



MyIntealth™ Applicant User Guide

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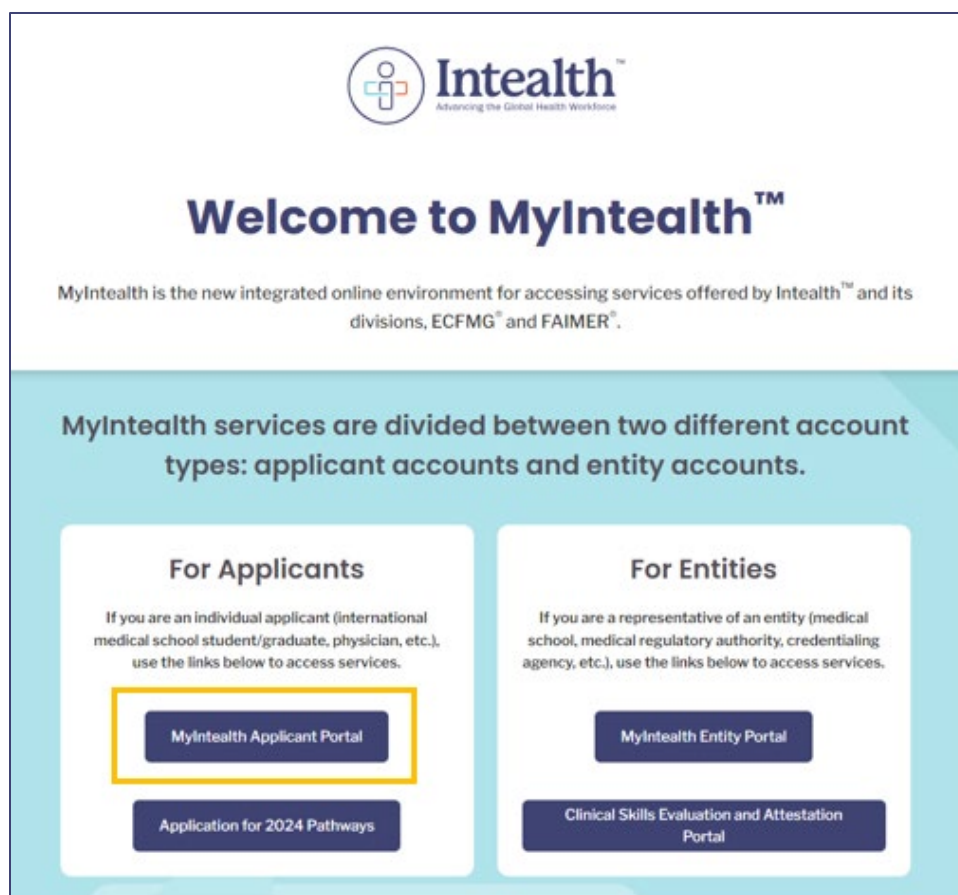
1 Access the MyIntealth Applicant Portal

New Applicant - If you 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 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 Online Services](#) section.

1.1 Create a MyIntealth Applicant Account as a New User

Step 1. Access the site at www.myintealth.app and click **MyIntealth Applicant Portal**.



Step 2. Click Access MyIntealth.

The screenshot shows the 'MyIntealth™ Applicant Portal' login page. At the top is a dark blue header with the 'Intealth' logo, a 'Home' link, and a 'Log In' link. The main content area has a title 'MyIntealth™ Applicant Portal'. Below the title, there are two columns of text. The left column explains that users need to log in with their MyIntealth account or create one if they don't have one, and it includes a yellow-bordered button labeled 'Access MyIntealth'. The right column provides information about the MyIntealth environment and account types, with a link to the 'MyIntealth Entity Portal'.

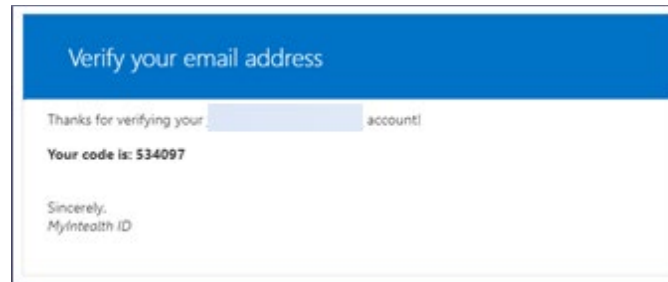
Step 3. Click Don't have a MyIntealth account?

The screenshot shows the 'MyIntealth Account Sign In' page. The page has a 'Login' header. On the left, there are two sections: 'Have a MyIntealth Account?' with instructions to use a registered email and password, and 'Need a MyIntealth Account?' with instructions to click 'Don't have a MyIntealth account?'. On the right, there is a sign-in form with fields for 'Email Address' and 'Password', a 'Forgot password?' link, and a 'Sign in' button. A yellow-bordered button labeled 'Don't have a MyIntealth account?' is located below the password field.

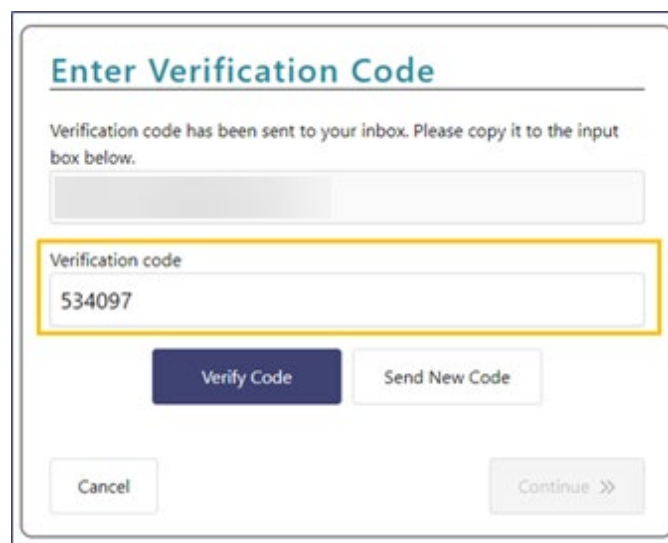
Step 4. Enter your email address and click Send Verification Code.

The screenshot shows the 'Email Verification' page. The page has an 'Email Verification' header. On the left, there are two sections: 'Are you an Existing User of ECFMG On-line Services?' with instructions to use the email of record and click 'Send Verification Code', and 'Never Used Any ECFMG On-line Services and Need a MyIntealth Account?' with instructions to enter an email address and click 'Send Verification Code'. On the right, there is a verification form with a large text input field for the email address, a yellow-bordered button labeled 'Send Verification Code', and 'Cancel' and 'Continue' buttons at the bottom.

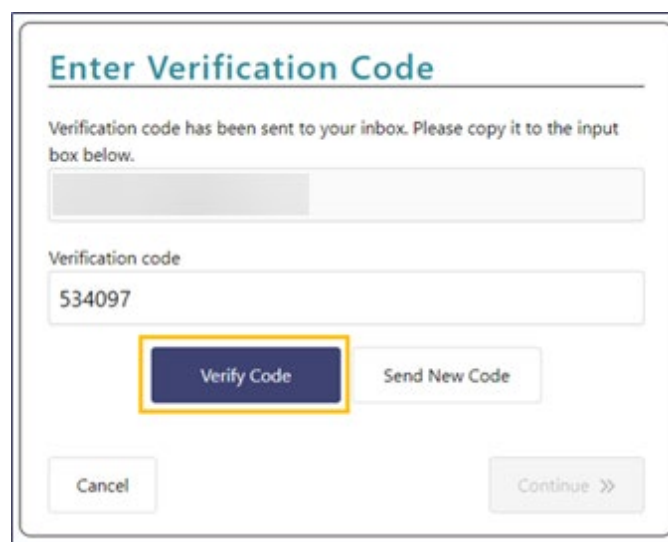
Step 5. The **Verification Code** is sent to the assigned email address.



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

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:
 1. Latin uppercase characters (A-Z)
 2. Latin lowercase characters (a-z)
 3. Numbers (0-9)
 4. 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:

- 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

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):

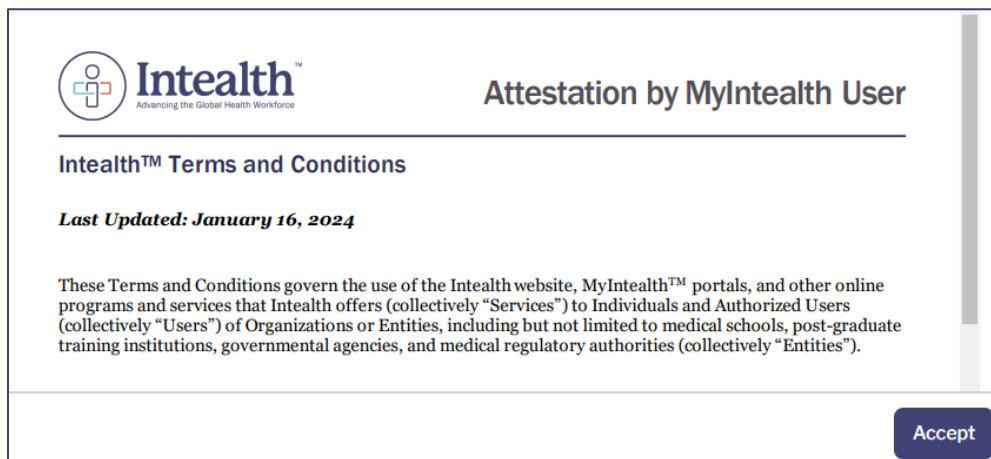
☐ Terms and Conditions

☐ Privacy Notice

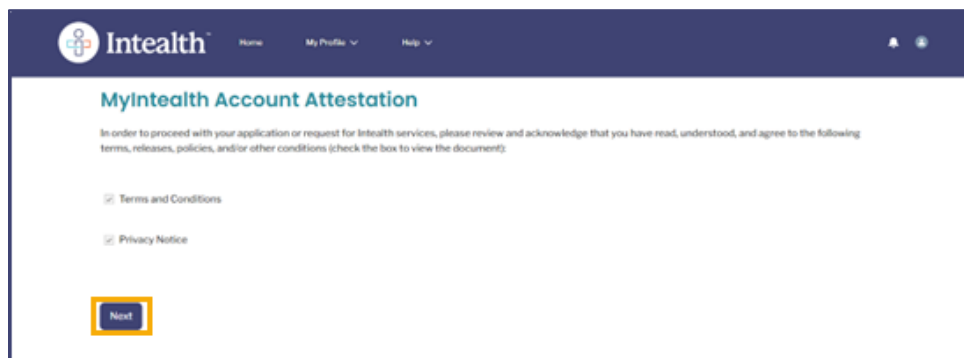
Step 13. The **Terms and Conditions** appear. Review this information, and click **Accept** at the bottom of the page.

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

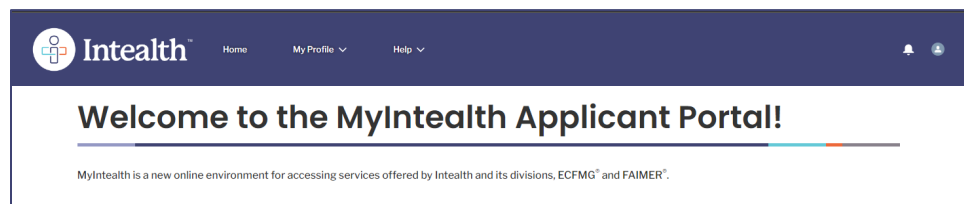
Step 15. The **Privacy Notice** appears. Review this information, and click **Accept** at the bottom of the page.



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

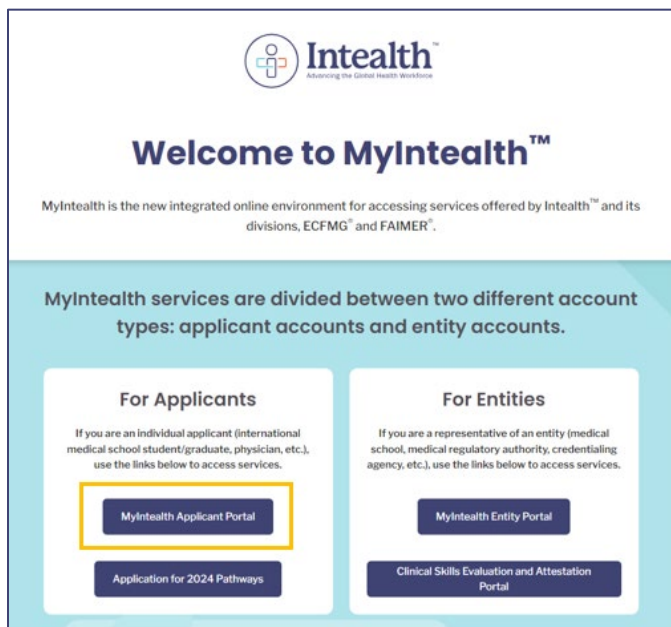


Step 17. The **MyIntealth Applicant Portal** homepage appears. Continue with Establish Your MyIntealth Applicant Account.

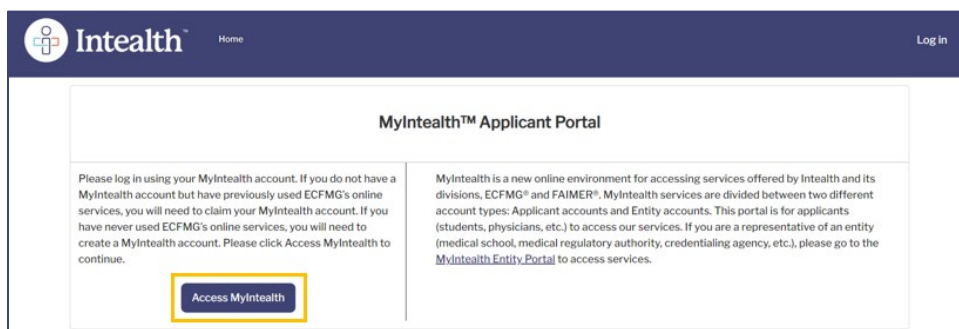


1.2 Access a MyIntealth Applicant Account as a Previous User of ECFMG's Online Services

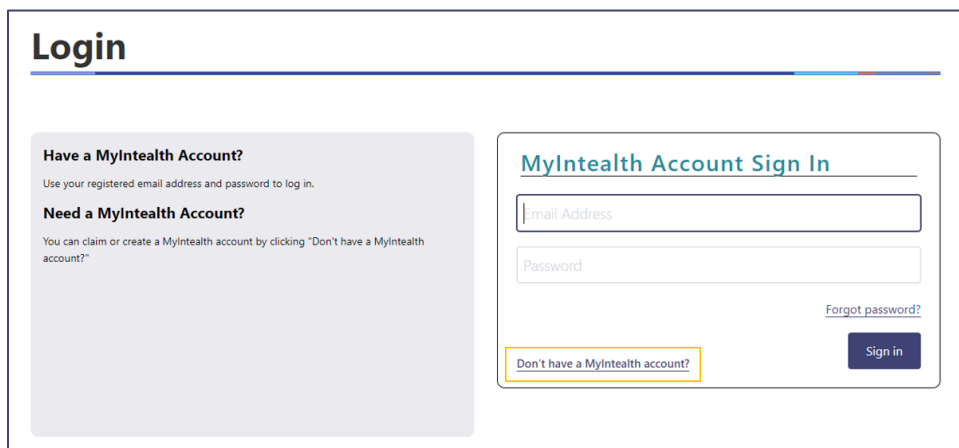
Step 1. Access the site at www.myintealth.app and click **MyIntealth Applicant Portal**.



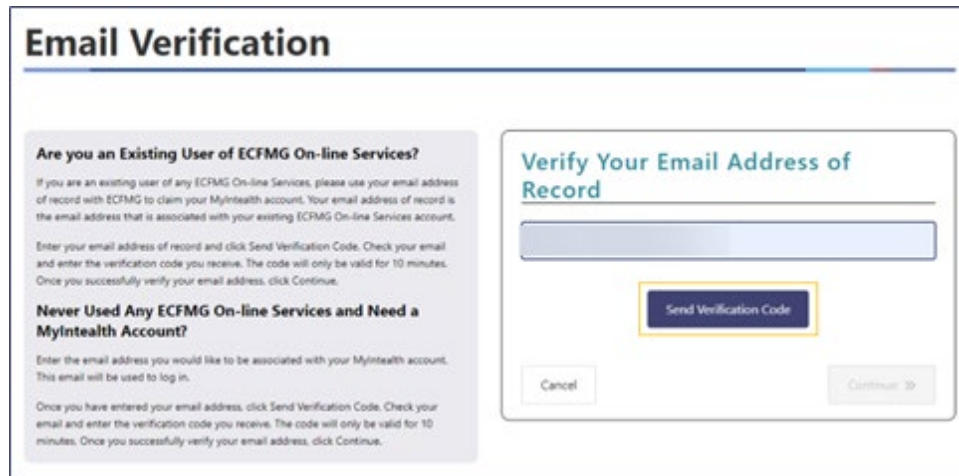
Step 2. Click **Access MyIntealth**.



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

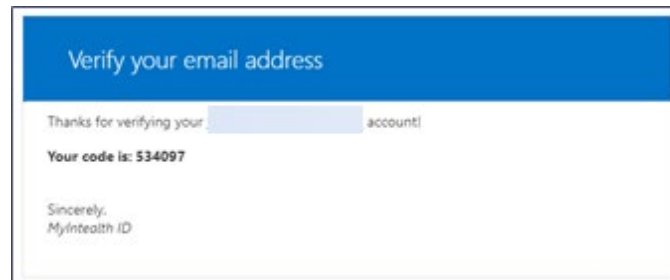


- Step 4.** Enter your email address of record (the email address that was associated with your former ECFMG Online Services account). Important: Using your email address of record will link you to your transferred account in MyIntealth. Click **Send Verification Code**.



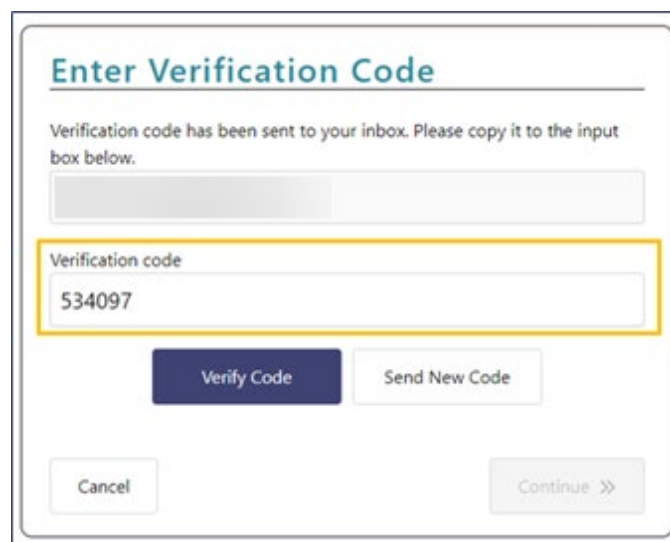
The screenshot shows the 'Email Verification' screen. It has a title 'Email Verification' at the top. Below the title, there are two main sections. The left section is titled 'Are you an Existing User of ECFMG On-line Services?' and contains instructions for existing users. The right section is titled 'Verify Your Email Address of Record' and contains a text input field for the email address, a 'Send Verification Code' button (highlighted with a yellow border), a 'Cancel' button, and a 'Continue >>' button.

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



The screenshot shows the 'Verify your email address' screen. It has a blue header with the title 'Verify your email address'. Below the header, it says 'Thanks for verifying your [redacted] account!'. It then displays 'Your code is: 534097'. At the bottom, it says 'Sincerely, MyIntealth ID'.

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



The screenshot shows the 'Enter Verification Code' screen. It has a title 'Enter Verification Code'. Below the title, it says 'Verification code has been sent to your inbox. Please copy it to the input box below.' There is a text input field for the verification code, which contains the code '534097' (highlighted with a yellow border). Below the input field, there are two buttons: 'Verify Code' and 'Send New Code'. At the bottom, there are two buttons: 'Cancel' and '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.

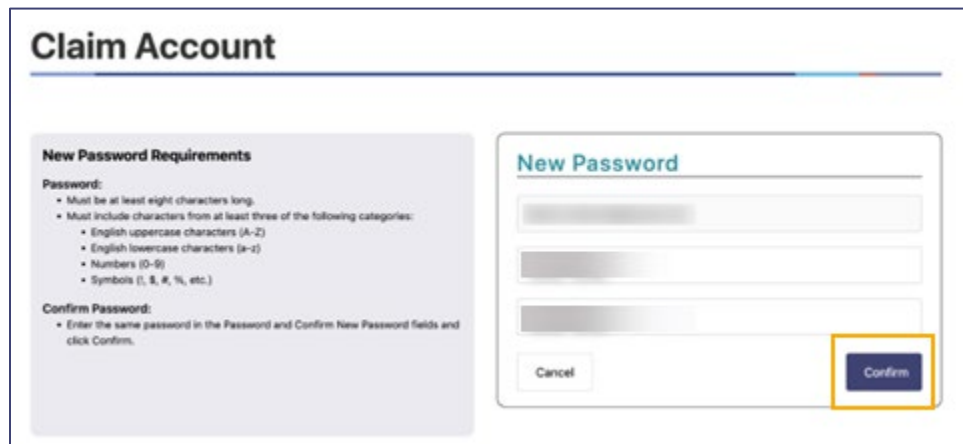
New Password

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:
 1. Latin uppercase characters (A-Z)
 2. Latin lowercase characters (a-z)
 3. Numbers (0-9)
 4. Symbols (!, \$, #, %, etc.)

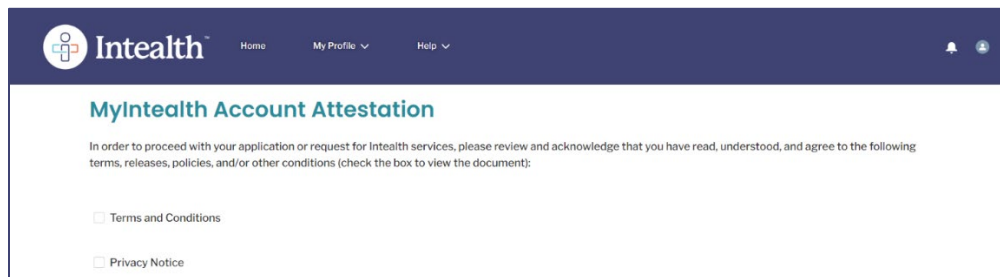
You are only required to create and confirm a new password on your first login.

Step 10. Click **Confirm**.



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

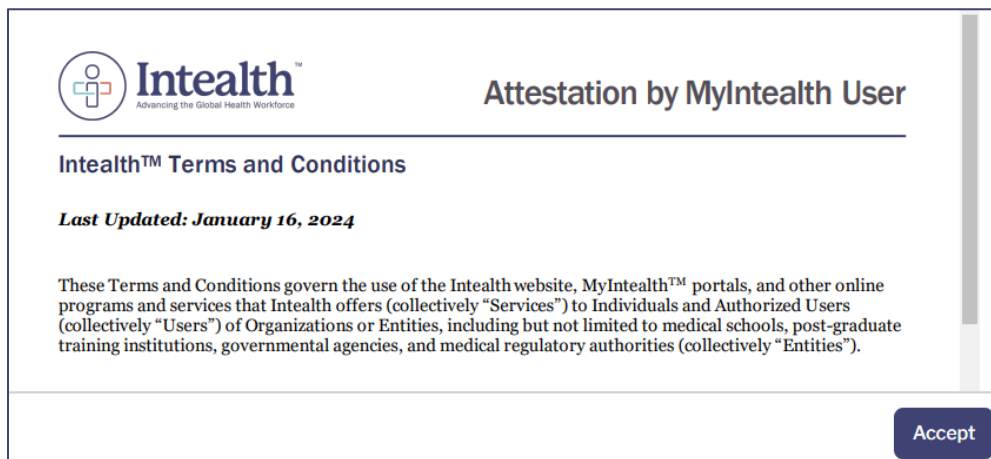
Step 12. The **MyIntealth Account Attestation** page appears. Click the **Terms and Conditions** checkbox.



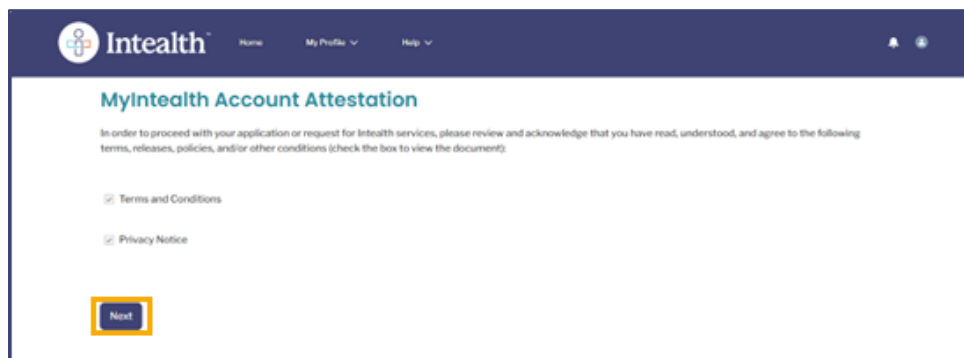
Step 13. The **Terms and Conditions** appear. Review this information, and click **Accept** at the bottom of the page.

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

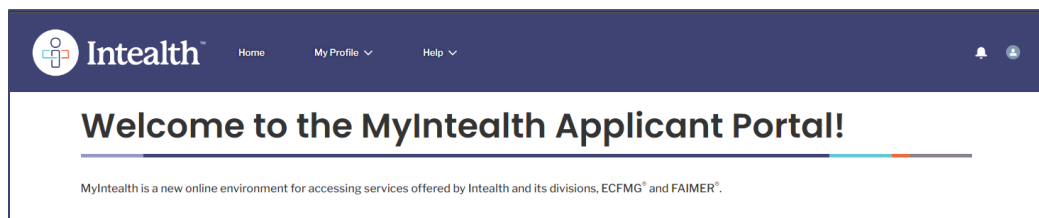
Step 15. The **Privacy Notice** appears. Review this information, and click **Accept** at the bottom of the page.



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.



1.3 Establish Your MyIntealth Applicant Account

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

Electronic Portfolio of International Credentials (EPIC)

Our EPIC service offers an innovative way to build a digital career portfolio of the credentials related to your medical education, training, and registration/licensure. Through this service, you can upload your credentials for primary-source verification; store them in a secure, centralized location; and have the ability to send a report verifying the authenticity of your credentials to any organization, anywhere in the world.

Select EPIC if you are applying to an organization that requires you to use EPIC to verify your credentials or if you want to build a portfolio of your primary-source verified credentials.

For more information, including special requirements and instructions for organizations that use EPIC, visit the [ECFMG website](#).

[Begin Application](#)

ECFMG Certification

The ECFMG Certification program assesses whether students and graduates of international medical schools are ready to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME).


Select ECFMG Certification if you plan to pursue a residency or fellowship program in the United States.

[Begin Application](#)

Step 2. A page with information about your selected service appears. Click **Next**.

Step 3. Additional information about the service displays. Click **Next**.

Step 4. The **Personal Information** page appears. Enter all required information (*).


Intealth™
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

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

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 with a dark blue header containing the Intealth logo and navigation links (Home, My Profile, Help). The main heading is 'MyIntealth Account Establishment'. Below it is the 'School Information' section. Under 'Enrollment Status', there are two radio buttons: 'Student' (selected) and 'Graduate'. Under 'Degree Medical School', there is a text box with a search prompt: 'Start typing to search for your school. Make a selection from the search results. If your school does not appear in the search results, click **Submit New School** to enter information for the school.' Below the text box is a search bar with the placeholder text 'search by name, city, state, or country...' and a magnifying glass icon.

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' section. It includes the same text and search bar as the previous screenshot. The search bar now contains the text 'Baroda'. Below the search bar, there are two search results listed. The first result is 'Medical College Baroda' with details: BillingCity: Vadodara, BillingState: Gujarat, BillingCountry: India. The second result is 'Maharaja Sayajirao University of Baroda' with details: BillingCity: Vadodara, BillingState: Gujarat, BillingCountry: India. At the bottom right of the results, there is a button labeled 'Submit New School'.

a. Type the name of the school or institution in the search bar.

b. Select the school.

(1) If your school does not appear, click **Submit New School**, enter all required information (*), and click **Submit**. Continue with [Step 9.](#)

The screenshot shows a message box with the text 'No Records Found...' and a button labeled 'Submit New School'.

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

Add School

* Title of Medical Degree

Student ID

* Start Month

Select ▼

* End Month

Select ▼

* Degree Issue Month

Select ▼

* Start Year

* End Year

* Degree Issue Year

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

Medical College Baroda
Anandpura
Vadodara 390 001 Gujarat
Vadodara, Gujarat
India

Add

Cancel

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

Degree Medical School

Your Degree Medical School is the school that awarded or will award your medical degree. You may select only one Degree Medical School.

Start typing to search for your school. Make a selection from the search results. If your school does not appear in the search results, click **Submit New School** to enter information for the school.

search by name, city, state, or country...

Dr. Dean

123 Main
Broadway
Afghanistan

Degree Title: MBBS
Degree Issue Month: May
Degree Issue Year: 2023

University Name:
Student ID:
Start Month: January
Start Year: 2018
End Month: May
End Year: 2023

Degree Medical School

Step 10. Follow the instructions above to add **Other Medical Schools** you attended.

Step 11. Click **Next**.

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

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

The screenshot shows the 'MyIntealth Account Establishment' page with a dark blue header containing the Intealth logo and navigation links for Home, My Profile, and Help. The main heading is 'MyIntealth Account Establishment'. Below it, the section 'Medical Registration/Licensure' is highlighted in blue. The text states: '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.' There is a search input field with the placeholder 'search by name, city, state, or country...' and a magnifying glass icon. At the bottom, there are 'Previous' and 'Next' buttons.

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 with a dark blue header containing the Intealth logo and navigation links for Home, My Profile, and Help. The main heading is 'MyIntealth Account Establishment'. Below it, the section 'Additional Information' is highlighted in blue. The text states: '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.' The section 'U.S. Resident Status' is highlighted. Below it, there is a text input field with the placeholder 'I am/have been a U.S. Permanent Resident (Green Card Holder).' and a dropdown menu with the text 'Select'.

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

Intealth™ Home My Profile ▾ Help ▾

MyIntealth Account Establishment

Request Summary

Below is a summary of the information you provided as part of the MyIntealth account establishment process. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your response by clicking **Edit** in the appropriate section. After you submit your request, a PDF summary of your MyIntealth account establishment request will be available on the case record under My Cases.

Biographics **Edit**

Step 15. The Attestation by Applicant page appears.

Intealth™ Home My Profile ▾ Help ▾

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):

- ☐ Release of Legal Claims & Indemnification & Hold Harmless Statement
- ☐ Release of Information Authorization
- ☐ MyIntealth Account Establishment Attestation

Step 16. Click Release of Legal Claims, Indemnification, and Hold Harmless Statement checkbox.

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

Intealth™ Advancing the Global Health Workforce

Attestation by Applicant

Release of Legal Claims, Indemnification, and Hold Harmless Statement

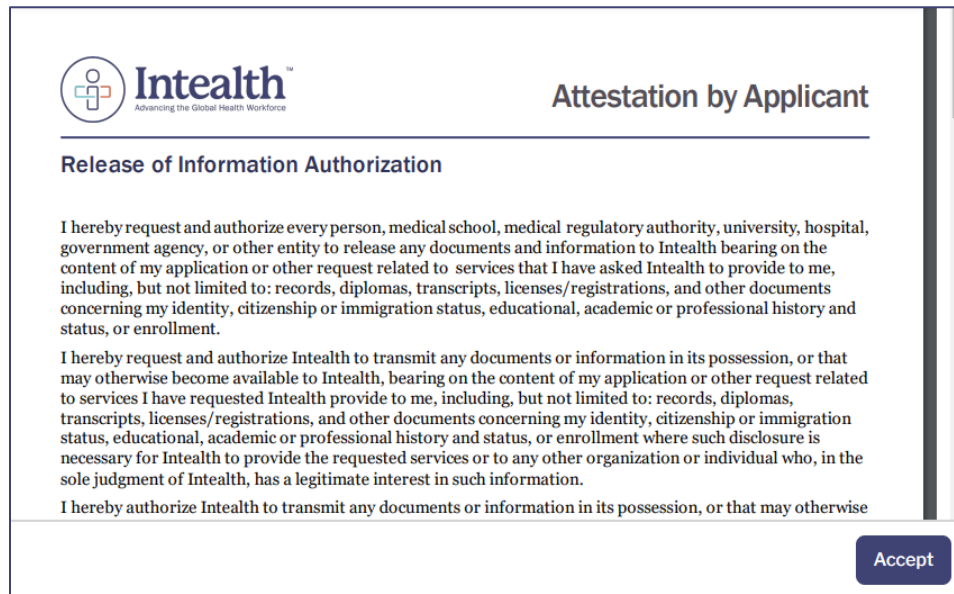
I acknowledge that Intealth makes no warranties, express or implied, as to any matter whatsoever, and any and all warranties are expressly disclaimed and excluded. I further acknowledge Intealth, its Board of Trustees, committees, officers, divisions ECFMG and FAIMER, employees, contractors, and agents (collectively, "Intealth") shall not be liable for any losses, liabilities, or damages whatsoever, including, without limitation, any direct, indirect, consequential, incidental or special damages, arising from use of or reliance on Intealth's services.

I hereby release Intealth of and from any and all liabilities, complaints, claims, lawsuits, damages, demands, losses and expenses arising out of or in connection with any action or omission by Intealth in connection with this request to establish an account; any request and/or activities related to services that Intealth and its division ECFMG provides to me; any investigation of my credentials and documents; any investigation or finding of irregular behavior; any suspension or revocation of, or permanent bar to, ECFMG certification; any suspension or removal of J-1 visa sponsorship; and/or any failure or refusal to issue a report for EPIC, EICS, or

Accept

Step 17. Click Release of Information Authorization checkbox.

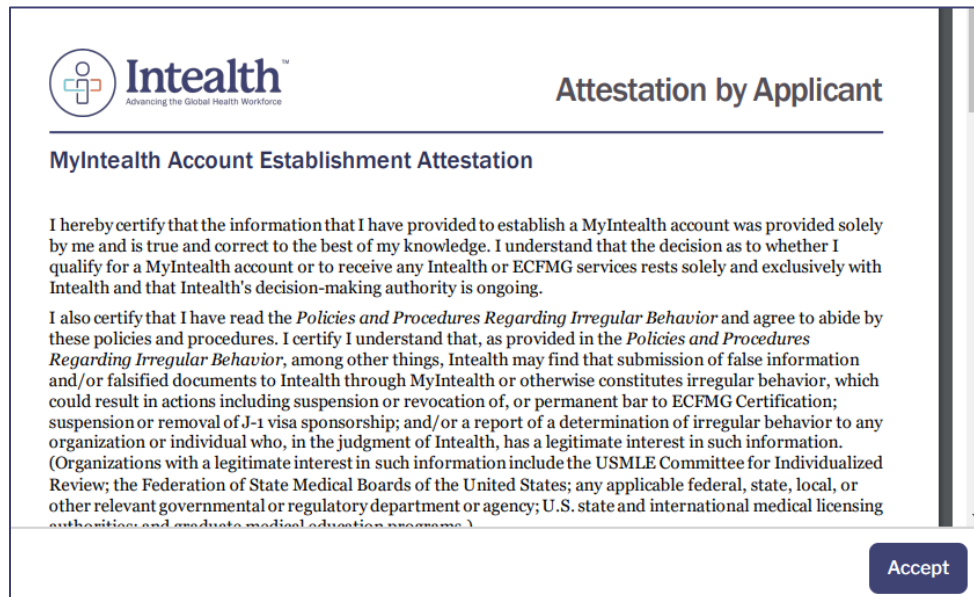
- a. The Release of Information Authorization Attestation appears. Review the attestation and click Accept.



The screenshot shows the 'Release of Information Authorization' attestation page. At the top left is the Intealth logo with the tagline 'Advancing the Global Health Workforce'. At the top right is the title 'Attestation by Applicant'. Below the title is the section header 'Release of Information Authorization'. The main text contains three paragraphs of authorization. The first paragraph states: '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.' The second paragraph states: '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.' The third paragraph states: 'I hereby authorize Intealth to transmit any documents or information in its possession, or that may otherwise'. At the bottom right is a blue 'Accept' button.

Step 18. Click the MyIntealth Account Establishment checkbox.

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



The screenshot shows the 'MyIntealth Account Establishment Attestation' page. At the top left is the Intealth logo with the tagline 'Advancing the Global Health Workforce'. At the top right is the title 'Attestation by Applicant'. Below the title is the section header 'MyIntealth Account Establishment Attestation'. The main text contains two paragraphs of certification. The first paragraph states: '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.' The second paragraph states: '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.)'. At the bottom right is a blue 'Accept' button.

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**.

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
Online Notary	\$50.00
Account Establishment	\$100.00

Subtotal: \$150.00

Total: \$150.00

[Previous](#) [Proceed to Payment](#)

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

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

If the billing address for the credit 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 Main Street

Apt / Suite

Sea Salt

Outside US

Zip Code

Payment Info

Card Number

MM/YY

CVV ?

Pay \$150.00

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.

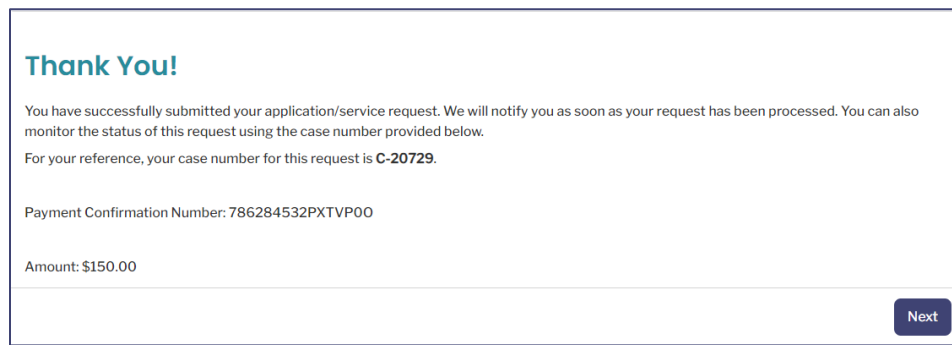
[Next](#)

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

Pay \$150.00

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

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: 786284532PXTVP00

Amount: \$150.00

Next

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

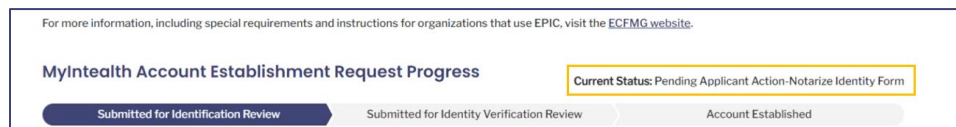
1.4 Notarize an Identification Form - NotaryCam

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

1.4.1 Notarize an Identification Form (Applicant)

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

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



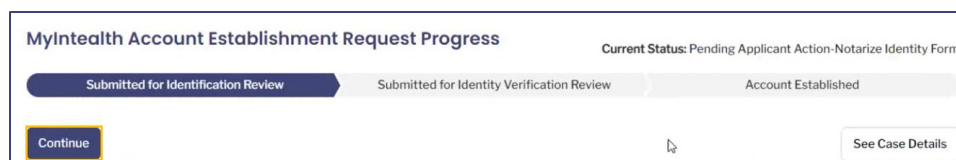
For more information, including special requirements and instructions for organizations that use EPIC, visit the [ECFMG website](#).

MyIntealth Account Establishment Request Progress

Current Status: Pending Applicant Action-Notarize Identity Form

Submitted for Identification Review Submitted for Identity Verification Review Account Established

Step 2. Click Continue.



MyIntealth Account Establishment Request Progress

Current Status: Pending Applicant Action-Notarize Identity Form

Submitted for Identification Review Submitted for Identity Verification Review Account Established

Continue See Case Details

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

Note: If the **Provide Notarized Identification Form** page appears instead of the one above, refer to the [Notarize an Identification Form – Alternate Process \(Applicant\)](#) section for full instructions. This screen only appears if you cannot use **NotaryCam** to have your identification form notarized.

This screenshot shows a web page titled "Release of Identification Form to NotaryCam". It contains a paragraph of text: "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](#)." Below this text is a button labeled "View Your Intealth Identification Form". At the bottom, a note states: "Your identification form must be notarized by NotaryCam, which provides access to live online sessions with professionally licensed and certified U.S. notaries."

This screenshot shows a web page titled "Provide Notarized Identification Form". It features a sub-header "View and Download Identification Form". The text below reads: "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](#)." A button labeled "View Your Intealth Identification Form" is positioned below the text. A note at the bottom states: "Your identification form must be notarized by NotaryCam, which provides access to live online sessions with professionally licensed and certified U.S. notaries."

Step 4. Click View Your Intealth Identification Form.

This screenshot is identical to the one in Step 3, showing the "Release of Identification Form to NotaryCam" page with the "View Your Intealth Identification Form" button highlighted.

Step 5. The 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.

This screenshot displays the "Intealth™ Identification Form". At the top left is the Intealth logo. The title "Intealth™ Identification Form" is centered. A barcode with the code "C-16997" is on the top right. The form includes fields for "Name:" and "Date of Birth: 30-Oct-2001", and "Gender: Male". An "IMPORTANT NOTE" states: "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." Below this is a "CERTIFICATION OF IDENTIFICATION BY OFFICIAL" section, which includes a statement of certification and a signature line for the official. To the right of the signature line is a photo of a woman. Below the photo is a "We the People" logo. At the bottom, there is a section for "APPLICANT RELEASE OF INFORMATION AND ATTESTATION (To be completed by physician)".

- 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

- 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.

Intealth Identification Form Release and Attestation

Attestation by Applicant

Intealth Identification Form Release and Attestation

I certify that I have reviewed the Intealth Identification Form; that the information provided on the document is true and correct to the best of my knowledge; and that I authorize Intealth to submit my Intealth Identification Form and the personal information contained therein to NotaryCam for the online notarization process.

[Accept](#)

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

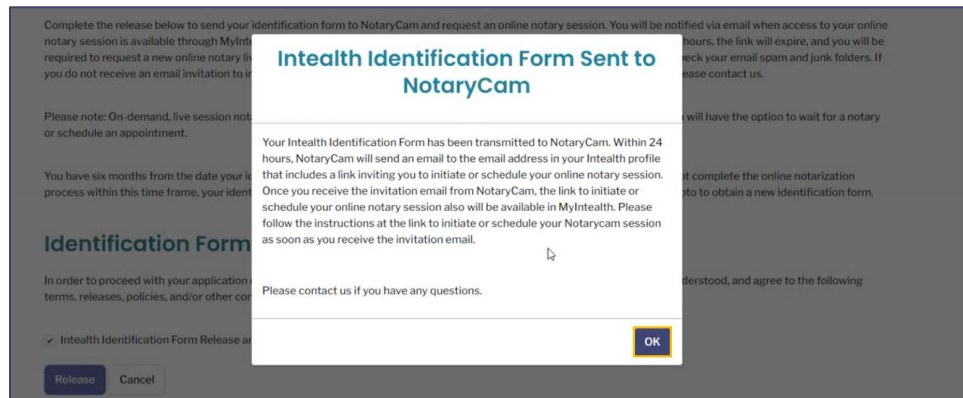
Identification Form Release and Attestation

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

☒ Intealth Identification Form Release and Attestation

[Release](#) [Cancel](#)

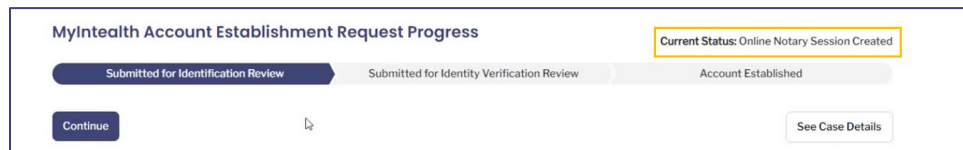
Step 9. An **Intealth Identification Form Sent to NotaryCam** pop-up appears. Review the information and click **OK**.



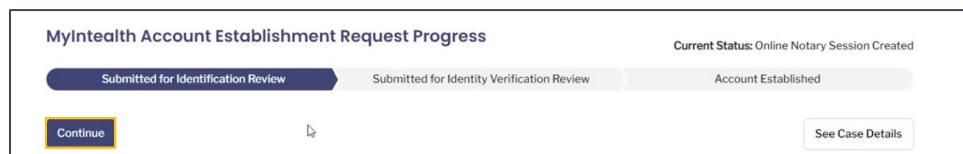
Step 10. The MyIntealth Application Portal homepage appears.



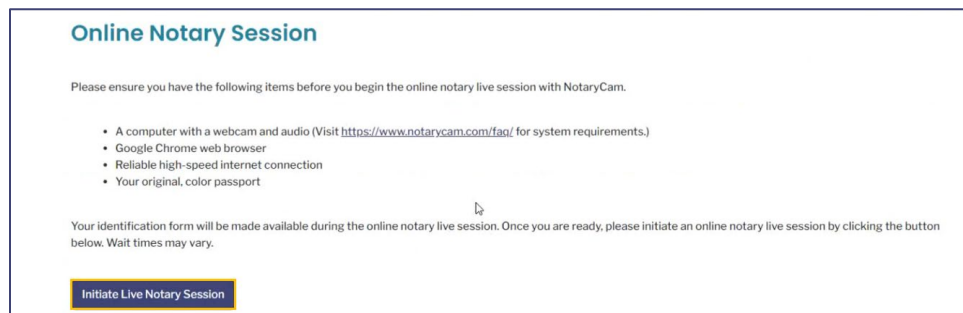
Step 11. Scroll to the MyIntealth Account Establishment Request Progress section. The Current Status is updated to Online Notary Session Created.



Step 12. Click Continue.

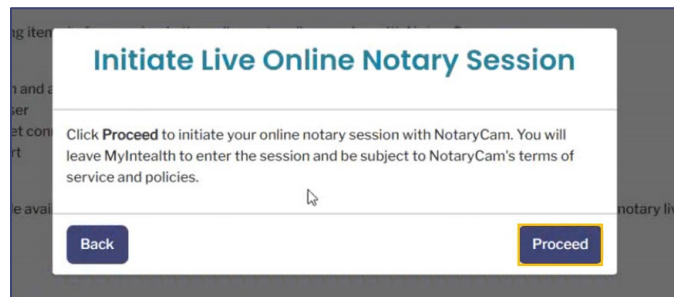


Step 13. The **Online Notary Session** page appears. Review the information and click **Initiate Live Notary Session**.



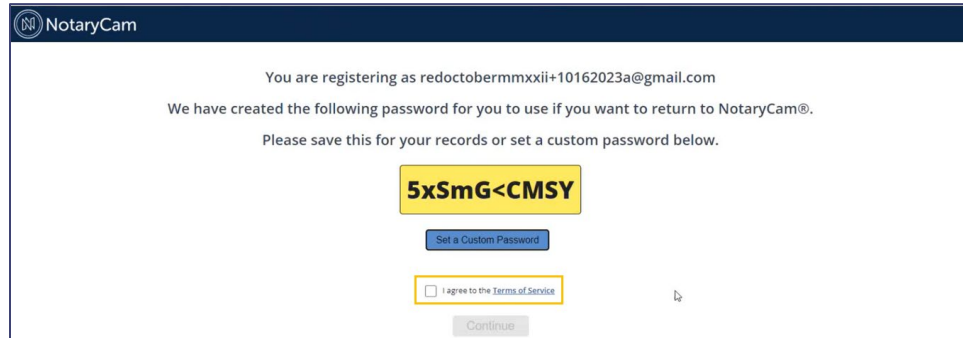
The screenshot shows the 'Online Notary Session' page. At the top, it says 'Please ensure you have the following items before you begin the online notary live session with NotaryCam.' Below this is a bulleted list: 'A computer with a webcam and audio (Visit <https://www.notarycam.com/faq/> for system requirements.)', 'Google Chrome web browser', 'Reliable high-speed internet connection', and 'Your original, color passport'. Below the list, it says 'Your identification form will be made available during the online notary live session. Once you are ready, please initiate an online notary live session by clicking the button below. Wait times may vary.' At the bottom, there is a yellow button labeled 'Initiate Live Notary Session'.

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



The screenshot shows a dialog box titled 'Initiate Live Online Notary Session'. The text inside says 'Click **Proceed** to initiate your online notary session with NotaryCam. You will leave MyIntealth to enter the session and be subject to NotaryCam's terms of service and policies.' At the bottom, there are two buttons: 'Back' and 'Proceed'. The 'Proceed' button is highlighted with a yellow border.

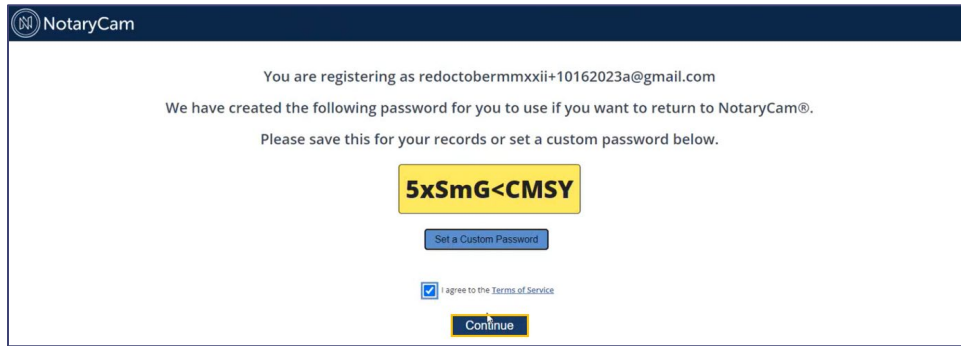
Step 15. The **NotaryCam** site opens. To begin, you must agree to the **Terms of Service** by clicking the checkbox.



The screenshot shows the NotaryCam registration page. At the top, it says 'You are registering as redoctobermmxxii+10162023a@gmail.com'. Below this, it says 'We have created the following password for you to use if you want to return to NotaryCam®. Please save this for your records or set a custom password below.' In the center, there is a yellow box containing the password '5xSmG<CMSY'. Below the password box is a button labeled 'Set a Custom Password'. At the bottom, there is a checkbox labeled 'I agree to the Terms of Service' and a 'Continue' button. The checkbox is highlighted with a yellow border.

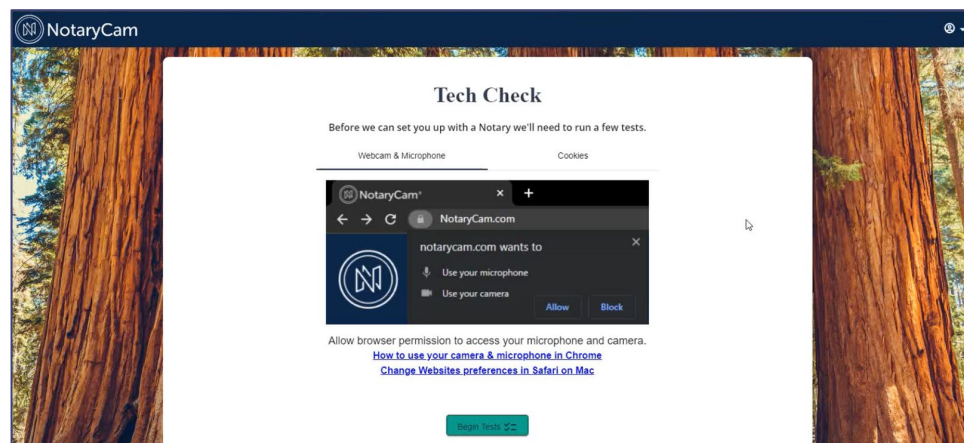
- a. A password is provided in case you need to return to **NotaryCam**. You may also **Set a Custom Password**.

Step 16. Click Continue.



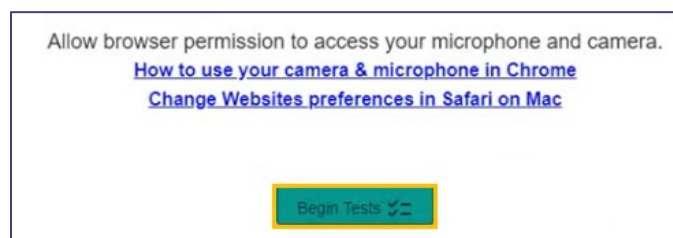
The screenshot shows the NotaryCam registration page. At the top, it says "You are registering as redoctobermmxxii+10162023a@gmail.com". Below that, it states "We have created the following password for you to use if you want to return to NotaryCam®." and "Please save this for your records or set a custom password below." A yellow box displays the password "5xSmG<CMSY". There is a button labeled "Set a Custom Password" and a checkbox labeled "I agree to the Terms of Service". At the bottom, there is a "Continue" button.

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



The screenshot shows the NotaryCam "Tech Check" screen. It says "Before we can set you up with a Notary we'll need to run a few tests." There are two tabs: "Webcam & Microphone" and "Cookies". A browser notification from NotaryCam.com is shown, asking for permission to "Use your microphone" and "Use your camera", with "Allow" and "Block" buttons. Below the notification, it says "Allow browser permission to access your microphone and camera." and provides links for "How to use your camera & microphone in Chrome" and "Change Websites preferences in Safari on Mac". At the bottom, there is a "Begin Tests" button.

Step 18. Click Begin Tests.



The screenshot shows a browser permission dialog. It says "Allow browser permission to access your microphone and camera." and provides links for "How to use your camera & microphone in Chrome" and "Change Websites preferences in Safari on Mac". At the bottom, there is a "Begin Tests" button.

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

NotaryCam

Status
Identify
Document
Tap
Details

In Progress
Documents Added
Transaction ready for signing

Start Video

003P000001evs5NIAQ ECFMG Identification Form 2024-1-12, 14 55:43.pdf

Page 1

Add Document(s)

003P000001evs5NIAQ ECFMG Identification Form 2024-1-12, 14 55:43.pdf

Manage Participants

Sync Target

Everyone

Sync with

Please Select

Sync


Chat

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

[illegible]

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

a. Signature of Applicant

<p>Attestation</p> <p>I certify that I am the individual named above, as represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.</p> <p>I hereby certify that I have read, understood and agree to all of the above statements. I also certify that I have read the <i>Policies and Procedures Regarding Irregular Behavior</i> and agree to abide by these policies and procedures. I certify I understand that, as provided in the <i>Policies and Procedures Regarding Irregular Behavior</i>, among other things, Intellix may find that submission of falsified documents to Intellix constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.</p> <div style="margin-top: 10px;"> X Date _____ </div> <div style="margin-top: 10px;"> Signature of Applicant _____ </div>	 C-15997
<p>This Identification Form must be completed and submitted to Intellix by 12-Jan-2024</p>	

Select Signature to Use

☒ Text ☐ Draw ☐ Upload

Signature: Initials:

Example: *Person A* Example: *PA*

☐ Set this as the default signature and initials for new transactions.

* This will not affect any previous signatures or initials on existing transactions. *

Cancel Save & Use Signature

b. **Date** (of completion)

003P000001evs5NIAQ_ECFMG_Identification_Form_2024-1-12_14_55_43.pdf

Intealth™ Identification Form

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

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 herein, (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

Official Seal/Stamp must cover a portion of the photo and of the passport.

We the People

USA

Official Seal/Stamp must cover a portion of the photo and of the passport.

Signature of Applicant **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
Date of Birth: 30-Oct-2001
Gender: Male

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 herein, (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

Official Seal/Stamp must cover a portion of the photo and of the passport.

We the People

USA

Official Seal/Stamp must cover a portion of the photo and of the passport.

Intealth™ Identification Form

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

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 herein, (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

Official Seal/Stamp must cover a portion of the photo and of the passport.

We the People

USA

Official Seal/Stamp must cover a portion of the photo and of the passport.

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.

For more information, including special requirements and instructions for organizations that use EPIC, visit the [ECFMG website](#).

MyIntealth Account Establishment Request Progress

Current Status: Pending Applicant Action-Notarize Identity Form

Submitted for Identification Review Submitted for Identity Verification Review Account Established

[Continue](#) [See Case Details](#)

Step 3. Click Continue.

For more information, including special requirements and instructions for organizations that use EPIC, visit the [ECFMG website](#).

MyIntealth Account Establishment Request Progress

Current Status: Pending Applicant Action-Notarize Identity Form

Submitted for Identification Review Submitted for Identity Verification Review Account Established

[Continue](#) [See Case Details](#)

Step 4. The Provide Notarized Identification Form page appears.

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](#)

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

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

Step 5. Click View Your Intealth Identification Form.

Provide Notarized Identification Form

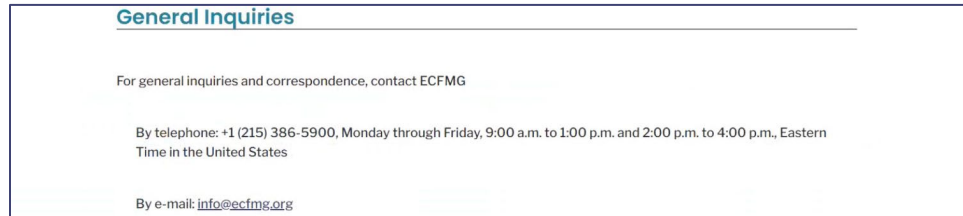
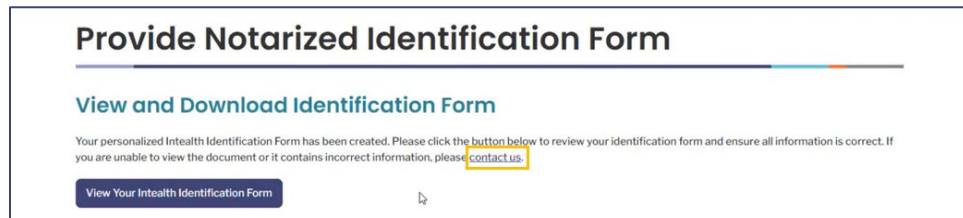
View and Download Identification Form

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](#)

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

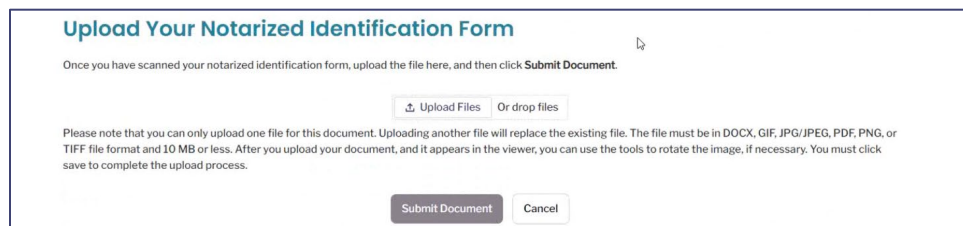
- b. If there are any errors with the form that need to be corrected prior to being notarized, click the **contact us** link to open a new page with contact information.



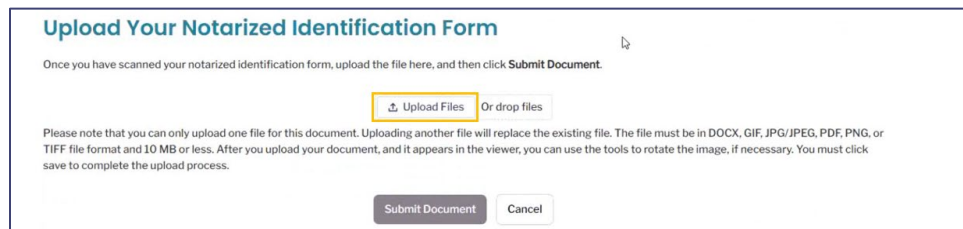
Step 6. At this point, you are responsible for getting the document notarized in person.

- a. Do not continue to the next step until that document has been notarized.
- b. Once you have had your document notarized in person by a notary, continue with the next step and upload that document to your MyIntealth account for review.

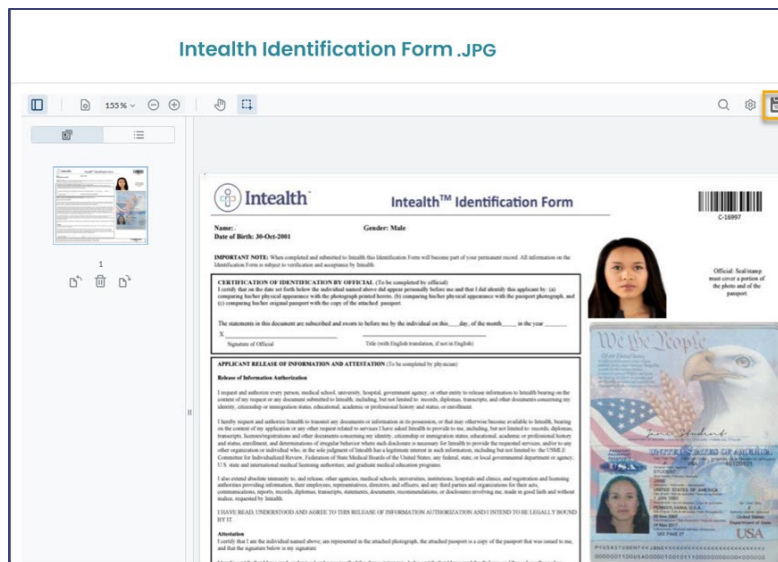
Step 7. Return to the Provide Notarized Identification Form page and scroll to the Upload Your Notarized Identification Form section.



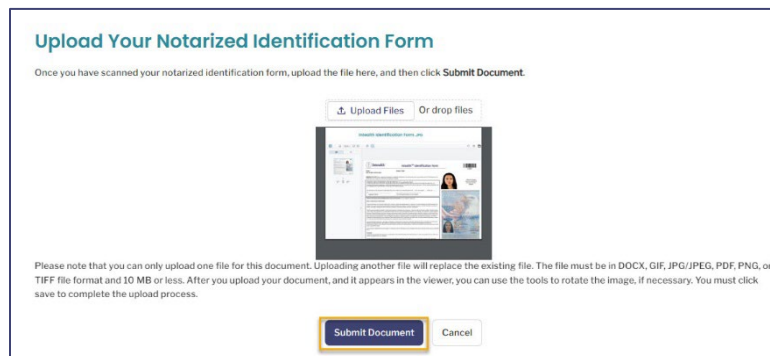
Step 8. Click **Upload Files** and upload the notarized document.



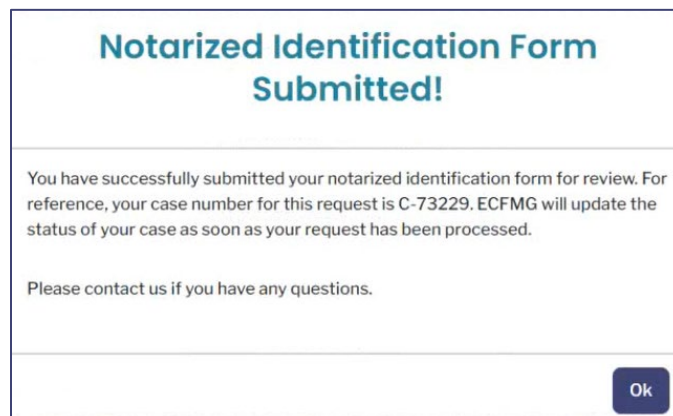
Step 9. A preview of the notarized document appears. Click **Save** (disk icon) in the top right corner.



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.

For more information, including special requirements and instructions for organizations that use EPIC, visit the [ECFMG website](#).

MyIntealth Account Establishment Request Progress

Current Status: Submitted for Identity Verification Review

Submitted for Identification Review Submitted for Identity Verification Review Account Established

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

1.6 ID Rejection Review and Application Resubmission

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

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

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

MyIntealth Account Establishment Request Progress

Current Status: Pending Applicant Action-Resubmit Identification Documents

Submitted for Identification Review Submitted for Identity Verification Review Account Established

Continue See Case Details

Step 2. Click **Continue**.

MyIntealth Account Establishment Request Progress

Current Status: Pending Applicant Action-Resubmit Identification Documents

Submitted for Identification Review Submitted for Identity Verification Review Account Established

Continue See Case Details

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

Resubmit Documentation

Resubmit Photograph

Please upload a new photograph. The previous photograph you submitted was unacceptable for the following reason(s):

Resubmit Passport

Please upload a new passport image. The previous passport image you submitted was unacceptable for the following reason(s):

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

Resubmit Photograph

Please upload a new photograph. The previous photograph you submitted was unacceptable for the following reason(s):

- Photograph was too blurry
- The photograph you uploaded cannot be accepted because it is blurry. Please upload a new image that shows a clear, front view of your full face with a plain, light-colored background.

***Upload Photo**

You must upload a recent, color photograph showing only a clear, front view of your full face with a plain, light-colored background.

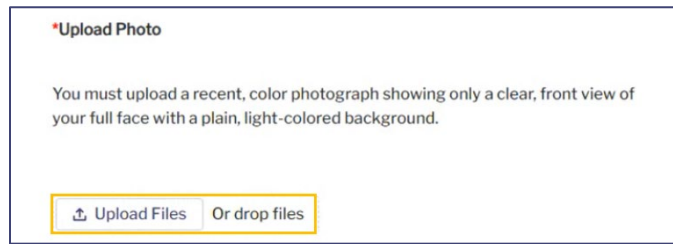
Resubmit Passport

Please upload a new passport image. The previous passport image you submitted was unacceptable for the following reason(s):

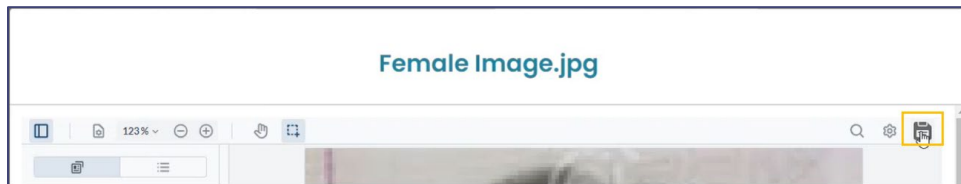
- The document you uploaded cannot be accepted because the image is cropped and is missing vital information. Please upload a new image of your passport with your photograph and all identification information clearly visible.
- The document you uploaded cannot be accepted because the image is cropped and is missing the Machine Readable Zone (MRZ) — the long lines of digits, letters, and chevrons typically at the bottom of the passport. Please upload a new image of your passport that includes your photograph, MRZ, and all identification information.

***Upload Passport**

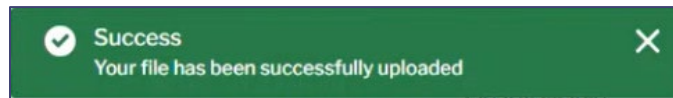
- b. Click **Upload Files** in either subsection to upload the required file. The previous version of the document appears for reference.



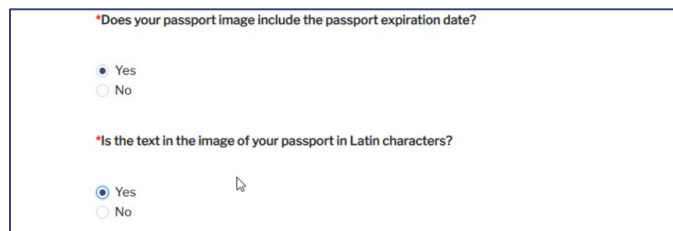
- c. Follow the on-screen prompts to upload a file. A preview of the selected file appears onscreen. Click **Save** (disk icon) in the right corner of the preview.



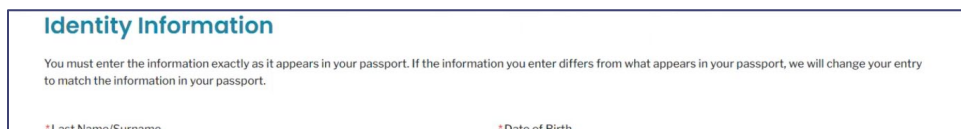
- d. A Success notification appears, and the image now displays below the **Upload Files** button.



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



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



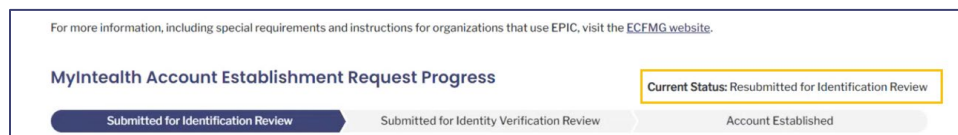
- Step 5.** Click **Submit**.



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

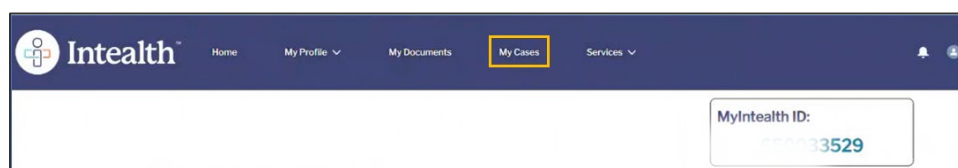


- Step 7.** Scroll to the MyIntealth Account Establishment Request Progress section to view the newly updated Current Status: Resubmitted for Identification Review.



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.

- a. If **Yes** appears in the **Action Required** column, click the **Case Number** to see what actions are 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
C-66049	ERAS	Pending Document Upload	08-30-2023	09-14-2023	Yes	No
C-59282	Identity Verification	Account Established	07-25-2023	07-25-2023	No	No
C-59285	Application For Certification	Accepted	07-25-2023	07-25-2023	No	No
C-59386	ERAS	Token Generated	07-25-2023	08-08-2023	No	No
C-73134	Exam Registration	Rejected	10-20-2023	10-20-2023	No	No
C-73139	Exam Registration	Rejected	10-20-2023	10-20-2023	No	No

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

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

Case Information

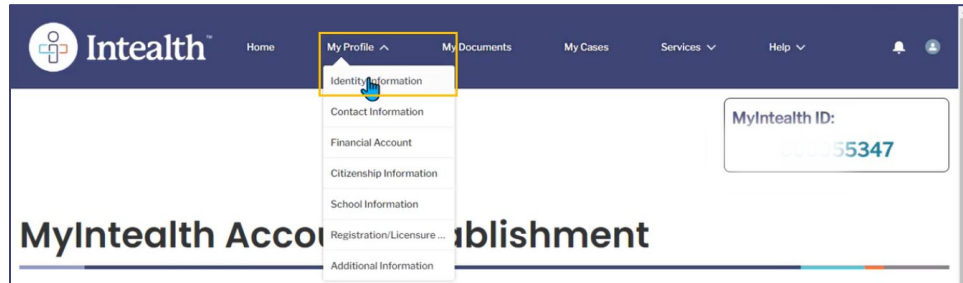
You currently have a pending action on this case: No

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.

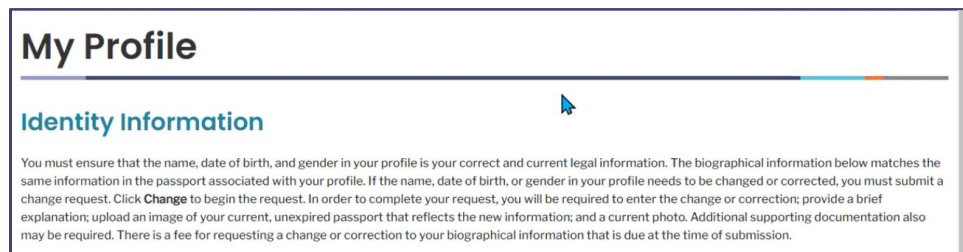
2 Complete a Biographic Change Request

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.

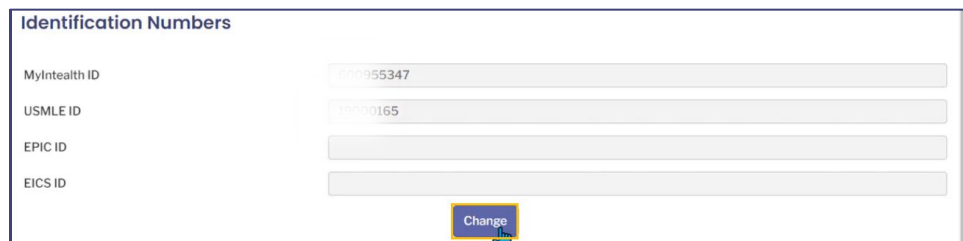


Step 2. The Identity Information page appears.



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 fields accordingly. 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

Armstrong I

My legal name consists of one name only

☐

* Rest of Name

Monica

Generational Suffix

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

* Last Name/Surname

Armstrong-Dennis

My legal name consists of one name only

☐

* Rest of Name

Monica

Generational Suffix

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

Supporting Documentation

You must provide a brief explanation for the reason 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.

Upload Files

Or drop files

* Reason for Change

Recently married

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

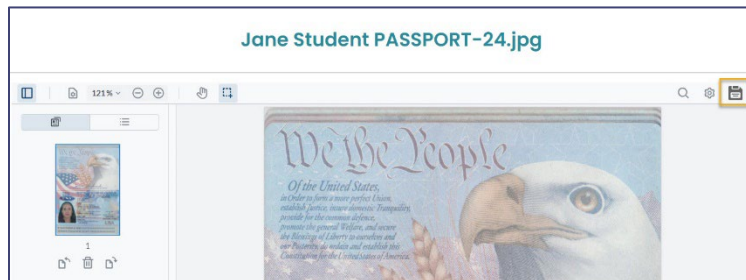
* Upload Passport

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**.

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.

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.

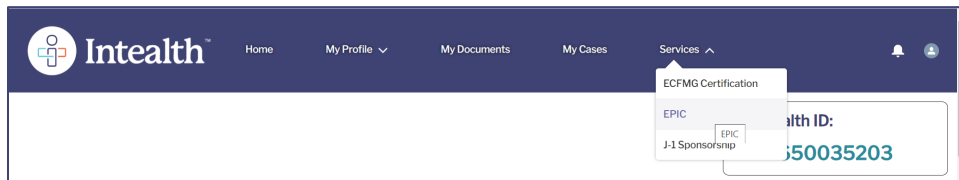
For your reference, your case number for this request is **C-17064**.

Payment Confirmation Number: 7914978030N2V147

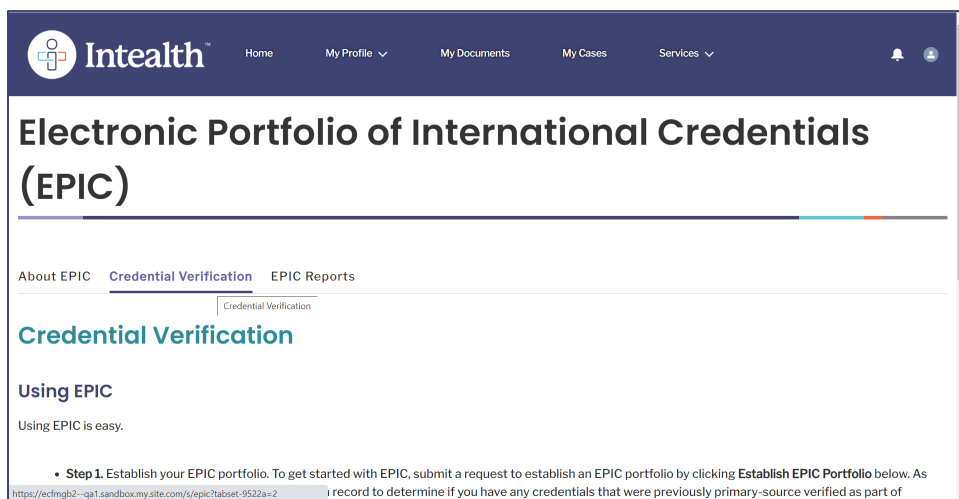
3 Electronic Portfolio of International Credentials (EPIC)

3.1 Submit Request to Establish Your EPIC Portfolio

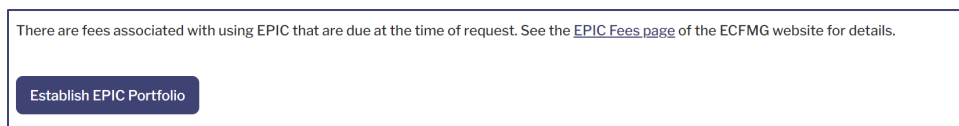
Step 1. From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and then click **EPIC** from the resulting dropdown.



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 with **Organization(s) to Which I Am Applying Section**

About EPIC **Credential Verification** EPIC Reports

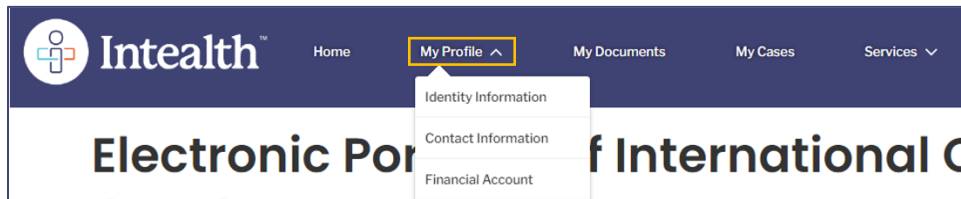
Review Your Profile Information

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	Loewe
Rest of Name	Ralph L.
Generational Suffix	--None--
Gender	Male
Date of Birth	Sep 12, 2000
*Citizenship Upon Entering Medical School	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 → **Identify Information** or **Contact Information** pages.



3.1.1 Organization(s) to Which I Am Applying Section

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

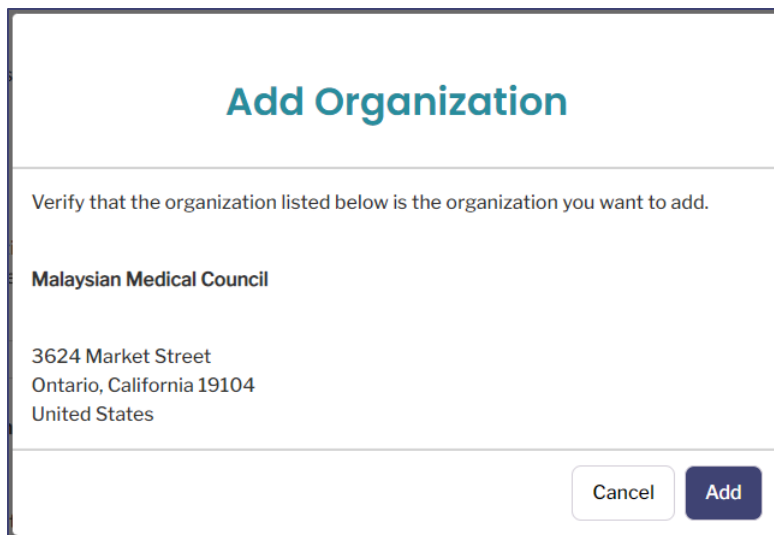
Search: Malaysian

Malaysian Medical Council
 BillingCity: Ontario
 BillingState: California
 BillingCountry: United States

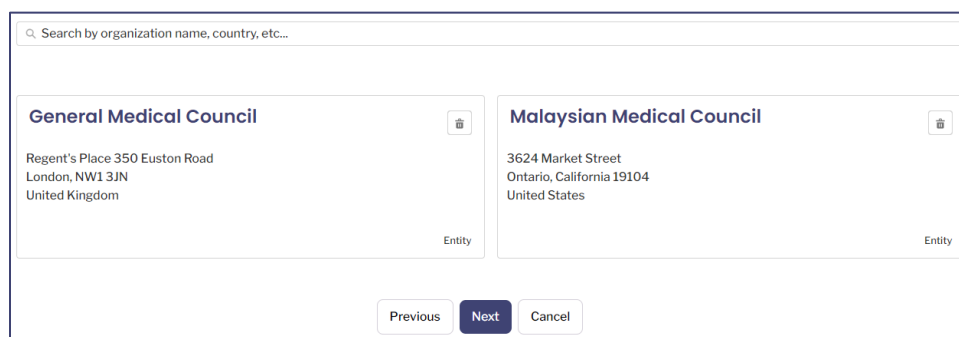
Submit New Organization

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

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



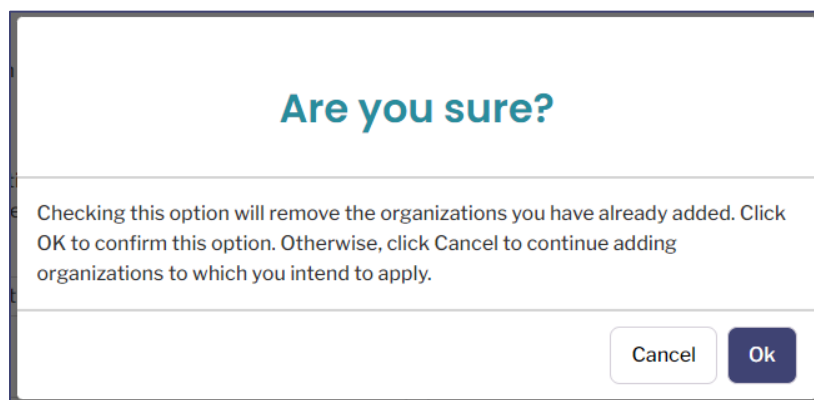
The 'Add Organization' screen features a teal title at the top. Below it, a light gray box contains the instruction: 'Verify that the organization listed below is the organization you want to add.' The organization details are listed: 'Malaysian Medical Council', '3624 Market Street', 'Ontario, California 19104', and 'United States'. At the bottom right, there are 'Cancel' and 'Add' buttons.



This screen shows a search bar at the top with 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 address 'Regent's Place 350 Euston Road, London, NW1 3JN, United Kingdom'. The right card is for 'Malaysian Medical Council' with address '3624 Market Street, Ontario, California 19104, United States'. Each card has a trash icon and the word 'Entity' at the bottom. At the bottom of the screen are 'Previous', 'Next', and 'Cancel' buttons.

- a. Alternatively, you can click **I do not know to which organization(s) I plan to send EPIC reports** if you are unsure of which organizations you want to include.

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**.



The 'Are you sure?' screen has a teal title. Below it, a light gray box contains the warning: 'Checking this option will remove the organizations you have already added. Click OK to confirm this option. Otherwise, click Cancel to continue adding organizations to which you intend to apply.' At the bottom right, there are 'Cancel' and 'Ok' buttons.

- Step 3.** Once you have added all organizations, click **Next** at the bottom of the screen, and continue with [Complete the Attestation by Applicant Section](#).

General Medical Council

Regent's Place 350 Euston Road

London, NW1 3JN

United Kingdom

Entity

Malaysian Medical Council

3624 Market Street

Ontario, California 19104

United States

Entity

Previous

Next

Cancel

3.1.2 Complete the Attestation by Applicant Section

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

About EPIC

Credential Verification

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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 Portfolio Request Attestation

Previous

Next

Cancel

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

EPIC Portfolio Request Attestation

EPIC Portfolio Request Attestation

1 / 1

74%

+

-

+

-

+

-

Intealth

Attestation by Applicant

EPIC Portfolio Request Attestation

I understand that,

- Intealth, through its Electronic Portfolio of International Credentials (EPIC) service, offers primary-source verification of medical credentials to physicians and organizations worldwide using a multi-step process that ensures credential authenticity directly with the institution that has issuing authority.
- An EPIC Portfolio allows physicians to build a digital career portfolio of primary-source verified credentials related to their medical education, training, and registration/licensure.
- Any falsification of information on this Request to Establish an EPIC Portfolio; 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 an 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, programs, or services of Intealth are considered irregular behavior. Intealth, through its ECFMG division, may report a determination of irregular behavior to the USMLE Committee for Individualized Review; Federation of State Medical Boards of the United States; U.S. Department of State; any applicable federal, state, local, or other relevant governmental or regulatory department or agency; U.S. state and international medical licensing authorities; graduate medical education

Accept

Step 3. Click Next and continue with the [Complete the Review Your Cart Section](#).

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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 Portfolio Request Attestation

Previous

Next

Cancel

3.1.3 Complete the Review Your Cart Section

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.

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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.

Cart Items

Product	Total
EPIC Registration	\$90.00

Subtotal: \$00.00

Total: \$00.00

Previous

Proceed to Payment

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

If the billing address for the credit card you are using is different from 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

123 USCS Way

Apt / Suite

Spartanburg

South Carolina

29301

Ralph L. Loewe

Card Number

MM/YY

CVV

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

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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
<div><div>Billing Address</div><div>123 USCS Way</div><div>Apt / Suite</div><div>Spartanburg</div><div>South Carolina</div><div>29301</div></div>	<div><div>Payment Info</div><div>Ralph L. Loewe</div><div>Card Number</div><div>MM/YY</div><div>CVV ?</div></div>

Pay \$90.00

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
<div><div>Billing Address</div><div>123 USCS Way</div><div>Apt / Suite</div><div>Spartanburg</div><div>South Carolina</div><div>29301</div></div>	<div><div>Payment Info</div><div>Ralph L. Loewe</div><div>Card Number</div><div>MM/YY</div><div>CVV ?</div></div>

Pay \$90.00

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.

Billing Address	Card	Bank Account	Payment Info
123 USCS Way			Ralph L. Loewe
Apt / Suite			Card Number
Spartanburg			MM/YY
South Carolina			CVV ?
29301			

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.

- 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 **C-69952**.

Payment Confirmation Number: 785934104M4NC3CW

Amount: \$90.00

Next

Step 7. The **MyIntealth Account Establishment** homepage appears.

Intealth Home My Profile My Documents My Cases Services

MyIntealth ID: 35203

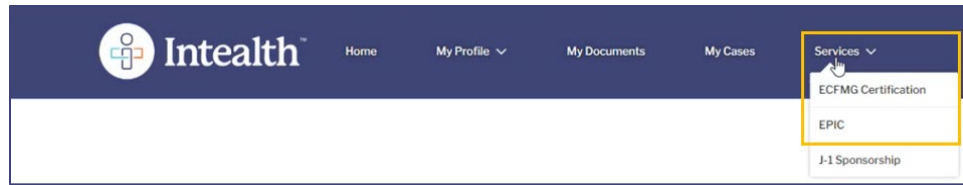
MyIntealth Account Establishment

Through its nonprofit members, Intealth offers a flexible and multi-layered portfolio of services that enhance and support the education and training of health care professionals, verify their qualifications required to practice, and inform the development of health workforce policies around the world. MyIntealth is where you will be able to access many of our services. Before you can request services, you must complete a request to establish a MyIntealth account. Please read these important [Instructions for Establishing Your MyIntealth Account](#).

When you are ready to begin the account establishment process, review the service descriptions below and indicate which service you are interested in pursuing. Indicating a service of interest as part of the account establishment process is for our planning purposes only; you will not be required to pursue that service nor will your eligibility for the service of interest be evaluated as part of the account establishment process. Eligibility for each service will be determined as part of each service request, not as part of your MyIntealth account establishment. Once your MyIntealth account is approved, you will be able to access and submit requests for individual services available through MyIntealth.

3.2 Upload Credentials to Your EPIC Portfolio for Verification

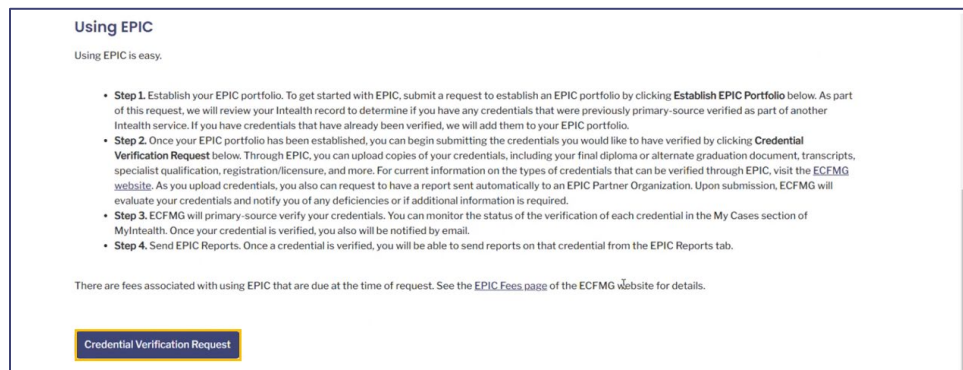
Step 1. From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services**, and then select **EPIC** from the dropdown menu.



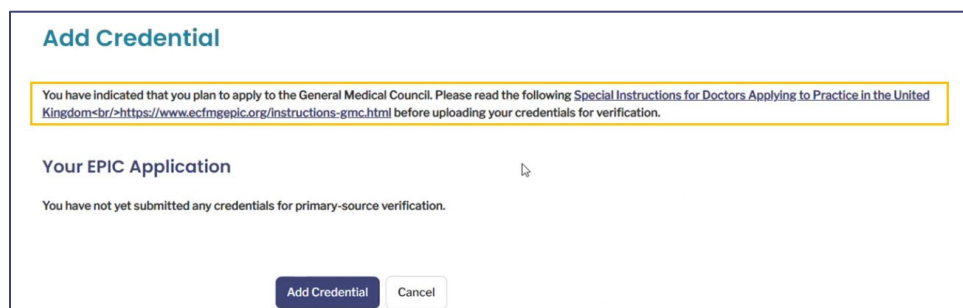
Step 2. The Electronic Portfolio of International Credentials (EPIC) page appears. Click the Credential Verification tab.



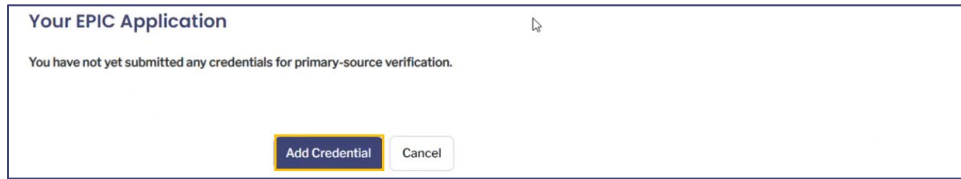
Step 3. Review the information related to **Using EPIC**. Click **Credential Verification Request**.



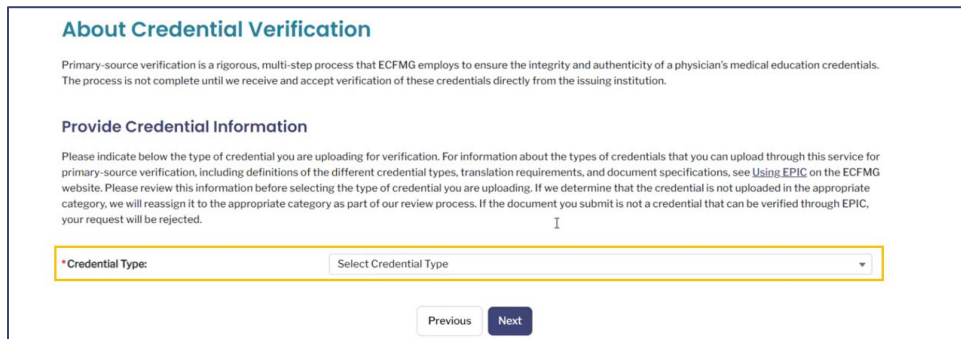
Step 4. The **Add Credential** page opens. If you are applying to an EPIC Partner Organization, click the link to review the special instructions.



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

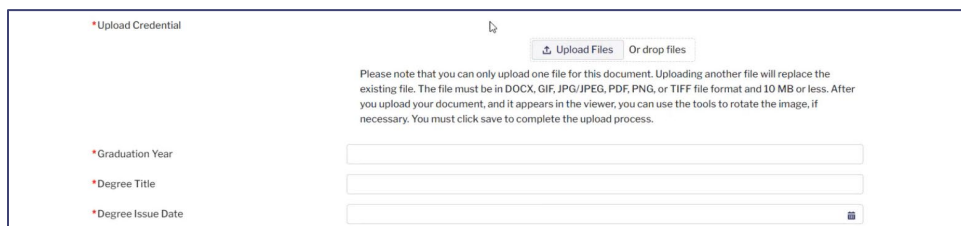


Step 6. The **About Credential Verification** page opens. Select the type of credential you are uploading from the **Credential Type** dropdown menu.



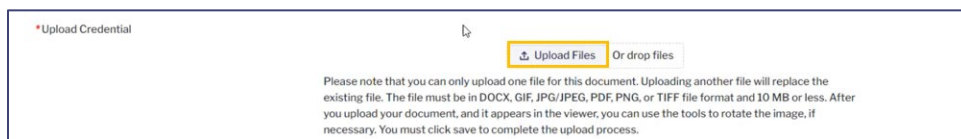
- a. Enter any additional required information (*) that appears because of your selected **Credential Type**.

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**.

The screenshot shows the 'Name Documentation' section. It includes a text input for 'Name in Intealth Profile' with the value 'Jersey Deville'. Below it is a text input for '* Name on Document' with the value 'J Deville'. A checkbox labeled '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.' is present and is currently unchecked.

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.

This section shows the checkbox for '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.' now checked. Below it is the 'Upload Name Documentation' section with an 'Upload Files' button and 'Or drop files' text. A note states: '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.

The screenshot shows the 'Credential Translation' section. It includes a text input for 'Is your credential in a language other than English? If yes, check the box. If no, leave it blank.' which is currently unchecked.

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.

This section shows the checkbox for 'Is your credential in a language other than English? If yes, check the box. If no, leave it blank.' now checked. Below it is the 'Upload Credential Translation (if not in English)' section with an 'Upload Files' button and 'Or drop files' text. A note states: '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

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

Add Organization

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

Gotham University
123 Test
19151
Uganda

Cancel Add

Step 11. Click **Next**.

You may select only one entity.

Gotham University

123 Test
19151
Uganda

Organization

This medical school/institution verifies credentials electronically through MyIntealth. If your credential is acceptable to be sent for verification, it will be sent electronically.

Previous Next

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

- If so, use **Search by name** to enter/select the EPIC Partner 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.

☐ 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.

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	Gotham University	2023-05-06	MBBS	Malaysian Medical Council

Step 1. Click **Next**.

Document Type	Issuing Institution	Issue Date	Title	Report Recipient Name
Final Medical School Transcript	Gotham University	2023-05-06	MBBS	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
Issuing Institution	Gotham University

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**.

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 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

Accept

Step 5. 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 6. The **Review Your Cart** page appears with an overview of your **Cart Items**.

Review Your Cart

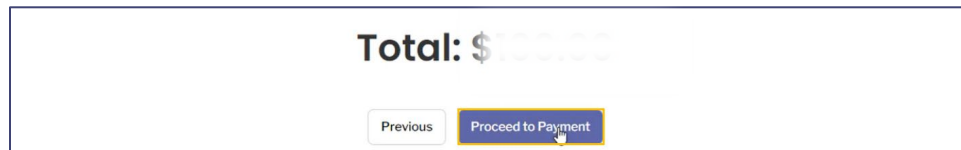
Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen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

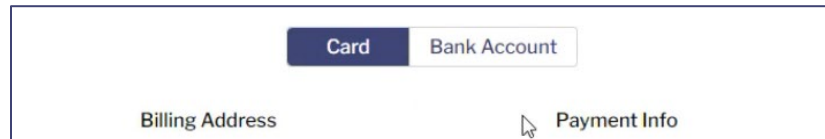
Cart Items

Product	Total
EPIC Credential Verification	\$100.00

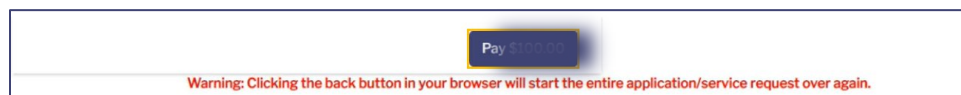
Step 7. Click **Proceed to Payment** at the bottom of the screen.



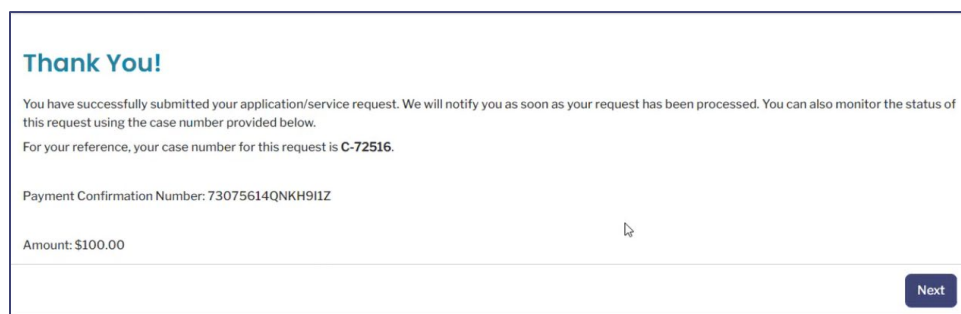
Step 8. Select your payment method, **Card** or **Bank Account**, and enter the required information in the subsequent sections.



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

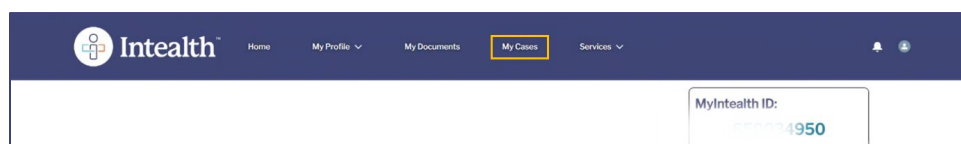


Step 10. When the payment is successfully processed, a **Thank You!** confirmation message appears, and an email confirmation is sent to your email address on file. Click **Next** to finish.



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.

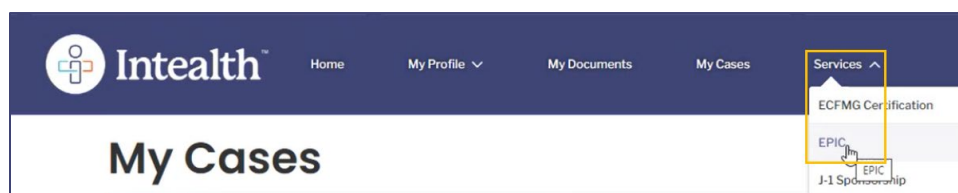
C-70855	Credential Verification	Submitted - In Review at ECFMG	09-25-2023	09-26-2023	No	No
C-71003	Credential Verification	Submitted - In Review at ECFMG	09-26-2023	09-26-2023	No	No
C-72511	Credential Verification	Cancelled By Applicant	10-12-2023	10-12-2023	No	No
C-72512	EPIC Verification Report Request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

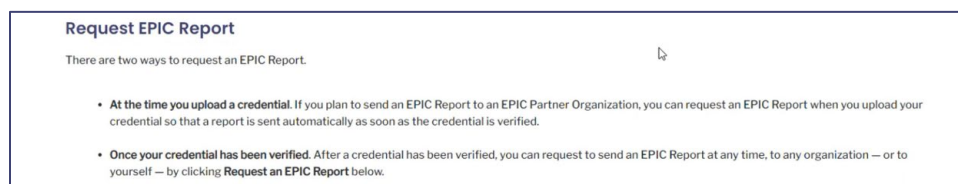
Step 1. Click **Services** in the top banner and select **EPIC** from the dropdown.



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 about the ways to request an **EPIC Report**.



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

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 - View	View	Report Sent	October 11, 2023	Free report
Malaysian Medical Council	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Free report
Malaysian Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 11, 2023	Free report

Step 4. Click Request an EPIC Report.

Request EPIC Report

There are two ways to request an EPIC Report.

- **At the time you upload a credential.** If you plan to send an EPIC Report to an EPIC Partner Organization, you can request an EPIC Report when you upload your credential so that a report is sent automatically as soon as the credential is verified.
- **Once your credential has been verified.** After a credential has been verified, you can request to send an EPIC Report at any time, to any organization — or to yourself — by clicking **Request an EPIC Report** below.

[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	View
<input type="checkbox"/>	C-72417	Final Medical School Transcript	View
<input type="checkbox"/>	C-72432	Postgraduate Training Credential	View

*Report Recipient:

[Choose Values](#)

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

*Report Recipient:

[Choose Values](#)

[Request Report](#)

[Back](#)

- 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	View
<input type="checkbox"/> C-72417	Final Medical School Transcript	View
<input checked="" type="checkbox"/> C-72432	Postgraduate Training Credential	View

*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.

Search by name...

- c. Search for and Add the **Entity** to receive this report.

*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.

[council](#)

Malaysian Medical Council
BillingCity: Philadelphia
BillingState: Pennsylvania
BillingCountry: United States

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. 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
C-72415: (Final Medical Diploma)	
Degree Title	MBBS
Degree Issue Date	5/7/2005
Graduation Year	2005
Attendance Start Date	8/28/2001
Attendance End Date	5/6/2005
Issuing Institution	Tesla Medical School

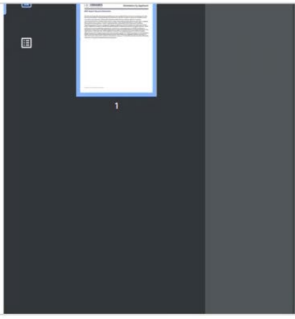

Step 7. Scroll to the bottom of the page and click **Next**.

Previous	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):	
<input type="checkbox"/> 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	
	<div>Intealth Advancing the Global Health Workforce</div> <div>Attestation by Applicant</div> <div>EPIC Report Request Attestation</div> <p>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.</p> <p>I also certify that I have read the <i>Policies and Procedures Regarding Irregular Behavior</i> and agree to abide by these policies and procedures. I certify I understand that, as provided in the <i>Policies and Procedures Regarding Irregular Behavior</i>, among other things, Intealth may find that submission of false information and/or falsified documents to Intealth through MyIntealth or otherwise constitutes irregular behavior, which could result in actions including suspension or revocation of, or permanent bar to ECFMG Certification; suspension or removal of J-1 visa sponsorship; and/or a report of a determination of irregular behavior to any organization or individual who, in the judgment of Intealth, has a legitimate interest in such information. (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.)</p> <div>Accept</div>

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):	
<input checked="" type="checkbox"/> 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.

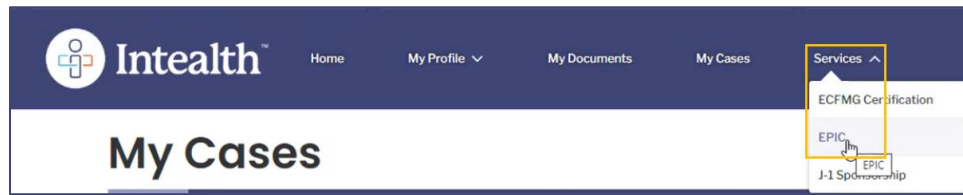
Step 14. Once you have entered all information, click **Pay \$**.

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.

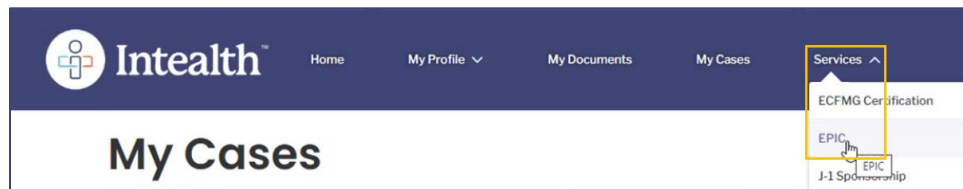


Step 19. The **EPIC Report History** section appears and now shows your most recent requests.

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 - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - View	View	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Paid Report
Malaysian Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 11, 2023	Free report
General Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 12, 2023	Paid Report

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

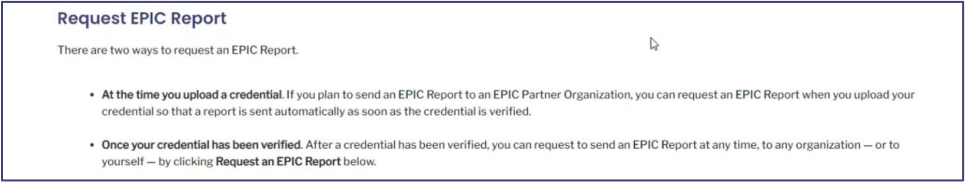
Step 1. Click **Services** in the top banner and select **EPIC** from the dropdown menu.



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



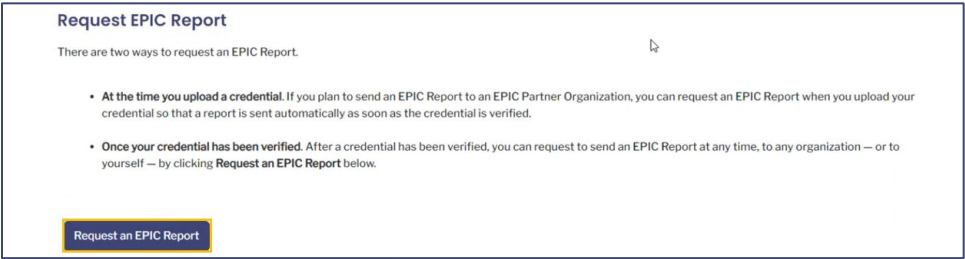
Step 3. Scroll to the **Request EPIC Report** section. Review the information for ways to request an **EPIC Report**.



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

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 - View	View	Report Sent	October 11, 2023	Free report
Malaysian Medical Council	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Free report
Malaysian Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 11, 2023	Free report

Step 4. Click Request an EPIC Report.



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

*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	View
<input type="checkbox"/> C-72417	Final Medical School Transcript	View
<input type="checkbox"/> C-72432	Postgraduate Training Credential	View

*Report Recipient:

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

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	View
<input checked="" type="checkbox"/> C-72417	Final Medical School Transcript	View
<input type="checkbox"/> C-72432	Postgraduate Training Credential	View

*Report Recipient:

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

*Report Recipient:

Please enter the requested information for this organization.

*Report Recipient Email Address:

*Verify Report Recipient Email Address:

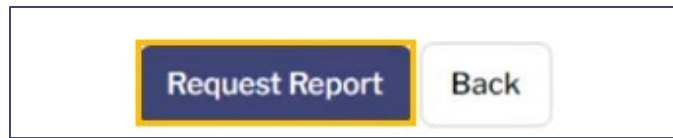
*Report Recipient Name:

*Name of Organization:

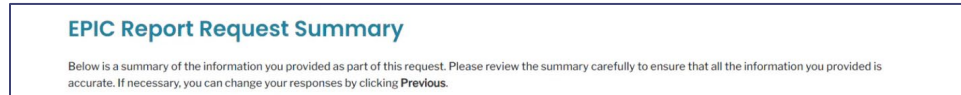
*Country:

*Report Recipient Mailing Address:

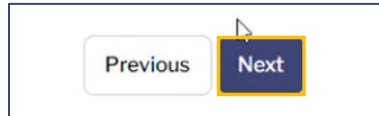
d. Click **Request Report**.



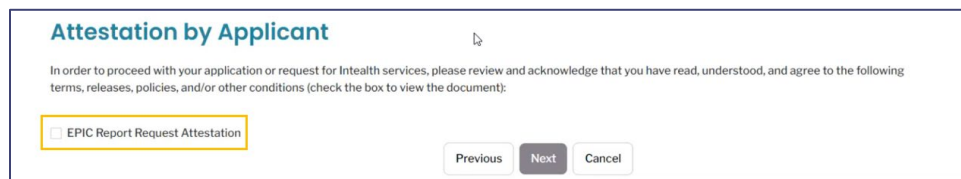
Step 6. The **EPIC Report Request Summary** page appears. Review this information.



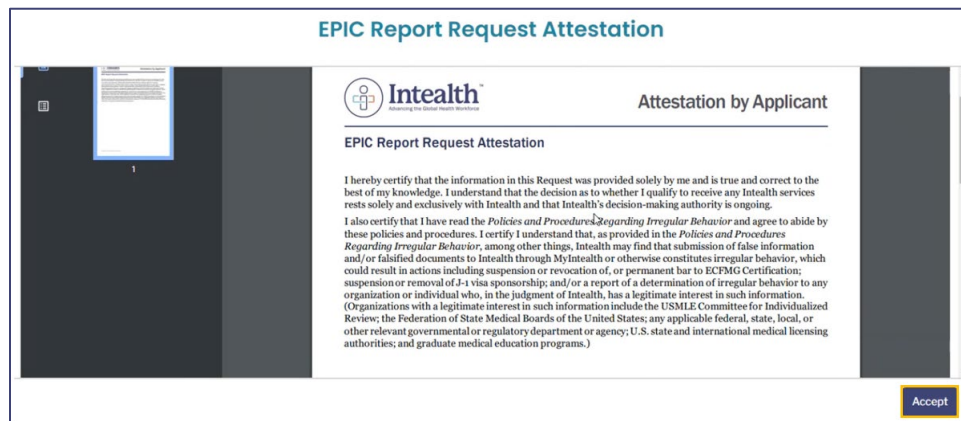
Step 7. Scroll to the bottom of the page and click **Next**.



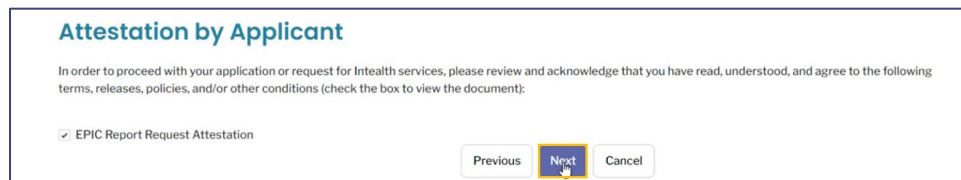
Step 8. The Attestation by Applicant page appears. Click the EPIC Report Request Attestation checkbox.



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



Step 10. Click **Next**.



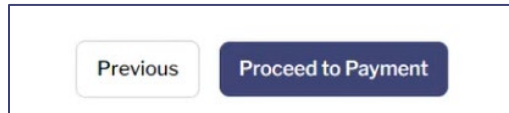
Step 11. The **Review Your Cart** page opens with an overview of the **Cart Items**.

Review Your Cart

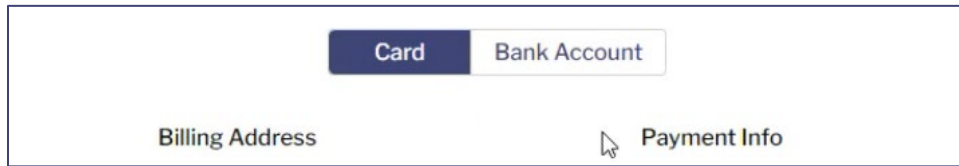
Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen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

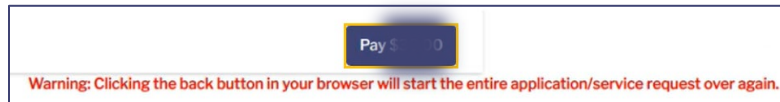
Step 12. Scroll down and click **Proceed to Payment**.



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

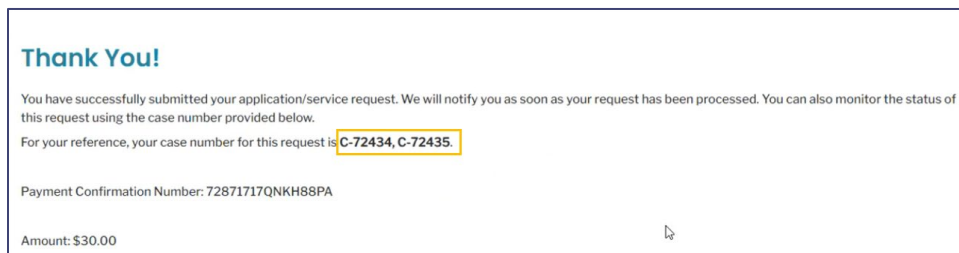


Step 14. Once you have entered all information, click **Pay \$**.



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.

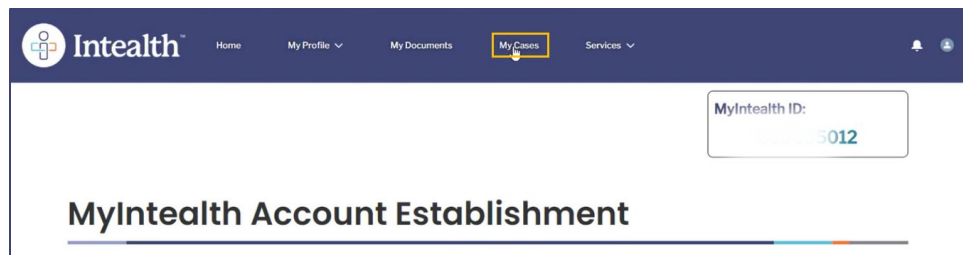
- a. It is recommended to document your case numbers (**C-#**) for this request. It can help MyIntealth advisors quickly locate your case.



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



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



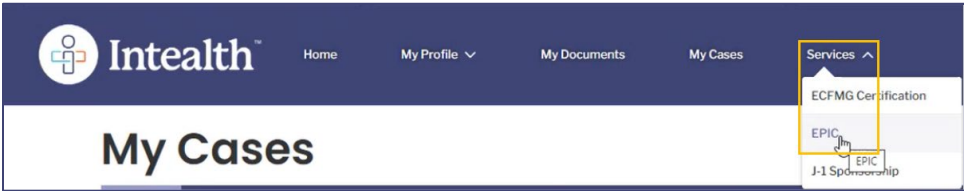
Step 18. The My Case Requests list appears. This list now includes your EPIC Verification Report Request(s).

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.

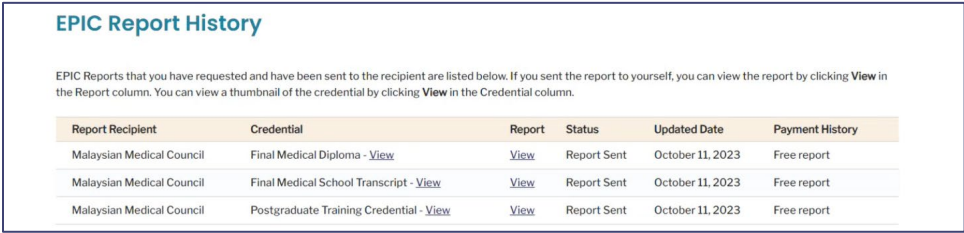
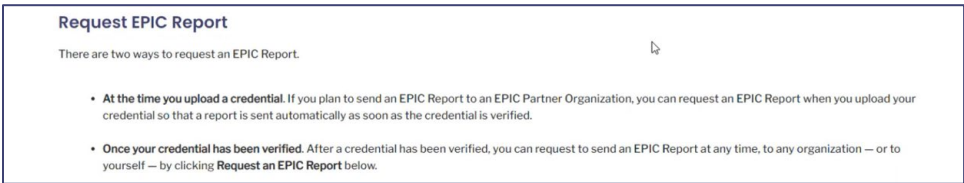


Step 2. The Electronic Portfolio of International Credentials (EPIC) page appears. Click the **EPIC Reports** tab.

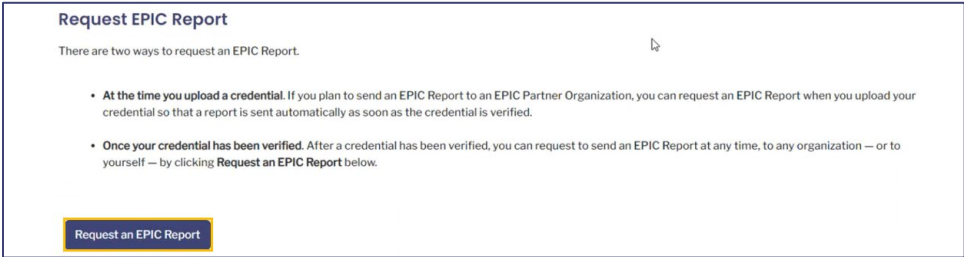


Step 3. Scroll to the **Request EPIC Report** section. Review the ways to request an **EPIC Report**.

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

*Report Recipient: [Choose Values](#)

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

*Report Recipient: [Choose Values](#)

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

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	View
<input checked="" type="checkbox"/>	C-72417	Final Medical School Transcript	View
<input type="checkbox"/>	C-72432	Postgraduate Training Credential	View

*Report Recipient: [Send Report to Myself](#)

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

c. Click **Request Report**.

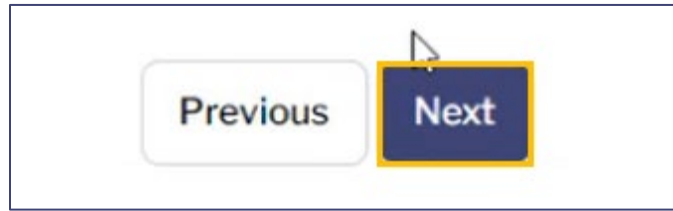
[Request Report](#) [Back](#)

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**.

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



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

Attestation by Applicant

In order to proceed with your application or request for Intealth 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** document appears. Review the attestation and click **Accept**.

EPIC Report Request Attestation

 **Intealth**
Advancing the Global Health Workforce

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

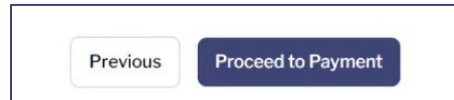
Step 11. The **Review Your Cart** page opens with an overview of the **Cart Items**.

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.

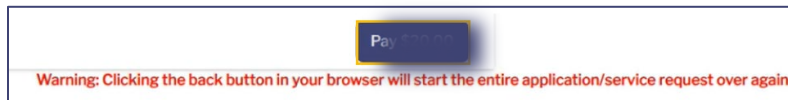
Step 12. Scroll down and click **Proceed to Payment**.



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

A screenshot of the payment selection interface. At the top, there are two buttons: 'Card' (selected) and 'Bank Account'. Below these are two sections: 'Billing Address' and 'Payment Info'.

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



Step 15. Once the payment is successfully processed, a **Thank You!** message appears, and an email confirmation is sent to your email address on file.

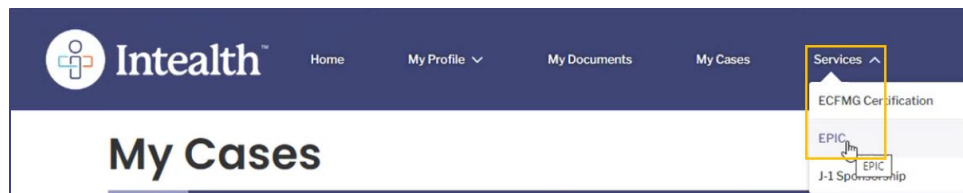
- It is recommended to document your case numbers (**C-#**) for this request. It can help MyIntealth advisors quickly locate your case.

A screenshot of the 'Thank You!' confirmation screen. It displays the case numbers 'C-72481, C-72482' in a yellow box. Below this, it shows the 'Payment Confirmation Number: 730420113NKH4Z40' and the 'Amount: \$20.00'. A 'Next' button is located at the bottom right.

Step 18. Click **Next** to complete the application and return to the **MyIntealth** homepage.

A screenshot of the confirmation screen, similar to the previous one, but with the 'Next' button highlighted with a yellow box.

Step 19. To review the report request, click **Services** in the top banner, and select **EPIC** from the dropdown menu.



Step 20. The Electronic Portfolio of International Credentials (EPIC) page appears. Click the EPIC Reports tab.



Step 21. The **EPIC Report History** section appears and now shows your most recent requests.

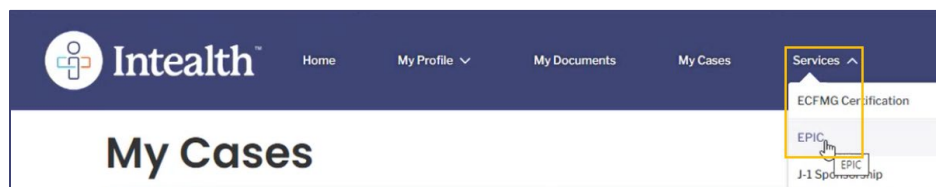
EPIC Report History

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 - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical Diploma - View	View	Report Sent	October 11, 2023	Paid Report
General Medical Council	Final Medical Diploma - View	View	Report Sent	October 12, 2023	Paid Report
Malaysian Medical Council	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Free report
South Jersey A&M University	Final Medical School Transcript - View	View	Report Sent	October 11, 2023	Paid Report
Malaysian Medical Council	Postgraduate Training Credential - View	View	Report Sent	October 11, 2023	Free report
General Medical Council	Postgraduate Training Credential - View	View	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.



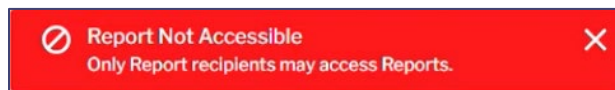
Step 2. The Electronic Portfolio of International Credentials (EPIC) page appears. Click the EPIC Reports tab.



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

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

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



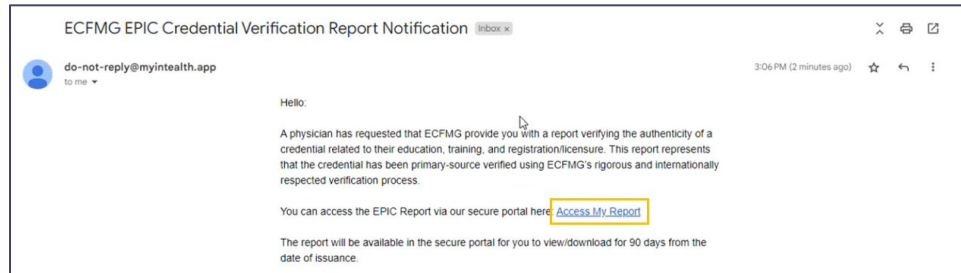
- b. You are only able to view reports that you have sent to yourself.

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



3.3.5 Access an EPIC Report You Sent to Yourself

Step 1. If you wish, you can send an EPIC Report to yourself. To send a report to yourself, see [Request an EPIC Report Be Sent to Myself](#). If you send an EPIC Report to yourself, once the report is available, you will receive an **ECFMG EPIC Credential Verification Report Notification email** at the email address you provided. A link to access the report will be embedded within the email. Click the **Access my Report** link.



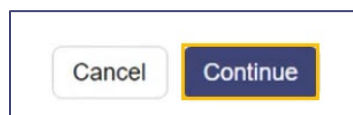
Step 2. The One-time EPIC Report Recipient Access page opens. Click **Access Report**.



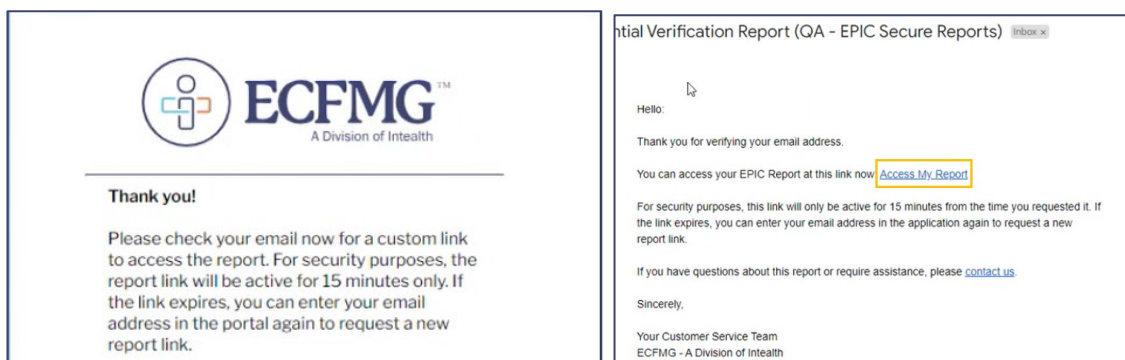
Step 3. Enter the **email address** at which you received the report notification.

A screenshot of a web form. At the top is the ECFMG logo. Below it is a horizontal line. The text 'Please enter the email address at which you received the report notification.' is displayed above a text input field. The input field contains a single character 'I'.

Step 4. Click Continue.



Step 5. A **Thank you!** notification appears. Check your email for an additional email containing a new custom link to access the report. Click **Access My Report** in this new email.



Step 6. The **One-time EPIC Report Recipient Access** page opens again. Click **Access Report**.



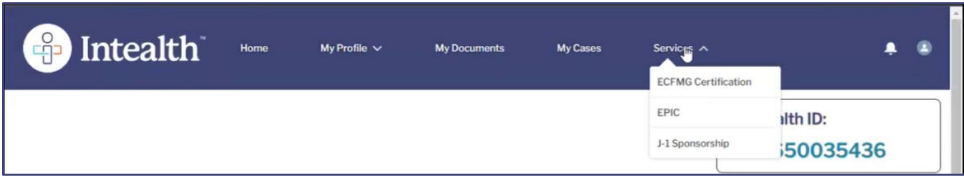
Step 7. A list of the **EPIC Reports** you requested for verified credentials are available to view and download.

Individual	MyIntealth ID	Reference Number	Credential	Report Issued	Report Removal	Actions
Phyllis del Phia	650035013	87654321	Postgraduate Training Credential	10/09/2023	10/12/2023	View Download
Phyllis del Phia	650035013	87654321	Postgraduate Training Credential	10/09/2023	10/12/2023	View Download
Marsha Madness	650035012	08163264	Final Medical Diploma	10/11/2023	10/14/2023	View Download
Marsha Madness	650035012	08163264	Final Medical School Transcript	10/11/2023	10/14/2023	View Download

4 ECFMG Certification

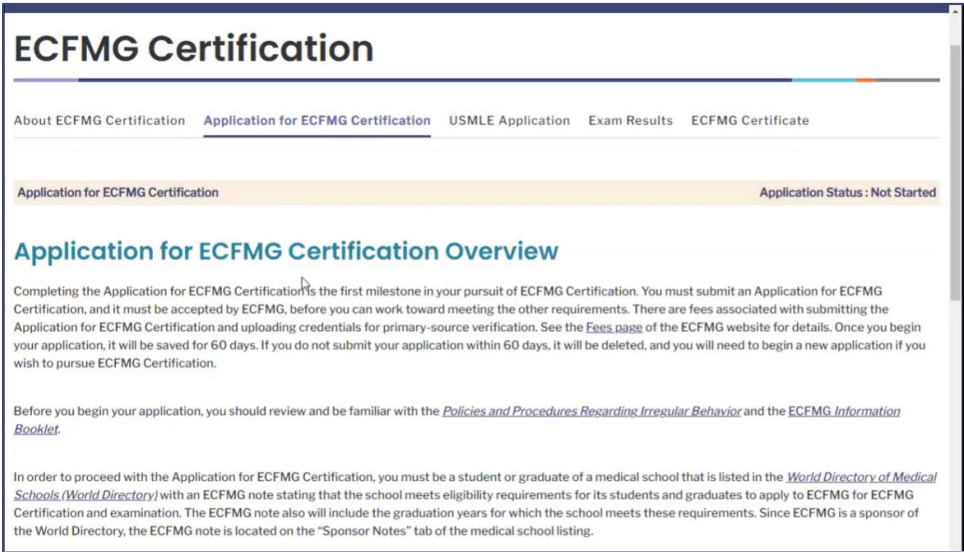
4.1 Submit an Application for ECFMG Certification

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

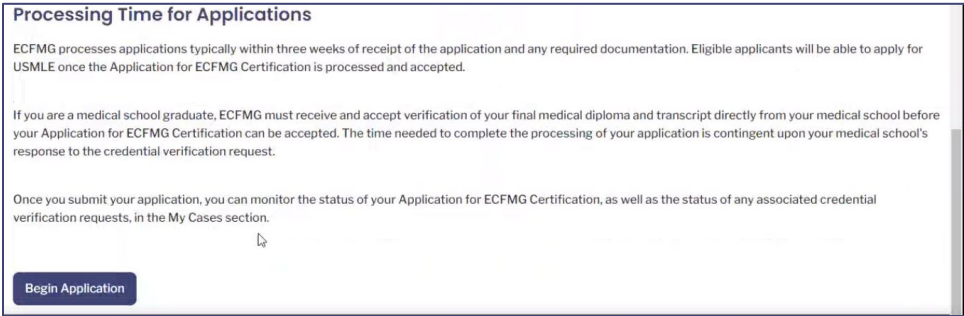


Step 2. Click the Application for ECFMG Certification tab.

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 change are necessary, and click **Next** at the bottom of the screen.

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

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: Jones

Rest of Name: Kimberly

Generational Suffix: --None--

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, go to the Continue with the Application as a Student section of this user guide.
- If you are a graduate, go 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:

4.1.1 Continue with the Application as a Student

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

*Medical Education Status

☒ 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


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

*Degree Title

Doctor Of Medicine (MD)

*Degree Issue Month & Year

Month: January Year: 2024

Student ID 

Specialty

Save Previous **Next** Cancel

Step 3. The Other Medical Schools Attended page appears.

ECFMG Certification

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

Other Medical Schools Attended

If you have ever attended or were formally enrolled in a medical school other than the medical school that awarded or will award your medical degree, you must provide the information requested for each medical school, including if you attended a medical school for a short period of time and/or did not transfer credits from a medical school. If you attended multiple schools, click **Add New School** to enter another school.

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. For the purpose of ECFMG Certification, credits that are transferred to the medical school that awarded or will award your medical degree must meet certain criteria. Failure to disclose and document these credits may have a number of negative consequences, including delaying exam registration and certification by ECFMG, and may result in a finding of irregular behavior and permanent annotation in your record. See information on transfer credits and medical education credentials in the applicable edition of the [ECFMG Information Booklet](#).

Add New School

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

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

Other Medical School #1

Other Medical School

*Attendance Start Month & Year

Month: Select Year: Select

*Attendance End Month & Year

Month: Select Year: Select

*Number of Years Attended

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

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
General Science	3.50	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	Month <input type="text"/> Year <input type="text"/>

*Upload Transcript to Document Transfer Credits

(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
General Science	3.50	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	Month <input type="text"/> Year <input type="text"/>

*Upload Transcript to Document Transfer Credits

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

Final Medical School Transcript.pdf

121%

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

*Upload Transcript to Document Transfer Credits

This is to be used as a Final Medical School Transcript

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 differences. 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.

Add New School

Other Medical School #1

Delete School

Step 5. Click **Next**.

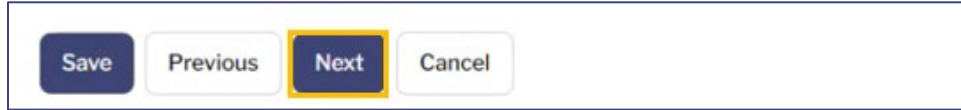
Step 6. The **Other Institutions Attended** screen appears. Click the **checkbox** if you transferred any credits to your degree medical school from any institution that is not a medical school.

- 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 **Transfer Credits Disclosure and Documentation** screen previously shown.

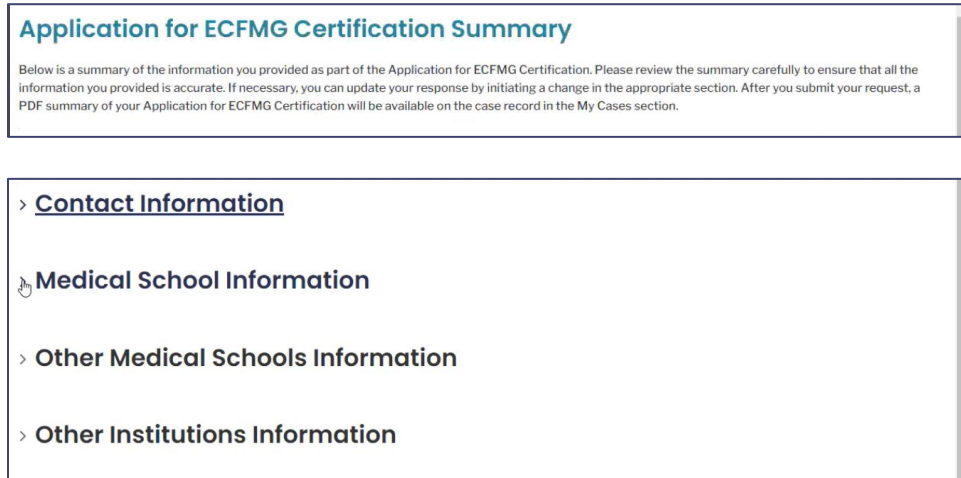
Step 7. Click **Next**.

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

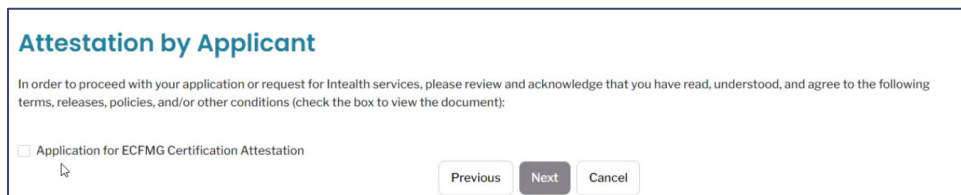
Step 9. Click **Next**.



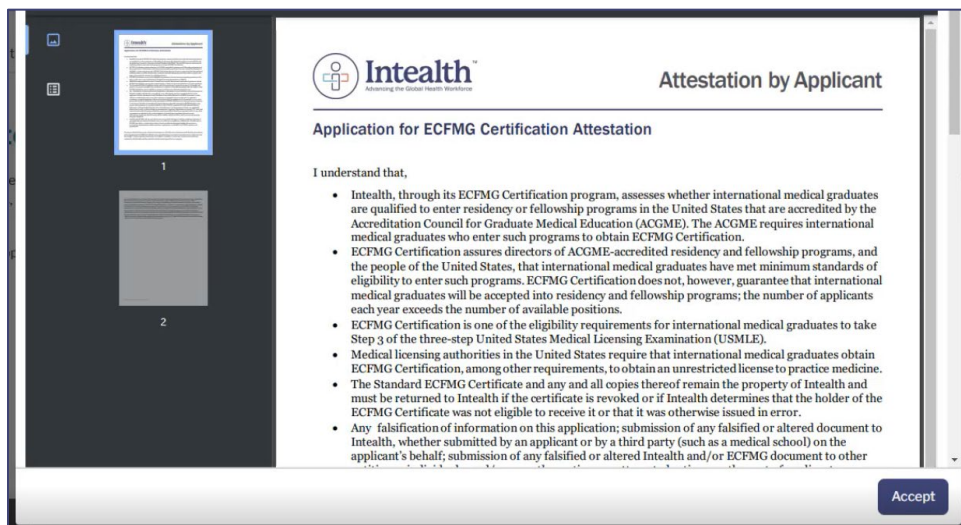
Step 10. The **Application for ECFMG Certification Summary** screen appears. Review and update the information, if necessary, and click **Next**.



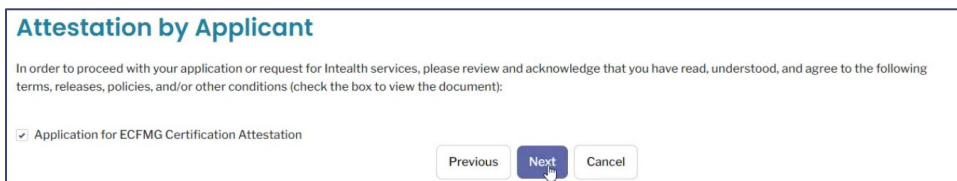
Step 11. The Attestation by Applicant page appears. Click the Application for ECFMG Certification Attestation checkbox.



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



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



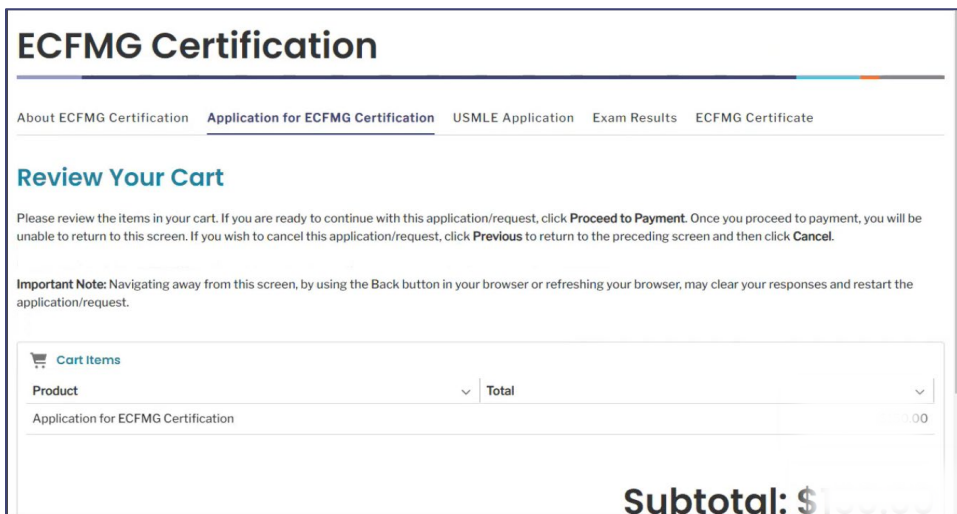
Attestation by Applicant

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

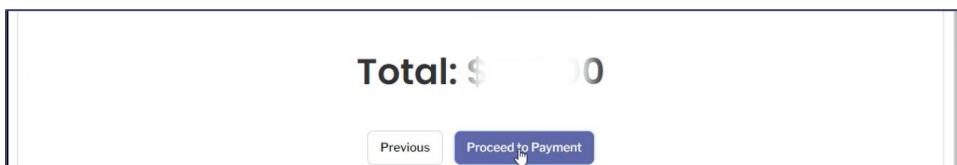
Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen 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	\$100.00

Subtotal: \$100.00

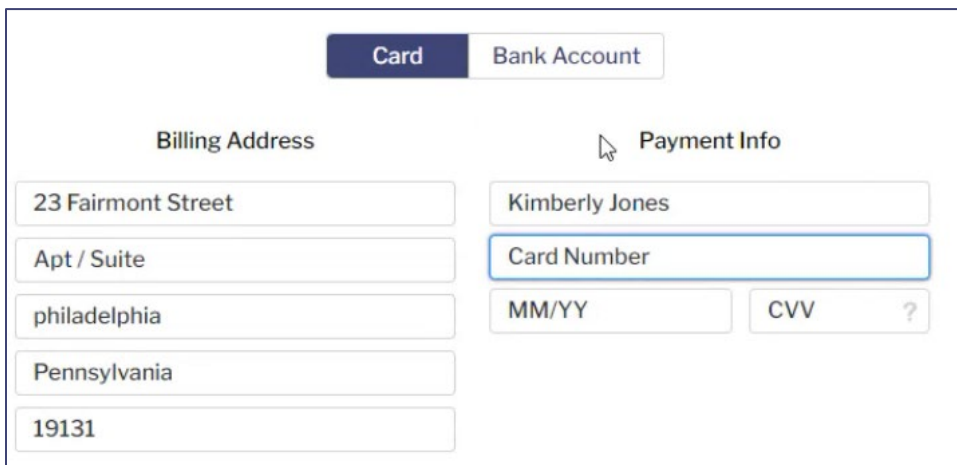
Step 14. Click **Proceed to Payment**.



Total: \$100.00

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

23 Fairmont Street

Apt / Suite

philadelphia

Pennsylvania

19131

Payment Info

Kimberly Jones

Card Number

MM/YY CVV ?

Step 16. Click **Pay \$**.

The screenshot shows a payment form with two tabs: 'Card' (selected) and 'Bank Account'. The form is divided into two columns: 'Billing Address' and 'Payment Info'. The 'Billing Address' column contains five input fields: '23 Fairmont Street', 'Apt / Suite', 'philadelphia', 'Pennsylvania', and '19131'. The 'Payment Info' column contains three input fields: 'Kimberly Jones', 'Card Number' (highlighted with a blue border), and 'MM/YY' and 'CVV' (with a '?' icon). A 'Pay \$150.00' button is highlighted with a yellow border at the bottom right.

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.

The screenshot shows two parts of the confirmation process. The top part is a 'Thank You!' confirmation page with the following text: '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: 73858755QNKHFZVW Amount: \$150.00'. A 'Next' button is at the bottom right. The bottom part is an email confirmation message with the following text: 'Hello: Your Intealth payment of \$150.00 USD made on 10/16/2023 1:39 PM has been processed. Your payment confirmation number is 73858755QNKHFZVW. Your Customer Service Team Intealth This message was generated automatically by MyIntealth. Please do not reply to this message as this email box is unmonitored.'

Step 18. Click **Next** to complete your application, and return to the **MyIntealth Applicant Portal** homepage. To review your application, go 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 (*).

* Medical Education Status

Student

Graduate

* Degree Medical School

Medical College Baroda

* Attendance Start Month & Year

Month

Year

March

2020

* Attendance End Month & Year

Month

Year

May

2024

* Number of Years Attended

4.00

Step 2. Click **Next**.

* Degree Title

Doctor Of Medicine (MD)

* Degree Issue Month & Year

Month

Year

January

2024

Student ID

Specialty

Save

Previous

Next

Cancel

Step 3. The Other Medical Schools Attended page appears.

ECFMG Certification

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Other Medical Schools Attended

If you have ever attended or were formally enrolled in a medical school other than the medical school that awarded or will award your medical degree, you must provide the information requested for each medical school, including if you attended a medical school for a short period of time and/or did not transfer credits from a medical school. If you attended multiple schools, click **Add New School** to enter another school.

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. For the purpose of ECFMG Certification, credits that are transferred to the medical school that awarded or will award your medical degree must meet certain criteria. Failure to disclose and document these credits may have a number of negative consequences, including delaying exam registration and certification by ECFMG, and may result in a finding of irregular behavior and permanent annotation in your record. See information on transfer credits and medical education credentials in the applicable edition of the [ECFMG Information Booklet](#).

Add New School

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

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

Other Medical School #1

Other Medical School

* Attendance Start Month & Year

Month

Year

Select

Select

* Attendance End Month & Year

Month

Year

Select

Select

* Number of Years Attended

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

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.

Final Medical School Transcript.pdf

121%

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

*Upload Transcript to Document Transfer Credits

Or drop files

This is to be used as a Final Medical School Transcript

- 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 differences. 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: Kimberly Jones

* Name on Document: Kimberly Yolanda Jones

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

[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.

- 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

[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.

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

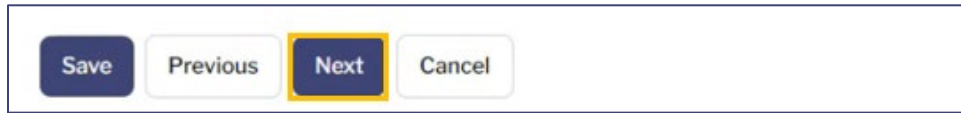
Note: *Delete School* is available if you need to remove other medical schools.

[Add New School](#)

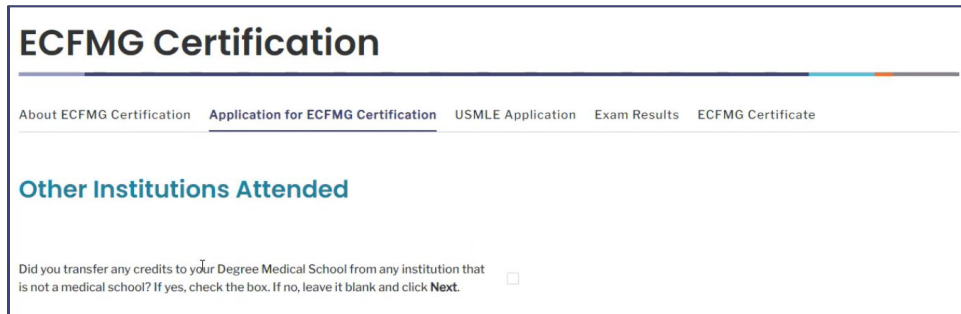
Other Medical School #1

[Delete School](#)

Step 5. Click **Next**.

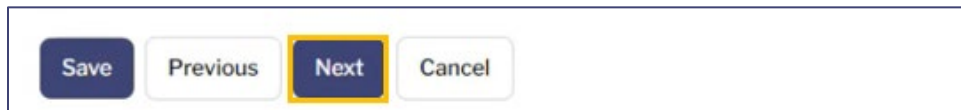


Step 6. The **Other Institutions Attended** screen appears. Click the **checkbox** if you transferred any credits to your degree medical school from any institution that is not a medical school.



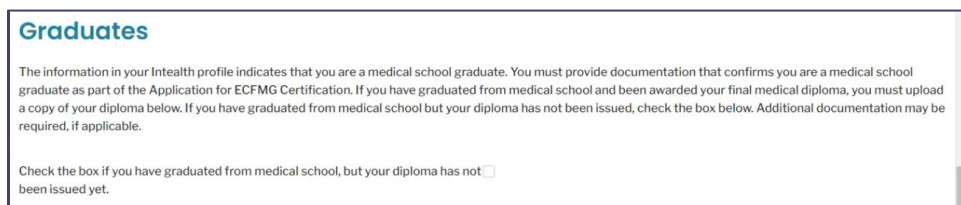
- a. If the checkbox is clicked, the **Other Institution #1** section appears, along with the ability to **Add New Institution**. Complete this information accordingly by following the on-screen prompts. The questions and information below follow a similar format to the **Transfer Credits Disclosure and Documentation** 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 differences. Use the steps previously shown to upload and save your supporting name documentation.
- d. In the Diploma Translation section, click the checkbox if your diploma is in a language other than English.
- (1) If the checkbox is clicked, you must **Upload a Translation of Your Diploma**.
 - (2) Use the previously documented steps to upload and save your diploma translation.

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

Upload a Translation of Your Diploma (if not in English).

This is to be used as a First Medical Exam

Step 9. Click **Next**.

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

The ECFMG® Reporter

The ECFMG Reporter provides important information regarding the ECFMG Certification process and entry into graduate medical education in the United States. The ECFMG Reporter may also advise you of services and programs offered by other organizations in connection with the certification process or graduate medical education in the United States. The ECFMG Reporter is a free publication. We recommend that all applicants for ECFMG Certification subscribe to The ECFMG Reporter.

Interested individuals can join or leave The ECFMG Reporter subscriber list or update their email addresses at any time by visiting the ECFMG website at www.ecfm.org/reporter/index.html or by writing to: Assistant Vice President, Communications & Outreach, Intealth, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, USA. You may also leave The ECFMG Reporter subscriber list at any time by clicking "unsubscribe" in the email newsletter.

If you wish to receive The ECFMG Reporter, check the ☐ box at right.

Step 11. Click **Next**.

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

Application for ECFMG Certification Summary

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

> **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.

1

2

Intealth™

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

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January 16, 2024
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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	\$150.00
Certification Credential Verification	\$50.00

Subtotal: \$200.00

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

Total: \$200.00

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.

- 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: 76115954L03520MB

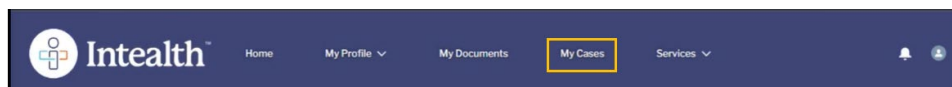
Amount: \$200.00

Next

Step 20. Click **Next** to complete your application and return to the **MyIntealth Applicant Portal** homepage. To review your application, go 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
C-71988	Identity Verification	Account Established	10-06-2023	10-09-2023	No	No
C-72759	Application For Certification	Submitted - In Review at ECFMG	10-16-2023	10-16-2023	No	No
C-72760	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
C-72761	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
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
C-71988	Identity Verification	Account Established	10-06-2023	10-09-2023	No	No
C-72759	Application For Certification	Submitted - In Review at ECFMG	10-16-2023	10-16-2023	No	No
C-72760	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
C-72761	Credential Verification	Submitted to ECFMG	10-16-2023	10-16-2023	No	No
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		

Application for ECFMG Certification Summary

Case

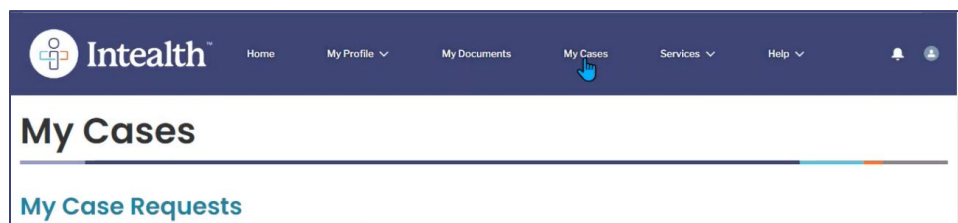
External Status

Created By	Old Value	New Value	Created Date
Kimberly Jones	Submitted	Submitted - In Review at ECFMG	10/16/2023, 01:39 PM EDT
Kimberly Jones	Submitted	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
C-16918	Identity Verification	Account Established	10-31-2023	10-31-2023	No	No
C-16919	Application For Certification	Resubmitted; In Review at ECFMG	10-31-2023	11-01-2023	No	No
C-16926	Exam Registration	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
C-16927	Credential Verification	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
C-16928	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
C-16918	Identity Verification	Account Established	10-31-2023	10-31-2023	No	No
C-16919	Application For Certification	Resubmitted; In Review at ECFMG	10-31-2023	11-01-2023	No	No
C-16926	Exam Registration	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
C-16927	Credential Verification	Submitted - In Review at ECFMG	11-01-2023	11-01-2023	No	No
C-16928	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.

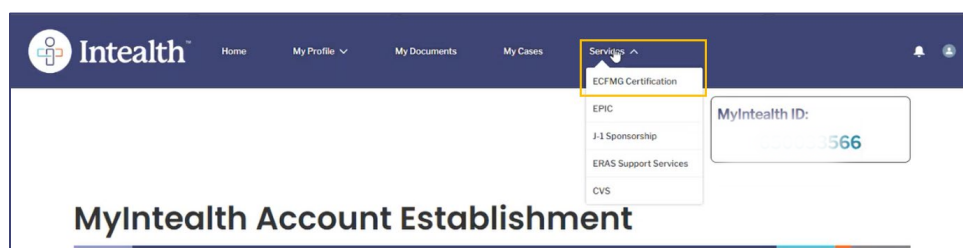
Step 4. The **Case Information** page appears. At the top of the page, there is a list of reasons explaining why the case was rejected.

Case Information

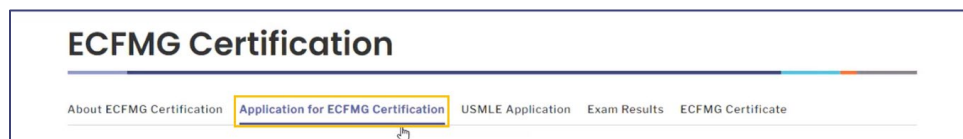
- The credential you uploaded does not list all of the required courses that you transferred. Please upload your Transfer Credit Transcript that has all of the courses which you transferred to your degree medical school.
- The credential you uploaded indicates you did not pass all of your transferred 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.
- 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.
- Courses listed were failed courses. Applicant would need to re-apply with only providing passed courses.

4.3 Update Your Application for ECFMG Certification

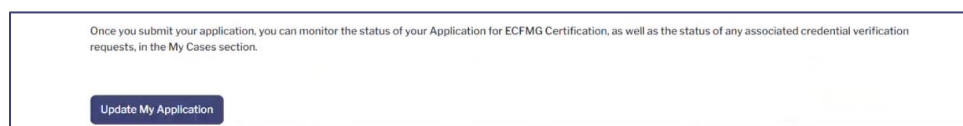
Step 1. From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services** and then select **ECFMG Certification** from the dropdown.



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.

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: Oyl

Rest of Name: Olive



Step 5. Edit the information as needed.

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

- 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	Gotham University
*Attendance Start Month & Year	Month: March Year: 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.

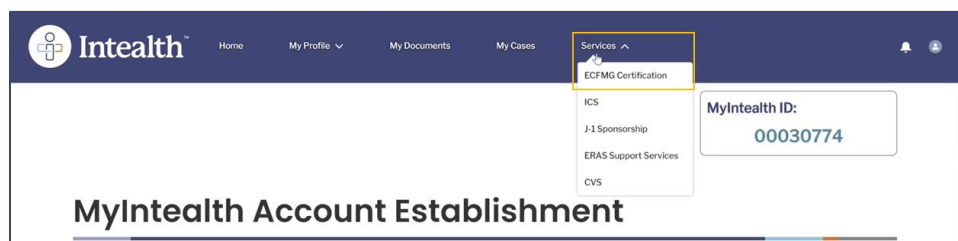
Step 6. Refer to the Application for ECFMG Certification section of this user guide, as necessary.

4.4 Request Duplicate Certificate

Step 1. Login to the MyIntealth Applicant Portal.



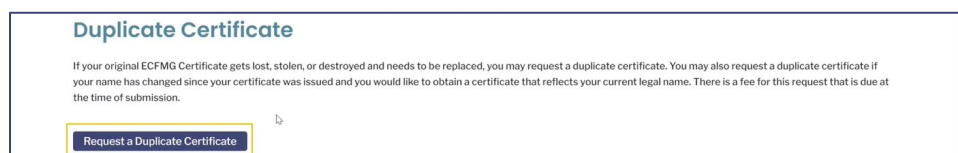
Step 2. From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **ECFMG Certification** from the dropdown.



Step 3. Click the **ECFMG Certificate** tab.



Step 4. Click **Request a Duplicate Certificate**.



Step 5. Review your profile information and click **Next**.

A screenshot of the profile information form. It contains two input fields: '*Email Address' with the value 'jbeeler@ecfm.org' and 'Telephone Number' with the value '2154567777'. At the bottom, there are two buttons: 'Next' (highlighted with a yellow box) and 'Cancel'.

Step 6. The **Request a Duplicate ECFMG Certificate** appears. Enter all required information (*).

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

* Reason for Duplicate Certificate Request:

* Brief Explanation:

Select

- Lost
- Stolen
- Destroyed
- Name on Record Changed
- Other

Important Note: If ECFMG determines that a duplicate certificate will be issued, the newly issued certificate will be marked "Duplicate" and have a different issue date than your original certificate.

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

Step 7. Click **Next**.

Important Note: If ECFMG determines that a duplicate certificate will be issued, the newly issued certificate will be marked "Duplicate" and have a different issue date than your original certificate.

Previous **Next** Discard Changes and Exit

Step 8. Review the information on the **Certification by Applicant** page and click the confirmation checkboxes.

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

Certification by Applicant

I understand that,

- ECFMG, through its program of certification, assesses whether international medical graduates are ready 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 be certified by ECFMG.
- 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 these graduates will be accepted into programs; the number of applicants each year exceeds the number of available positions.

Step 9. Click **Next**.

☒ By checking this box, I hereby certify that the information in this Application for ECFMG Certification was provided solely by me and is true and accurate to the best of my knowledge; and I hereby certify that I have read, understood, and agree to all of the above statements.

Previous **Next** Cancel

Step 10. The **Review Your Cart** page appears with an overview of your **Cart Items**. Click **Proceed to Payment**.

Total: \$888.00

Previous **Proceed to Payment**

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

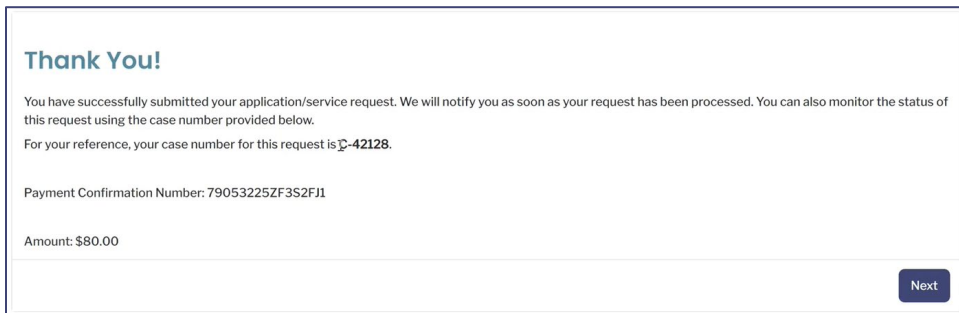
Card **Bank Account**

Billing Address **Payment Info**

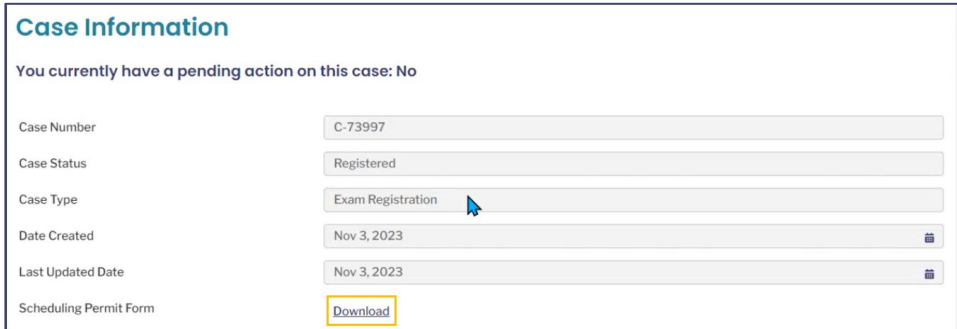
Step 12. Click **Pay \$**.

A rectangular button with a dark blue background and white text that reads "Pay \$80.00". The button is positioned in the top right corner of a light gray rectangular frame.

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.

A confirmation page with a light gray background. At the top left, the text "Thank You!" is displayed in a bold, dark blue font. Below this, a paragraph states: "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." This is followed by another paragraph: "For your reference, your case number for this request is C-42128." Below these paragraphs, the "Payment Confirmation Number: 79053225ZF3S2FJ1" is listed. Further down, the "Amount: \$80.00" is shown. In the bottom right corner, there is a dark blue button with the word "Next" in white text.

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

A page titled "Case Information" in a bold, dark blue font. Below the title, it says "You currently have a pending action on this case: No". The page contains several fields: "Case Number" with the value "C-73997", "Case Status" with "Registered", "Case Type" with "Exam Registration", "Date Created" with "Nov 3, 2023", and "Last Updated Date" with "Nov 3, 2023". Each of these fields has a small calendar icon to its right. At the bottom, there is a "Scheduling Permit Form" section with a yellow-outlined "Download" button. A mouse cursor is visible over the "Exam Registration" field.

5 USMLE Exam

5.1 Submit a USMLE Application

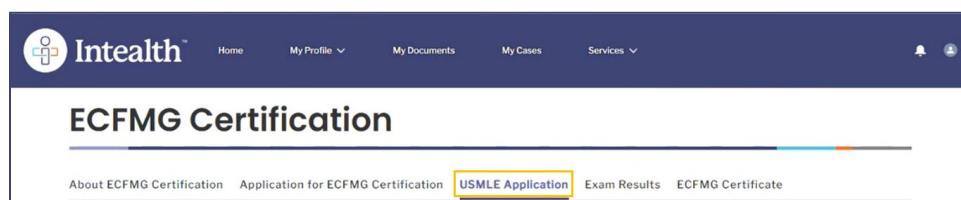
Step 1. From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and then select **ECFMG Certification** from the dropdown.



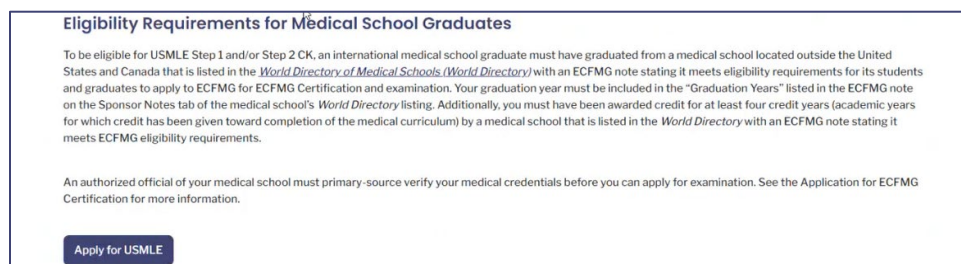
Step 2. The ECFMG Certification page opens.

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. See the [Review Your Submitted Application for Certification](#) section for more detail.

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**.

- 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 **Identify 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	Shine
Rest of Name	Shimmer
Generational Suffix	--None--

*Email Address

Telephone Number

Next Cancel

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	Graduate
Degree Medical School	Gotham University
School Program	MBBS

☒ 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.

Previous Next Cancel

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.

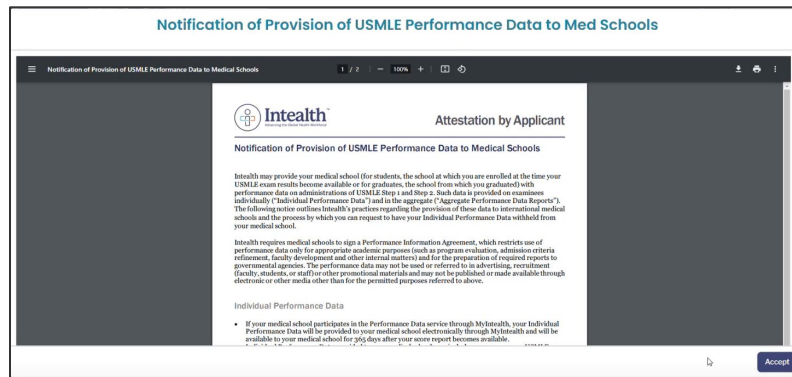
Provision of USMLE Performance Data Notification

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

Save Previous Next Cancel

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



Step 10. Click **Next**.

Provision of USMLE Performance Data Notification

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

☒ 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.

- If you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, continue with the [Apply for a USMLE Exam with a Physician License](#) section.
- 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** 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, such as the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA.

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.

☒ No, I have not been granted a physician license by a U.S. medical licensing authority based on other licensure examinations.

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

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.

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.

Previous
Add Exam
Cancel

- 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

- After selecting an exam, if a red notification appears stating that you have already passed this exam, continue with the [Apply for a USMLE Exam with a Previous Pass](#) section.
- 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.

2023 Eligibility Period Information

Before applying for an eligibility period in 2023, you must have read the ECFMG 2023 *Information Booklet* and the USMLE 2023 *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 2024 and you test in 2024, you must become familiar with and will be subject to the policies and procedures detailed in the ECFMG 2024 *Information Booklet* and USMLE 2024 Bulletin of Information.

* Eligibility Periods

-Select-

October 1, 2023 - December 31, 2023

June 1, 2023 - December 1, 2023

January 1, 2023 - March 1, 2024

If : red eligibility period becomes available. New eligibility periods typically become

av

Retaking Failed Examinations

- 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

[Previous](#) [Confirm](#)

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

[Previous](#) [Confirm](#)

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

[Previous](#) [Add Exam](#) [Next](#) [Cancel](#)

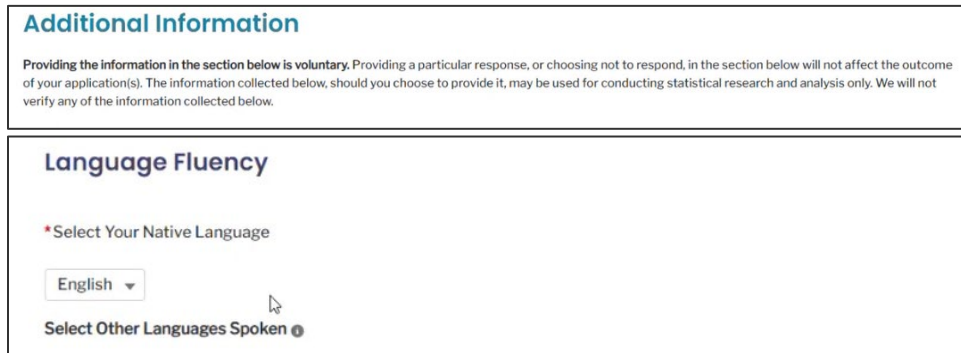
a. If you are eligible to add another exam, click **Add Exam** and follow the previous instructions.

b. If you would like to edit your exam details, click the **green pencil icon**.

c. If you would like to delete your exam, click the **red delete icon**.

Step 16. Click **Next**.

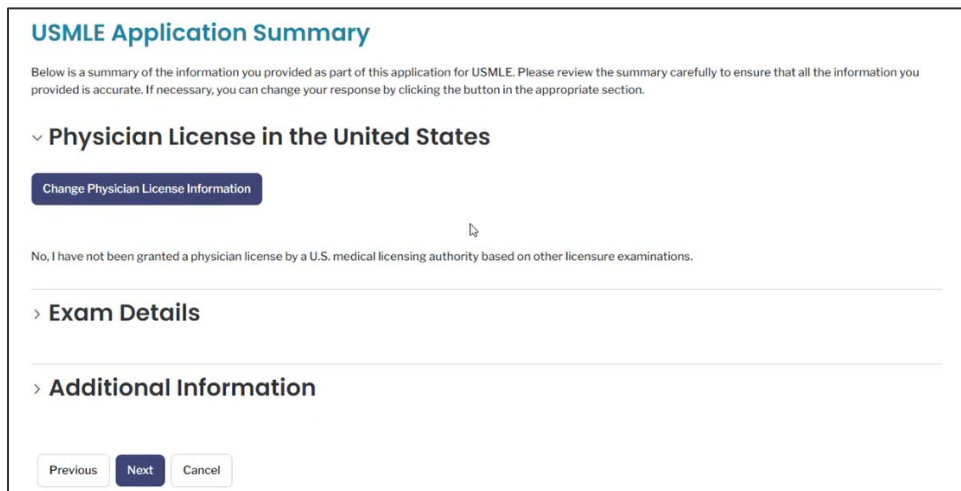
Step 17. The **Additional Information** page appears. Choose your native language from the **Select Your Native Language** dropdown. All other fields are optional.



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.

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):

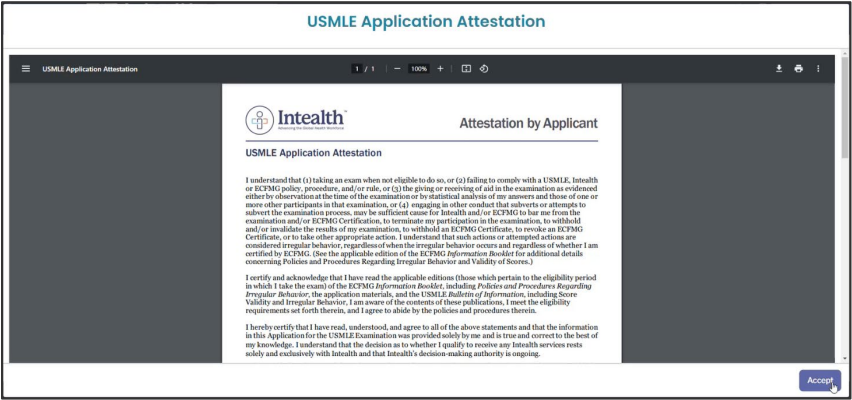
☐ USMLE Application Attestation

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**.

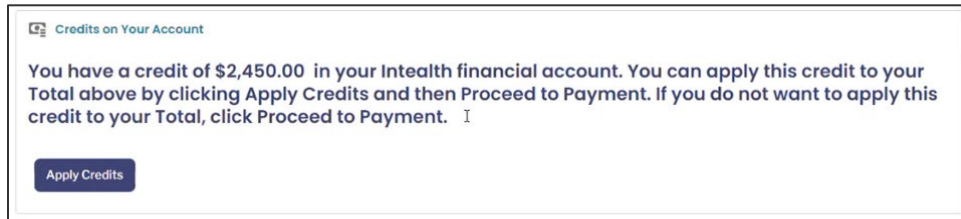
Important Note: Navigating away from this screen, by using the Back button in your browser or refreshing your browser, may clear your responses and restart the application/request.

Cart Items

Product	Total
USMLE Step 2 Region Surcharge	\$0.00
USMLE Step 2 Exam	\$300.00

Subtotal: \$
0

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

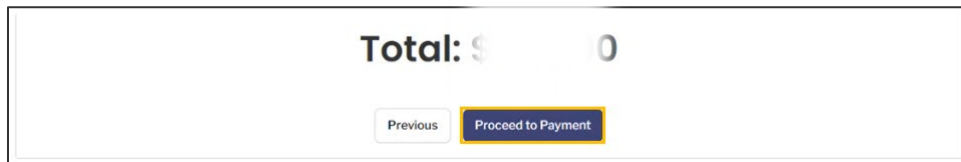


Credits on Your Account

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.

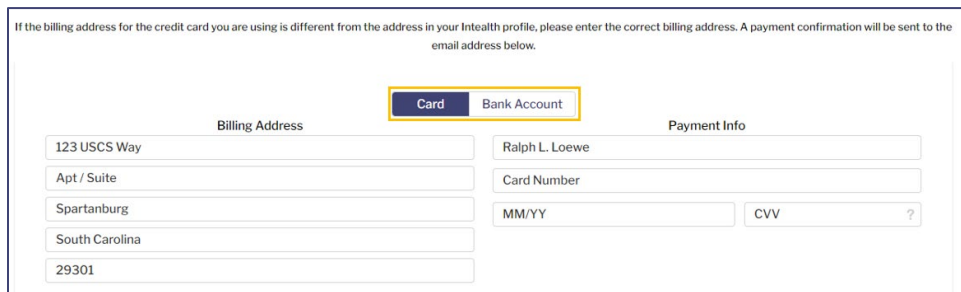


Total: \$ 0

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 Payment Info

123 USCS Way Ralph L. Loewe

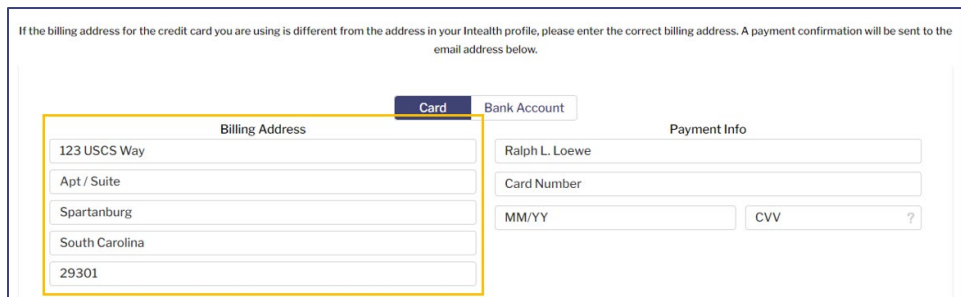
Apt / Suite Card Number

Spartanburg MM/YY CVV ?

South Carolina

29301

- 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 Payment Info

123 USCS Way Ralph L. Loewe

Apt / Suite Card Number

Spartanburg MM/YY CVV ?

South Carolina

29301

- 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.

Billing Address	Card	Bank Account	Payment Info
123 USCS Way			Ralph L. Loewe
Apt / Suite			Card Number
Spartanburg			MM/YY
South Carolina			CVV
29301			

f. Click **Pay \$**.

Pay \$

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

When the payment is approved, click **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 **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 **C-73141**.

Next

Step 23. Click Next to return to the homepage.

Intealth Home My Profile My Documents My Cases Services

MyIntealth ID: 000003529

Note: To review any submitted cases, refer to the [Review My Case Requests](#) section.

5.1.1 Apply for a USMLE Exam with a Physician License

- Step 1.** On the Physician License in the United States page, select the Yes, I have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations checkbox.
- Step 2.** 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, such as the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA.

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.

You indicated that you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, such as the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA. 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.

- Step 3.** Continue your USMLE exam application with [Step 12](#) of Section 5.1.

Note: *If you are a medical student, it is very unlikely that you have already been granted a physician license.*

5.1.2 Apply for a USMLE Exam with a Previous Pass

When applying for a USMLE exam, you received a notification stating that you already passed the selected exam.

Exam Details

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

☐ USMLE Step 1
☒ USMLE Step 2 CK

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.](#)

- Step 1.** An additional question appears.

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.](#)

- Step 2.** Select the applicable exception reason and click **Confirm..**

- ECFMG Seven-Year Rule
- Medical Authority Licensing Time Limit

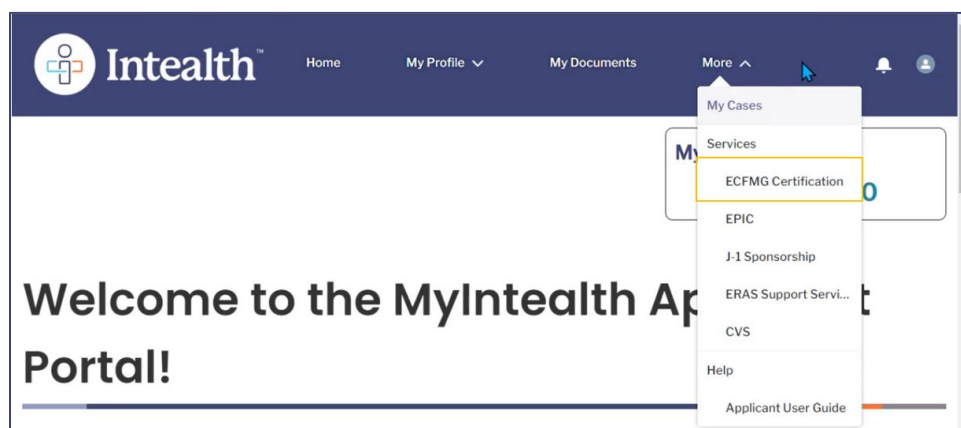
Step 3. Continue your USMLE Exam application with Step 13 of Section 5.1.

5.2 Request a USMLE Eligibility Period Extension

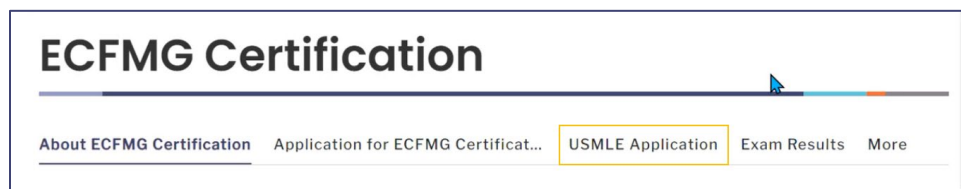
Step 1. Log in to the **MyIntealth Applicant Portal**.



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



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



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

Current Exam Applications

Active exam applications you have submitted will appear below. You can monitor the status of current exam applications, see your eligibility period, and access your scheduling permit once it is available. If you are a student whose school completes enrollment verification requests via the paper form, you will see an option to download the form and instructions. If you are a student whose school verifies enrollment through MyIntealth, you will see "Pending Enrollment Verification" as your exam application status; the paper form is not required.

Exam Type	Eligibility Period	Testing Region	Test Accommodations	Application Status	Scheduling Permit	Practice Per
USMLE Step 1	Jan 1, 2024 - Mar 31, 2024	Europe	No	Registered	Not Available	Not Available

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.

Note: 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

--None--

Male

United States

Contact Information

Country

United States

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

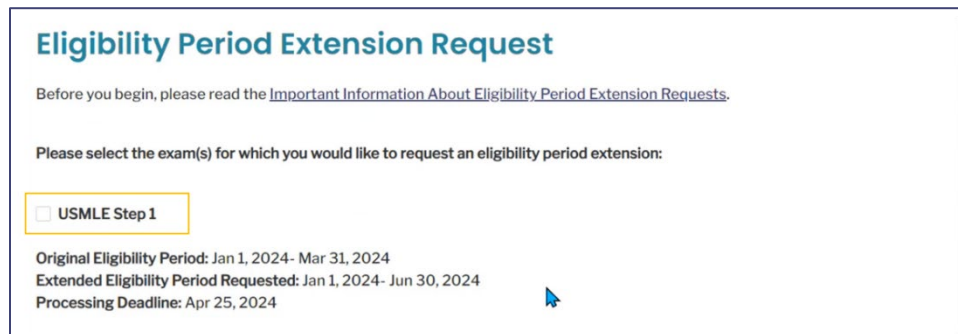


* Email Address

Telephone Number 1231111111

Next Cancel

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



Eligibility Period Extension Request

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

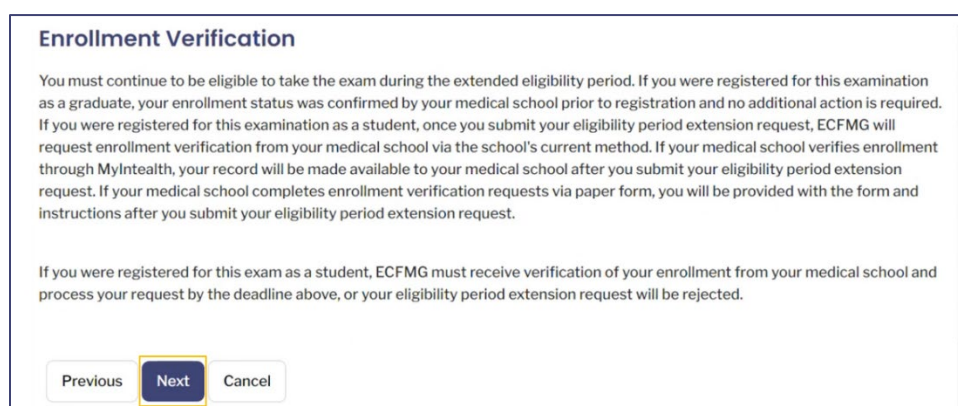
Please select the exam(s) for which you would like to request an eligibility period extension:

☒ 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

- 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.
- 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 verify electronically your enrollment status.
- If you are a student and your medical school verifies enrollment status via the paper process, once your request is submitted to extend your eligibility period, Form 183 is provided. This form must be signed and dated and then sent to your medical school. Your medical school must then send the form back to ECFMG.

Step 9. Click **Next**.



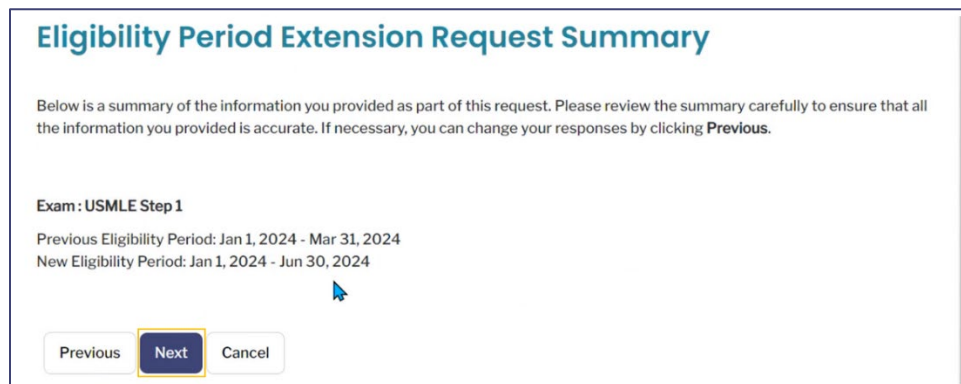
Enrollment Verification

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

If you were registered for this exam as a student, ECFMG must receive verification of your enrollment from your medical school and process your request by the deadline above, or your eligibility period extension request will be rejected.

Previous **Next** Cancel

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



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

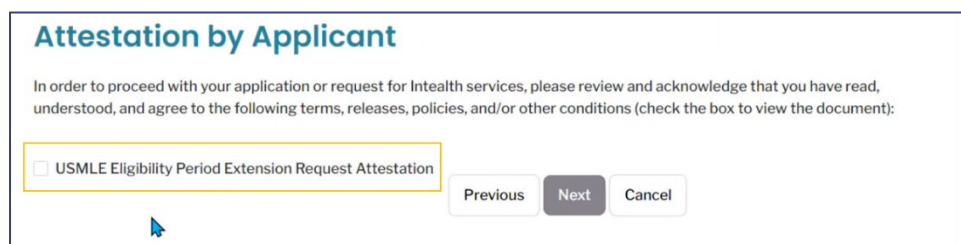
Previous Eligibility Period: Jan 1, 2024 - Mar 31, 2024

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.



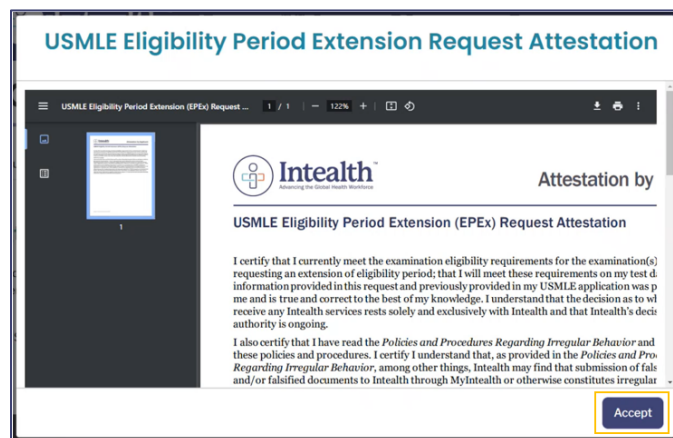
Attestation by Applicant

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
Accelerating the Global Health Workforce

Attestation by

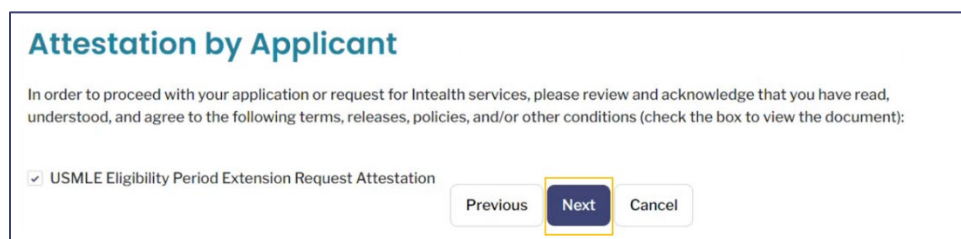
USMLE Eligibility Period Extension (EPEX) Request Attestation

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; and that the information provided in this request and previously provided in my USMLE application was true and correct to the best of my knowledge. I understand that the decision as to whether I receive any Intealth services rests solely and exclusively with Intealth and that Intealth's decision is final.

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 Procedures Regarding Irregular Behavior*, among other things, Intealth may find that submission of false and/or falsified documents to Intealth through MyIntealth or otherwise constitutes irregular behavior.

Accept

Step 12. Click **Next** and continue to the **Complete the Review Your Cart** section.



Attestation by Applicant

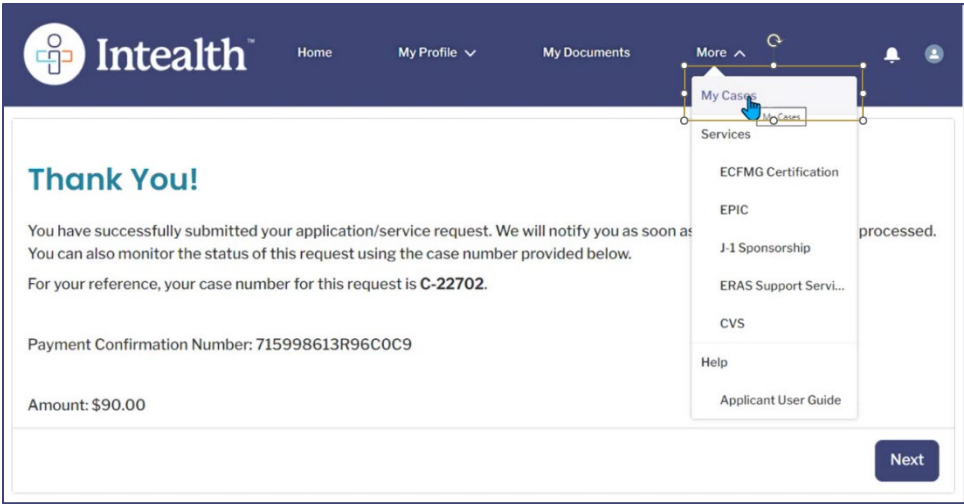
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

☒ USMLE Eligibility Period Extension Request Attestation

Previous **Next** Cancel

5.3 Review the Case Status of an Eligibility Period Extension Request

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



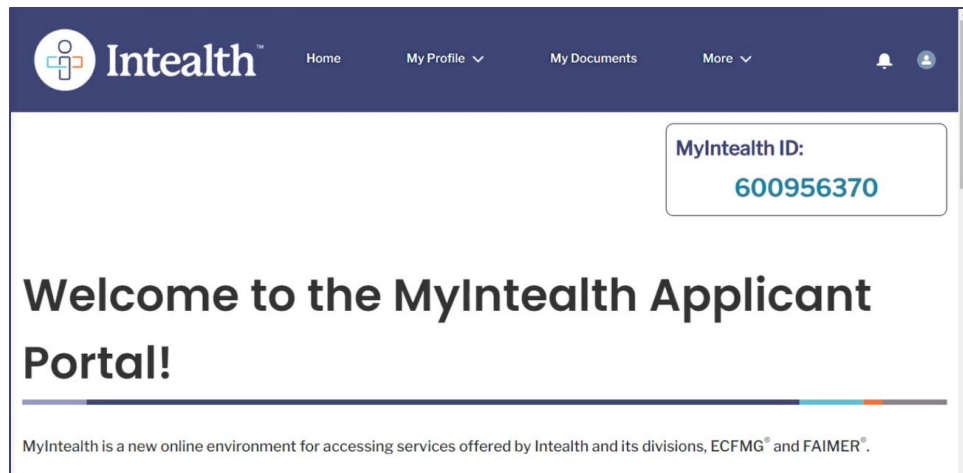
Step 2. Under **My Case Requests**, locate the **Eligibility Period Extension** case type request.

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

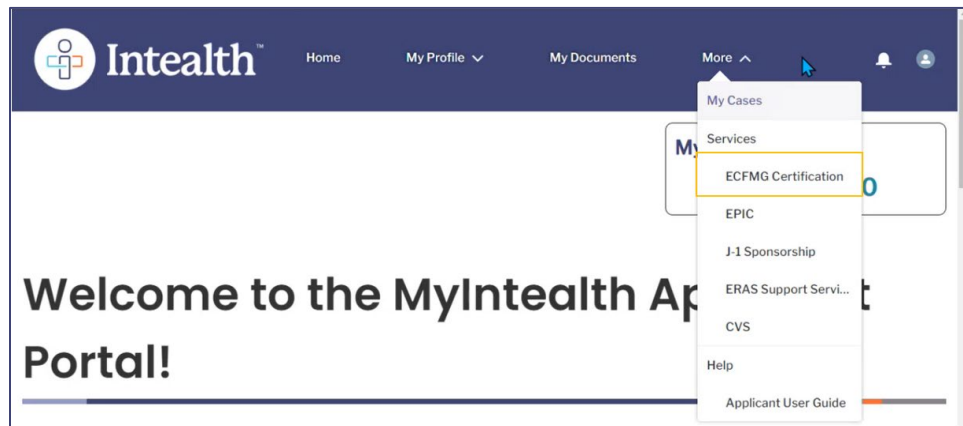
- a. From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

5.4 Request a USMLE Testing Region Change

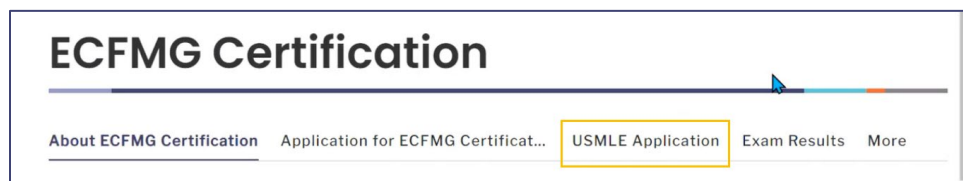
Step 1. Log in to the **MyIntealth Applicant Portal**.



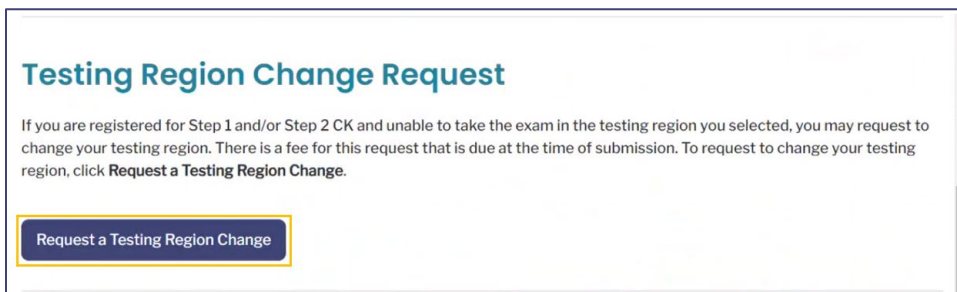
Step 2. From the top banner, select **ECFMG Certification** under **Services**.



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**.



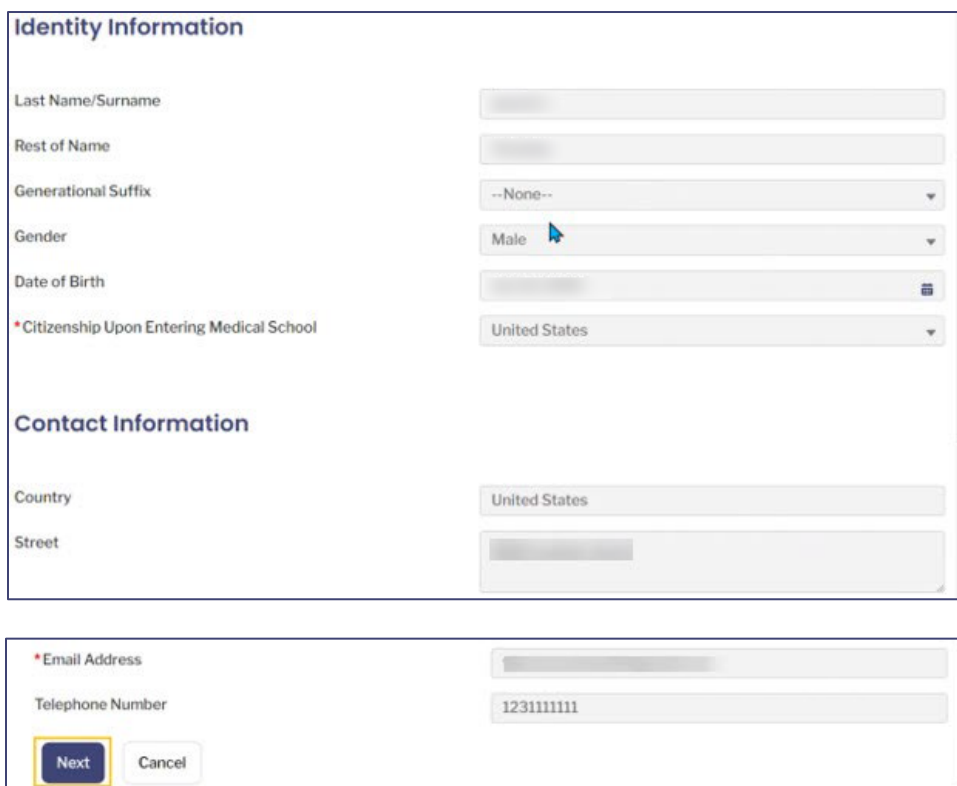
Testing Region Change Request

If you are registered for Step 1 and/or Step 2 CK and unable to take the exam in the testing region you selected, you may request to change your testing region. There is a fee for this request that is due at the time of submission. To request to change your testing region, click **Request a Testing Region Change**.

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 **Identify 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

Next

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	Su
<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.)	\$10
<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.)	\$10
<input type="radio"/> Australia	\$10
<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.)	\$10
<input type="radio"/> India	\$10

Step 8. Click **Next**.

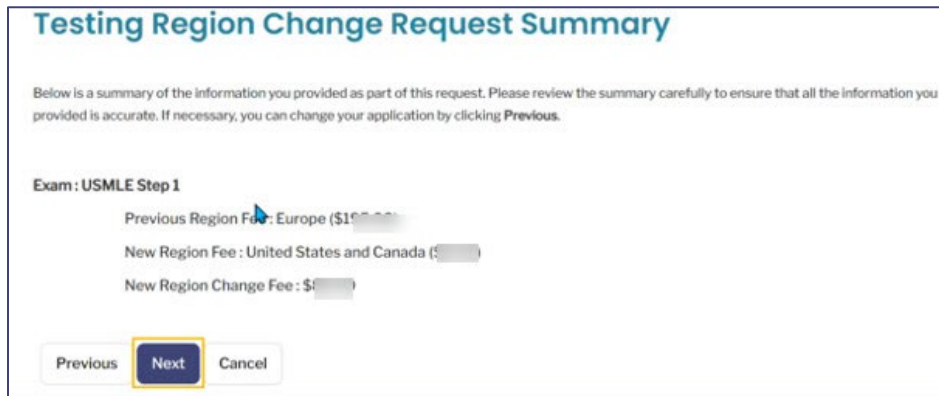
<input type="radio"/> Taiwan	\$10
<input type="radio"/> Thailand	\$10
<input checked="" type="radio"/> United States and Canada	\$0

Previous

Next

Cancel

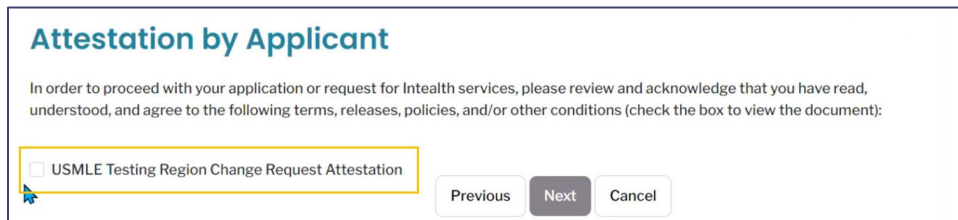
Step 9. The **Testing Region Change Request Summary** page now appears. Review the region fee information and click **Next**.



The screenshot shows the 'Testing Region Change Request Summary' page. It contains a summary of the information provided, including the exam type (USMLE Step 1), the previous region fee (Europe, \$1000), the new region fee (United States and Canada, \$1000), and the new region change fee (\$0). At the bottom, there 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:

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



The screenshot shows the 'Attestation by Applicant' page. It contains a paragraph of text explaining the purpose of the attestation. Below the text, there is a checkbox labeled 'USMLE Testing Region Change Request Attestation' which is highlighted with a yellow box. At the bottom, there are three buttons: 'Previous', 'Next' (highlighted with a yellow box), and 'Cancel'.

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



The screenshot shows the 'USMLE Testing Region Change Request Attestation' page. It features the Intealth logo and the title 'Attestation by USMLE Testing Region Change Request Attestation'. The main content is a large text block where the applicant certifies the information provided is true and correct, and that they understand the policies and procedures. At the bottom right, there is a blue 'Accept' button highlighted with a yellow box.

Step 11. Click **Next** and continue with the **Complete the Review Your Cart** section.

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 Testing Region Change Request Attestation

Previous Next Cancel

5.4.1 Review the Case Status of a Testing Region Change Request

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

 **Intealth**™

[Home](#) [My Profile](#) [My Documents](#)

More

[My Cases](#)
[Services](#)
[ECFMG Certification](#)
[EPIC](#)
[J-1 Sponsorship](#)
[ERAS Support Servi...](#)
[CVS](#)
[Help](#)
[Applicant User Guide](#)

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-22701**.

Payment Confirmation Number: 71598576SR9COAAS

Amount: \$85.00

Next

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
C-22049	Identity Verification	Account Established	01-08-2024	01-09-2024	No	No
C-22226	Application For Certification	Accepted	01-10-2024	01-10-2024	No	No
C-22328	Exam Registration	Cancelled	01-10-2024	01-15-2024	No	No
C-22339	Exam Registration	Registered	01-10-2024	01-15-2024	No	No
C-22535	Region Change	Accepted	01-11-2024	01-11-2024	No	No
C-22539	Exam Registration	Registered	01-11-2024	01-15-2024	No	No
C-22701	USMLE Transcript	Submitted - In Review at ECFMG	01-15-2024	01-15-2024	No	No
C-22702	Eligibility Period Extension	Pending Enrollment Verification	01-15-2024	01-15-2024	No	No
C-22703	Region Change	Submitted	01-15-2024	01-15-2024	No	No

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

5.5 Locate and Download Student Enrollment Verification (Form 183)

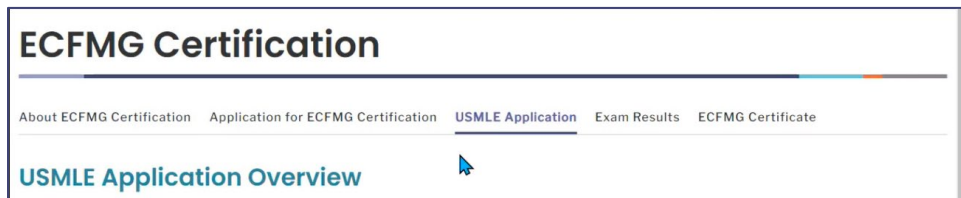
If your school does not verify enrollment status electronically, you are prompted to download and complete a **paper enrollment verification form**.

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

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




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



Current Exam Applications							
Active exam applications you have submitted will appear below. You can monitor the status of current exam applications, see your eligibility period, and access your scheduling permit once it is available. If you are a student whose school completes enrollment verification requests via the paper form, you will see an option to download the form and instructions. If you are a student whose school verifies enrollment through MyIntealth, you will see "Pending Enrollment Verification" as your exam application status; the paper form is not required.							
Exam Type	Eligibility Period	Testing Region	Test Accommodations	Application Status	Scheduling Permit	Practice 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.

Applications							
have submitted will appear below. You can monitor the status of current exam applications, see your eligibility period, and access your scheduling permit once it is available. If you are a student whose school completes enrollment verification requests via the paper form, you will see an option to download the form and instructions. If you are a student whose school verifies enrollment through MyIntealth, you will see "Pending Enrollment Verification" as your exam application status; the paper form is not required.							
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.

The screenshot shows a web browser displaying a PDF document titled "FORM 183 - CERTIFICATION STATEMENT - CERTIFICATION BY MEDICAL SCHOOL OFFICIAL". The document contains a barcode, a photo of a woman, and the following text:

USMLE MyIntealth ID Number: 18013432 / 000000191
Case Number:
Name: Tuan P. Fung
Medical School:
Columbia University
Ligature

Attendance Dates: January 2019 to January 2024
No. of Years Attended: 6.0
Degree Expected: Doctor Of Medicine (MD)
Expected Grad Date: January 2024
Expected Degree Date: January 2024

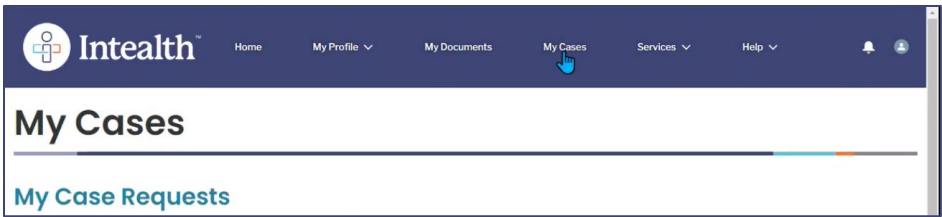
Medical Student Status:
I am officially enrolled in the medical school named above and will be officially enrolled or will have graduated on my last day.
(I hereby will have completed the basic medical science curriculum of my medical school by the beginning of my required residency period.)

IMPORTANT NOTE: Students must sign and date this Certification Statement. Certification Statements must be sent to ECFMG directly from the office of the official who signs the form. All information on the application and Certification Statement is subject to verification and acceptance by ECFMG.

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
C-73995	Identity Verification	Account Established	11-03-2023	11-03-2023	No	No
C-73996	Application For Certification	Accepted	11-03-2023	11-03-2023	No	No
C-73997	Exam Registration	Registered	11-03-2023	11-03-2023	No	No
C-74015	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
C-73995	Identity Verification	Account Established	11-03-2023	11-03-2023	No	No
C-73996	Application For Certification	Accepted	11-03-2023	11-03-2023	No	No
C-73997	Exam Registration	Registered	11-03-2023	11-03-2023	No	No
C-74015	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

Download

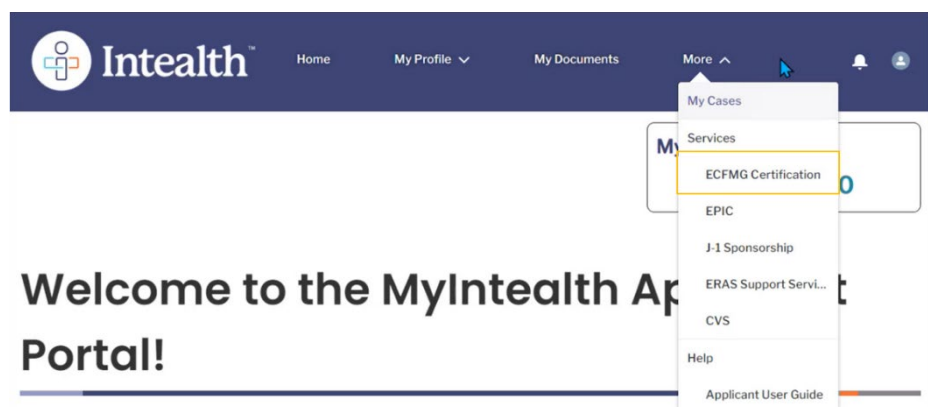
5.7 Locate and Download a Score Report

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

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



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



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

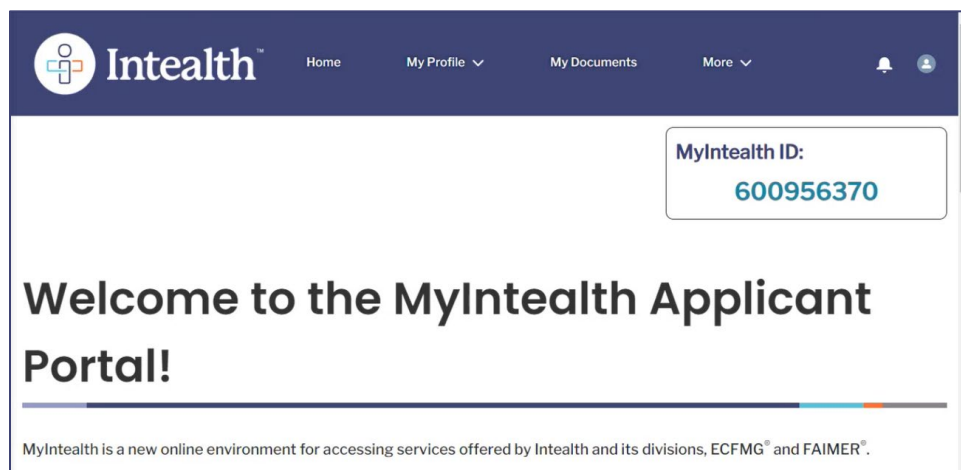
Exam Date:	Jan 10, 2024
Available Until:	Jan 10, 2025
Score Report:	
Score Withheld from Medical School?	No

- 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.

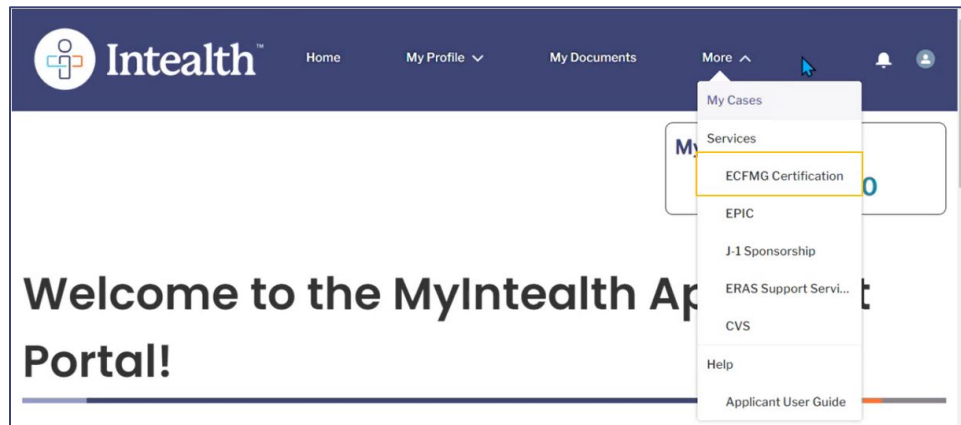
Exam Date:	Jan 10, 2024
Available Until:	Jan 10, 2025
Score Report:	
Score Withheld from Medical School?	No

5.8 Request a Score Recheck

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



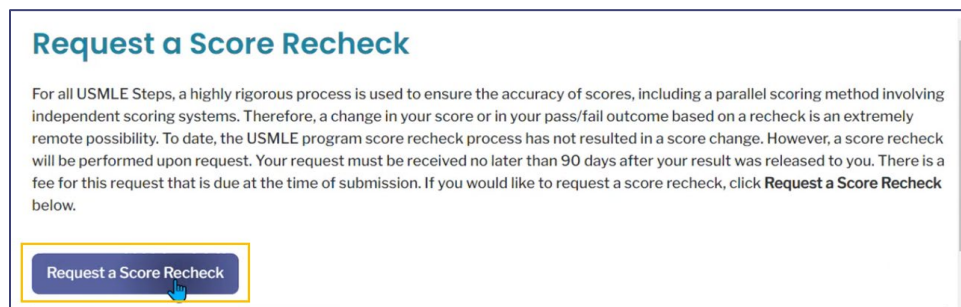
Step 2. From the top banner, select **ECFMG Certification** under **Services**.



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:

☐ USMLE Step 2 CK
Date Tested: Jan 10, 2024

NextCancel

Step 6. Click **Next** and continue with the **Complete the Review Your Cart** section.

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:

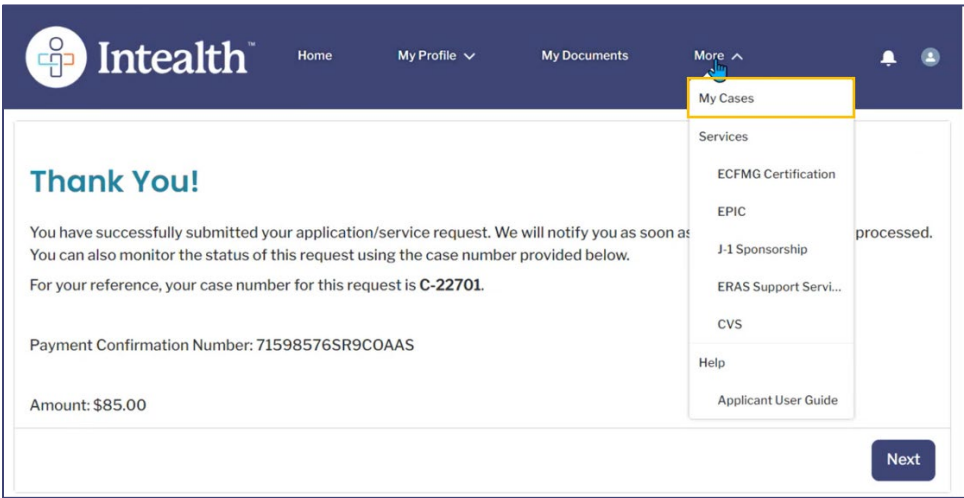
☒ USMLE Step 2 CK
Date Tested: Jan 10, 2024

Next

Cancel

5.8.1 Review the Case Status of a Score Recheck

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



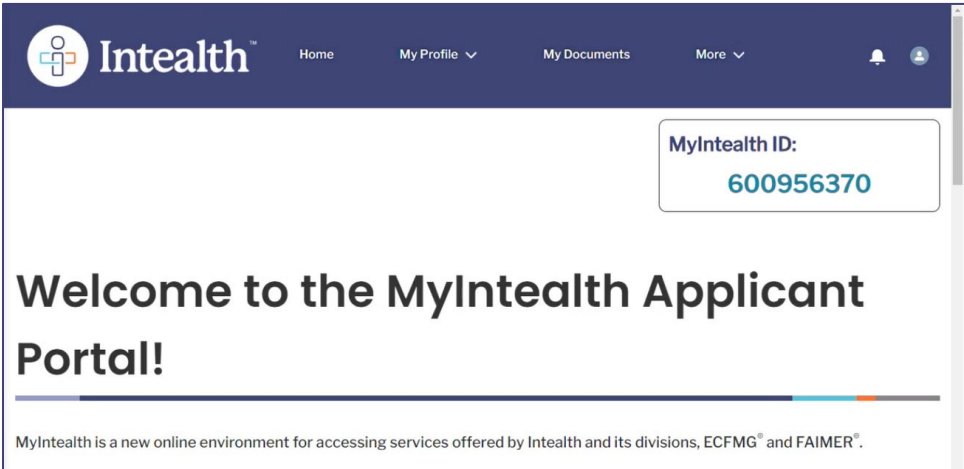
Step 2. Under **My Case Requests**, locate the **Score Recheck** request.

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

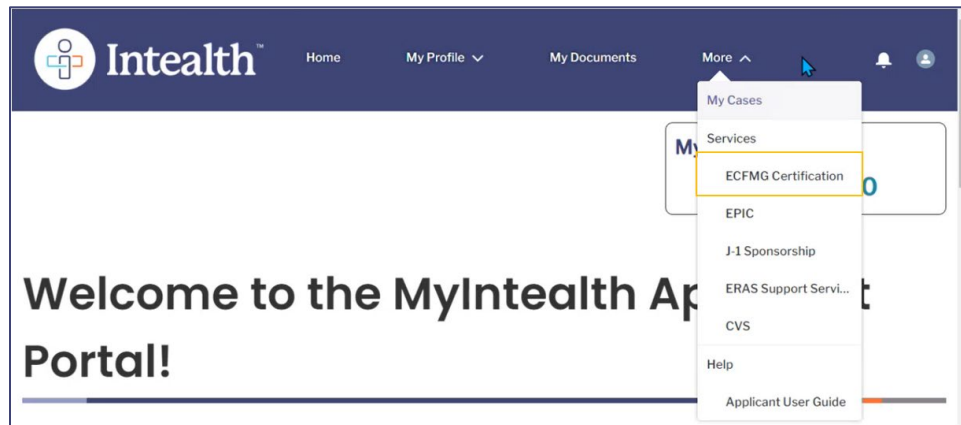
- a. From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

5.9 Request a USMLE Transcript

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



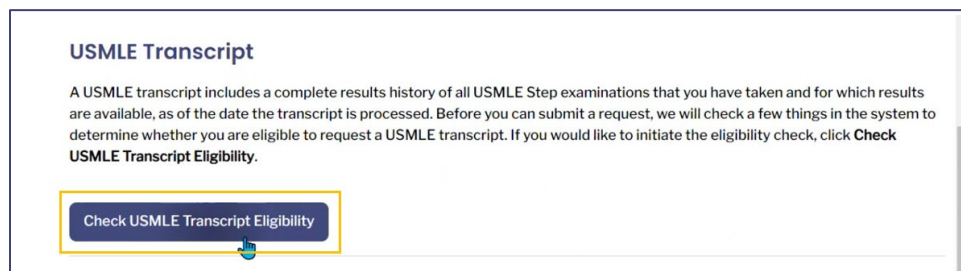
Step 2. From the top banner, select **ECFMG Certification** under **Services**.



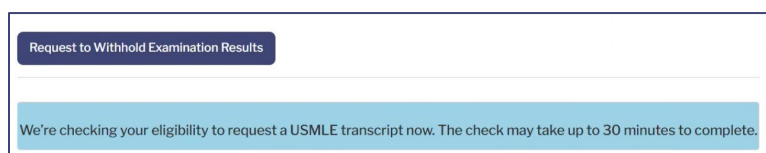
Step 3. Click the **Exam Results** tab.



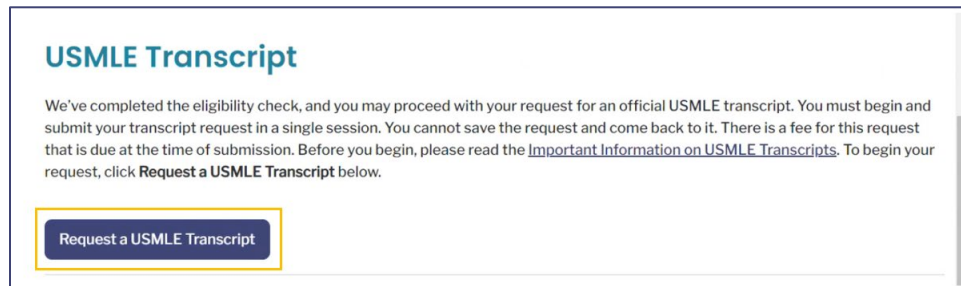
Step 4. Scroll down to the **USMLE Transcript** section and click **Check USMLE Transcript Eligibility**.



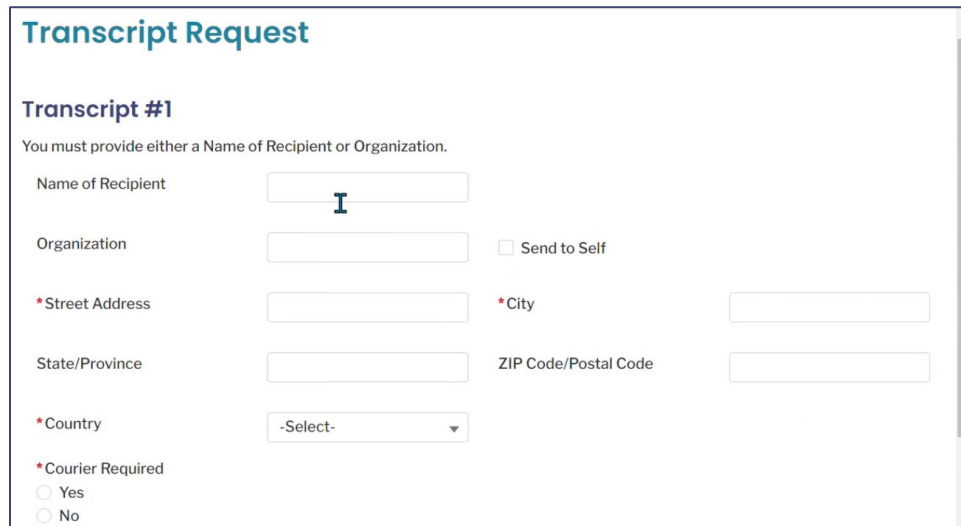
- a. A notification appears stating that your eligibility to request a USMLE transcript is now being checked and may take up to 30 minutes to complete.



Step 5. Once the check has been completed, click **Request a USMLE Transcript**.

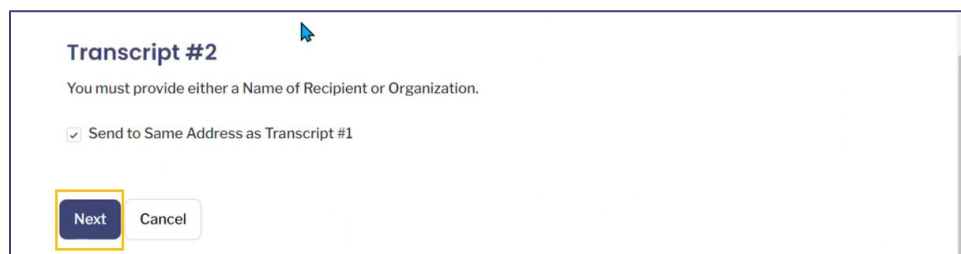


Step 6. On the **Transcript Request** page, provide all required information (*).

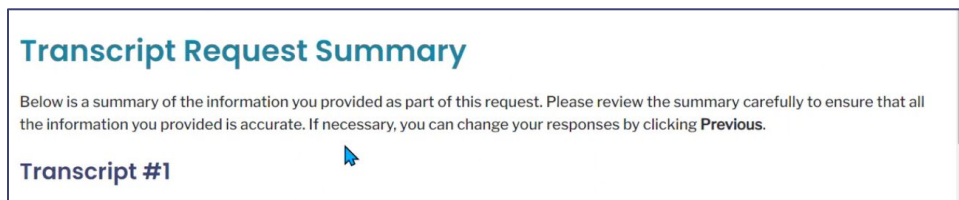


- Enter either the **Name of Recipient** or an **Organization** you wish to send your transcripts to. Both are not required. However, if you are sending it to a recipient within an organization, both options should be updated.
- If you click the **Send to Self** checkbox, the fields will auto-populate with your information.
- You also have the option to request a second transcript, which will prompt the same fields as above. If this option is selected, the option to **Send to Same Address as Transcript #1** is available, which will auto-populate the fields to match the fields above.
- Only two transcripts can be submitted per request.

Step 7. Click **Next**.



Step 8. Review the information on the **Transcript Request Summary** page.

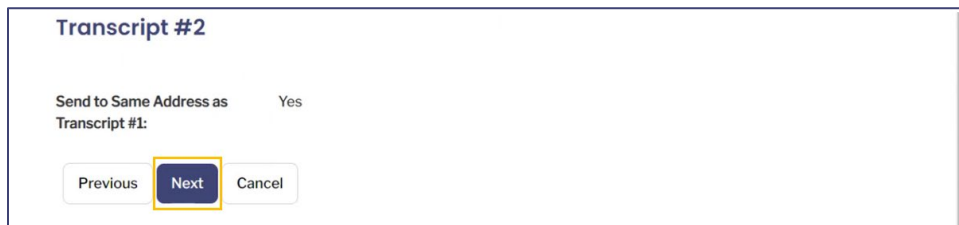


Transcript Request Summary

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**.

Transcript #1

Step 9. Click **Next**.



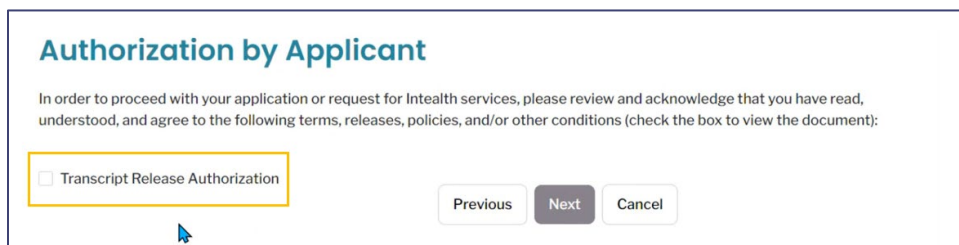
Transcript #2

Send to Same Address as Transcript #1: Yes

Previous **Next** **Cancel**

Step 10. On the **Authorization by Applicant** page, review the **Transcript Release Authorization** by following the instructions below:

a. Click the **Transcript Release Authorization** checkbox.



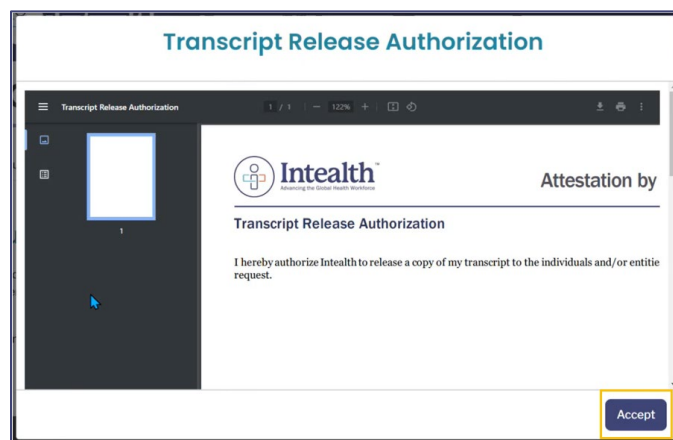
Authorization by Applicant

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):

☐ Transcript Release Authorization

Previous **Next** **Cancel**

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



Transcript Release Authorization

Intealth
Advancing the Global Health Workforce

Attestation by

Transcript Release Authorization

I hereby authorize Intealth to release a copy of my transcript to the individuals and/or entitle request.

Accept

Step 11. Click **Next** and continue to the **Complete the Review Your Cart** section.

Authorization 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):

☒ Transcript Release Authorization

[Previous](#) [Next](#) [Cancel](#)

5.9.1 Review the Case Status of a USMLE Transcript Request

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

 **Intealth™**

[Home](#) [My Profile](#) [My Documents](#) [More](#)

My Cases

Services

ECFMG Certification

EPIC



J-1 Sponsorship

ERAS Support Servi...

CVS

Help

Applicant User Guide

Thank You!

You have successfully submitted your application/service request. We will notify you as soon as

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-22701**.

Payment Confirmation Number: 71598576SR9COAAS

Amount: \$85.00

[Next](#)

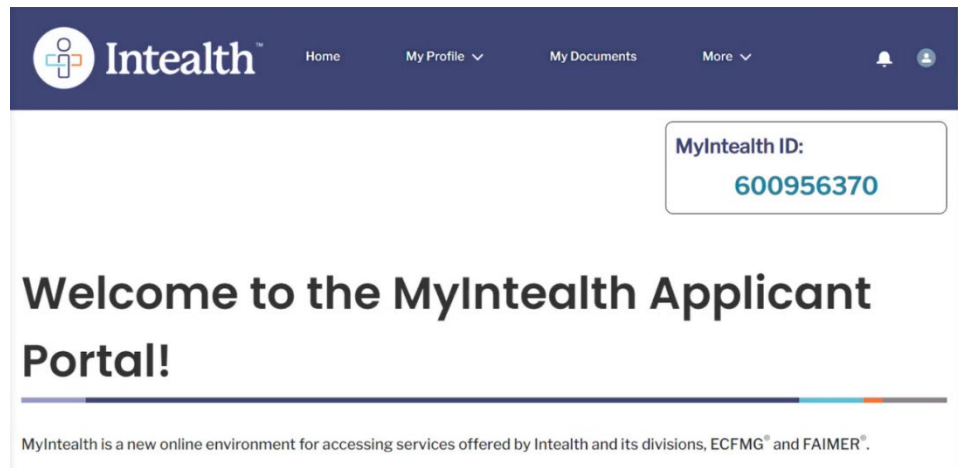
Step 2. Under **My Case Requests**, locate the **USMLE Transcript** request.

Case Number	Case Type	Case Status	Date Opened	Modified Date	Action Required	Restriction Applied
C-22049	Identity Verification	Account Established	01-08-2024	01-09-2024	No	No
C-22226	Application For Certification	Accepted	01-10-2024	01-10-2024	No	No
C-22328	Exam Registration	Cancelled	01-10-2024	01-11-2024	No	No
C-22339	Exam Registration	Registered	01-10-2024	01-11-2024	No	No
C-22535	Region Change	Accepted	01-11-2024	01-11-2024	No	No
C-22539	Exam Registration	Submitted - In Review at ECFMG	01-11-2024	01-11-2024	No	No
C-22701	USMLE Transcript	Submitted - In Review at ECFMG	01-15-2024	01-15-2024	No	No

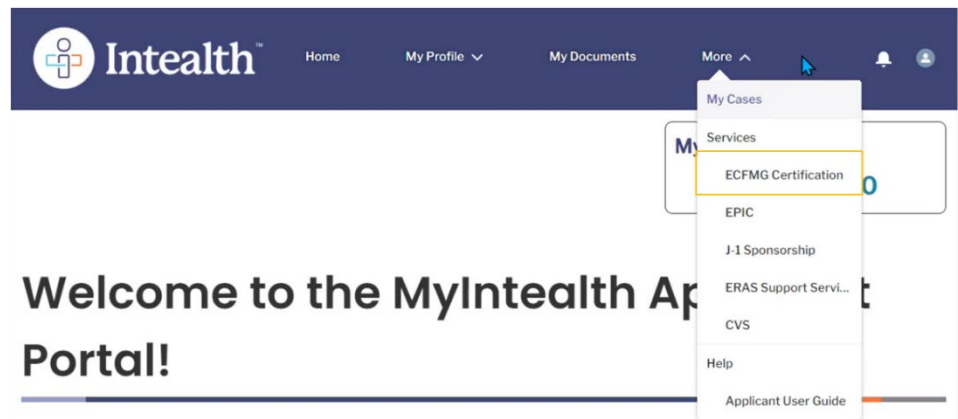
- From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

5.10 Request to Withhold Exam Results

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



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



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



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

Withhold Examination Results

Intealth, through its members, may provide your medical school with data on the performance of its students and graduates who apply for USMLE Step 1 and Step 2. For more information, refer to the [Important Information Regarding Provision of Performance Data to International Medical Schools](#). To have the result of an exam administration withheld from your medical school, you must submit a request at least 10 days before your scheduled test date. If you do not have a scheduled test date, your request must be submitted at least 10 days before the end of your eligibility period. A request to have an exam result withheld is valid for one exam administration only.

If you are currently registered for examination and would like to withhold your examination result from your medical school, click **Withhold Examination Results** below.

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

Submit

Cancel

- 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

Submit

Cancel

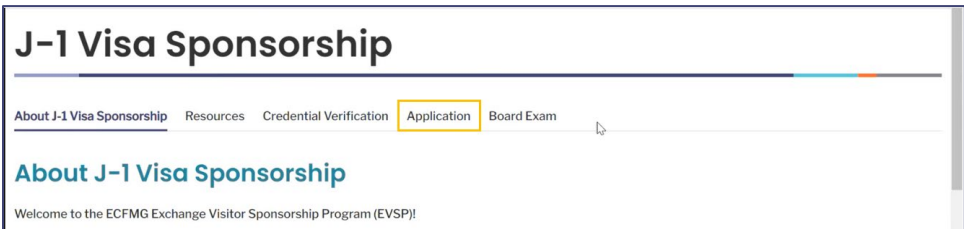
6 J-1 Sponsorship Application

6.1 Submit a J-1 Visa Sponsorship Application

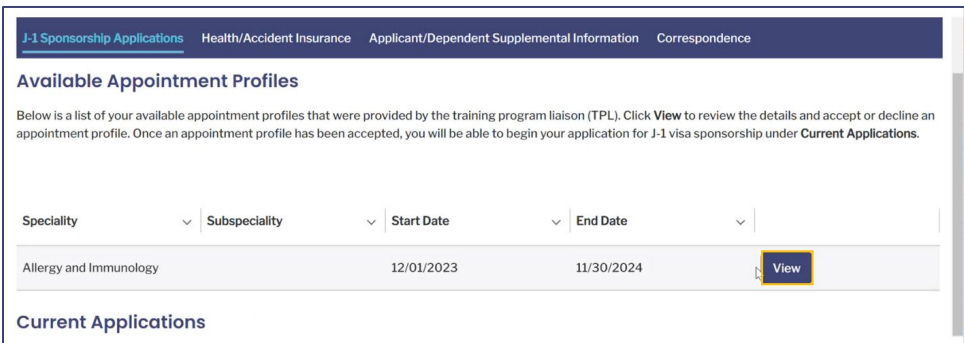
Step 1. From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



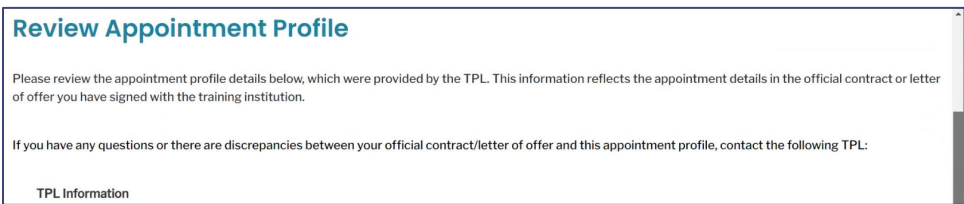
Step 2. The **J-1 Visa Sponsorship** page appears. Click the **Application** tab.



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

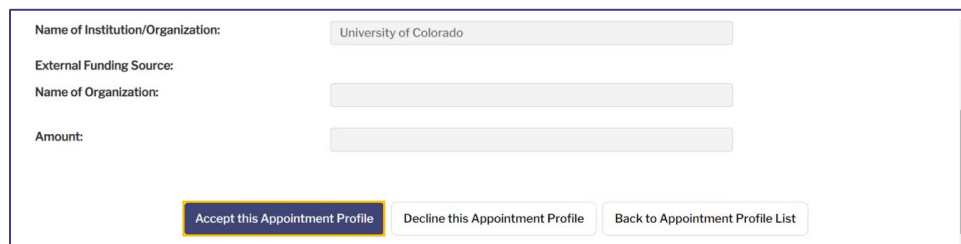


Step 4. The **Review Appointment Profile** page appears. Review the TPL Information, Program Information, and Appointment Profile Information sections.



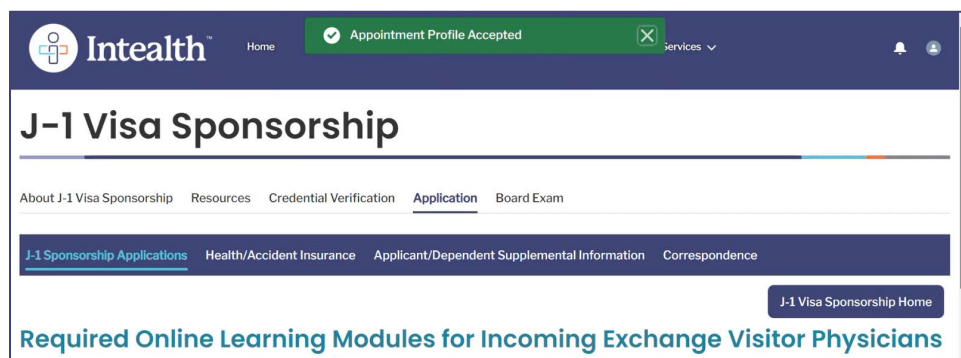
Step 5. Click Accept this Appointment Profile.

Note: After reviewing the appointment profile information, you may opt to **Decline the Appointment Profile** instead.



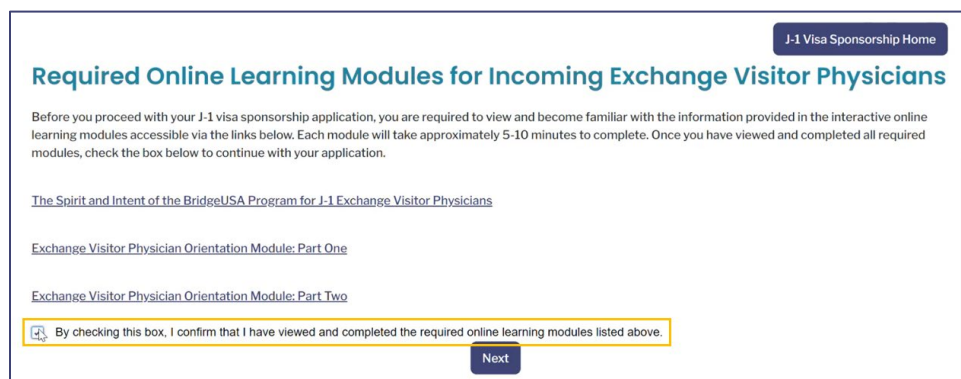
A form for accepting or declining an appointment profile. It contains four input fields: 'Name of Institution/Organization:' with 'University of Colorado' entered, 'External Funding Source:', 'Name of Organization:', and 'Amount:'. At the bottom, there are three buttons: 'Accept this Appointment Profile' (highlighted with a yellow border), 'Decline this Appointment Profile', and 'Back to Appointment Profile List'.

Step 6. The Appointment Profile Accepted notification appears.



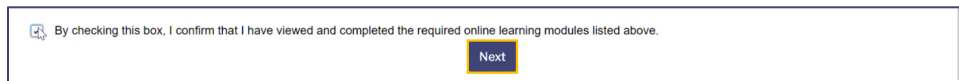
A screenshot of the 'J-1 Visa Sponsorship' application page on the Intealth website. The page has a dark blue header with the Intealth logo, a 'Home' link, a green notification bar that says 'Appointment Profile Accepted', and a 'services' dropdown menu. The main heading is 'J-1 Visa Sponsorship'. Below it are links for 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification', 'Application' (which is underlined), and 'Board Exam'. A secondary navigation bar includes 'J-1 Sponsorship Applications' (underlined), 'Health/Accident Insurance', 'Applicant/Dependent Supplemental Information', and 'Correspondence'. A 'J-1 Visa Sponsorship Home' button is in the top right. The main content area is 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 I confirm that I have viewed and completed the required online learning modules listed above checkbox.



A confirmation page for the 'Required Online Learning Modules for Incoming Exchange Visitor Physicians'. It features a 'J-1 Visa Sponsorship Home' button in the top right. The title is 'Required Online Learning Modules for Incoming Exchange Visitor Physicians'. Below the title is a paragraph explaining the requirement to view and complete interactive online learning modules. Three links are listed: 'The Spirit and Intent of the BridgeUSA Program for J-1 Exchange Visitor Physicians', 'Exchange Visitor Physician Orientation Module: Part One', and 'Exchange Visitor Physician Orientation Module: Part Two'. At the bottom, there is a checkbox (checked) followed by the text 'By checking this box, I confirm that I have viewed and completed the required online learning modules listed above.' and a 'Next' button.

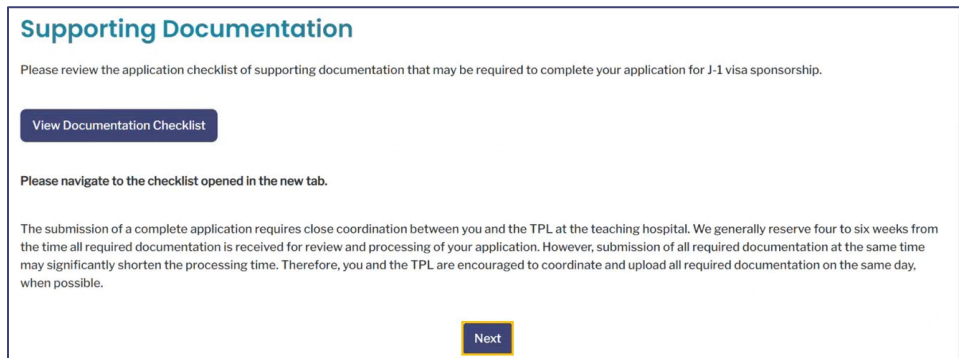
Step 8. Click **Next**.



 By checking this box, I confirm that I have viewed and completed the required online learning modules listed above.

Next

Step 9. The **Supporting Documentation** page appears. Review the information and click **Next**.



Supporting Documentation

Please review the application checklist of supporting documentation that may be required to complete your application for J-1 visa sponsorship.

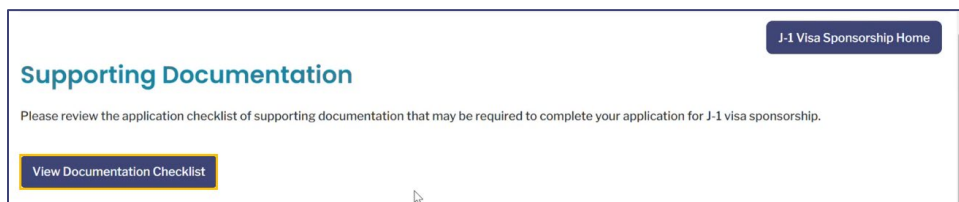
View Documentation Checklist

Please navigate to the checklist opened in the new tab.

The submission of a complete application requires close coordination between you and the TPL at the teaching hospital. We generally reserve four to six weeks from the time all required documentation is received for review and processing of your application. However, submission of all required documentation at the same time may significantly shorten the processing time. Therefore, you and the TPL are encouraged to coordinate and upload all required documentation on the same day, when possible.

Next

- 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.



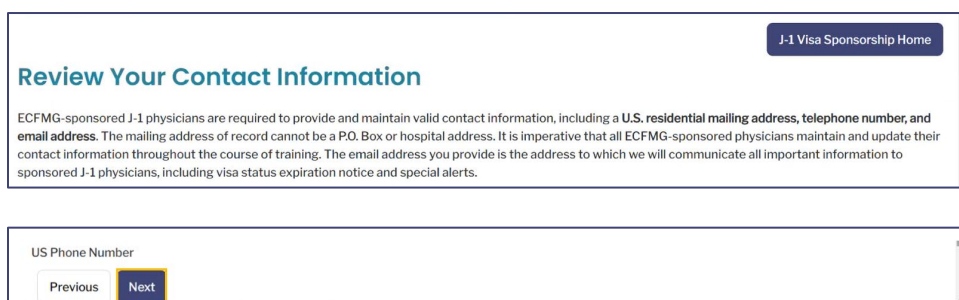
Supporting Documentation

Please review the application checklist of supporting documentation that may be required to complete your application for J-1 visa sponsorship.

View Documentation Checklist

J-1 Visa Sponsorship Home

Step 10. The **Review Your Contact Information** page appears. Review the information and click **Next**.



Review Your Contact Information

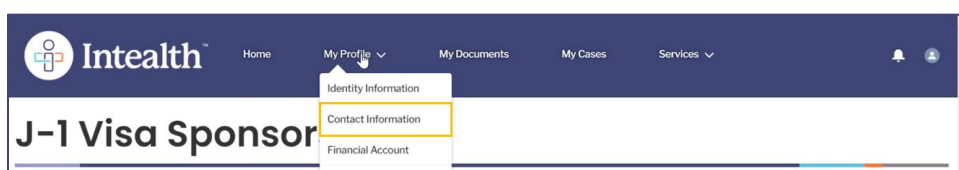
ECFMG-sponsored J-1 physicians are required to provide and maintain valid contact information, including a U.S. residential mailing address, telephone number, and email address. The mailing address of record cannot be a P.O. Box or hospital address. It is imperative that all ECFMG-sponsored physicians 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**

J-1 Visa Sponsorship Home

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**.



Intealth Home My Profile My Documents My Cases Services

Identity Information

Contact Information

Financial Account

J-1 Visa Sponsor

Step 11. The **Biographic Information** page appears. Review the information, update any required fields (*), and 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.

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.

Intealth Home My Profile My Documents My Cases Services

J-1 Visa Sponsor

Identity Information

Contact Information

Financial Account

Step 12. The **Biographic Information Continued** page appears. Complete all required fields (*).

Biographic Information Continued

* Have you ever applied for U.S. Permanent Residence Status ("Green Card")?

* Is this application still in process?

☐ Yes

☐ No

* If currently or previously in J-1 visa status, have you ever been recommended by the U.S. Department of State for a waiver of the two-year home-country physical presence requirement?

☐ Yes

☐ No

Step 13. Click **Next**.

Biographic Information Continued

* Have you ever applied for U.S. Permanent Residence Status ("Green Card")?
No

* If currently or previously in J-1 visa status, have you ever been recommended by the U.S. Department of State for a waiver of the two-year home-country physical presence requirement?
☐ Yes
☒ No

Previous Next

Step 14. The **Emergency Contact Information** page appears. Complete all required fields (*).

Emergency Contact Information

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

First Emergency Contact

* Last Name/Surname:

* Rest of Name:

* Email:

* Country:

* Street:

* City:

State:

- a. Click the **Add secondary contact** checkbox if you want to include an additional emergency contact and additional required fields (*) appear.

Step 15. Click **Next**.

State:

* ZIP Code:

* Phone Number:

* Relationship:

☐ Add secondary contact

Previous Next

Step 16. The **Passport Information** page appears. Review the information. To edit this information, click the **pencil icon** in the **Action** column.

Passport Information

Physician Applicant Passport

Below is the passport information associated with this application.

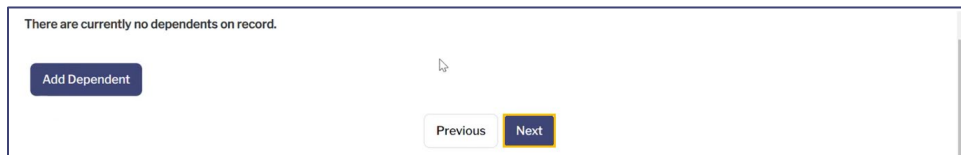
Applicant Name	Gender	Action
Jane King	Female	

Step 17. 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.

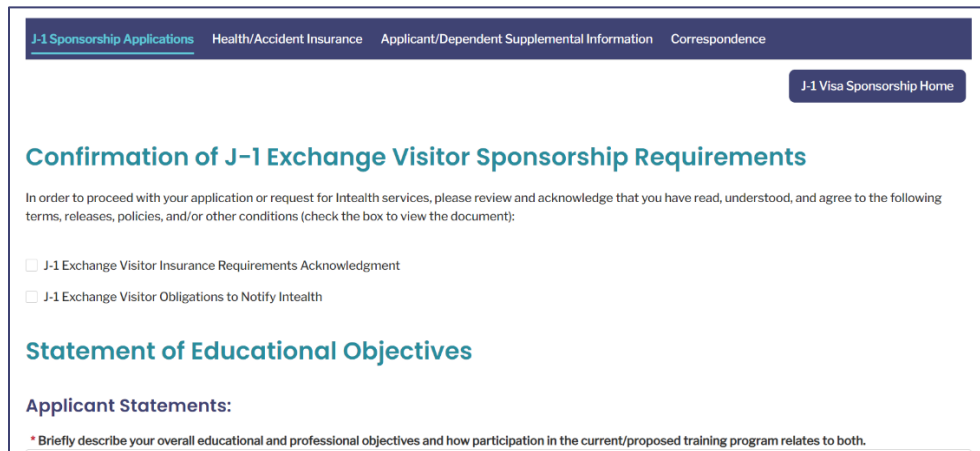
A screenshot of a web interface showing a message: "There are currently no dependents on record." Below this message is a single button labeled "Add Dependent".

- a. To add a dependent to your record, click **Add Dependent** and follow the on-screen prompts.

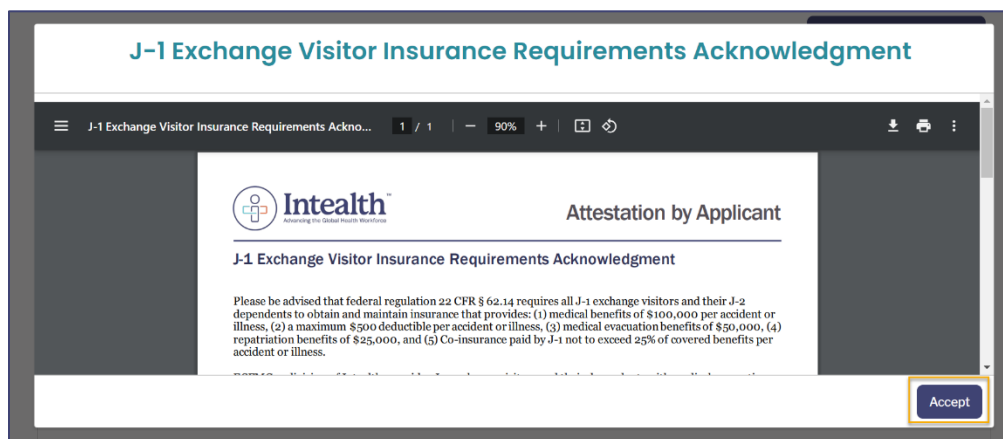
Step 18. Click **Next**.

A screenshot of a web interface showing a message: "There are currently no dependents on record." Below this message is a button labeled "Add Dependent". At the bottom right, there are two buttons: "Previous" and "Next". The "Next" button is highlighted with a yellow border.

Step 19. The **Confirmation of J-1 Exchange Visitor Sponsorship Requirements** page appears. Review the information and click the required checkbox confirmations.

A screenshot of a web page titled "Confirmation of J-1 Exchange Visitor Sponsorship Requirements". The page has a navigation bar with links: "J-1 Sponsorship Applications", "Health/Accident Insurance", "Applicant/Dependent Supplemental Information", and "Correspondence". There is a "J-1 Visa Sponsorship Home" button. The main content area includes a heading "Confirmation of J-1 Exchange Visitor Sponsorship Requirements", a paragraph of text, and two checkboxes: "J-1 Exchange Visitor Insurance Requirements Acknowledgment" and "J-1 Exchange Visitor Obligations to Notify Intealth". Below this is a section titled "Statement of Educational Objectives" and "Applicant Statements:" with a note: "* 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**.

A screenshot of a PDF document titled "J-1 Exchange Visitor Insurance Requirements Acknowledgment". The document is displayed in a viewer window. The header of the document includes the "Intealth" logo and the text "Attestation by Applicant". The main body of the document contains the title "J-1 Exchange Visitor Insurance Requirements Acknowledgment" and a paragraph of text. At the bottom right of the document, there is a button labeled "Accept".

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

The screenshot shows a web browser window displaying the "J-1 Exchange Visitor Obligations to Notify Intealth" page. The page title is "J-1 Exchange Visitor Obligations to Notify Intealth" and the subtitle is "Attestation by Applicant". The Intealth logo is visible. The main content area contains the following text:

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.

An "Accept" button is highlighted in the bottom right corner.

Step 20. Once all checkboxes have been checked, the **Statement of Educational Objectives (SEO)** section appears. Answer the required questions (*).

The screenshot shows the "Statement of Educational Objectives" section. The title is "Statement of Educational Objectives". Below the title is the heading "Applicant Statements:". There are three required questions marked with an asterisk (*):

- * Briefly describe your overall educational and professional objectives and how participation in the current/proposed training program relates to both.
- * Do you plan to engage in additional U.S. training following completion of your current/proposed training program? If so, please detail additional plans for U.S. training, including intended overall training duration.
- * 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).

Each question has a text input field. At the bottom, there are "Previous" and "Next" buttons.

Step 21. Click **Next**.

The screenshot shows the "Statement of Educational Objectives" section with sample answers entered in the text input fields. The title is "Statement of Educational Objectives". Below the title is the heading "Applicant Statements:". There are three required questions marked with an asterisk (*):

- * 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.

At the bottom, there are "Previous" and "Next" buttons. A mouse cursor is pointing at the "Next" button.

Step 22. The **J-1 Exchange Visitor History/Location** page appears. Answer the required questions (*).

The screenshot shows the 'J-1 Exchange Visitor History/Location' page. It contains two required questions marked with an asterisk (*):

- * Are you currently in the United States? (Dropdown menu with 'Select an Option')
- * Are you now or have you ever been in the United States in J-1 visa status? (Dropdown menu with 'Select an Option')

At the bottom, there are 'Previous' and 'Next' buttons.

Step 23. Click **Next**.

The screenshot shows the 'J-1 Exchange Visitor History/Location' page with a table of activities. The table has columns for Start Date, End Date, Site of Activity, and Activity. A row is visible with the following data:

Start Date	End Date	Site of Activity	Activity
3/1/2023	4/1/2023	Hospital	Research

Below the table, there are 'Previous' and 'Next' buttons. The 'Next' button is highlighted with a yellow border.

Step 24. The J-1 Exchange Visitor Sponsorship Applicant Release page appears. Review the information and agree to the Acknowledgement of Intealth Discretion in J-1 Visa Sponsorship Determinations and J-1 Sponsorship Applicant Attestation checkboxes.

The screenshot shows the 'J-1 Exchange Visitor Sponsorship Applicant Acknowledgement and Attestation' page. It includes a navigation bar with links: J-1 Sponsorship Applications, Health/Accident Insurance, Applicant/Dependent Supplemental Information, and Correspondence. A 'J-1 Visa Sponsorship Home' button is also present.

The main heading is 'J-1 Exchange Visitor Sponsorship Applicant Acknowledgement and Attestation'. Below it, there is a paragraph of 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):'.

There are two checkboxes:

- ☐ Acknowledgment of Intealth Discretion in J-1 Visa Sponsorship Determinations
- ☐ J-1 Sponsorship Applicant Attestation

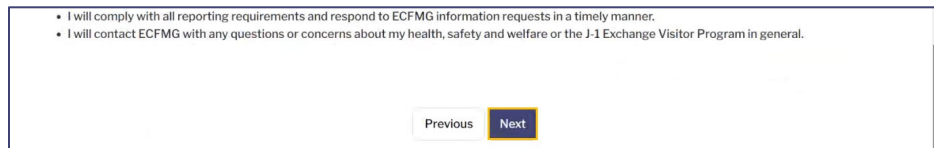
At the bottom, there are 'Next' and 'Previous' buttons.

The screenshot shows a document titled 'Acknowledgment of Intealth Discretion in J-1 Visa Sponsorship Determinations'. The document is displayed in a viewer with a toolbar at the top showing '1 / 1' and '90%' zoom. The document content includes the Intealth logo and the heading 'Attestation by Applicant'.

The main heading is 'Acknowledgment of Intealth Discretion in J-1 Visa Sponsorship Determinations'. Below it, there is a paragraph of text: 'I understand that the decision as to whether I qualify for J-1 visa sponsorship rests solely and exclusively with Intealth and that Intealth's decision-making authority, including the decision to terminate sponsorship, is ongoing. I understand that there may be requirements under the federal regulations that prohibit ECFMG from providing J-1 sponsorship. Further, I understand that Intealth reserves the right to deny the application or'.

At the bottom right, there is an 'Accept' button highlighted with a yellow border.

Step 25. Click **Next**.

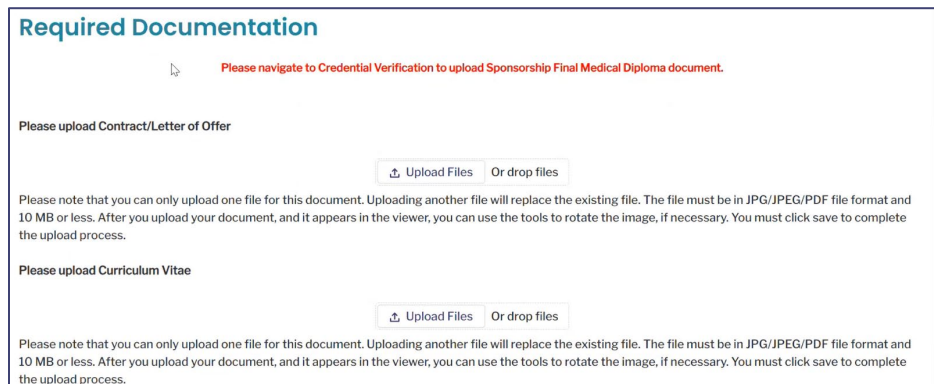


• I will comply with all reporting requirements and respond to ECFMG information requests in a timely manner.

• I will contact ECFMG with any questions or concerns about my health, safety and welfare or the J-1 Exchange Visitor Program in general.

Previous Next

Step 26. The **Required Documentation** page appears. Use the following instructions to upload required files for this sponsorship.



Required Documentation

Please navigate to Credential Verification to upload Sponsorship Final Medical Diploma document.

Please upload Contract/Letter of Offer

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 JPG/JPEG/PDF file format and 10 MB or less. After you upload your document, and it appears in the viewer, you can use the tools to rotate the image, if necessary. You must click save to complete the upload process.

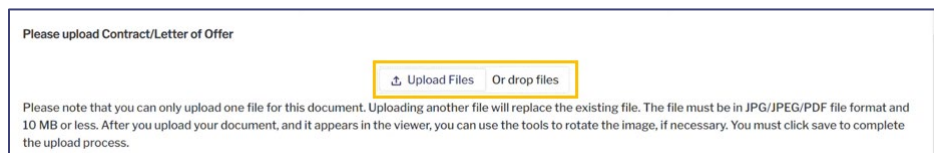
Please upload Curriculum Vitae

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 JPG/JPEG/PDF 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.

a. To upload the Contract/Letter of Offer:

(1) Click Upload Files.



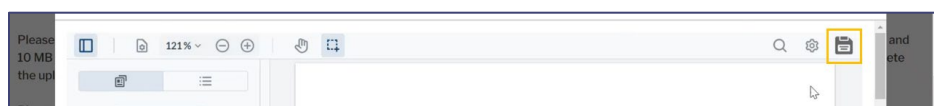
Please upload Contract/Letter of Offer

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 JPG/JPEG/PDF 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.

(2) Select the file to upload.

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



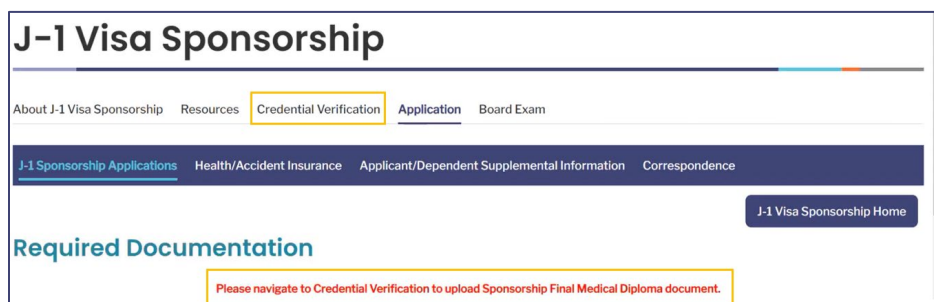
Please upload Contract/Letter of Offer

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.

Save

b. To upload your Curriculum Vitae, repeat the above steps.

c. To upload a **Sponsorship Final Medical Diploma** document, click the **Credential Verification** tab and follow the on-screen instructions to continue.



J-1 Visa Sponsorship

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

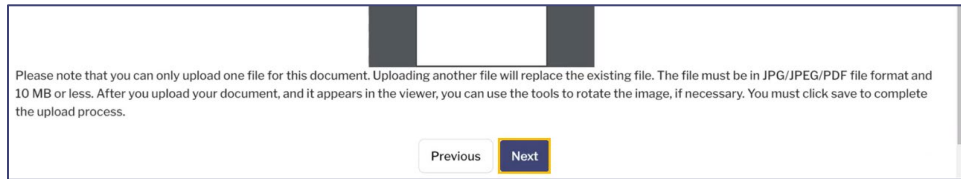
J-1 Sponsorship Applications Health/Accident Insurance Applicant/Dependent Supplemental Information Correspondence

J-1 Visa Sponsorship Home

Required Documentation

Please navigate to Credential Verification to upload Sponsorship Final Medical Diploma document.

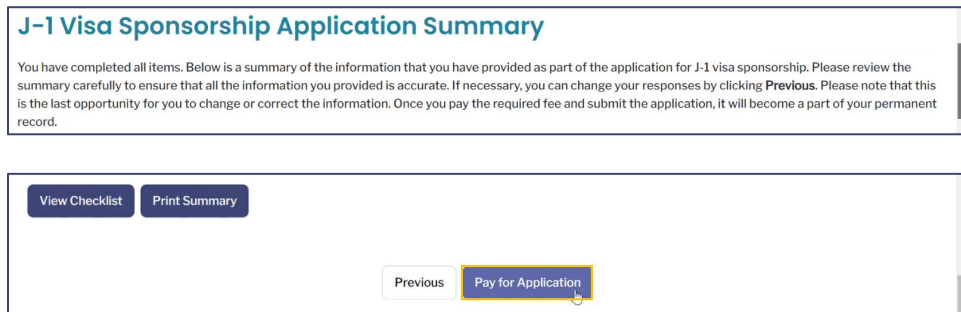
Step 27. Click **Next**.



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 JPG/JPEG/PDF 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.

Previous **Next**

Step 28. The J-1 Visa Sponsorship Application Summary page appears. Review the information and click Pay for Application.



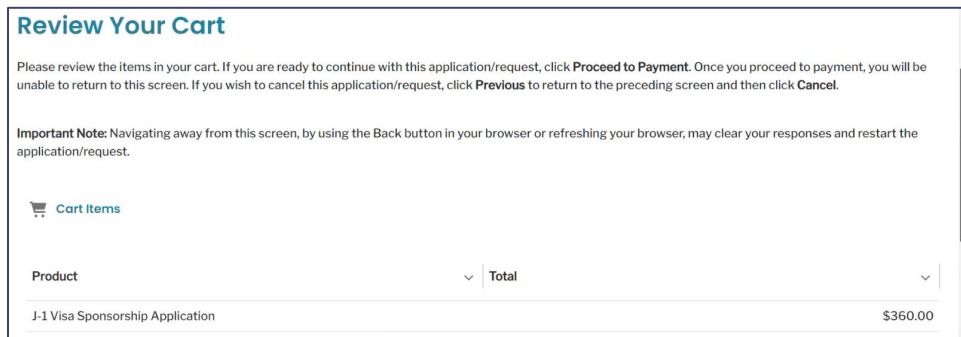
J-1 Visa Sponsorship Application Summary

You have completed all items. Below is a summary of the information that you have provided as part of the application for J-1 visa sponsorship. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your responses by clicking **Previous**. Please note that this is the last opportunity for you to change or correct the information. Once you pay the required fee and submit the application, it will become a part of your permanent record.

View Checklist **Print Summary**

Previous **Pay for Application**


Step 29. The **Review Your Cart** page appears with an overview of the **Cart Items**.



Review Your Cart

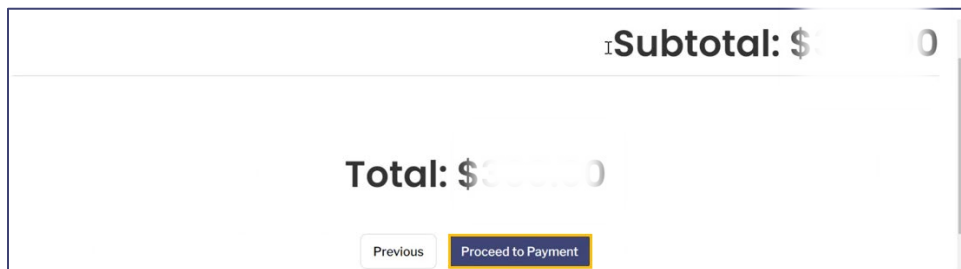
Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen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

 **Cart Items**

Product	Total
J-1 Visa Sponsorship Application	\$360.00

Step 30. Click **Proceed to Payment** at the bottom of the screen.

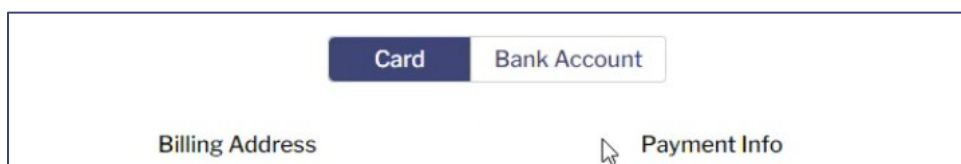


Subtotal: \$ 0

Total: \$360.00

Previous **Proceed to Payment**

Step 31. Select your method of payment, **Card** or **Bank Account** and enter the required payment information.



Card **Bank Account**

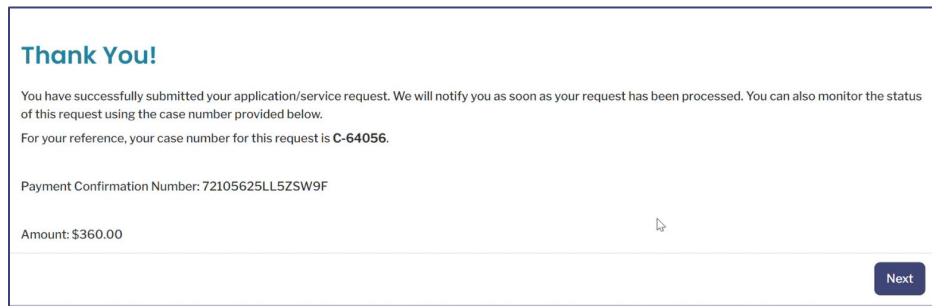
Billing Address **Payment Info**

Step 32. Click **Pay \$**.



Step 33. 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.

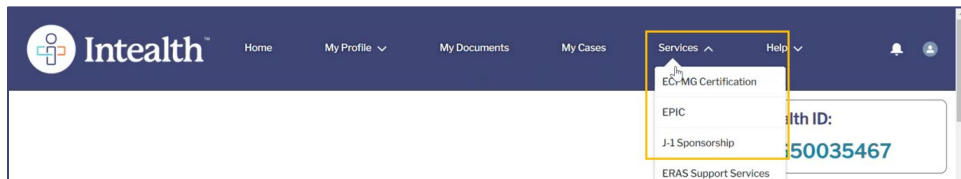


Step 34. Click **Next** to complete the application and return to the **MyIntealth Applicant Portal** homepage.

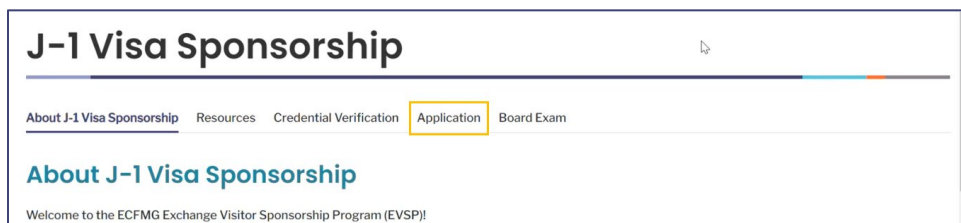
6.1.1 Add and Upload a Document to a J-1 Sponsorship Application

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.

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

Available Appointment Profiles

Below is a list of your available appointment profiles that were provided by the training program liaison (TPL). Click **View** to review the details and accept or decline an appointment profile. Once an appointment profile has been accepted, you will be able to begin your application for J-1 visa sponsorship under **Current Applications**.

--No Records Found--

Current Applications

Current applications for J-1 visa sponsorship will appear in the list below. Click **View** to access the application.

Application Type	Application Category	Start Date	End Date
Accredited	Initial	11/15/2023	11/14/2024

View

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

DS-2019 Information

Information Not Available

View and Upload Documents

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

Required Documentation

To upload documents to this application, click **Add Document**.

To view the documents that have already been uploaded to this application and those that are still pending submission, go to the **View Documents** tab.

Note: All documents uploaded to an applicant's record, by either the applicant or the TPL, can be viewed by both parties.

Add Document **View Checklist**

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

Add Document **View Checklist**

Select an Option

- Required Notification of Off-site Elective/Rotation
- Required Notification of Remediation
- Sponsorship Final Medical Diploma
- Supporting Documents
- Training History Request**
- Training Program Description for Clinical Subspecialty

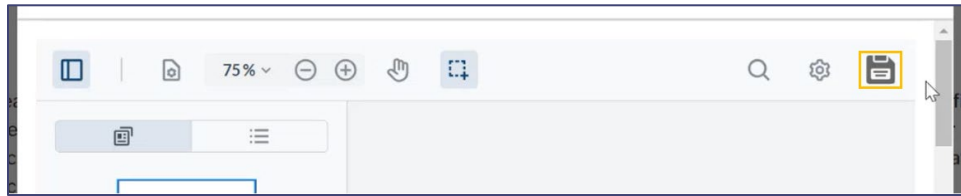
Step 7. The **Upload document** pop-up appears. Click **Upload Files** and select the file for upload.

Upload document

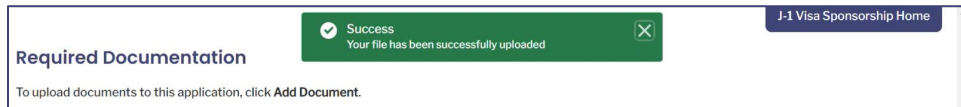
Upload Files Or drop files

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

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

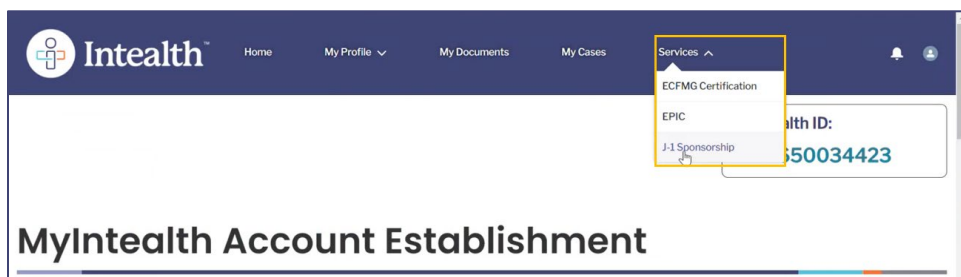


Step 9. A **Success** notification appears indicating that the file was uploaded.

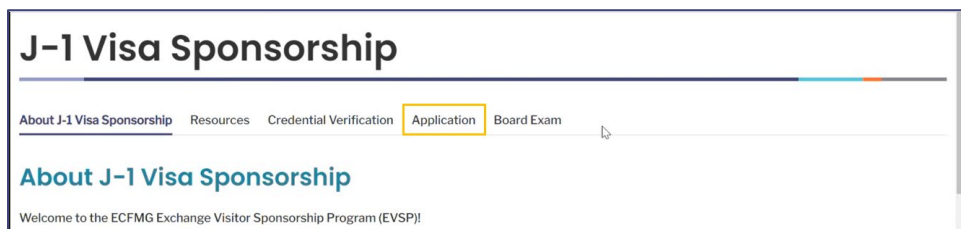


6.1.2 Submit a J-2 Dependent

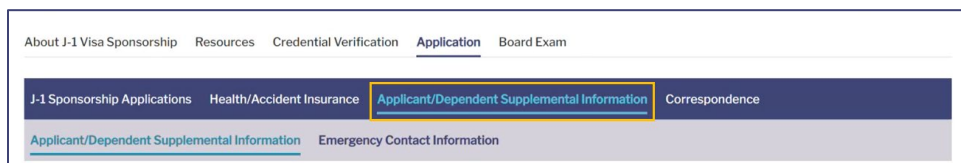
Step 1. From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **J-1 Sponsorship** from the dropdown.



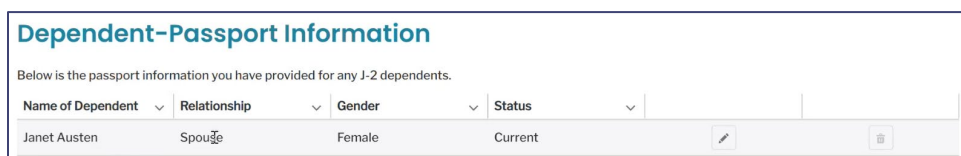
Step 2. The **J-1 Visa Sponsorship** page appears. Click the **Application** tab.



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**.



Dependent Information

ECFMG is authorized to sponsor the spouse and/or unmarried minor children of a J-1 physician for entry into the United States under J-2 visa status. A minor child is defined as one under the age of 21. A J-1 physician's parents, siblings, extended family members, and nannies are not eligible for sponsorship as J-2 dependents. J-2 dependent sponsorship can be requested at the time of J-1 visa sponsorship or at any time via the J-1 visa sponsorship section of MyIntealth.

Please enter/edit the information for your dependent(s) exactly as it appears in their passport(s). If the information you enter differs from what appears in the individual's passport, we will change the entry to match the information in the passport.

Important Notes:

- 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.

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:

Select Gender

* Relationship:

Select Dependent Relationship

* Date of Birth:

Birth State:

* Birth City:

* Birth Country:

Select Birth Country

* First Citizenship Country:

Select 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.

Save

Cancel

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

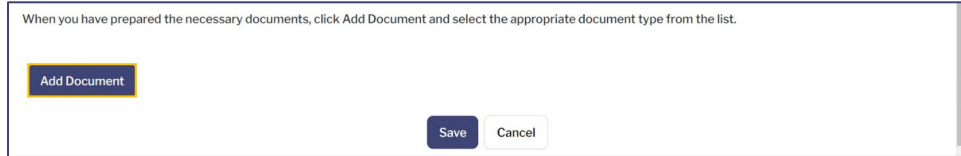
Required Documentation

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.

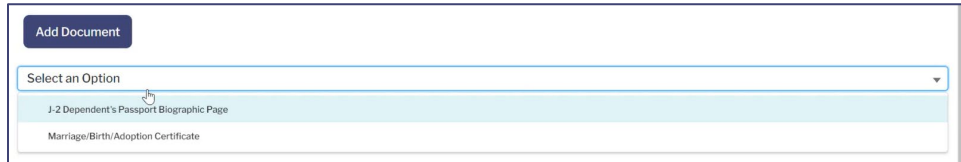
In addition to the passport, you must upload a copy of the evidence of family relationship (Marriage/Birth/Adoption Certificate). If the evidence of family relationship certificate is not in English, the certificate(s) must include notarized English translation(s). It is your responsibility to ensure 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.

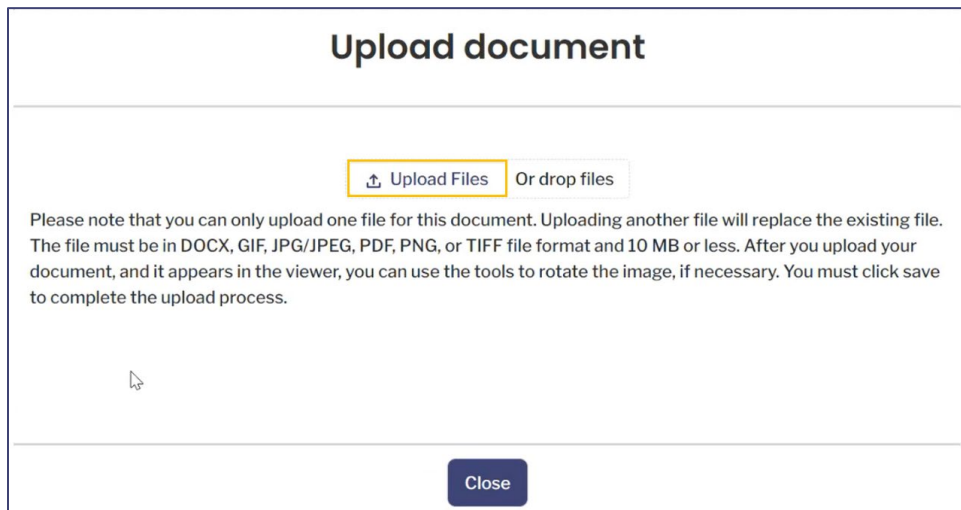
a. Click **Add Document**.



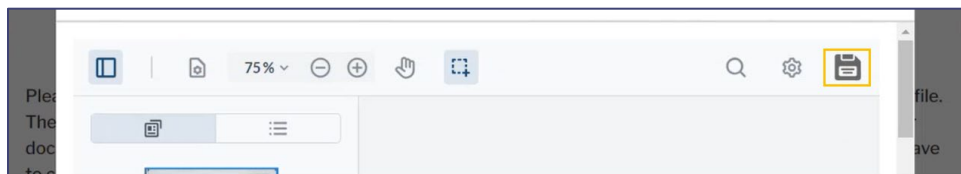
b. Select **J-2 Dependent's Passport Biographic Page** from the dropdown.



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.

Upload document



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.

☐ Upload Passport Translation
☐ Upload Passport Expiration Page

Close

(5) Click **Close**.

Step 8. Select **Marriage/Birth/Adoption Certificate** option from the dropdown. Repeat the instructions shown in the previous step to upload the appropriate documentation. **Both options must be added.**

Add Document

Select an Option

J-2 Dependent's Passport Biographic Page

Marriage/Birth/Adoption Certificate

Upload document



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.

☐ Upload Translation of Marriage/Birth/Adoption Certificate

Close

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

Save
Cancel

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

Federally Mandated Requirements for J-2 Dependents

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

- ☐ J-2 Dependent Insurance Requirements
- ☐ J-2 Dependent Employment Notification Requirements
- ☐ J-2 Dependent Evidence of Family Relationship Requirements
- ☐ J-2 Dependent Departure Notification Requirements

Next

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

J-2 Dependent Evidence of Family Relationship Requirements

Intealth™
Advancing the Digital Health Workforce

Attestation by Applicant

J-2 Dependent Evidence of Family Relationship Requirements

ECFMG is authorized to sponsor the spouse and/or unmarried children under the age of 21 of a J-1 physician for entry to the United States under J-2 visa status. J-1 participants pursuing J-2 sponsorship for dependents must provide Intealth with a record of proof reflecting a lawfully recognized marriage or parental relationship

Accept

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

Step 11. Click **Next**.

Federally Mandated Requirements for J-2 Dependents

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

- ☒ J-2 Dependent Insurance Requirements
- ☒ J-2 Dependent Employment Notification Requirements
- ☒ J-2 Dependent Evidence of Family Relationship Requirements
- ☒ J-2 Dependent Departure Notification Requirements

Next

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

Name of Dependent	Relationship	Gender	Status		
Janet Austen	Spouse	Female	Current		
Thomas Austen	Child	Male	Pending		

6.2 Submit a Sponsorship Credential Verification Request

Step 1. Login to the MyIntealth Applicant Portal.

Intealth Home My Profile My Documents My Cases Services

MyIntealth ID: 50034788

MyIntealth Account Establishment

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

Intealth Home My Profile My Documents My Cases Services

Services

- ECFMG Certification
- EPIC
- J-1 Sponsorship

MyIntealth ID: 50034788

MyIntealth Account Establishment

Step 3. Click the Credential Verification tab.

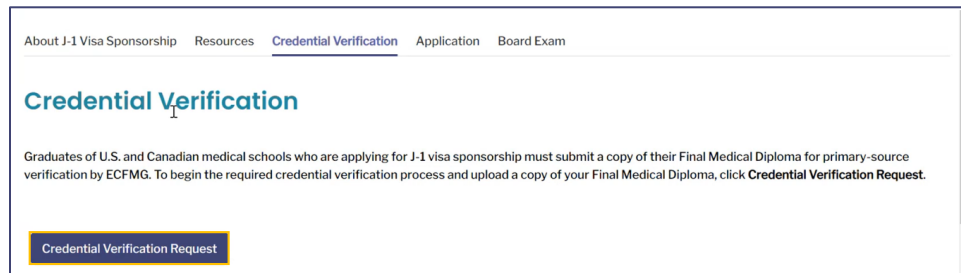
J-1 Visa Sponsorship

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

Credential Verification

Graduates of U.S. and Canadian medical schools who are applying for J-1 visa sponsorship must submit a copy of their Final Medical Diploma for primary-source verification by ECFMG. To begin the required credential verification process and upload a copy of your Final Medical Diploma, click **Credential Verification Request**.

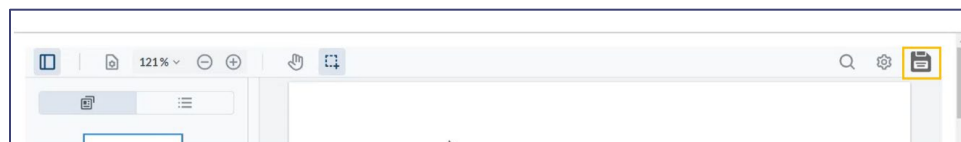
Step 4. Click Credential Verification Request.



Step 5. The **Upload Credential for Verification** section appears. Select a **Credential Type** to be uploaded using the dropdown menu.

- 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.

- (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

*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.

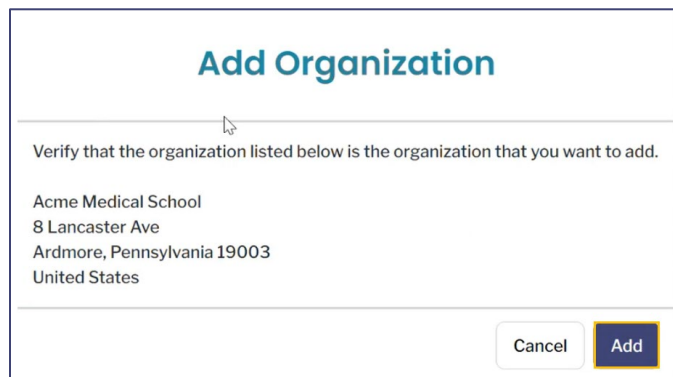
- (1) Search the name.

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

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

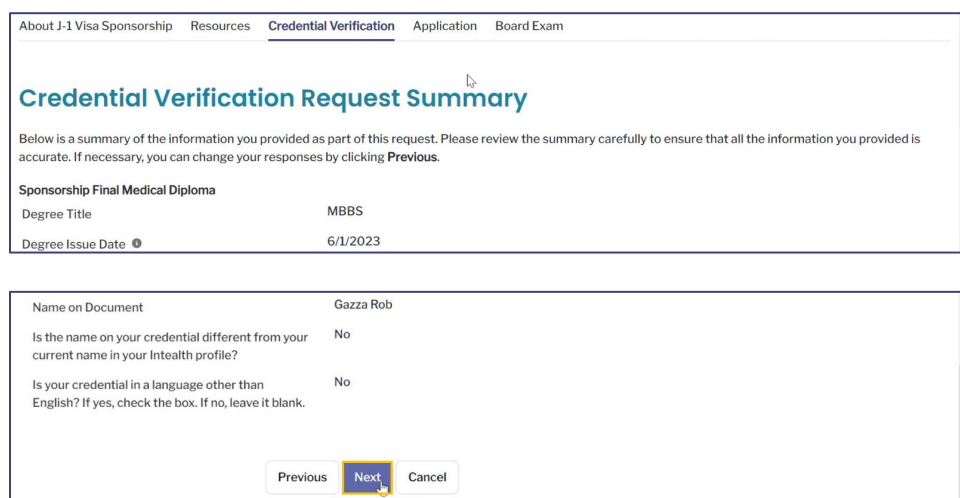
Acme Medical School
BillingCity: Ardmore
BillingState: Pennsylvania
BillingCountry: United States

(3) Click **Add**.



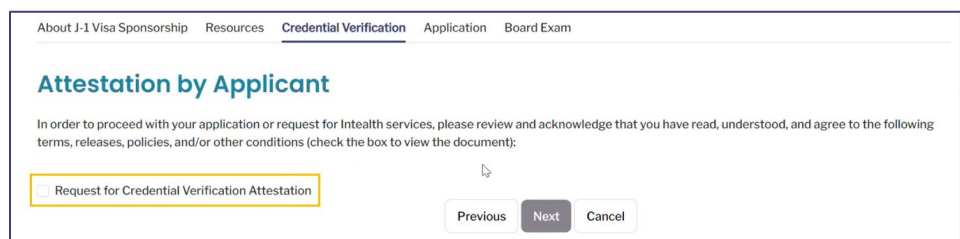
The 'Add Organization' form features a title bar at the top. Below it, a message asks the user to verify the organization details. The details listed are: Acme Medical School, 8 Lancaster Ave, Ardmore, Pennsylvania 19003, United States. At the bottom right, there are two buttons: 'Cancel' and 'Add'.

Step 6. The **Credential Verification Request Summary** page appears. Review the information and make any necessary edits. Click **Next**.



The 'Credential Verification Request Summary' page has a navigation bar with links to 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification' (active), 'Application', and 'Board Exam'. The main heading is 'Credential Verification Request Summary'. A paragraph below explains that the user should review the summary and can click 'Previous' to edit. The summary is divided into two sections. The first section, 'Sponsorship Final Medical Diploma', shows 'Degree Title' as 'MBBS' and 'Degree Issue Date' as '6/1/2023'. The second section shows 'Name on Document' as 'Gazza Rob', and two questions about name differences and language, both answered 'No'. At the bottom are 'Previous', 'Next', and 'Cancel' buttons.

Step 7. The **Attestation by Applicant** page appears. Click the **Request for Credential Verification Attestation** checkbox to review and acknowledge the terms and policies.



The 'Attestation by Applicant' page has a navigation bar with links to 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification' (active), 'Application', and 'Board Exam'. The main heading is 'Attestation by Applicant'. A paragraph instructs the user to review and acknowledge terms, releases, policies, and conditions, with a link to view the document. Below this is a checkbox labeled 'Request for Credential Verification Attestation'. At the bottom are 'Previous', 'Next', and 'Cancel' buttons.

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

Step 8. Click **Next**.

Step 9. A **Thank You!** notification appears stating that you have successfully submitted your application/service request.

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

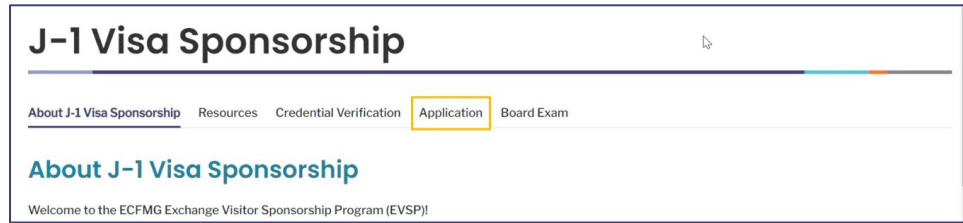
Step 10. Click **Next** to return to the **MyIntealth Applicant Portal** homepage.

6.3 Submit an Application for the Department of State (DOS) Case Materials

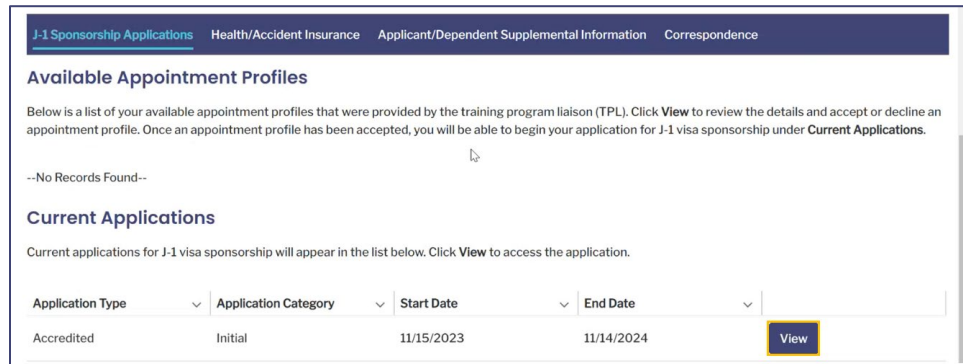
This section highlights how to submit an **Application to submit Department of State Case Materials** within the **MyIntealth Applicant Portal**. It also includes a sub-section for reviewing a submitted application and adding documents to that existing application.

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 opens. Click the **Application** tab.



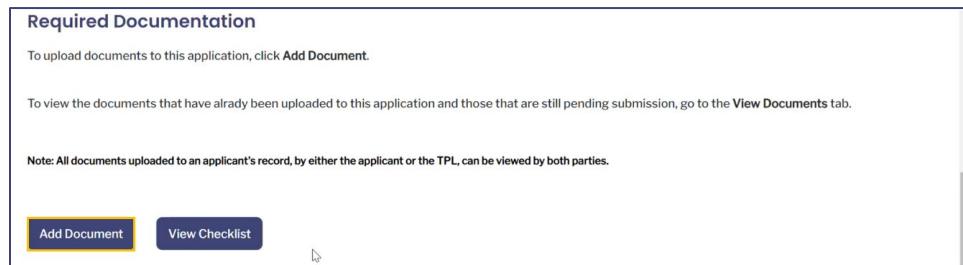
Step 3. The J-1 Sponsorship Applications page opens. Under the Current Applications section, click **View**.



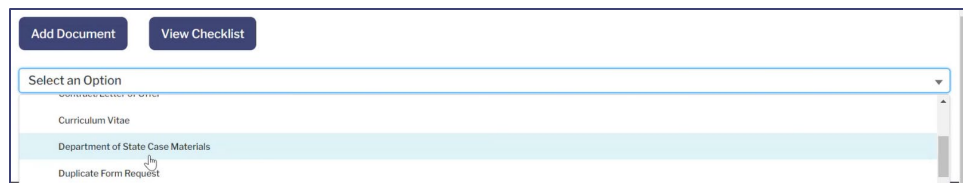
Step 4. The **Current Application** page opens. Scroll to the bottom of the page and click **View and Upload Documents**.



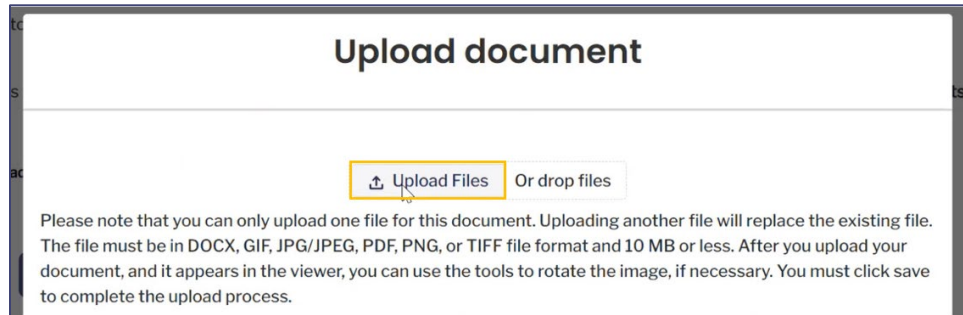
Step 5. The Required Documentation section opens. Click **Add Document**.



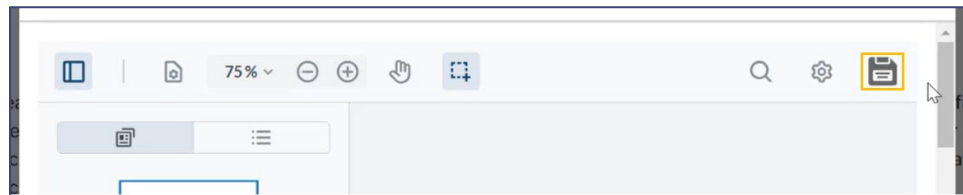
Step 6. Select the **Department of State Case Materials** option from the dropdown.



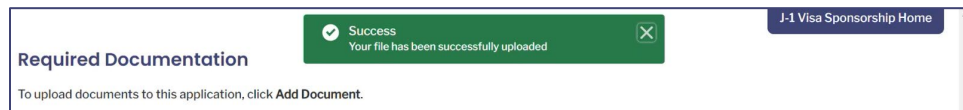
Step 7. The **Upload document** pop-up appears. Click **Upload Files** and select the file to upload.



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

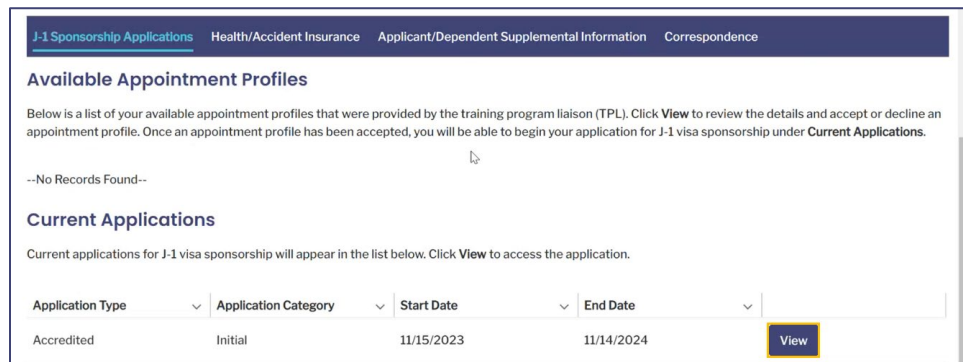


Step 9. A **Success** notification appears indicating that the file uploaded successfully.



6.3.1 Review a Department of State Application and Add More Documents (If Applicable)

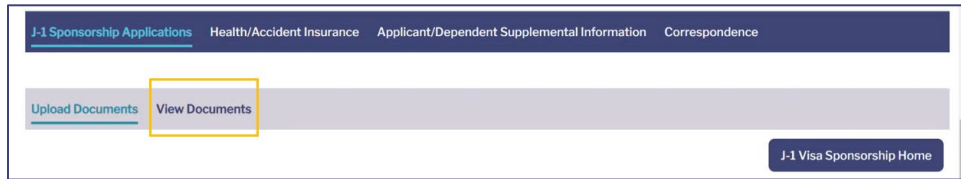
Step 1. Return to the J-1 Sponsorship Applications page. Under the Current Applications section, click View.



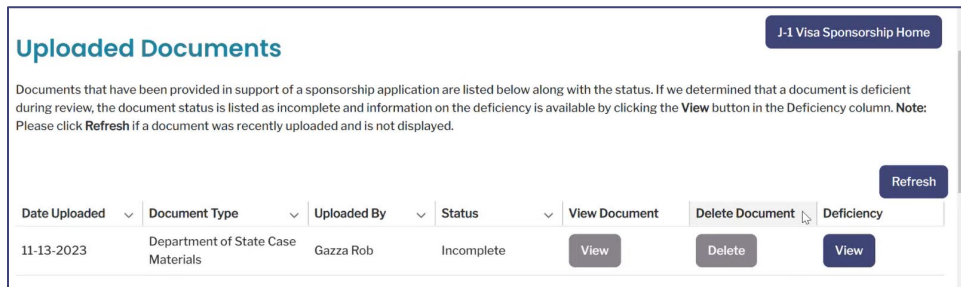
Step 2. The **Current Application** page opens. Scroll to the bottom of the page and click **View and Upload Documents**.



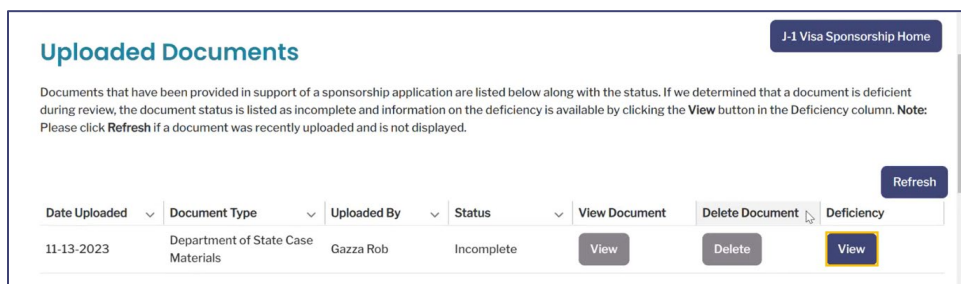
Step 3. Click the **View Documents** tab.



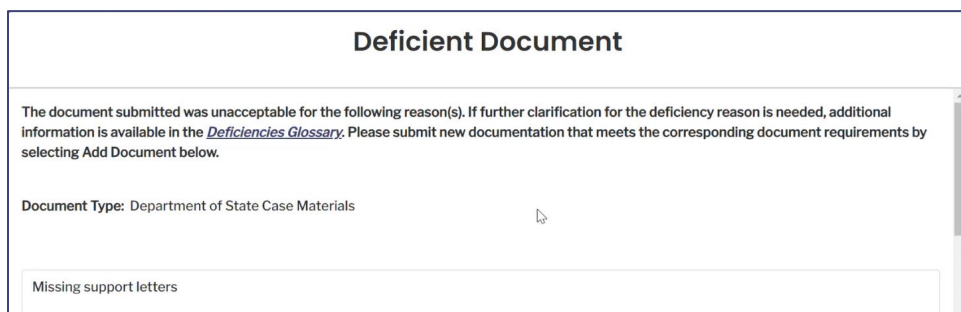
Step 4. The **Uploaded Documents** page opens. Review the **Document Type** and **Status** below.



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



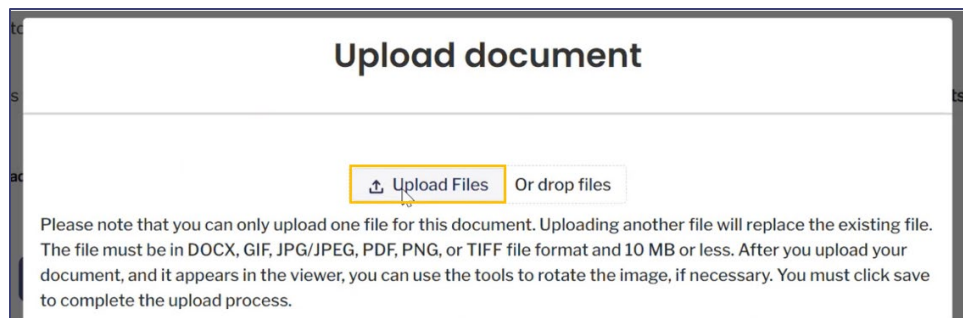
b. The **Deficient Document** pop-up appears. Review the comments.



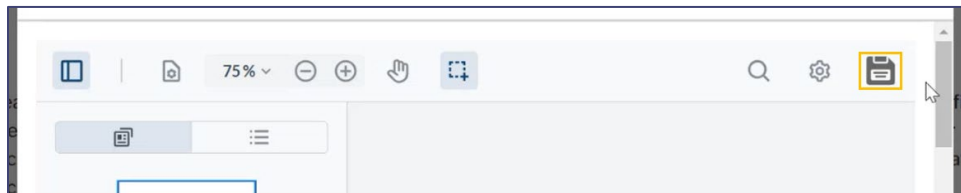
c. Scroll down and click **Add Document**.



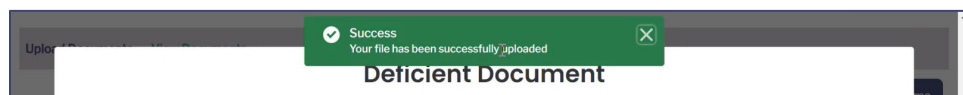
d. The **Upload document** pop-up appears. Click **Upload Files** and select the file to be uploaded.



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



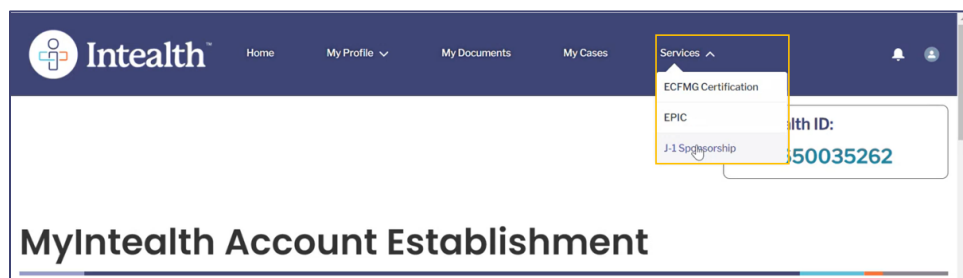
- f. A **Success** notification appears indicating that the file uploaded successfully.



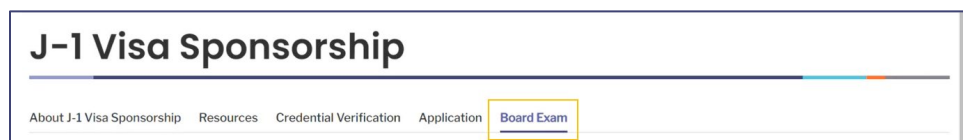
- g. The newly uploaded document is sent for review.

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.

The screenshot shows the 'J-1 Visa Sponsorship' page with a navigation bar containing 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification', 'Application', and 'Board Exam'. The 'Board Exam' tab is selected. Below the navigation bar is the heading 'ABMS Member Board Exam Sponsorship Extension'. A paragraph explains that an ECFMG-sponsored J-1 exchange visitor physician may apply for a sponsorship extension after completing clinical graduate medical education (GME) activities if registered with an ABMS Member Board. A yellow box highlights the 'Initiate Board Application' button.

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

The screenshot shows the 'Please enter the ABMS member board examination details' form. It includes four fields: '* Board Name' (dropdown menu), '* Exam' (dropdown menu), '* Exam Date' (calendar icon), and '* Personal Funds' (text input). A yellow box highlights the 'Next' button at the bottom left.

Step 5. Click **Next**.

The screenshot shows the same form as in Step 4, but with data entered: '* Board Name' is 'AMERICAN BOARD OF PEDIATRICS', '* Exam' is 'PEDIATRIC ENDOCRINOLOGY', '* Exam Date' is '4/18/2024', and '* Personal Funds' is '12,000'. A yellow box highlights the 'Next' button at the bottom left.

Step 6. The Required Online Learning Modules for Incoming Exchange Visitor Physicians page appears. Review all modules.

The screenshot shows the 'Required Online Learning Modules for Incoming Exchange Visitor Physicians' page. It includes a paragraph explaining the requirement to view and complete interactive online learning modules. A yellow box highlights three links: 'The Spirit and Intent of the BridgeUSA Program for J-1 Exchange Visitor Physicians', 'Exchange Visitor Physician Orientation Module: Part One', and 'Exchange Visitor Physician Orientation Module: Part Two'. Below the links is a checkbox labeled 'By checking this box, I confirm that I have viewed and completed the required online learning modules listed above.' and a 'Next' button.

Step 7. Click the I confirm that I have viewed and completed the required online learning modules listed above checkbox.

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

Required Online Learning Modules for Incoming Exchange Visitor Physicians

Before you proceed with your J-1 visa sponsorship application, you are required to view and become familiar with the information provided in the interactive online learning modules accessible via the links below. Each module will take approximately 5-10 minutes to complete. Once you have viewed and completed all required modules, check the box below to continue with your application.

[The Spirit and Intent of the BridgeUSA Program for J-1 Exchange Visitor Physicians](#)

[Exchange Visitor Physician Orientation Module: Part One](#)

[Exchange Visitor Physician Orientation Module: Part Two](#)

☐ By checking this box, I confirm that I have viewed and completed the required online learning modules listed above.

Next

Step 8. Click **Next**.

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

Required Online Learning Modules for Incoming Exchange Visitor Physicians

Before you proceed with your J-1 visa sponsorship application, you are required to view and become familiar with the information provided in the interactive online learning modules accessible via the links below. Each module will take approximately 5-10 minutes to complete. Once you have viewed and completed all required modules, check the box below to continue with your application.

[The Spirit and Intent of the BridgeUSA Program for J-1 Exchange Visitor Physicians](#)

[Exchange Visitor Physician Orientation Module: Part One](#)

[Exchange Visitor Physician Orientation Module: Part Two](#)

☒ By checking this box, I confirm that I have viewed and completed the required online learning modules listed above.

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.

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

Supporting Documentation

Please review the application checklist of supporting documentation that may be required to complete your application for J-1 visa sponsorship.

[View Documentation Checklist](#)

 **ECFMG**
A Member of Intealth

Exchange Visitor
Sponsorship Program (EVSP)

Continuation of Sponsorship to Sit for an
ABMS Member Board Examination

[Application Processing Instructions](#)

 [Documentation Checklist](#)

Step 10. Click Next.

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

Supporting Documentation

Please review the application checklist of supporting documentation that may be required to complete your application for J-1 visa sponsorship.

[View Documentation Checklist](#)

The submission of a complete application requires close coordination between you and the TPL at the teaching hospital. We generally reserve four to six weeks from the time all required documentation is received for review and processing of your application. However, submission of all required documentation at the same time may significantly shorten the processing time. Therefore, you and the TPL are encouraged to coordinate and upload all required documentation on the same day, when possible.

[Next](#)

Step 11. Review Your Contact Information and click Next.

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

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.

Email Address

Telephone Number

US Phone Number

[Previous](#) [Next](#)

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.

[Previous](#) [Next](#)

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

[Previous](#) [Next](#)

Step 14. Review your **Passport Information** and click **Next**.

The screenshot shows the 'Passport Information' page. At the top, there is a navigation bar with links: 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification', 'Application', and 'Board Exam'. The main heading is 'Passport Information'. Below it, the sub-heading is 'Physician Applicant Passport'. A note states: 'Below is the passport information associated with this application.' There is a section for adding dependents with a list of instructions: '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.', and '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.' There is an 'Add Dependent' button. At the bottom, there are 'Previous' and 'Next' buttons, with 'Next' being highlighted.

Step 15. Review the Confirmation of J-1 Exchange Visitor Sponsorship Requirements and click the checkboxes.

The screenshot shows the 'Confirmation of J-1 Exchange Visitor Sponsorship Requirements' page. At the top, there is a navigation bar with links: 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification', 'Application', and 'Board Exam'. The main heading is 'Confirmation of J-1 Exchange Visitor Sponsorship Requirements'. Below it, a paragraph states: 'Please be advised that federal regulations require all J-1 exchange visitors 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, and (4) repatriation benefits of \$25,000.' There are three checkboxes with corresponding text: 'By checking the box, I confirm I will maintain required health and accident insurance for myself and all J-2 dependents while sponsored. After I complete my appointed training, I will arrange continued insurance coverage that meets the federal requirements as outlined above.', 'I will notify the Exchange Visitor Sponsorship Program (EVSP) if there are any issues affecting my full time participation in, or timely completion of, the training program for which I received sponsorship.', and 'I will contact EVSP if I have any concerns or issues that are affecting my well-being or welfare during my participation in the J-1 exchange visitor program, or those of my J-2 dependents.' At the bottom, there are 'Previous' and 'Next' buttons, with 'Next' being highlighted.

Step 16. Click **Next**.

This screenshot is identical to the previous one, but the checkboxes are now selected. The first checkbox is checked, and the second and third checkboxes are also checked. The 'Next' button remains highlighted.

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 Thanksgiving and Christmas.

[Previous](#)
[Next](#)

Step 19. Review the information on the J-1 Exchange Visitor Sponsorship Applicant Acknowledgement and Attestation page and click the checkboxes.

[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

- a. As you click each checkbox, a related attestation/acknowledgement displays.
- b. Click **Accept** for each attestation/acknowledgement.

J-1 Sponsorship Applicant Attestation



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](#)

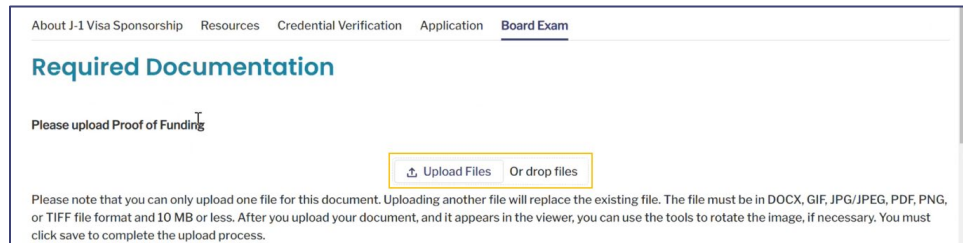
Step 20. Click **Next**.



A screenshot of a web form titled "J-1 Sponsorship Applicant Attestation". It contains two checked checkboxes: "J-1 Sponsorship Applicant Attestation" and "Acknowledgment of Inteleth Discretion in J-1 Visa Sponsorship Determinations". At the bottom left, there is a blue "Next" button with a mouse cursor hovering over it, and a grey "Previous" button below it.

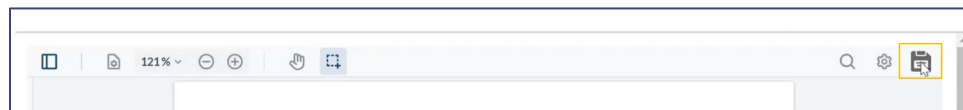
Step 21. The **Required Documentation** page appears. Use the following instructions to upload all required documents.

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



A screenshot of the "Required Documentation" page. The page has a navigation bar with links: "About J-1 Visa Sponsorship", "Resources", "Credential Verification", "Application", and "Board Exam". The main heading is "Required Documentation". Below it, the text says "Please upload Proof of Funding". There is a yellow box around the "Upload Files" button and the text "Or drop files". Below this, a note states: "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."

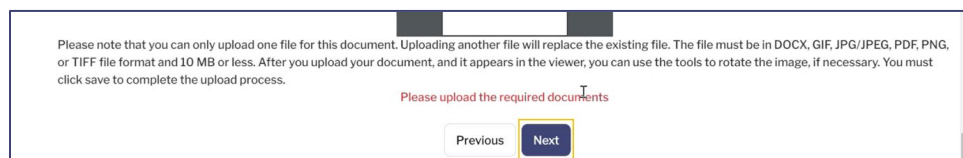
- A preview of the file appears. Click **Save** (disk icon).



A screenshot of a file preview viewer. It shows a toolbar with various icons for file manipulation, including a disk icon for saving. The disk icon is highlighted with a yellow box.

- A **Success** notification appears, and a thumbnail file preview appears under the **Upload Files** button.
- 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**.



A screenshot of the document upload page. It shows a success message: "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 this, there is a red text prompt: "Please upload the required documents". At the bottom, there are "Previous" and "Next" buttons, with the "Next" button highlighted by a yellow box.

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

The screenshot shows the 'J-1 Visa Sponsorship Application Summary' page. At the top, there is a navigation bar with links: 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification', 'Application', and 'Board Exam'. Below the navigation bar is the title 'J-1 Visa Sponsorship Application Summary'. A paragraph of text follows: 'You have completed all items. Below is a summary of the information that you have provided as part of the application for J-1 visa sponsorship. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your responses by clicking **Previous**. Please note that this is the last opportunity for you to change or correct the information. Once you pay the required fee and submit the application, it will become a part of your permanent record.' Below this text are two buttons: 'View Checklist' and 'Print Summary'. At the bottom of the page, there are two buttons: 'Previous' and 'Pay for Application', with 'Pay for Application' highlighted by a yellow border.

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

The screenshot shows the 'Review Your Cart' page. At the top, there is a navigation bar with links: 'About J-1 Visa Sponsorship', 'Resources', 'Credential Verification', 'Application', and 'Board Exam'. Below the navigation bar is the title 'Review Your Cart'. A paragraph of text follows: '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**.' Below this text is an 'Important Note': '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.' Below the note is a table with the following structure:

Cart Items		
Product	Total	
J-1 Visa Sponsorship Application		\$350.00

Below the table is a large 'Total: \$' label. At the bottom of the page, there are two buttons: 'Previous' and 'Proceed to Payment', with 'Proceed to Payment' highlighted by a yellow border.

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

The screenshot shows the payment method selection page. At the top, there are two buttons: 'Card' and 'Bank Account'. Below these buttons are two labels: 'Billing Address' and 'Payment Info', with 'Payment Info' highlighted by a yellow border.

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

The screenshot shows the payment confirmation page. At the bottom right, there is a button labeled 'Pay \$', which is highlighted by a yellow border.

- 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 **C-72638**.

Payment Confirmation Number: 73320032MNKE8WIL

Amount: \$360.00

Next

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

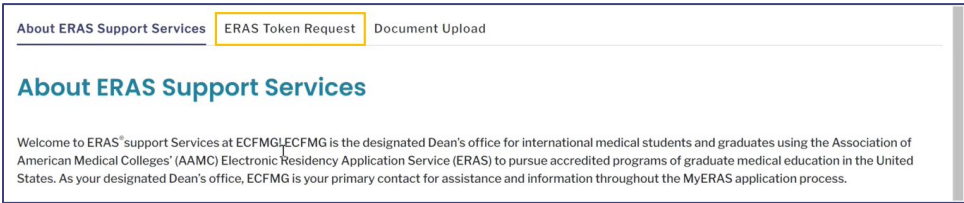
7 ERAS Support Services at ECFMG

7.1 Request an ERAS Token

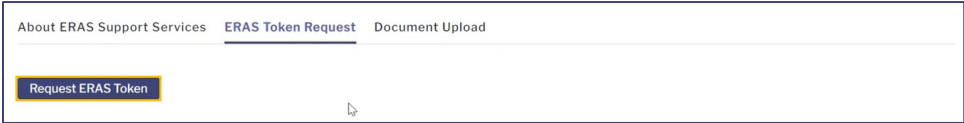
Step 1. From the **MyIntealth Applicant Portal** homepage, in the top banner, click **Services**, and select **ERAS Support Services** from the dropdown menu.



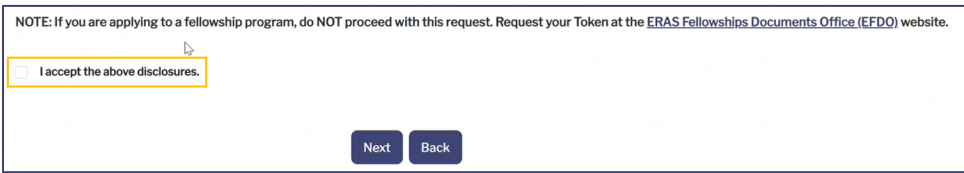
Step 2. The **About ERAS Support Services** page opens. Click the **ERAS Token Request** tab.



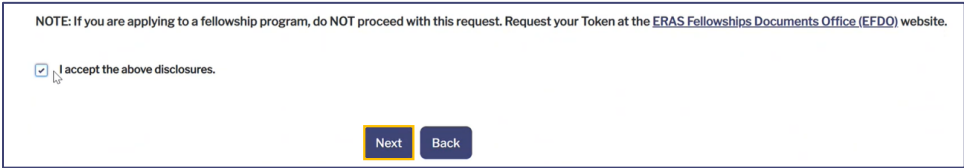
Step 3. Click **Request ERAS Token**.



Step 4. A new page appears with information about the **ERAS Token Request Notice and Disclosures**. Review the information and click the **I accept the above disclosures** checkbox.



Step 5. Click **Next**.



- Step 6.** A new page appears with information about **Contact Information** and **Citizenship Status**. Review the information and click **Next**.

Contact Information

Please review your contact information below. If any information is incorrect or needs to be updated, you must go to My Profile 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 contact information in your profile is correct as listed below, click Next.

Country

Australia

Citizenship Status

Physicians who do not hold citizenship or permanent residency status in the United States must secure status in a valid U.S. visa classification to participate in programs of U.S. graduate medical education (GME). There are various visa/immigration options available to foreign national physicians who seek to participate in U.S. GME. Each visa classification carries distinct regulatory requirements and obligations specific to the foreign national, the visa sponsor, and/or the training institution or employer. It is important to note that eligibility for a particular visa classification should not be presumed. In the case of ECFMG J-1 visa sponsorship, a determination of eligibility cannot be made until a full J-1 visa sponsorship application is made and supporting documentation is reviewed.


Next **Back**

- a. If any Contact Information needs updating, use My Profile -> Contact Information from the top banner.

- Step 7.** The **Degree Medical School Confirmation** information appears. Indicate if your **Degree Medical School** (listed above) is correct.

Degree Medical School Confirmation

Please review the Degree Medical School information in your profile

Degree Medical School  1 Military Hospital

*Is your Degree Medical School correct? ☐ Yes ☐ No


Next **Back**

- b. 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 8. Click **Next**.

Degree Medical School Confirmation

Please review the Degree Medical School information in your profile

Degree Medical School  1 Military Hospital

*Is your Degree Medical School correct? ☒ Yes
☐ No

Next **Back**

Step 9. The **ERAS Token Request Summary** page appears. Review the information and click **Next**.

ERAS Token Request Summary

You are about to request a 2024 Token to apply via ERAS for a residency position to start in January 2023. This Token will be valid for the 2024 ERAS season only. Please note that the fee to request an ERAS Token is non-refundable, even if you do not use the Token. All other fees in connection with your ERAS application are payable to other organizations, such as the AAMC.


Next **Back**

Step 10. 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.

 **Cart Items**

Product	Total
ERAS Residency Token	\$165.00

Step 11. Click **Proceed to Payment** at the bottom of the screen.

Total: \$165.00

Previous **Proceed to Payment**

Step 12. Select your payment method, **Card** or **Bank Account**, and enter payment.

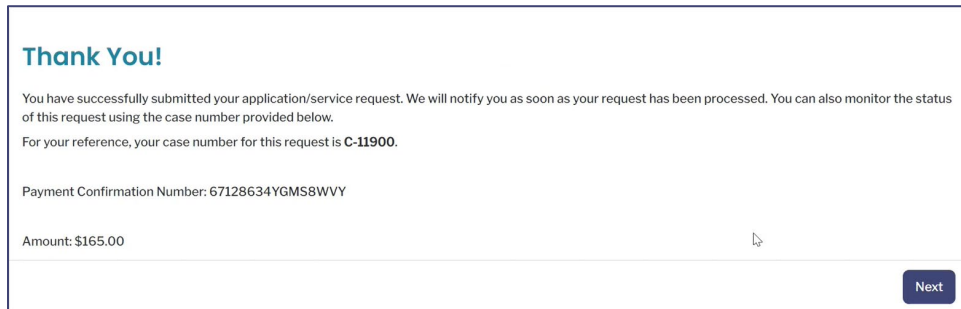
Card **Bank Account**

Billing Address **Payment Info**

Step 13. Once you have entered all required information, click **Pay \$**.



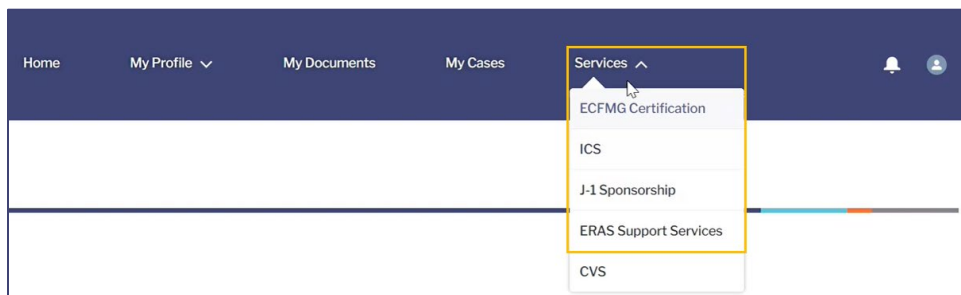
Step 14. Once the payment is successfully processed, a **Thank You!** confirmation message displays, and an email confirmation message is sent to your email address on file.



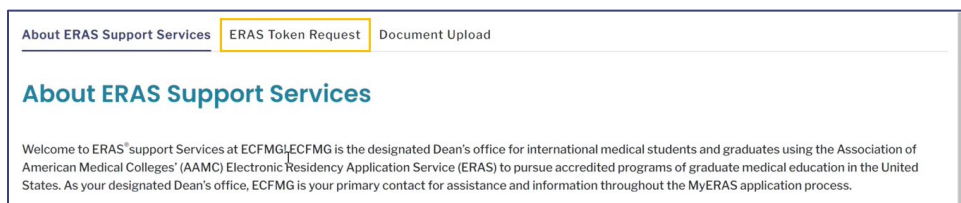
c. It is recommended that you document this request's case number (C-#) for future reference.

Step 15. Click **Next** to complete the application and return to the **MyIntealth Applicant Portal** homepage.

Step 16. In the top banner, click **Services**, and select **ERAS Support Services** from the dropdown.



Step 17. The About ERAS Support Services page opens. Click **ERAS Token Request**.



Step 18. The ERAS Token Request Information appears.

ERAS® Token Request Information

Time and date calculated using Eastern Standard Time (EST) in the United States.

ERAS® 2024 Token:

Request Date: 4/20/2023 4:13 PM

Issue Date:

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.

HomeMy Profile ▾My DocumentsMy Cases

Services ▾
ECFMG Certification
ICS
J-1 Sponsorship
ERAS Support Services
CVS

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

ERAS Support Services

About ERAS Support ServicesERAS Token RequestDocument Upload

[About ERAS Support Services](#)

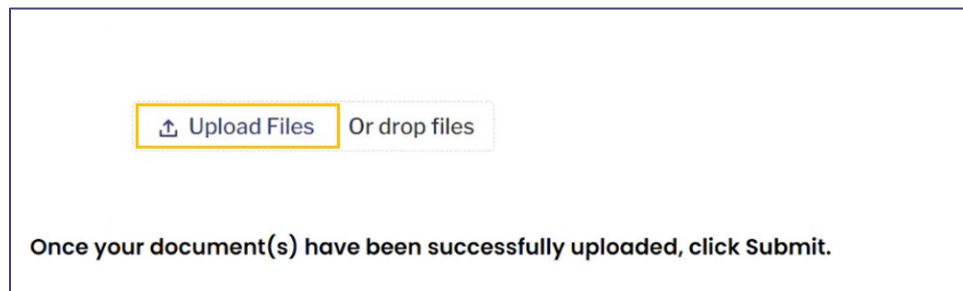
Step 3. Review the information and click **Upload Documents**.

IMPORTANT NOTE: MyIntealth provides access to web-based services for international medical schools and includes a service for ERAS. Participating schools can upload supporting documents for the MyERAS application on behalf of their students and graduates. Students and graduates of participating schools will not have the ability to upload their own MSPEs and medical school transcripts. If your medical school participates in the ERAS Service through MyIntealth, you will be notified on the next screen.

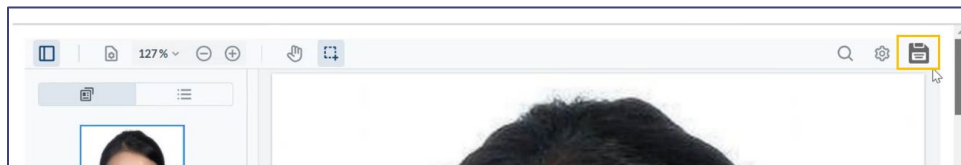
[Upload Documents](#)

Step 4. Review the instructions for uploading and scroll to the applicable section (e.g., **Upload Photograph**, **Upload Medical School Performance Evaluation**, or **Upload Transcript**). Use the following instructions to upload a document.

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

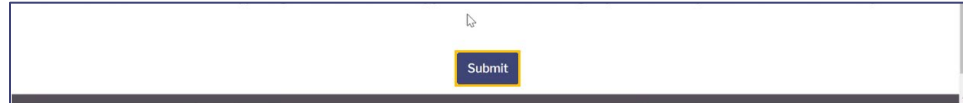


- b. A preview of the document appears. Click **Save** (disk icon).



- c. Repeat this process for any additional sections if applicable (e.g., **Upload Photograph**, **Upload Medical School Performance Evaluation**, or **Upload Transcript**).

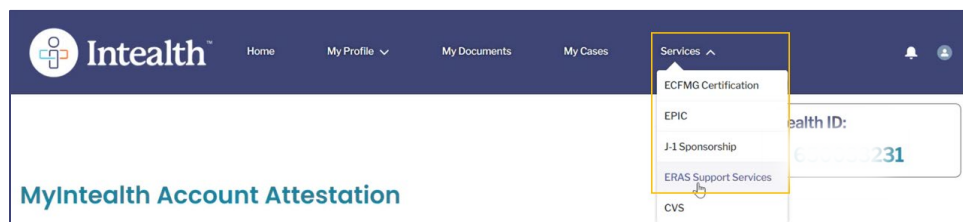
Step 5. Click **Submit**.



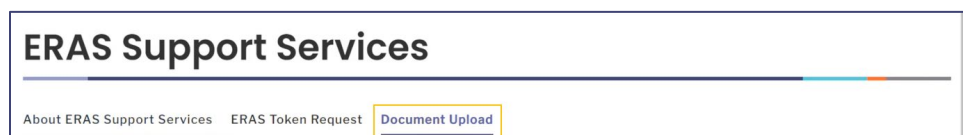
Step 6. The document is saved and submitted.

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

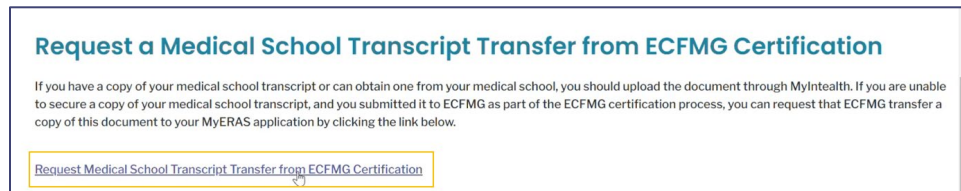
Step 1. From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and select **ERAS Support Services** from the dropdown.



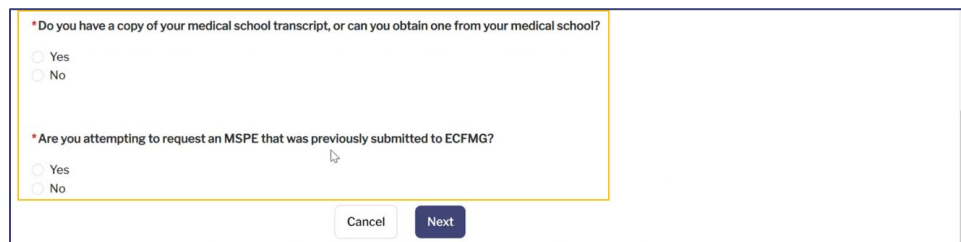
Step 2. The ERAS Support Services page appears. Click the Document Upload tab.



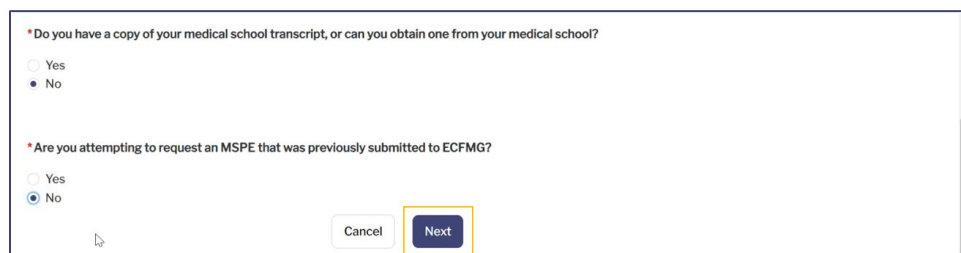
Step 3. Click Request Medical School Transcript Transfer from ECFMG Certification.



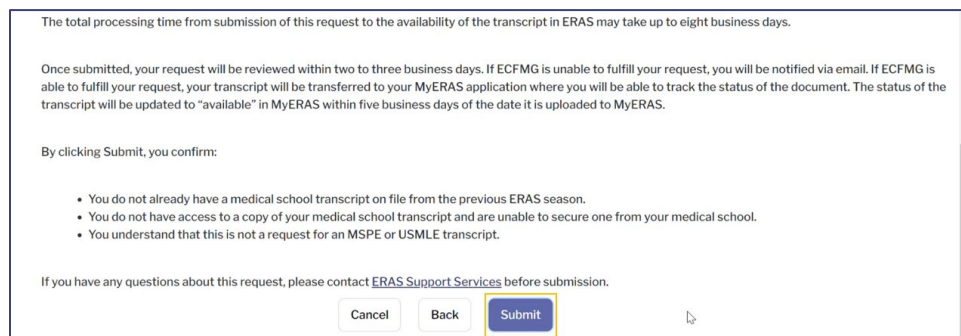
Step 4. The Request Medical School Transcript Transfer from ECFMG Certification page appears. Enter all required information (*).



Step 5. Click **Next**.



Step 6. Information summarizing your request appears. Click **Submit**.



Step 7. A **Thank You!** message appears indicating that you have successfully submitted your request.

