

EICS



1 April 2015

EICS Identification Number: _____ Physician Name: _____

INSTRUCTIONS

The physician identified on this verification form has authorized the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) to contact your institution for primary source verification of the authenticity of the attached document. EICS has provided a photocopy of the original document. **Please complete the appropriate section on the verification form and return directly to EICS. A pre-paid international reply envelope is enclosed for your convenience.**

I hereby certify that the attached document is authentic and correct and that I am authorized to certify this on behalf of this institution.

_____ Signature	_____ Date of Signature
_____ Full Name	
_____ Official Title	SEAL
_____ Name of Institution	
_____ Contact Phone Number	_____ Contact Email

I **cannot** certify that the attached document is authentic and correct because:

(Attach additional pages if necessary)

_____ Signature	_____ Date of Signature
_____ Full Name	
_____ Official Title	SEAL
_____ Name of Institution	
_____ Contact Phone Number	_____ Contact Email

Return completed form directly to: **ECFMG International Credentials Services**

Postal Address: P.O. Box 13795, Philadelphia, PA, 19101-3795, USA

Courier Street Address: 3624 Market Street, 4th Floor, Philadelphia, PA, 19104, USA

If you have any questions, please email EICS at ecfmqics@ecfmq.org

Revised 04/06