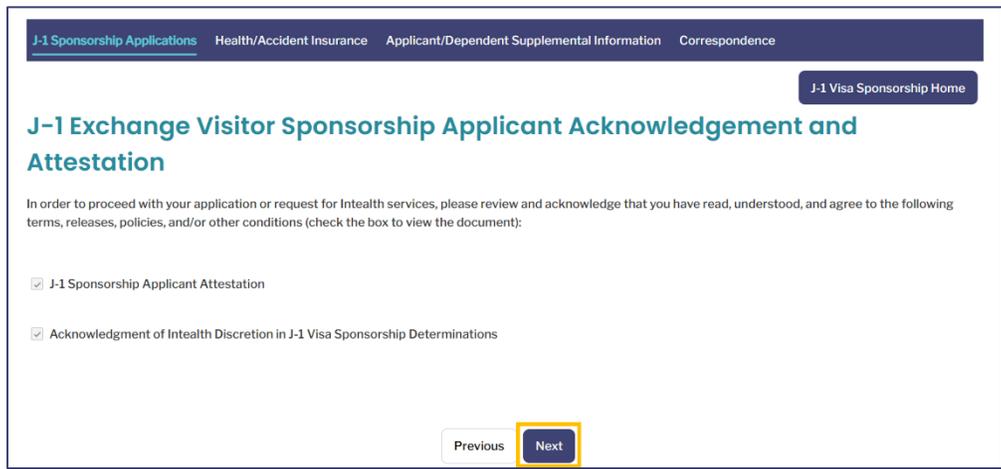
**J-1 Sponsorship Applicant Attestation**

I confirm the following:

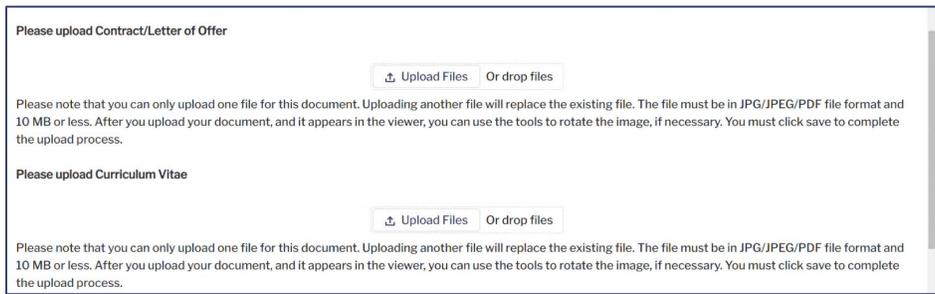
- I understand that ECFMG, a division of Intealth, is designated by the United States Department of State as a BridgeUSA sponsor for J-1 exchange visitor physicians enrolled in accredited programs of graduate medical education or training, or advanced research programs. ECFMG is the sole sponsor of J-1 physicians in clinical training programs.
- I have read the EVSP Reference Guide and the Pre-arrival Information in the EVSP section of the website and understand my obligations as a participant in the J-1 Exchange Visitor Program.
- I understand that any falsification of information on this application; submission of any falsified or altered document to Intealth, whether submitted by an applicant or by a third party (such as a medical school) on the applicant's behalf; submission of any falsified or altered Intealth and/or ECFMG document to other entities or individuals; and/or any other actions or attempted actions on the part of applicants, examinees, potential applicants, others when solicited by an applicant and/or examinee; or any other person that would or could subvert the examination, ECFMG Certification or other processes.

Accept

**Step 26. Click Next.**

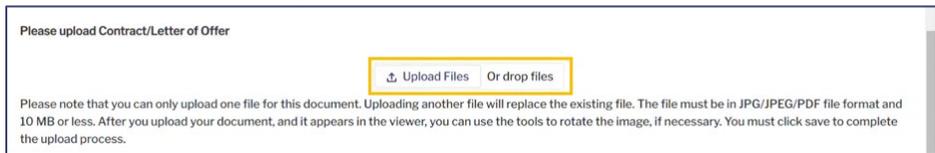


**Step 27. The Required Documentation page appears. Use the following instructions to upload required files for this sponsorship.**



**a. To upload the Contract/Letter of Offer:**

(1) Click **Upload Files**.



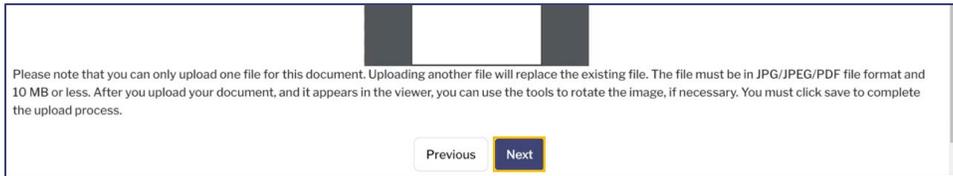
(2) Select the file to upload.

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

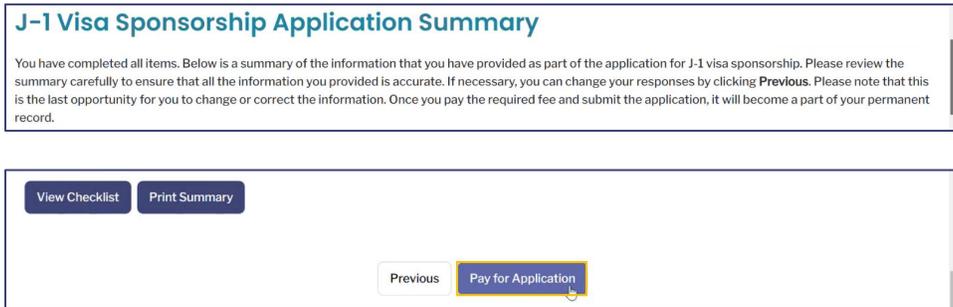


**b. To upload your remaining required documentation, repeat the above steps.**

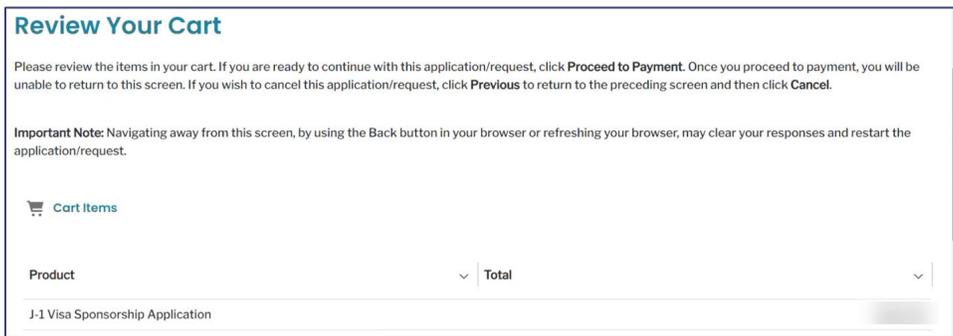
**Step 28. Click Next.**



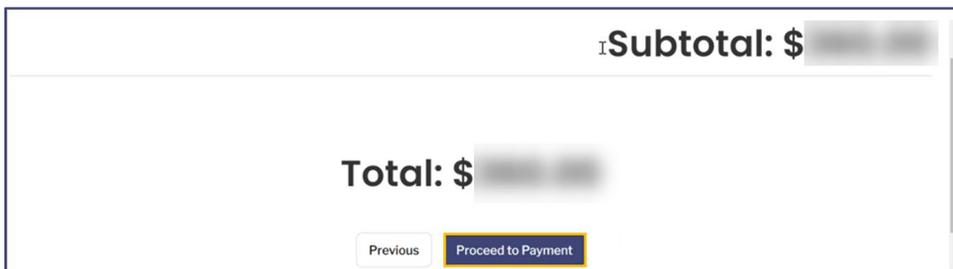
**Step 29.** The **J-1 Visa Sponsorship Application Summary** page appears. Review the information and click **Pay for Application**.



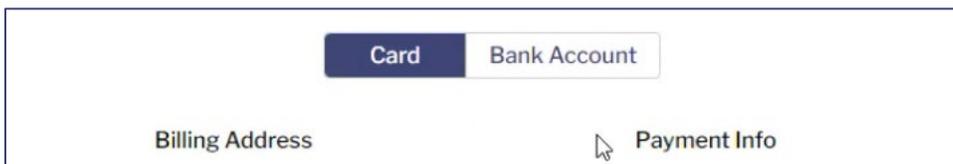
**Step 30.** The **Review Your Cart** page appears with an overview of the **Cart Items**.



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



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

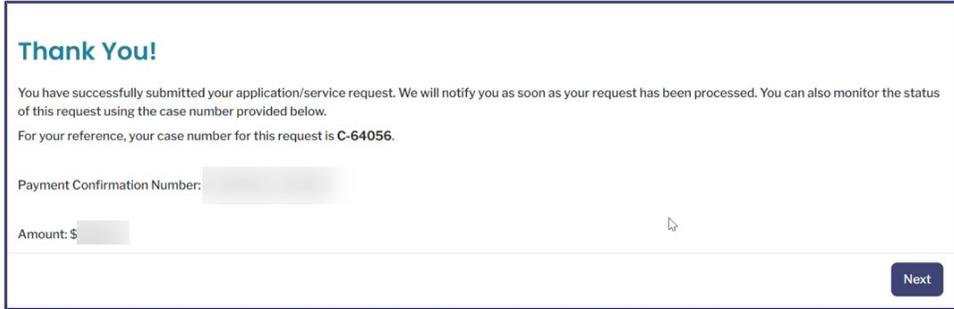


**Step 33.** Click **Pay \$**.



**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.

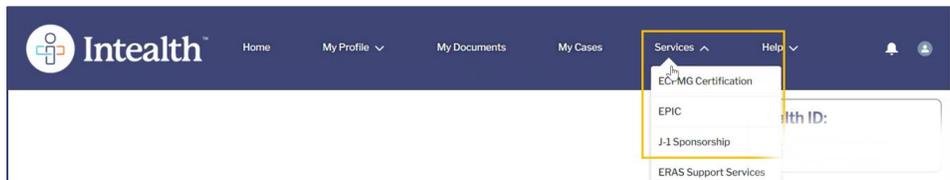


**Step 35.** Click **Next** to complete the application and return to the **MyIntealth Applicant Portal** homepage.

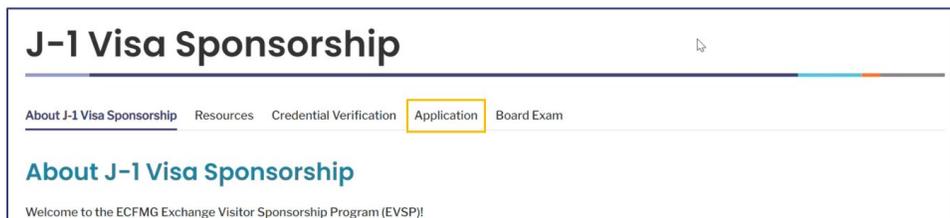
## 6.1.1 Add and Upload a Document to a J-1 Sponsorship Application

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

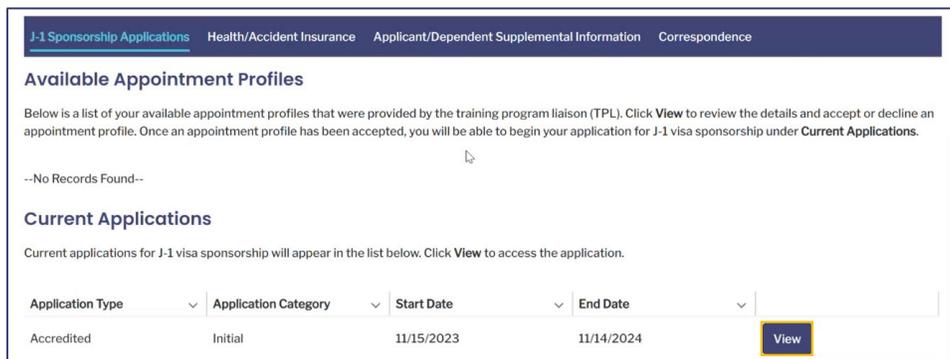
**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



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



**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.



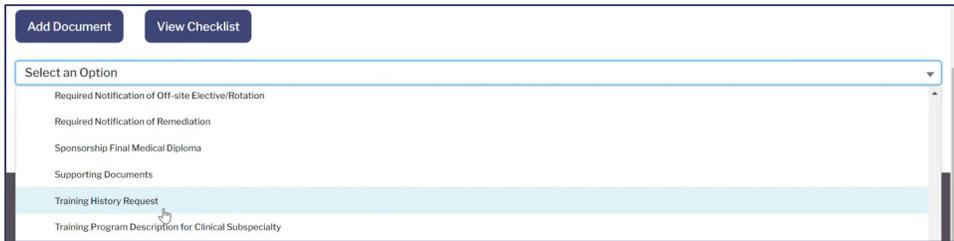
**Step 4.** The **Current Application** page opens. Scroll to the bottom of the page and click **View and Upload Documents**.



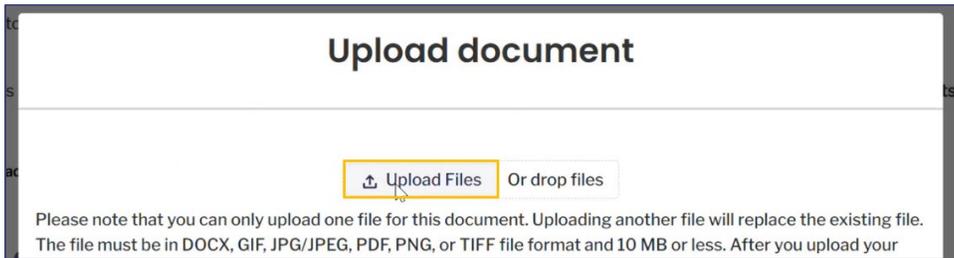
**Step 5.** The **Required Documentation** section opens. Click **Add Document**.



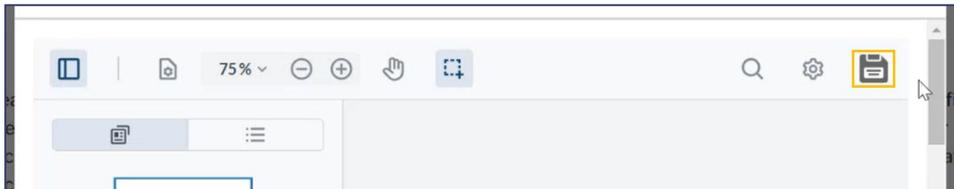
**Step 6.** A dropdown list appears. Select the appropriate document type.



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



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



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

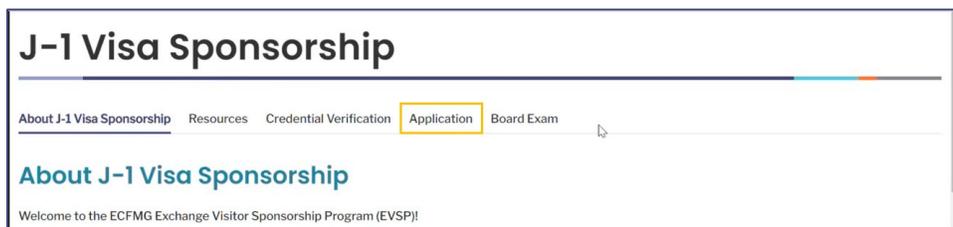


## 6.1.2 Add a J-2 Dependent

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



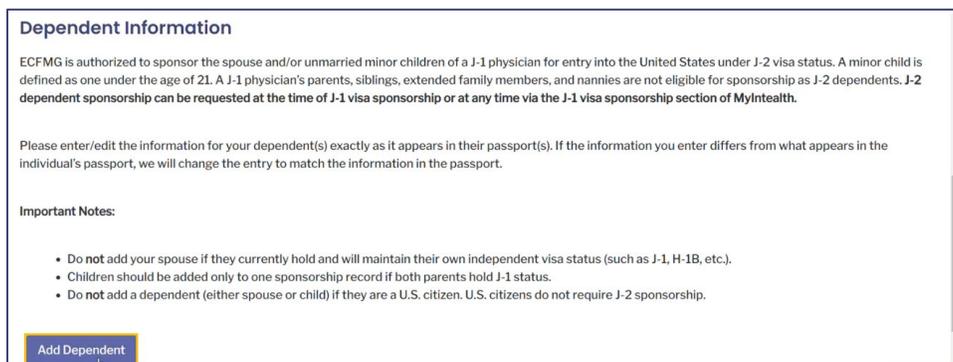
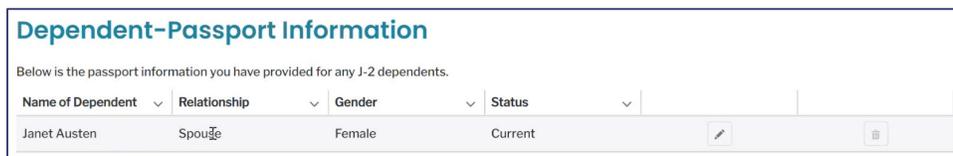
**Step 2.** The **J-1 Visa Sponsorship** page appears. Click the **Application** tab.



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



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



**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:   
\* Relationship:   
\* Date of Birth:   
Birth State:   
\* Birth City:   
\* Birth Country:   
\* First Citizenship Country:   
\* Passport Number:   
\* Passport Expiration Date:

**Step 6. Click Save.**

\* Address Information:  Same address as J-1 Physician  
3624 Market St  
Philadelphia, Pennsylvania  
19104  
United States

**Important Note:** Please be advised that upon arrival to the United States, all accompanying J-2 dependents (spouses and children under the age of 21) are expected to reside at the same U.S. residential address as the J-1 exchange visitor.

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

**Required Documentation**

You 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 include 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 dependent'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.

In 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 certificate is not in English, the certificate(s) must include notarized English translation(s). It is your responsibility to ensure that all supporting documentation is submitted to ECFMG for review.

When you have prepared the necessary documents, click Add Document and select the appropriate document type from the list.

**a. Click Add Document.**

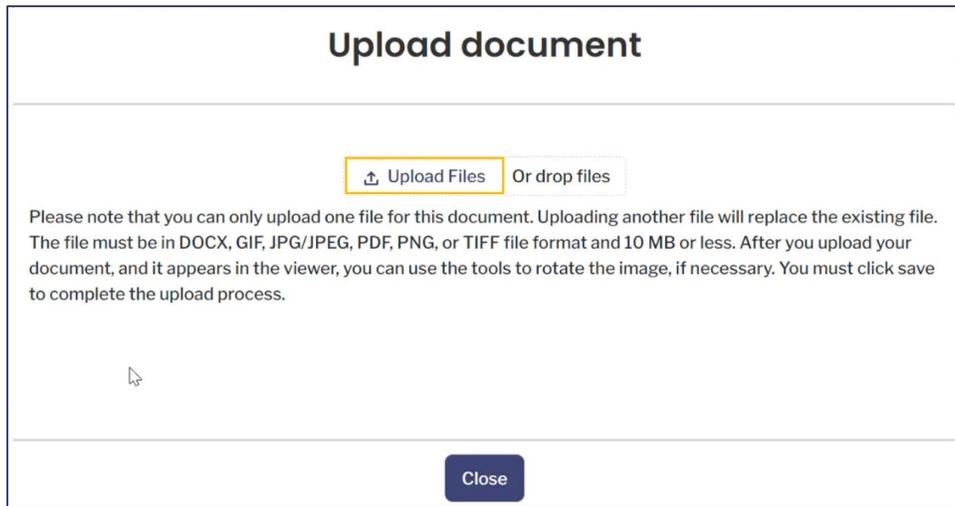
When you have prepared the necessary documents, click Add Document and select the appropriate document type from the list.

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

Select an Option

- J-2 Dependent's Passport Biographic Page
- Marriage/Birth/Adoption Certificate

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



- (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.



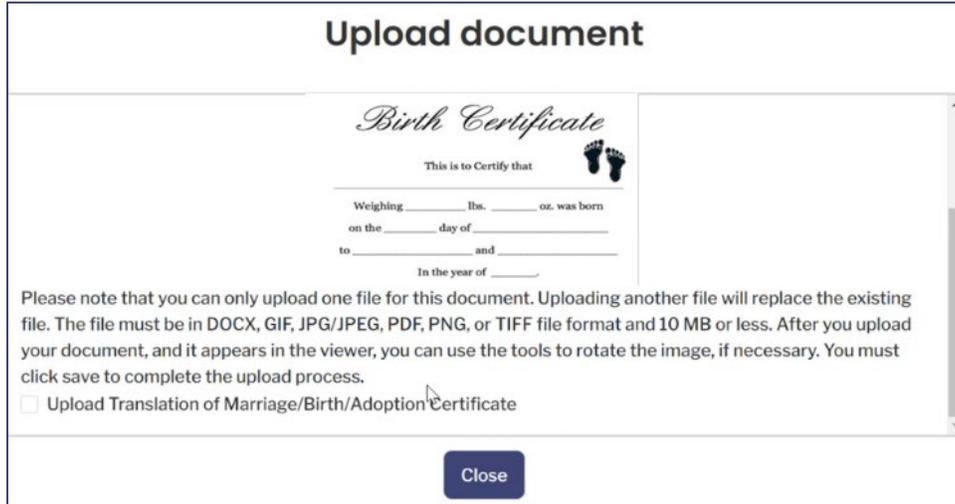
- (5) Click **Close**.

**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.

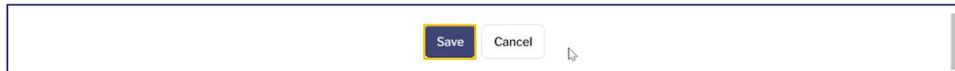


The screenshot shows a dark blue button labeled "Add Document" at the top left. Below it is a dropdown menu with the text "Select an Option" and a downward arrow. Two options are visible: "J-2 Dependent's Passport Biographic Page" and "Marriage/Birth/Adoption Certificate". A mouse cursor is pointing at the second option.



The screenshot shows a dialog box titled "Upload document". At the top, it says "Upload document" in bold. Below that is a preview of a "Birth Certificate" form with fields for weight, date of birth, and year. Below the preview, there is a note: "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." Below the note is a checkbox labeled "Upload Translation of Marriage/Birth/Adoption Certificate". At the bottom right is a dark blue button labeled "Close".

**Step 9.** Once both documents (**J-2 Dependent's Passport Biographic Page** and **Marriage/Birth/Adoption Certificate**) have been uploaded, click **Save**.



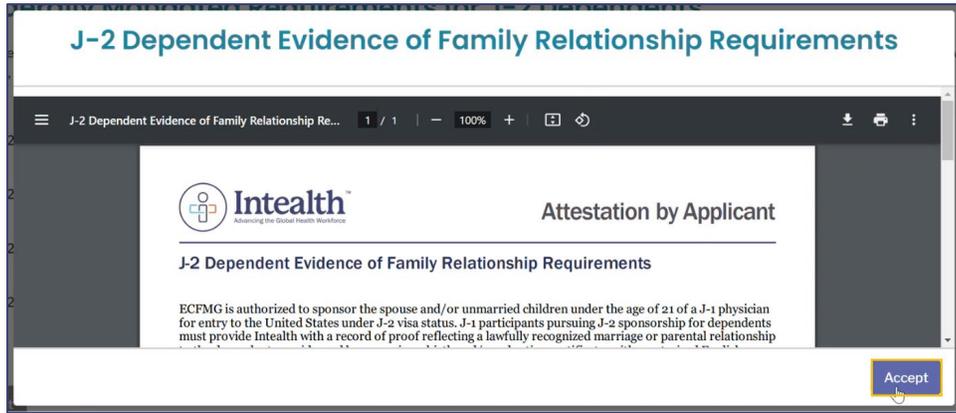
The screenshot shows a dark blue button labeled "Save" and a light gray button labeled "Cancel". A mouse cursor is pointing at the "Save" button.

**Step 10.** The **Federally Mandated Requirements for J-2 Dependents** page appears. Review and acknowledge the information by clicking the checkboxes.



The screenshot shows a page titled "Federally Mandated Requirements for J-2 Dependents". Below the title is a paragraph: "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):". Below this paragraph is a list of four requirements, each with an unchecked checkbox: "J-2 Dependent Insurance Requirements", "J-2 Dependent Employment Notification Requirements", "J-2 Dependent Evidence of Family Relationship Requirements", and "J-2 Dependent Departure Notification Requirements". At the bottom left is a dark blue button labeled "Next".

- a. As each checkbox is clicked, a pop-up of an associated document appears for review.
- b. Once reviewed, click **Accept**.

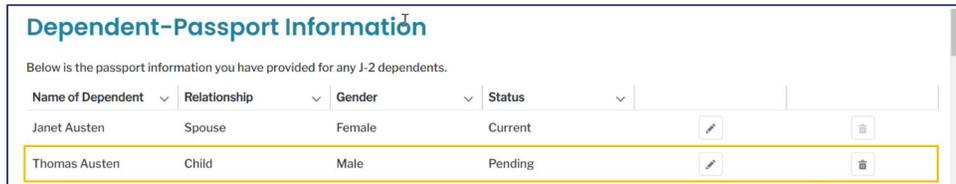


c. Continue until all checkboxes have been clicked, reviewed, and accepted.

**Step 11.** Click **Next**.



**Step 12.** The **Passport Information** page appears again. Scroll to the **Dependent-Passport Information** section to review the **Pending** dependent.



## 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.*

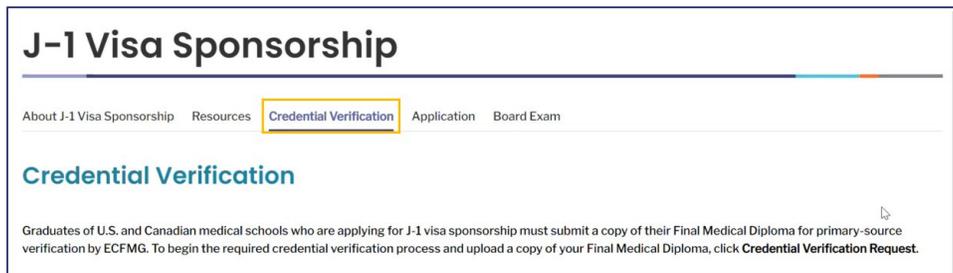
**Step 1.** Login to the **MyIntealth Applicant Portal**.



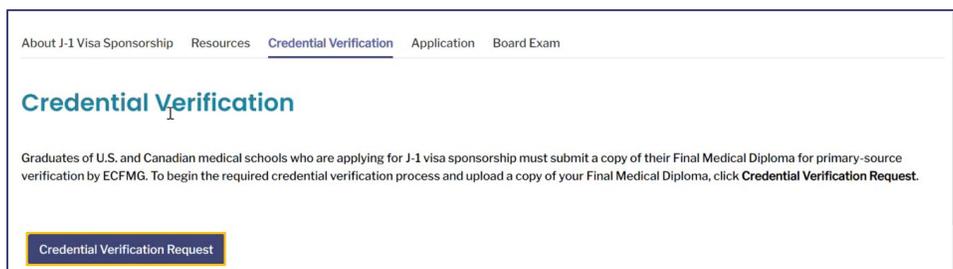
**Step 2.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services**, and then select **J-1 Sponsorship** from the dropdown.



**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 Credential for Verification**

Primary-source verification is a rigorous, multi-step process that ECFMG employs to ensure the integrity and authenticity of a physician's medical education credentials. The process is not complete 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 diploma issued by your medical school or university after you have completed all requirements for and been awarded your medical degree. The Final Medical Diploma may also be referred to as the Primary Medical Qualification, Carton Degree, Conferral Certificate, or Decorative Degree; this is the credential used for framing and wall-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

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 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.

\* Degree Title

\* Degree Issue Date

- (2) A preview of the document appears. Click **Save** (disk icon).



- c. In the **Name Documentation** section, enter the **Name on Document**.

**Name Documentation**

Your name as it appears on all credentials submitted to ECFMG must match exactly the name in your Intealth profile. If the names do not match exactly, you must submit documentation verifying that both names belong to one and the same person. The documentation must show your name exactly as it appears on your credential(s). For information on the documentation required to verify your name on credentials, see the [ECFMG website](#).

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.

### Credential Translation

All credentials submitted to ECFMG must be in the original language. Documents that are not in English must be accompanied by an official English translation that meets ECFMG's [translation requirements](#). ECFMG will not accept any document that is not in English without an official English translation. Likewise, ECFMG will not accept an English translation of a document without a copy of the original language document from which the English translation was prepared.

Is your credential in a language other than English? If  yes, check the box. If no, leave it blank.

- (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.

**\*Please select the medical school/institution that issued the credential from the list below:**

Start typing to search for the issuing medical school/institution. Click the medical school/institution to select it from the search results.

**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.

- (1) Search the name.

 **Acme Medical School**  
BillingCity: Ardmore  
BillingState: Pennsylvania  
BillingCountry: United States

- (2) Click the medical school/institution once the name appears.

 **Acme Medical School**  
BillingCity: Ardmore  
BillingState: Pennsylvania  
BillingCountry: United States

- (3) Click **Add**.

### Add Organization

Verify that the organization listed below is the organization that you want to add.

Acme Medical School  
8 Lancaster Ave  
Ardmore, Pennsylvania 19003  
United States

**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 **Credential Verification** Application Board Exam

## 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 responses by clicking **Previous**.

**Sponsorship Final Medical Diploma**

Degree Title	MBBS
Degree Issue Date	6/1/2023

Name on Document: Gaza 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

Previous **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 Applicant

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):

Request for Credential Verification Attestation

Previous **Next** Cancel

- The attestation appears in a pop-up.
- Review the document and click **Accept**.

## Request for Credential Verification Attestation

Request for Credential Verification Attestation 1 / 1 100%

**Intealth**  
Advancing the Global Health Workforce

### Attestation by Applicant

#### Request for Credential Verification Attestation

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 understand that the decision as to whether I qualify to receive any Intealth services rests solely and exclusively with Intealth and that Intealth's decision-making authority is decisive.

**Accept**

**Step 9.** Click **Next**.

## Attestation by Applicant

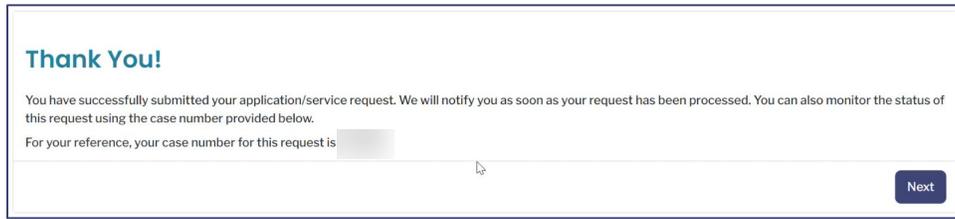
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

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 can also monitor the status of this request using the case number provided below.

For your reference, your case number for this request is [REDACTED]

[Next](#)

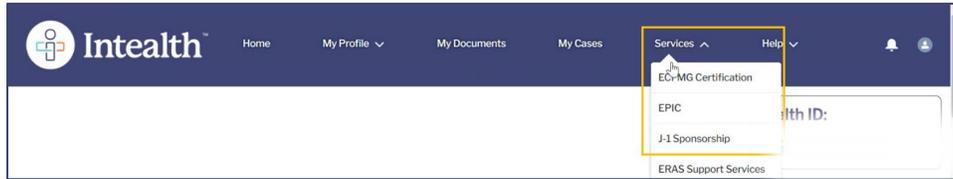
a. It is recommended to save your case number for future reference.

**Step 11.** Click **Next** to return to the **MyIntealth Applicant Portal** homepage.

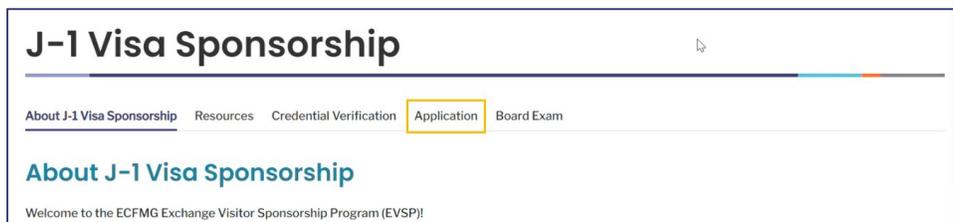
## 6.3 Resolve a Deficiency

Applicants are notified of a document deficiency via email. The step-by-step instructions in this section outline the process for resolving the deficiency.

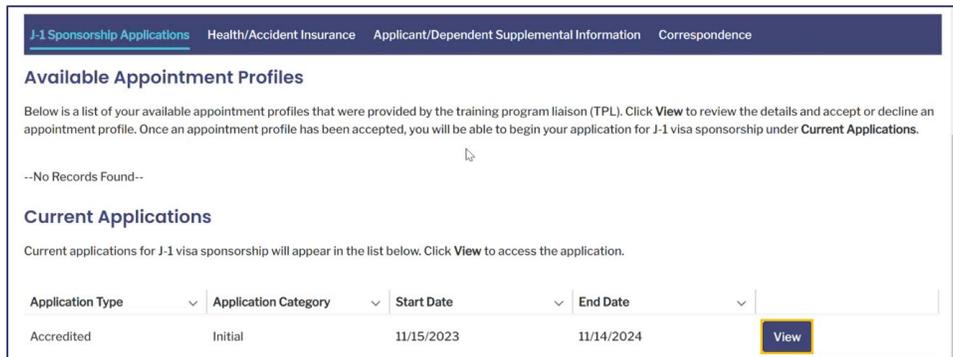
- Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services**, and select **J-1 Sponsorship** from the dropdown.



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



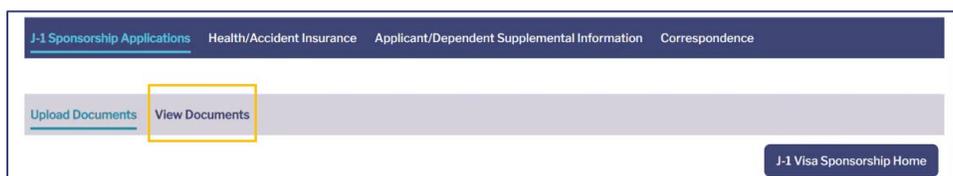
- Step 3.** Under the **Current Applications** section, click **View** for the corresponding application that has the outstanding deficiency.



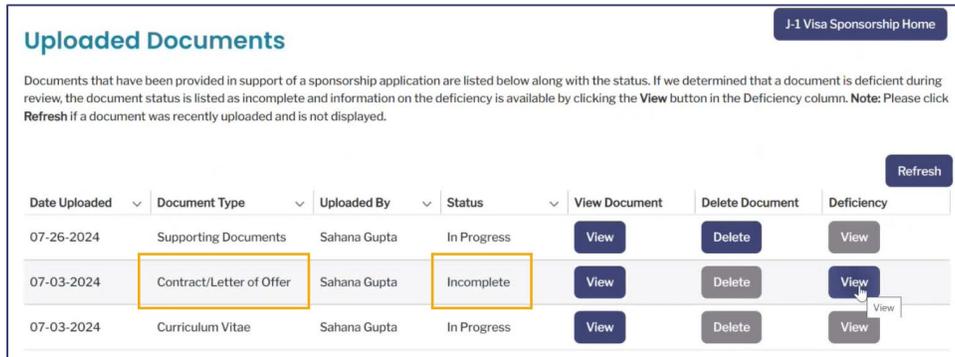
- Step 4.** The **Current Application** page opens. Scroll to the bottom of the page and click **View and Upload Documents**.



- Step 5.** Click the **View Documents** tab.

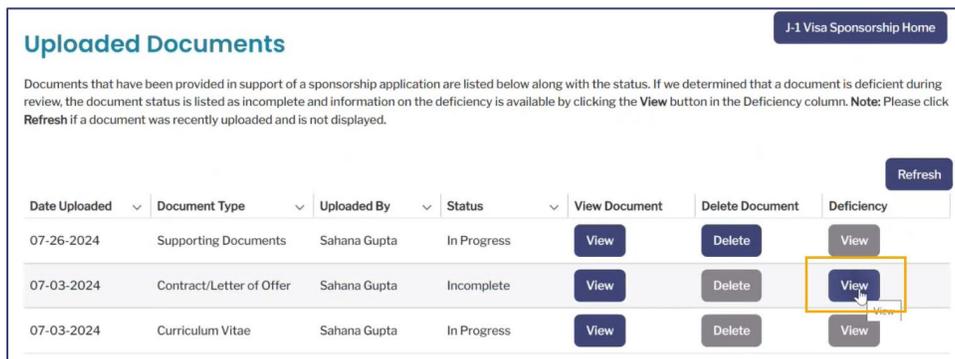


**Step 6.** The **Uploaded Documents** page opens. Review the **Document Type** and **Status** below.



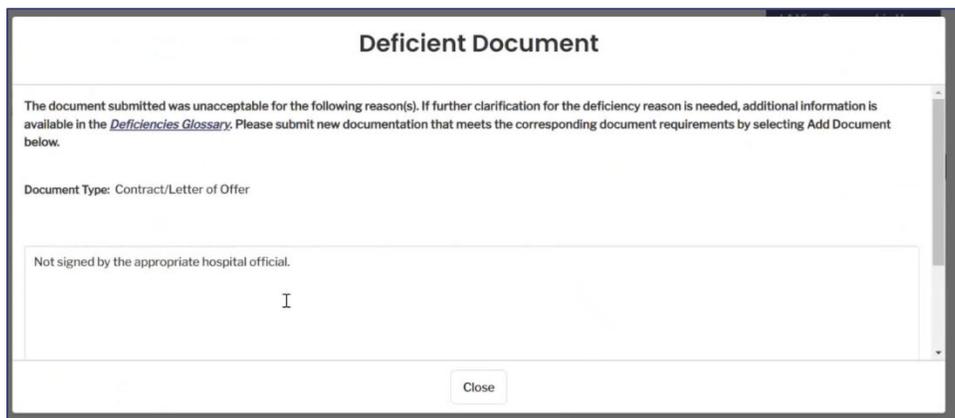
Date Uploaded	Document Type	Uploaded By	Status	View Document	Delete Document	Deficiency
07-26-2024	Supporting Documents	Sahana Gupta	In Progress	<a href="#">View</a>	<a href="#">Delete</a>	<a href="#">View</a>
07-03-2024	Contract/Letter of Offer	Sahana Gupta	Incomplete	<a href="#">View</a>	<a href="#">Delete</a>	<a href="#">View</a>
07-03-2024	Curriculum Vitae	Sahana Gupta	In Progress	<a href="#">View</a>	<a href="#">Delete</a>	<a href="#">View</a>

a. If the status is **Incomplete**, under the **Deficiency** column, click **View**.



Date Uploaded	Document Type	Uploaded By	Status	View Document	Delete Document	Deficiency
07-26-2024	Supporting Documents	Sahana Gupta	In Progress	<a href="#">View</a>	<a href="#">Delete</a>	<a href="#">View</a>
07-03-2024	Contract/Letter of Offer	Sahana Gupta	Incomplete	<a href="#">View</a>	<a href="#">Delete</a>	<a href="#">View</a>
07-03-2024	Curriculum Vitae	Sahana Gupta	In Progress	<a href="#">View</a>	<a href="#">Delete</a>	<a href="#">View</a>

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 [Deficiencies Glossary](#). 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.

I

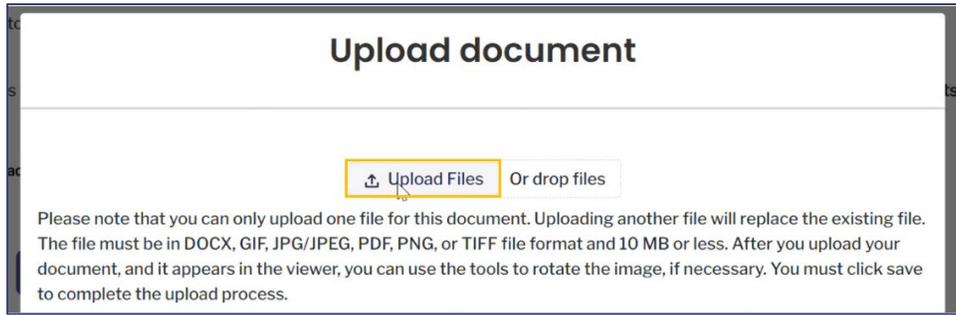
[Close](#)

c. Scroll down and click **Add Document**.



[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.



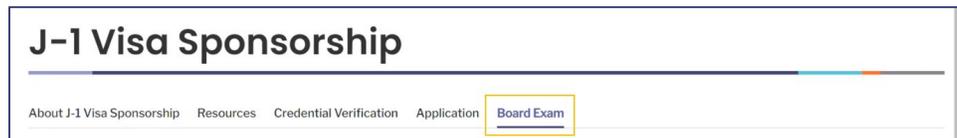
g. The newly uploaded document is sent for review.

## 6.4 Submit a Board Application

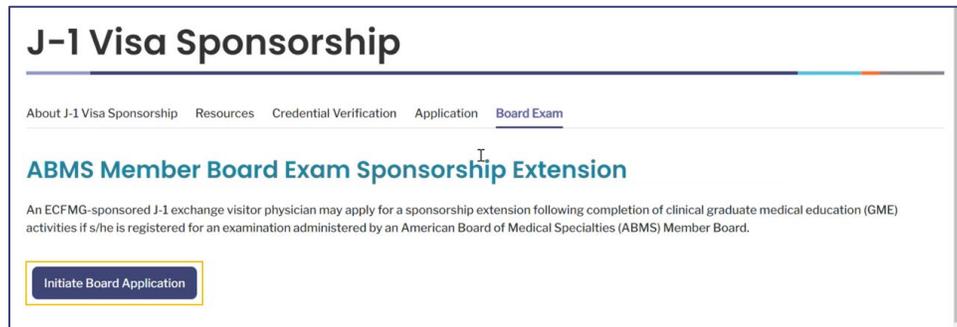
**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



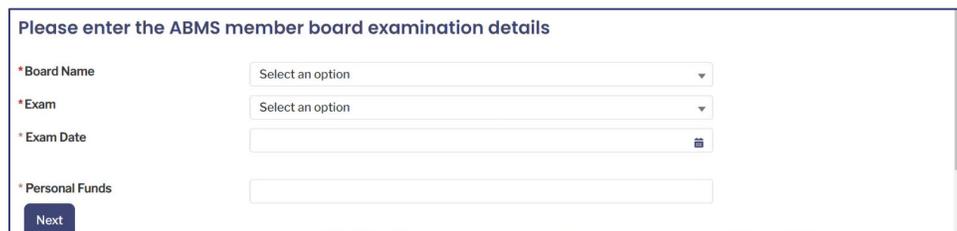
**Step 2.** Click the **Board Exam** tab.



**Step 3.** Click **Initiate Board Application**.



**Step 4.** Enter all required information (\*) in the **ABMS Member Board Examination Details** section.

A screenshot of the "Please enter the ABMS member board examination details" form. The form contains four required fields: Board Name (dropdown menu), Exam (dropdown menu), Exam Date (text input field with a calendar icon), and Personal Funds (text input field). A "Next" button is located at the bottom left of the form.

**Step 5.** Click **Next**.

Please enter the ABMS member board examination details

\*Board Name: AMERICAN BOARD OF PEDIATRICS

\*Exam: PEDIATRIC ENDOCRINOLOGY

\*Exam Date: 4/18/2024

\*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.

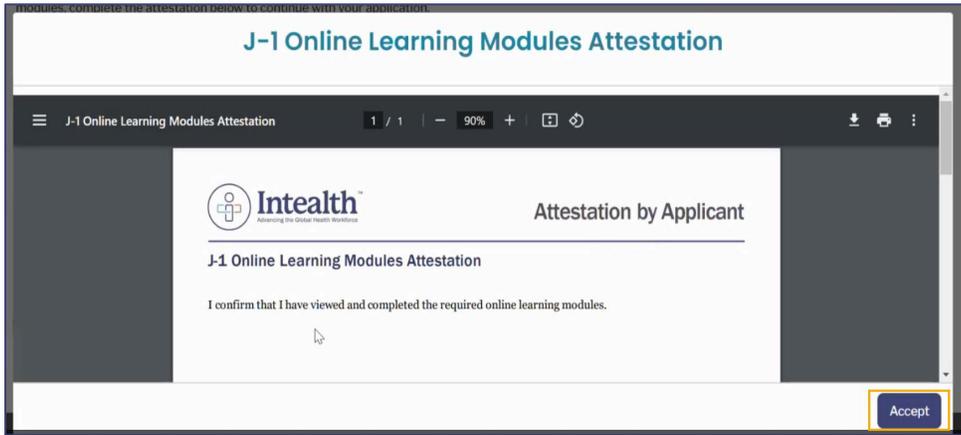
J-1 Learning Modules Attestation

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**.



**Step 8.** Click **Next**.

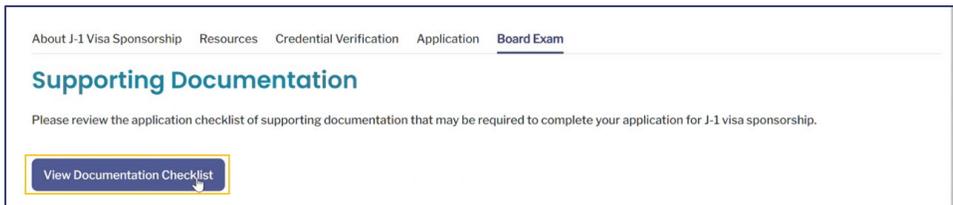
J-1 Learning Modules Attestation

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):

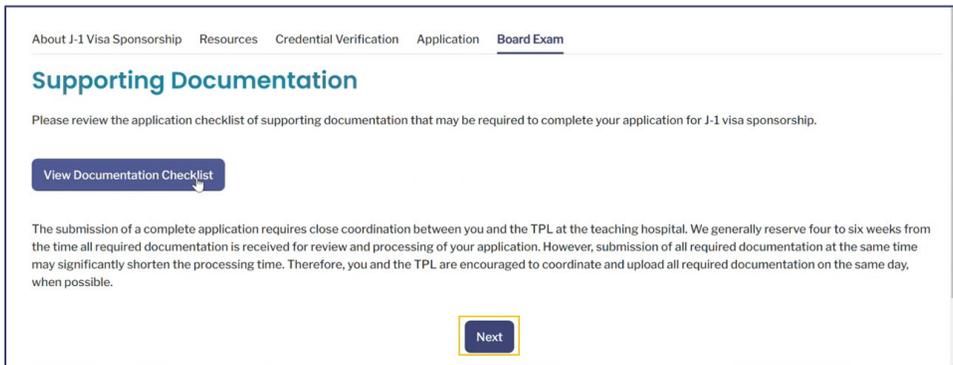
J-1 Online Learning Modules Attestation

Next

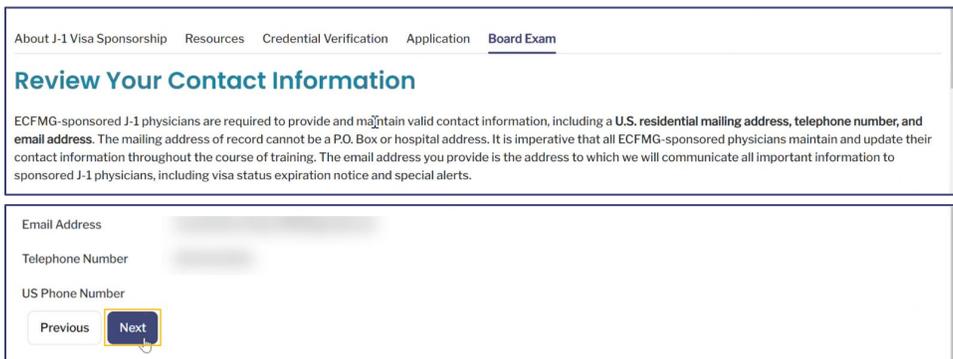
**Step 9.** The **Supporting Documentation** page appears. Click **View Documentation Checklist** to review the **Application Processing Instructions, Documentation Required for Continuing Applicants**, and more.



**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**.

[About J-1 Visa Sponsorship](#)
[Resources](#)
[Credential Verification](#)
[Application](#)
[Board Exam](#)

## Biographic Information

Please review your biographic information of record. If any information is incorrect or needs to be updated, you must go to My Profile and make the necessary changes now. If you hold dual citizenship, you can enter information for a second passport below. 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.

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.

**Step 13.** Review your **Emergency Contact Information** and click **Next**.

[About J-1 Visa Sponsorship](#)
[Resources](#)
[Credential Verification](#)
[Application](#)
[Board Exam](#)

## Emergency Contact Information

Please identify a person we can contact in case of emergency. This person may reside inside or outside the United States.

\*Relationship:

Add secondary contact

**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.

[About J-1 Visa Sponsorship](#)
[Resources](#)
[Credential Verification](#)
[Application](#)
[Board Exam](#)

## Passport Information

### Physician Applicant Passport

Below is the passport information associated with this application.

- Do not add your spouse if they currently hold and will maintain their own independent visa status (such as J-1, H-1B, etc.).
- Children should be added only to one sponsorship record if both parents hold J-1 status.
- Do not add a dependent (either spouse or child) if they are a U.S. citizen. U.S. citizens do not require J-2 sponsorship.

**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 Sponsorship Applications Health/Accident Insurance Applicant/Dependent Supplemental Information Correspondence

[J-1 Visa Sponsorship Home](#)

## Confirmation of J-1 Exchange Visitor Sponsorship Requirements

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 Exchange Visitor Insurance Requirements Acknowledgment

J-1 Exchange Visitor Obligations to Notify Intealth

## J-1 Exchange Visitor Insurance Requirements Acknowledgment

Attestation by Applicant

**J-1 Exchange Visitor Insurance Requirements Acknowledgment**

Please be advised that federal regulation 22 CFR § 62.14 requires all J-1 exchange visitors and their J-2 dependents to obtain and maintain insurance that provides: (1) medical benefits of \$100,000 per accident or illness, (2) a maximum \$500 deductible per accident or illness, (3) medical evacuation benefits of \$50,000, (4) repatriation benefits of \$25,000, and (5) Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.

[Accept](#)

## J-1 Exchange Visitor Obligations to Notify Intealth

Attestation by Applicant

**J-1 Exchange Visitor Obligations to Notify Intealth**

As a J-1 program sponsor, ECFMG, a division of Intealth, must monitor any issues impacting a J-1 exchange visitor's participation in or completion of their training program, as well as the well-being of J-1 program participants and their accompanying J-2 dependents. J-1 exchange visitors are required to notify Intealth if there are any issues affecting their full-time participation in/timely completion of their training program, or of any serious matters involving a J-1 physician or J-2 dependent.

[Accept](#)

**Step 16.** Click **Next**.

**Step 17.** Review the **Cross-cultural Experiences** information and enter your cross-cultural experience examples in the textbox.

About J-1 Visa Sponsorship Resources Credential Verification Application **Board Exam**

## 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.

I

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 potluck dinners, picnics, group outings to concerts, and other cultural events.

Previous Next

**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 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

### J-1 Sponsorship Applicant Attestation

J-1 Sponsorship Applicant Attestation | 1 / 1 | 100% | [Icons]


Attestation by Applicant

---

J-1 Sponsorship Applicant Attestation

I confirm the following:

- I understand that ECFMG, a division of Intealth, is designated by the United States Department of State

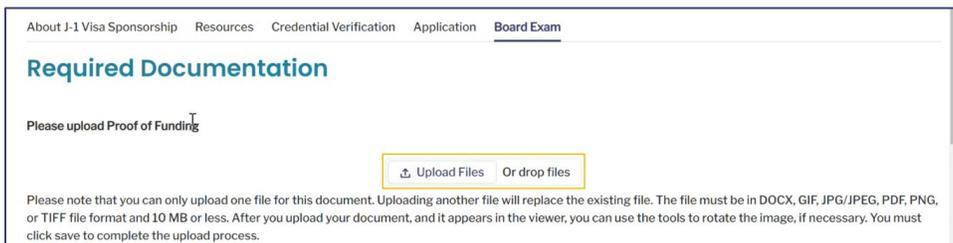
Accept

**Step 20. Click Next.**

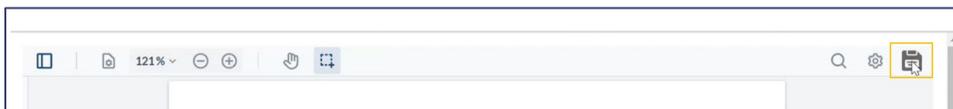


**Step 21. The Required Documentation page appears. Use the following instructions to upload all required documents.**

- a. Click **Upload Files** and select the file to upload.

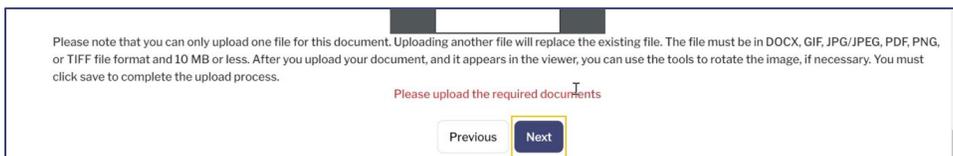


- b. A preview of the file appears. Click **Save** (disk icon).

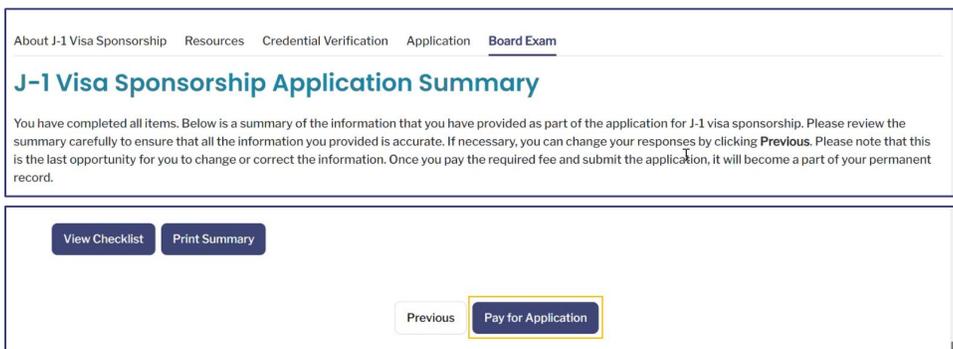


- c. A **Success** notification appears, and a thumbnail file preview appears under the **Upload Files** button.
- d. Repeat these upload steps for all required document uploads (e.g., **Proof of Funding**, **Proof of ABMS board registration**, **Form I-644**, etc.).

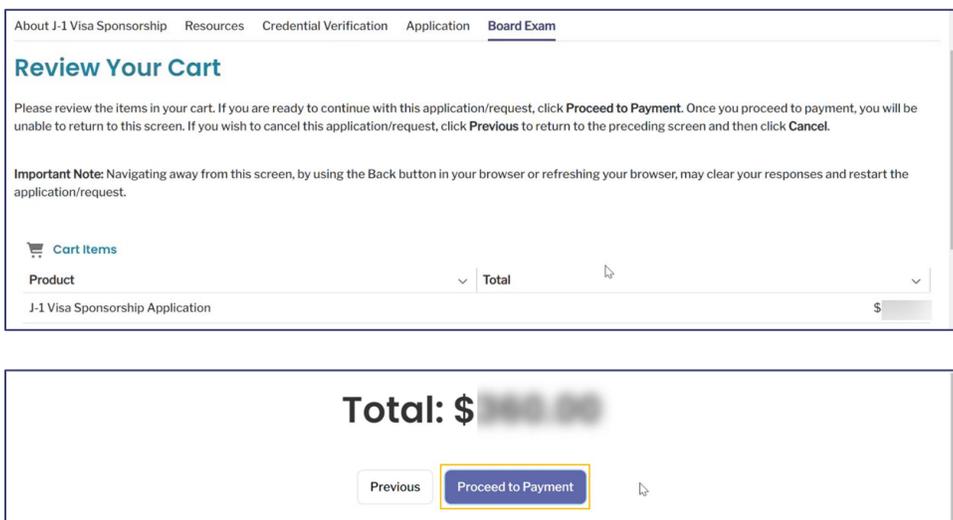
**Step 22. Click Next.**



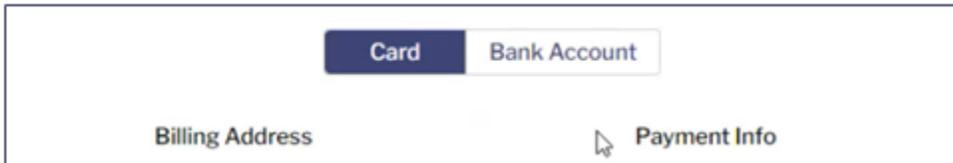
**Step 23.** The **J-1 Visa Sponsorship Application Summary** page appears. Review the information and click **Pay for Application**.



**Step 24.** The **Review Your Cart** page appears with an overview of your **Cart Items**. Click **Proceed to Payment**.



**Step 25.** Select your method of payment, **Card** or **Bank Account**, and enter your payment information as required.

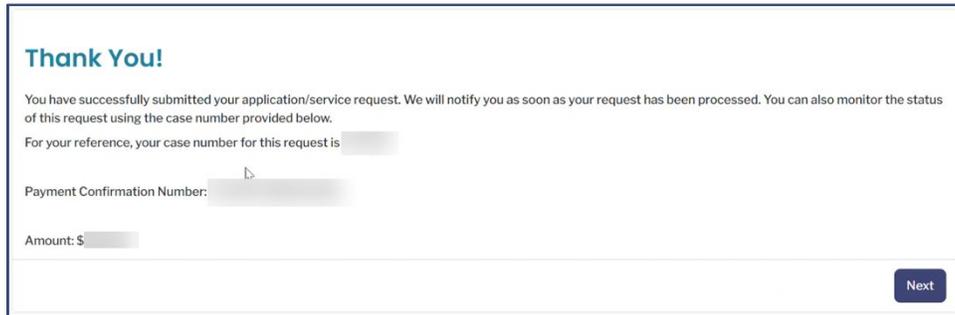


**Step 26.** Click **Pay \$**.



**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 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 [redacted]

Payment Confirmation Number: [redacted]

Amount: \$ [redacted]

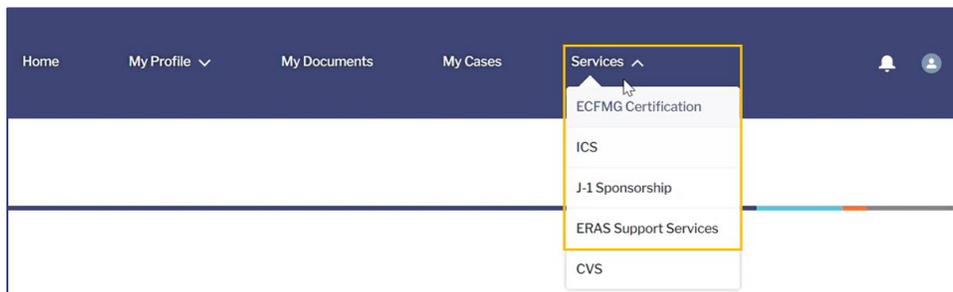
[Next](#)

**Step 28.** Click **Next** to return to the **MyIntealth Applicant Portal** homepage.

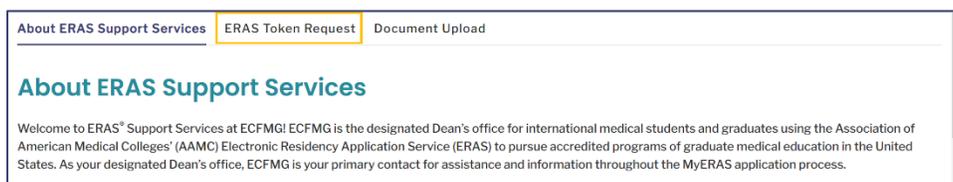
## 7 ERAS Support Services at ECFMG

### 7.1 Request an ERAS Token

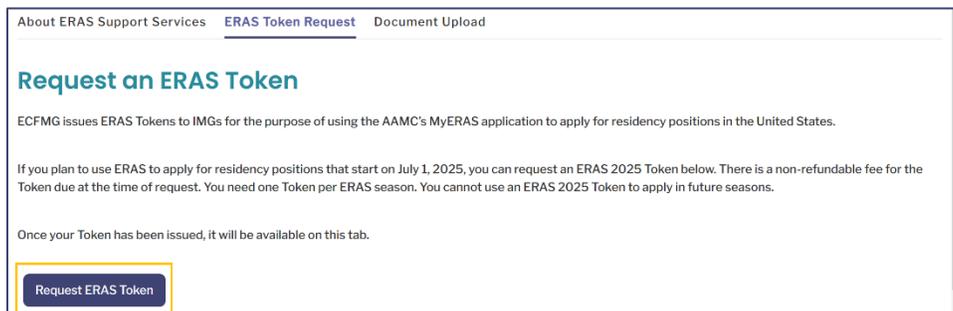
**Step 1.** From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services**, and select **ERAS Support Services** from the dropdown menu.



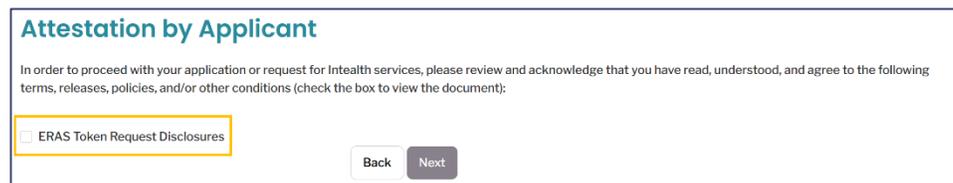
**Step 2.** The **About ERAS Support Services** page opens. Click the **ERAS Token Request** tab.



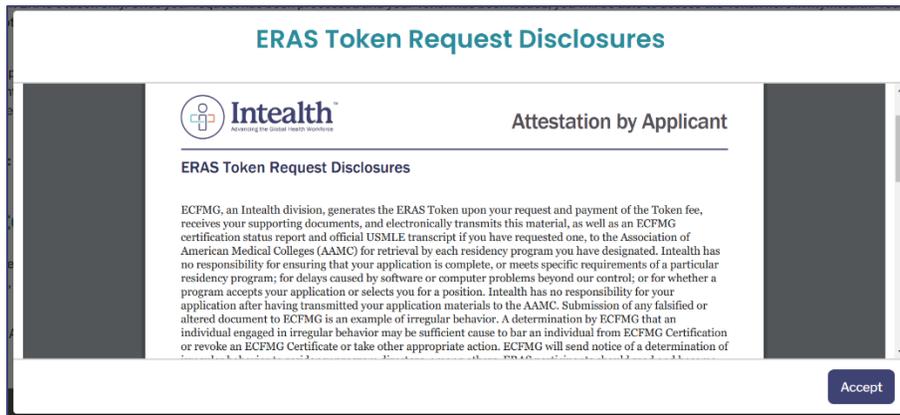
**Step 3.** Click **Request ERAS Token**.



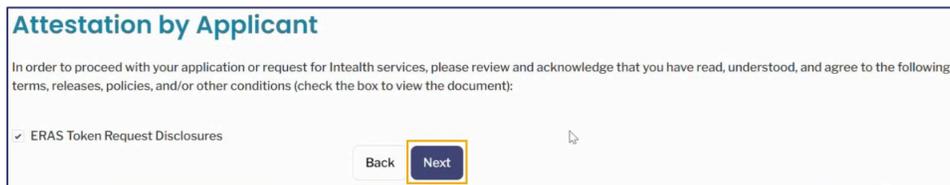
**Step 4.** A new page appears with information about the **ERAS Token Request Disclosures**. In order to review the information, click the **ERAS Token Request Disclosures** checkbox, and review the subsequent documentation.



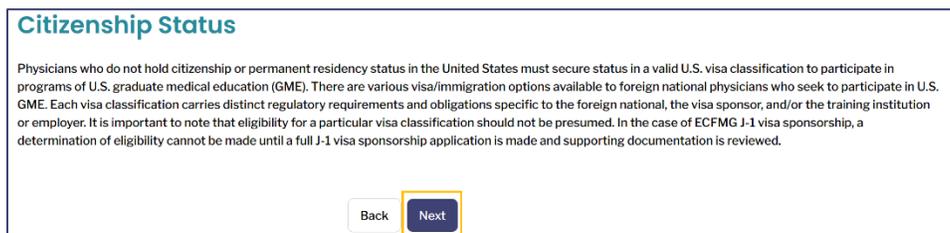
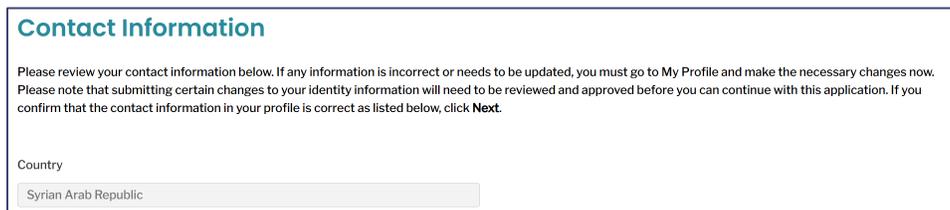
**Step 5.** Review the documentation, and click **Accept**. You may also download or print this file.



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

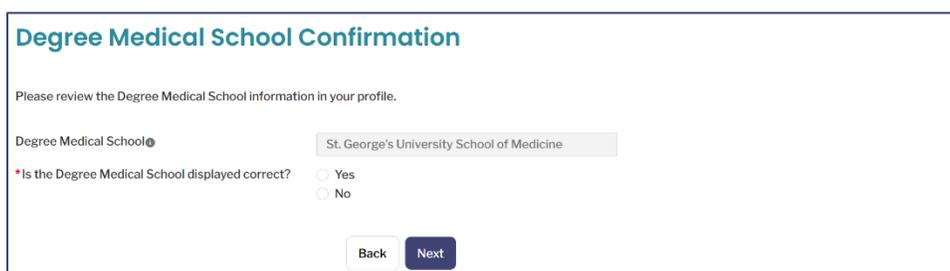


**Step 7.** A new page appears with sections regarding **Contact Information** and **Citizenship Status**. Review the information and click **Next**.



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.



- 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**.

The screenshot shows the 'Degree Medical School Confirmation' page. At the top, it says 'Please review the Degree Medical School information in your profile.' Below this, there is a dropdown menu for 'Degree Medical School' with 'St. George's University School of Medicine' selected. A question asks 'Is the Degree Medical School displayed correct?' with radio buttons for 'Yes' and 'No'. At the bottom, there are 'Back' and 'Next' buttons, with the 'Next' button highlighted by a yellow box.

**Step 10.** The **ERAS Token Request Summary** page appears. Review the information and click **Next**.

The screenshot shows the 'ERAS Token Request Summary' page. It contains several paragraphs of text explaining the ERAS 2025 Token request process, including that the fee is non-refundable and that users will be notified by email. At the bottom, there are 'Back' and 'Next' buttons, with the 'Next' button highlighted by a yellow box.

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

The screenshot shows the 'Review Your Cart' page. It includes a title, a paragraph of instructions, and an 'Important Note' about navigating away from the screen. Below this is a table titled 'Cart Items' with columns for 'Product' and 'Total'. One item is listed: 'ERAS Residency Token' with a price of '\$'. At the bottom, there are 'Previous' and 'Proceed to Payment' buttons, with the 'Proceed to Payment' button highlighted by a yellow box.

**Step 12.** Click **Proceed to Payment** at the bottom of the screen.

The screenshot shows the bottom portion of the 'Review Your Cart' page. It features a large 'Total: \$' label followed by a blurred amount. Below this are 'Previous' and 'Proceed to Payment' buttons, with the 'Proceed to Payment' button highlighted by a yellow box.

**Step 13.** Select your payment method, **Card** or **Bank Account**, and enter payment.

**Step 14.** Once you have entered all required information, click **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.

- 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.

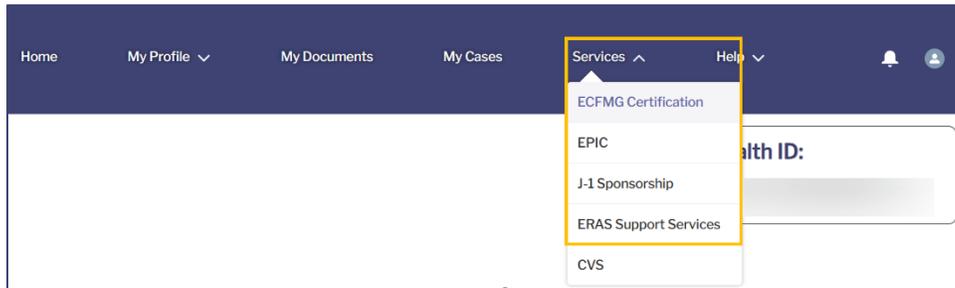
**Step 17.** To access your ERAS Token, click **ERAS Token Request**.

**Step 18.** The **ERAS Token Request Information** appears.

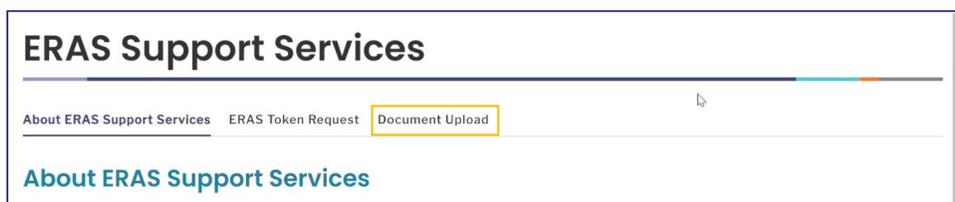
**Note:** You must register this Token at **AAMC's MyERAS** to begin working on your **ERAS** application. Once your ERAS Token has been issued, follow the [linked instructions](#) to register it.

## 7.2 Upload a Supporting Document to ERAS Support Services

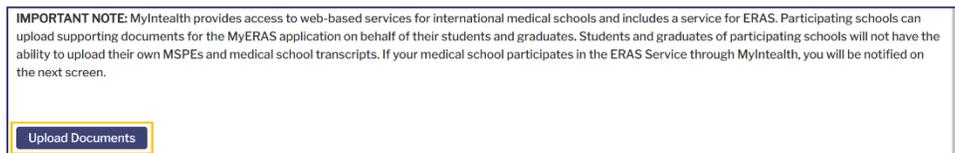
**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services**, and select **ERAS Support Services** from the dropdown.



**Step 2.** The **About ERAS Support Services** page appears. Click **Document Upload**.

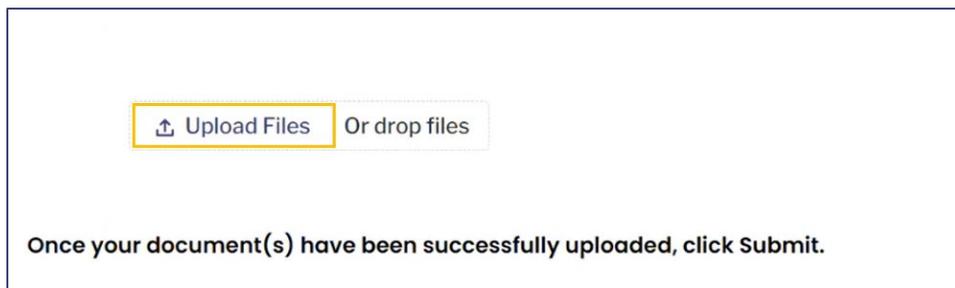


**Step 3.** Review the information and click **Upload Documents**.



**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.



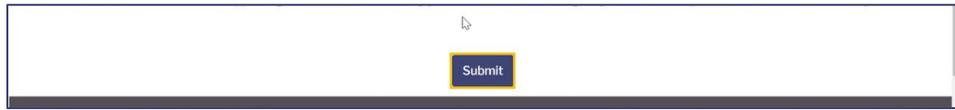
b. A preview of the document appears. Click **Save** (disk icon).



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**.

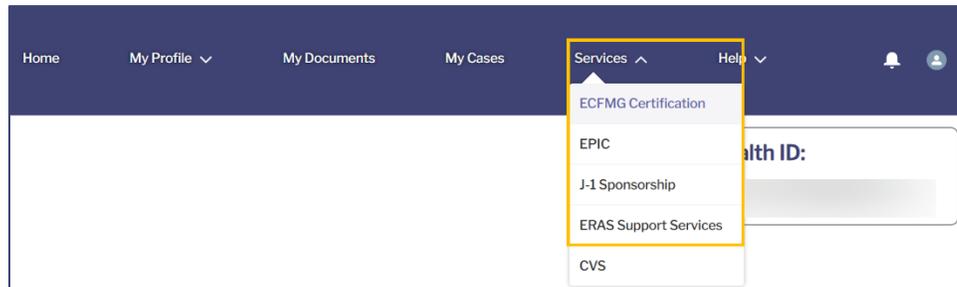


**Step 6.** The document is saved and submitted.

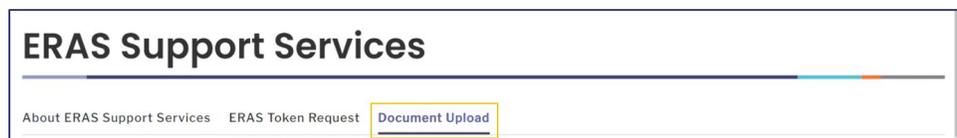
## 7.3 Request a Transcript Transfer from the ECFMG Certification Record to the ERAS Application

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**.

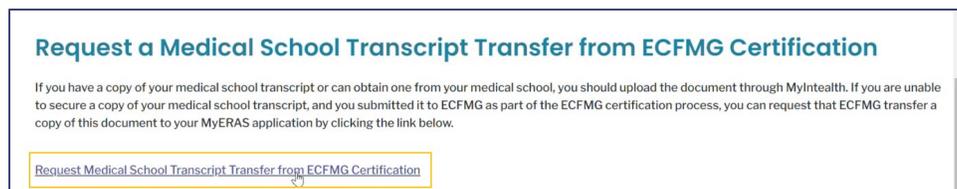
**Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **ERAS Support Services** from the dropdown.



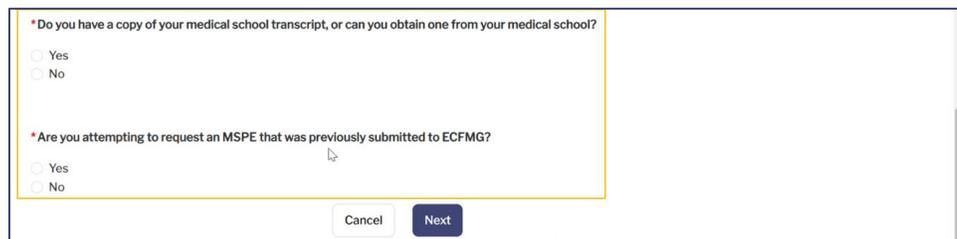
**Step 2.** The **ERAS Support Services** page appears. Click the **Document Upload** tab.



**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 (\*).



**Step 5.** Click **Next**.

\*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?

Yes  
 No

**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:

- You do not already have a medical school transcript on file from the previous ERAS season.
- You do not have access to a copy of your medical school transcript and are unable to secure one from your medical school.
- You understand that this is not a request for an MSPE or USMLE transcript.

If you have any questions about this request, please contact [ERAS Support Services](#) before submission.

**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 request to have your medical school transcript transferred from ECFMG Certification to your MyERAS application.

For reference, your case number for this request is [REDACTED]

You can monitor the status of this case in the My Cases section.