



You can check and update the mailing address, phone and fax numbers, and e-mail address* in your ECFMG® record on-line using ECFMG's On-line Applicant Status and Information System (OASIS). You can access OASIS on ECFMG's website at www.ecfm.org. You can also submit the *Request to Change Applicant Biographic Information* (Form 182) to change this information.

To change the name in your ECFMG record, you must submit Form 182 and the required documentation, as described below. Although you can check the name in your ECFMG record using OASIS, you cannot use OASIS to change your name. **To correct your date of birth**, you must submit Form 182 and the required documentation. **To correct your gender**, you must contact ECFMG Applicant Information Services at (215) 386-5900 or info@ecfm.org for more information.

INSTRUCTIONS

- You may use this form to request changes to the following components of your applicant record: name, address, date of birth, telephone and fax numbers, and e-mail address*. Complete all sections on pages 3 and 4 of this form and submit these pages to ECFMG at the fax number or address listed on page 3.

- If you are requesting a change of name, you must:
 - 1) **Read** the ECFMG Policy on Name Changes on page 2 of this form,
 - 2) **Complete** Form 182 and sign it in the appropriate section,
 - 3) **Attach** a photocopy of the acceptable documentation for name change (see policy on page 2),
 - 4) **Submit** Form 182 to ECFMG. ECFMG will notify you when your name has been changed in your ECFMG record. If your request cannot be processed because you did not submit acceptable documentation or it was otherwise incomplete, ECFMG will notify you.
 - **If you are submitting this request in conjunction with an IWA exam application, fax** your completed request and documentation to (215) 386-6327, Attn: IWA/Biographic Change. You must wait to receive ECFMG e-mail confirmation that the name has been changed in your ECFMG record before you may proceed with your application. You will be notified regarding the status of your request within approximately 10 business days of receipt of your completed Form 182 and documentation.

- If you are requesting a date of birth correction, you must:
 - 1) **Read** the ECFMG Policy on Date of Birth Correction on page 2 of this form,
 - 2) **Complete** Form 182 and sign it in the appropriate section,
 - 3) **Attach** a photocopy of one of the acceptable documents for date of birth correction (see policy on page 2),
 - 4) **Submit** Form 182 to ECFMG. ECFMG will notify you when your date of birth has been corrected in your ECFMG record. If your request cannot be processed because you did not submit acceptable documentation or it was otherwise incomplete, ECFMG will notify you.
 - **If you are submitting this request in conjunction with an IWA exam application, fax** your completed request and documentation to (215) 386-6327, Attn: IWA/Biographic Change. You do not need to wait for this change to be effective in order to complete your application.

* **Important Note:** Changing your e-mail address using OASIS or Form 182 does **not** update your e-mail address in ECFMG's e-newsletter subscriber lists. If you change your e-mail address and are subscribed to one or more of ECFMG's e-mail newsletters, such as *The ECFMG® Reporter*, you must update your e-mail address for **each** e-newsletter. Visit the Publications page of the ECFMG website at www.ecfm.org, click on the newsletter(s) you receive, unsubscribe your old e-mail address, and subscribe your new e-mail address.

**ECFMG POLICY ON NAME CHANGES**

You must ensure that the name in your ECFMG record is your correct and current legal name. This name will appear on your Standard ECFMG Certificate once you have met all requirements for certification. You must use this name consistently in all communications you send to ECFMG, including exam applications and requests for other services. Failure to use the name in your ECFMG record consistently in all communications with ECFMG may delay exam registration. It may also prevent you from taking an exam for which you are registered and scheduled.

If you have legally changed your name and want to request a change of name in your ECFMG record, you must complete Form 182 and provide an explanation of the reason for the name change, accompanied by a photocopy of the appropriate document(s). **ECFMG must be able to determine from the document(s) you submit that your name has legally changed from the name currently in your ECFMG record to the name you are requesting to appear in your record. This means that it may be necessary for you to submit more than one document to support your name change request.** The document(s) you provide must be unexpired (if applicable). Acceptable documents are:

- Passport (including the pages with your photograph and the expiration date)
- Birth certificate
- Marriage certificate
- Official court order
- U.S. Resident Alien Card
- U.S. Naturalization Certificate

Attestations and affidavits are not acceptable as documentation to change your name.

Please do not submit an original document; a copy of the document is sufficient.

All documents submitted to change your name that are not in English must be accompanied by an official English translation that meets ECFMG's translation requirements. (See *English Translations* in the *ECFMG Information Booklet*.)

All documents submitted to change your name, including translations, will become a part of your permanent ECFMG record and will not be returned to you.

If you have a valid Certification of Identification Form (Form 186) on file with ECFMG, it will be invalidated when the name in your ECFMG record is changed, and you will be required to complete a new Certification of Identification Form (Form 186) the next time you apply for examination

For complete information, see *Name of Applicant* and *Changing or Verifying Your Name* in the *ECFMG Information Booklet*.

ECFMG POLICY ON DATE OF BIRTH CORRECTION

If your date of birth is not correct in your ECFMG record, your request for correction must be accompanied by a copy of one of the following:

- Passport (including the page with your photograph) or
- Birth certificate.

Attestations and affidavits are not acceptable as documentation to correct your date of birth.

Please do not submit an original document; a copy of the document is sufficient.

All documents submitted to correct your date of birth that are not in English must be accompanied by an official English translation that meets ECFMG's translation requirements. (See *English Translations* in the *ECFMG Information Booklet*.)

All documents submitted to correct your date of birth, including translations, will become a part of your permanent ECFMG record and will not be returned to you.



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INSTRUCTIONS: Complete the applicable sections in ink, referring to the instructions that accompany this form. Sign where indicated, and return to ECFMG® by fax to: (215) 386-6327, Attn: IWA/Biographic Change, or by mail to: ECFMG, 3624 Market Street, Philadelphia, PA 19104-2685 USA.

1 (Must be completed.)	USMLE® / ECFMG Identification Number: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
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2 (Must be completed.)	Enter your name as it currently appears in your ECFMG record in the spaces below.								
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td>First Name(s)</td> <td>Middle Name(s)</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 85%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> </tr> <tr> <td>Last Name(s) (Surname/Family Name)</td> <td>Generational Suffix (Jr, Sr, II, III, IV)</td> </tr> </table>	<input type="text"/>	<input type="text"/>	First Name(s)	Middle Name(s)	<input type="text"/>	<input type="text"/>	Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)
<input type="text"/>	<input type="text"/>								
First Name(s)	Middle Name(s)								
<input type="text"/>	<input type="text"/>								
Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)								

3 Name Change (Check the box and complete this section ONLY if you are requesting a name change.)	<input type="checkbox"/> I have read the "ECFMG Policy On Name Changes" on page 2 of this form and wish to change the name in my ECFMG record to the name below. I have attached documentation, as described on page 2.								
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td>First Name(s)</td> <td>Middle Name(s)</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 85%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> </tr> <tr> <td>Last Name(s) (Surname/Family Name)</td> <td>Generational Suffix (Jr, Sr, II, III, IV)</td> </tr> </table> <p>Enter the reason for the name change in the space below.</p> <hr/> <hr/> <hr/>	<input type="text"/>	<input type="text"/>	First Name(s)	Middle Name(s)	<input type="text"/>	<input type="text"/>	Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)
<input type="text"/>	<input type="text"/>								
First Name(s)	Middle Name(s)								
<input type="text"/>	<input type="text"/>								
Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)								

4 Change of Address, Phone, Fax, or E-mail Address (Check the box and complete this section ONLY if you are requesting a change of address or other contact information.)	<input type="checkbox"/> I have changed my mailing address, telephone number, fax number, and/or e-mail address, as follows:																										
	<table border="1" style="width: 100%;"> <tr> <td style="width: 100%;"><input type="text"/></td> </tr> <tr> <td>Street Address/Post Office Box</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 100%;"><input type="text"/></td> </tr> <tr> <td>Address Continued</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"><input type="text"/></td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td>City (Include Postal Code as required for non-U.S./non-Canadian address.)</td> <td>State/Province</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"><input type="text"/></td> <td style="width: 40%;"><input type="text"/></td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td>ZIP/Postal Code</td> <td>Country</td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 25%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> </tr> <tr> <td>Country Code</td> <td>City/Area Code</td> <td>Telephone Number</td> <td>Country Code</td> <td>City/Area Code</td> <td>Fax Number</td> </tr> </table> <hr/> <p>E-mail Address (If changing your e-mail address, see Important Note on page 1.)</p>	<input type="text"/>	Street Address/Post Office Box	<input type="text"/>	Address Continued	<input type="text"/>	<input type="text"/>	City (Include Postal Code as required for non-U.S./non-Canadian address.)	State/Province	<input type="text"/>	<input type="text"/>	<input type="text"/>	ZIP/Postal Code	Country		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country Code	City/Area Code	Telephone Number	Country Code	City/Area Code	Fax Number
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ECFMG® | Request to Change Applicant Biographic Information Form 182

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<p>5 (Must be completed.)</p>	<p>Enter your date of birth as it currently appears in your ECFMG record in the spaces below.</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">(Month/Day/Year)</p>
<p>6 Correction of Date of Birth (Check the box and complete this section ONLY if you are requesting a correction of your date of birth.)</p>	<p><input type="checkbox"/> I have read the "ECFMG Policy on Date of Birth Correction" on page 2 of this form and wish to change the date of birth in my ECFMG record to the date of birth below. I have attached documentation, as described on page 2.</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">(Month/Day/Year)</p>
<p>7 Signature (Must be completed.)</p>	<p>I hereby authorize ECFMG to change the information in my applicant record as noted above. (Note: The requested change(s) will not be made without your signature.)</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin: 10px 0;"></div> <p style="text-align: center;">Signature (Using the Latin Alphabet)</p> <p style="text-align: right; margin-right: 50px;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: right;">Date (Month/Day/Year)</p>

This form is available on the ECFMG website at www.ecfm.org.