



The College of Physicians and Surgeons of Manitoba requires that physicians seeking medical licensure/registration who completed their medical education outside Canada submit copies of certain documents to the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS). EICS will obtain primary source verification of the authenticity of these documents from the entity that issued these documents to you.

The College of Physicians and Surgeons of Manitoba requires that you submit copies of the following documents to EICS for verification:

- Medical school diploma
- Medical school transcript
- Postgraduate training certificates
- Medical licensure/registration certificates in other jurisdictions

Please complete the enclosed EICS Application for Verification of Credentials and send it to EICS with the required documents, passport-sized photographs and payment of US\$300.00. Instructions for completing the application are included.

You will be notified when EICS has received and processed your completed application, documentation and fee. EICS will write to the issuing institutions listed on your application to secure primary source verification of your submitted credentials. EICS will send the institutions a copy of the document to be verified, an official EICS verification request form and a photograph signed by you to assist in identification. EICS will request that an authorized institution official complete and return the verification request form directly to EICS.

After verification of all the required credentials has been obtained, an EICS report will be issued to the College of Physicians and Surgeons of Manitoba. The EICS report will contain your name and biographic information and list the medical credentials that have been verified. Copies of all credentials and completed verification forms are included with the report.

If EICS does not receive verification of all credentials within sixty (60) days of our initial request, EICS will send a second request for verification of these documents. An EICS Credential Verification Report will also be issued to the College of Physicians and Surgeons of Manitoba. The Report will include details on the credentials that have been verified and those still pending verification. EICS will issue individual addendum reports upon subsequent receipt of pending verifications.

Your EICS application packet consists of the following items:

- Instructions for Completing the ECFMG International Credentials Services (EICS) Application
- ECFMG International Credentials Services (EICS) Application
- Affidavit and Release
- Authorization for Release of Information, Documents and Records
- EICS Application Fee Payment Sheet

**INSTRUCTIONS FOR COMPLETING THE EDUCATIONAL COMMISSION  
FOR FOREIGN MEDICAL GRADUATES (ECFMG®)  
INTERNATIONAL CREDENTIALS SERVICES (EICS) APPLICATION**

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Please read these instructions carefully before completing the application for verification of credentials. Please type or print neatly in ink the information requested on the application. If you fail to submit all required information and documentation, processing of your application by the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) shall be delayed.

**Item 1 "Name"**

Enter your full name as it appears on your College of Physicians and Surgeons of Manitoba application.

Your last name (surname) and generational suffix must be on line 1. Your first and middle name(s) must be on line 2. Your maiden/alternate name(s) must be on line 3.

**Item 2 "Gender"**

Check the appropriate box.

**Item 3 "Date and Place of Birth"**

Enter your date of birth in the following order: 1) day, 2) month and 3) year. Include the country where you were born.

**Item 4 "EICS or USMLE/ECFMG Identification Number"**

Enter your EICS or USMLE/ECFMG Identification Number, if applicable.

**>>If your medical credentials have been previously verified by EICS**, it is not necessary to submit additional copies with your application. You must submit copies of credentials that were not included with your previous EICS application. Please remember to check the appropriate boxes on the EICS Application Fee Payment Sheet.

**>>If your medical credentials have been previously verified by ECFMG**, you must submit copies of all your medical credentials to EICS. EICS will review the documents and verification status of your ECFMG file. If your credentials have been previously verified by ECFMG (for USMLE/ECFMG exams or ECFMG certification) and are consistent with copies submitted with your application, EICS will accept the ECFMG verification in lieu of sending new verification requests to your medical school. Acceptance of ECFMG verification of credentials does not change your EICS application fee cost.

**Item 5 "Contact Information"**

Enter the complete mailing address that EICS will use in communicating with you in writing. Include your telephone and fax numbers, and email address, if available.

**Item 6 "Documentation"**

Include with your application legible and complete original language copies of the following documents:

- Medical School Diploma
- Medical School Transcript
- Postgraduate Medical Education Certificates
- Medical Registration/Licensure Certificates

**Photocopy reduce oversized documents to 8½ x 11 inches (216 mm x 279 mm)**

### **ENGLISH TRANSLATIONS**

Any document not in English must be accompanied by an official word-for-word English language translation prepared and certified to be correct by a recognized translator or professional translation service. The translation must identify the translator and include the signature of the translator and, if appropriate, the official or representative of the translation service.

### **VERIFICATION FEES**

EICS may receive notification from an institution that a fee is required for completion of an EICS verification request. Payment of fees is the responsibility of the physician. EICS will notify you if a fee is required to obtain verification of your credentials.

### **Item 7 "Courier Service"**

#### **OPTIONAL**

EICS verification requests are sent via airmail and include a pre-paid international reply business envelope. To arrange for EICS to send your credential verification requests to their issuing institutions via courier service, check the appropriate boxes and include your courier service account number.

EICS does not accept credit card information for payment of courier shipment fees.

Confirm with your courier that the destination institution is within its service area.

EICS ships credential verification requests one-way. You will need to contact your institutions to arrange for courier service shipment back to EICS.

### **Item 8 "Medical School of Graduation"**

Enter the full name, city, country, and attendance information for the medical school you graduated from outside of Canada. Include the full title of your degree.

If you attended more than one medical school, photocopy page 2 of the EICS application and use the photocopied page(s) as an attachment to the EICS application.

### **Item 9 "Postgraduate Medical Education"**

Enter the full names, addresses and attendance dates for **all** the institutions where you completed postgraduate medical education outside of Canada. This includes all internships, residencies and fellowships taken after graduation from medical school. Your specialty must be listed and Program box checked.

If you completed postgraduate medical education at more than two institutions, photocopy page 3 of the EICS application and use the photocopied page(s) as an attachment to the EICS application.

### **Item 10 “Medical Licensure and Registration”**

Enter the full names, addresses and licensure/registration dates for **all** jurisdictions where you held a license/registration to practice medicine outside of Canada. Include permanent, limited and other special purpose licenses or registrations. Indicate the current status of each license/registration. If the license/registration was suspended or revoked, you must attach a separate sheet of paper and explain the reason.

If you obtained a license/registration to practice medicine in more than two jurisdictions, photocopy page 4 of the EICS application and use the photocopied page(s) as an attachment to the EICS application.

### **Affidavit and Release**

Complete the Affidavit and Release by signing your name on the first line, printing your name on the second line and dating your signature on the third line. Attach one current, full-face photograph of yourself in the designated box. Have the Affidavit and Release certified by a notary public, first-class magistrate or consular official. Be sure the official dates and signs the document and lists his or her official title.

**>> Applications submitted without completion of the Affidavit and Release by a recognized official will be returned unprocessed.**

### **Authorization for Release of Information, Documents and Records**

Complete the Authorization by signing your name and dating your signature on the first line, printing your name on the second line and listing your date of birth on the third line. Attach one current, full-face photograph of yourself in the designated box and then sign your name across the front of the photograph.

### **EICS Application Fee Payment Sheet**

The EICS application fee for primary source verification of the medical diploma, medical school transcript, postgraduate training and medical registration/licensure certificates is US\$300.00. If you have previously submitted an application to EICS for processing, the application will be US\$50. Include your EICS number on the payment sheet.

Include your name, gender and birth date. Indicate whether a money order is enclosed or if the fee should be charged to a credit card. For a credit card payment, indicate the type of card (Visa, MasterCard, and Discover), credit card number, expiration date and the address, name and signature of the cardholder.

**MAKE A PHOTOCOPY OF THE COMPLETED EICS APPLICATION FOR YOUR RECORDS**

**RETURN THE EICS APPLICATION, COPIES OF YOUR MEDICAL CREDENTIALS AND APPLICATION FEE TO THE ADDRESS BELOW:**

**Contact Information**

Many answers to questions concerning EICS and the EICS application are available through the EICS website ([www.ecfm.org/eics](http://www.ecfm.org/eics)) or you may contact EICS at:

**Email:** [ecfmgics@ecfm.org](mailto:ecfmgics@ecfm.org)

**Phone:** (215) 823-2274

**Fax:** (215) 966-3129

**Postal Address**

ECFMG/EICS  
P.O. Box 48087  
Newark NJ 07101-4887  
USA

**Courier Address**

ECFMG/EICS  
c/o Image Remit  
205 North Center Drive  
Commerce Center  
North Brunswick NJ 08902  
USA



<p><b>6. Documentation</b></p> <p>Include two (2) complete and legible copies of all the documents listed here.</p> <p><b>Documents not in English <u>must</u> include English translations.</b></p> <p><b>See instructions for English translation requirements.</b></p>	<p><b>Medical diploma</b> Check if included <input type="checkbox"/></p> <p><b>Medical school transcript</b> Check if included <input type="checkbox"/></p> <p><b>Postgraduate training certificates</b> Check if included <input type="checkbox"/></p> <p><b>Medical Registration/Licensure Certificates</b> Check if included <input type="checkbox"/></p>
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<p><b>7. Courier Service</b></p> <p><u>Optional</u></p> <p>See Instructions for details</p>	<p><input type="checkbox"/> Check to have EICS verification forms sent via your courier service account</p> <p>Service: <input type="checkbox"/> FedEx <input type="checkbox"/> DHL <input type="checkbox"/> TNT <input type="checkbox"/> Airborne Express</p> <p>Account number: _____</p> <p>Check One:</p> <p><input type="checkbox"/> Use courier service for all credentials to be verified - or - <input type="checkbox"/> Use courier service for credentials going to the following institutions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><b>Attach a separate sheet listing additional destinations</b></p>
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<p><b>8. Medical School of Graduation</b></p> <p>List the medical school attended <b>outside of Canada</b>, from which you received your final medical diploma.</p> <p>Include legible copies of your original language medical school diploma and transcripts.</p> <p>Documents not in English must include word-for-word English translations.</p>	<p>_____</p> <p>Full Name of Medical School</p> <p>_____</p> <p>City _____ Country _____</p> <p>Attended From _____ to _____ Day/Month/Year Day/Month/Year</p> <p>_____</p> <p>Graduation Date (Month/Year) _____ Medical Degree Issue Date (Month/Year)</p> <p>_____</p> <p>Title of Degree</p> <p style="text-align: center;"><b>Photocopy this page to list additional medical schools</b></p>
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**9. Postgraduate Medical Education**

List **all** clinical postgraduate medical training completed after medical school **outside of Canada**.

Include internships, residencies and clinical fellowships.

Include legible copies of the original language certificates confirming completion of training.

Documents not in English must include word-for-word English translations.

EICS does not verify non-training staff or employment positions

**Most Recent Completed Postgraduate Training**

Full Name of Institution

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Phone Number (if available)

Fax Number (if available)

Certificate Issue Date

Specialty

Attended From \_\_\_\_\_ to \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Program Classification (check one):

Internship  Residency  Clinical Fellowship  Other: \_\_\_\_\_

**Photocopy this page to list the additional programs**

**Additional Postgraduate Training**

Full Name of Institution

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Phone Number (if available)

Fax Number (if available)

Certificate Issue Date

Specialty

Attended From \_\_\_\_\_ to \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Program Classification (check one):

Internship  Residency  Clinical Fellowship  Other: \_\_\_\_\_

**10. Medical Licensure and Registration**

List **all** jurisdictions where a license to practice medicine was obtained **outside of Canada**.

Include permanent, limited and other special purpose licenses or registration.

Include legible copies of original language medical licensure and registration certificates.

Documents not in English must include word-for-word English translations.

**Most Recent Licensed Jurisdiction**

\_\_\_\_\_  
Full Name of Medical Licensing/Registration Jurisdiction

\_\_\_\_\_  
Street Address/Post Office Box

\_\_\_\_\_  
Address Continued

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Phone Number (if available)

\_\_\_\_\_  
Fax Number (if available)

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Certificate Issue Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Status (Active, Inactive, Revoked, etc.)

\_\_\_\_\_  
Title of Certificate

**Photocopy this page to list the additional registrations**

**Additional Licensed Jurisdictions**

\_\_\_\_\_  
Full Name of Medical Licensing/Registration Jurisdiction

\_\_\_\_\_  
Street Address/Post Office Box

\_\_\_\_\_  
Address Continued

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Phone Number (if available)

\_\_\_\_\_  
Fax Number (if available)

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Certificate Issue Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Status (Active, Inactive, Revoked, etc.)

\_\_\_\_\_  
Title of Certificate

**AFFIDAVIT AND RELEASE**

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I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make on or in connection with the application are true, that I am the person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies I furnish with my application are true and correct.

I acknowledge that I have read and understand the "Instructions for Completing the EICS Application" and have answered all questions contained in the application truthfully and completely.

**I authorize every person, medical school, university, hospital, clinic, government agency or institution having custody or control of any documents, records and other information pertaining to me to furnish to the Educational Commission for Foreign Medical Graduates (ECFMG®) International Credentials Services (EICS) any such information, or true and correct copies of documents or records.**

**I hereby release, discharge and hold harmless ECFMG, the ECFMG International Credentials Services, its employees, agents or representatives and any person furnishing information, records or documents of any and all liability. I authorize the ECFMG International Credentials Services to release information, material, documents, orders or the like relating to me or this application to the College of Physicians and Surgeons of Manitoba at my request.**

\_\_\_\_\_  
Applicant's Signature (must be signed in the presence of a notary public, consular official or first class magistrate)

\_\_\_\_\_  
Applicant's printed last name, first name, middle initial, suffix (e.g., Jr.)

\_\_\_\_\_  
Date of signature (must correspond to date of notarization)

*Attach one current, full-face photo here.*

*Use tape or glue: no staples, please.*

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the individual and with the photograph affixed hereto, and (b) comparing the individual's signature made in my presence on this form with the signature on his/her identifying document. The statements in this document are subscribed and sworn before me by the individual on this \_\_\_\_\_ day, in the month of \_\_\_\_\_, in the year \_\_\_\_\_.

X \_\_\_\_\_  
**Signature of Consular Official, First Class Magistrate, Notary Public (in Latin characters with English translations, where applicable.)**

\_\_\_\_\_  
**Official Title**

**Completion and Notarization of Affidavit and Release Required for Processing of Application**

## AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

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I, the undersigned, hereby authorize the Educational Commission for Foreign Medical Graduates (ECFMG®) International Credentials Services (EICS) to collect, verify and maintain information and copies of documents and records for medical registration boards to which I am applying for licensure.

I request and authorize every person, medical school, university, institution, professional licensing board, hospital, clinic, government agency or other third parties and organizations and their representatives, to release information, records, diplomas, transcripts and other documents, concerning my professional education, qualifications, experience and competence, ethics, character and other information pertaining to me to the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS).

I further request and authorize that the requested information, records, diplomas, transcripts and other documents be sent directly to:

ECFMG International Credentials Services (EICS)  
P.O. Box 13795  
Philadelphia, PA 19101-3795  
USA

### Immunity and Release

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability: 1) the Educational Commission for Foreign Medical Graduates (ECFMG), 2) the ECFMG International Credentials Services (EICS), its employees, agents, representatives, directors and officers; 3) other agencies, medical schools, universities, institutions, hospitals and clinics providing information, their employees, representatives, directors and officers; and 4) any third parties and organizations for any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested and received by the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services. I understand that EICS will not accept such information, records or documents forwarded by me.

**A photocopy or facsimile of this authorization shall be as valid as the original  
and shall be valid from the date signed.**

\_\_\_\_\_  
Signature Date of signature

\_\_\_\_\_  
Printed last name, first name, middle initial, suffix (e.g., Jr.)

\_\_\_\_\_  
Date of birth (day, month, year)

*Attach one current, full-  
face photo here. Use  
tape or glue; no staples  
or paper clips, please.*

*Sign across the bottom  
or top of the photo. Do  
not sign back.*



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES  
INTERNATIONAL CREDENTIALS SERVICES

3624 Market Street, 4th Floor, Philadelphia PA 19104 U.S.A.  
Telephone: 215-823-2274 Fax: 215-966-3129 Email: ecfmgics@ecfm.org Web: www.ecfm.org/eics

**EICS APPLICATION FEE PAYMENT SHEET**

This form is to be completed and returned with your EICS application.  
EICS applications lacking payment will not be processed.

\_\_\_\_\_

**Last Name (Surname) and Generational Suffix** (as it appears on your EICS application)

\_\_\_\_\_

**First and Middle Name**

**Gender:**  Male  Female

**Date of Birth:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Remittance Notes:**

1. Include money order/bank draft or credit card information with Payment Sheet.
2. EICS does not accept wire or bank transfers.
3. EICS accepts only **Visa**, **MasterCard** and **Discover** for credit card payments.

**Check all that apply:**

Application fee for initial primary source verification of medical diploma, medical school transcript, postgraduate training and medical registration/licensure: **US\$300.00**

I have previously submitted an EICS application for processing.\* EICS Number: \_\_\_\_\_

Application Fee if previously processed by EICS: **US\$50.00**

*\*Does not include verification of medical credentials for USMLE/ECFMG exams and certification.*

Money Order/Bank Draft, payable to "EICS" enclosed:  US\$300.00 -  US\$50.00

Credit Card to be charged:  US\$300.00 -  US\$50.00

Check Credit Card: **Visa**  - **MasterCard**  - **Discover**

Credit Card Number: \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Address of Card Holder: \_\_\_\_\_

City / State / Country: \_\_\_\_\_

**Office Use Only**  
EICS Identification No.