



The Medical and Dental Professions Board, Health Professions Council of South Africa requires that physicians seeking medical licensure/registration who completed their medical education outside South Africa 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 Medical and Dental Professions Board, Health Professions Council of South Africa requires that you submit copies of the following documents to EICS for verification:

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

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\$150.00. 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.

If EICS does not receive verification of a document within sixty (60) days of our request, EICS will notify you and the Medical and Dental Professions Board, Health Professions Council of South Africa regarding the documents that have not yet been verified. EICS will make a second request for verification of these documents. If EICS does not receive the confirmation form for a document within four (4) months of the initial request, EICS will notify you and the Medical and Dental Professions Board, Health Professions Council of South Africa regarding any documents we have been unable to verify.

After verification of all the required credentials has been secured, an EICS report will be sent to the Medical and Dental Professions Board, Health Professions Council of South Africa. The report will contain your name and biographic information and a list of the medical credentials that were verified. The EICS report will also include copies of the credentials that were verified.

The 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

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

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. 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 "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 3 "Identification Number"

List any identification number assigned to you by the Medical and Dental Professions Board. If you have previously applied to EICS, list your EICS identification number. If you have a USMLE/ECFMG Identification Number, include that number as well.

Item 4 "Date and Place of Birth"

Enter your date of birth in the following order: 1) day, 2) month and 3) year. Also include the city, state/province and country where you were born.

Item 5 "Medical School(s)"

Enter the full names, addresses and attendance dates for **all** the medical schools you attended outside of South Africa. List the medical school from which you graduated first, then any other medical schools you may have attended. You must list graduation and medical degree dates for the medical school from which you graduated and the attendance dates for all the medical schools you attended.

If you attended more than two medical schools, photocopy page 2 of the EICS application and use the photocopied page(s) as an attachment to the EICS application. Check the box on the application to indicate an additional sheet is attached.

Item 6 "Postgraduate Medical Education"

Enter the full names, addresses and attendance dates for **all** the institutions where you obtained postgraduate medical education outside of South Africa. This includes all internships, residencies and fellowships taken after graduation from medical school. Your Specialty must be listed and Position 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. Check the box on the application to indicate an additional sheet is attached.

Item 7 “Medical License/Registration”

Enter the full names, addresses and licensure/registration dates for **all** jurisdictions where you obtained a license/registration to practice medicine outside of South Africa. Include permanent, limited and other special purpose licenses or registrations. You must also check the appropriate box to 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. Check the box on the application to indicate an additional sheet is attached.

Item 8 “Documentation”

Include with your application two (2) legible and complete original language copies of the following documents:

- Medical School Diploma
- Medical School Transcript
- Postgraduate Medical Education Certificate(s)
- Medical License/Registration Certificate(s)

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

<p>If you have previously applied to EICS, submit only those documents that were not included with your earlier application. Please contact EICS if you have any questions.</p>
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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 bear the signature of the translator and, if appropriate, the official or representative of the translation service. Documents lacking translations will not be sent for verification.

PHOTOGRAPHS

In addition to the full-face photographs on the Affidavit and Authorization forms, include photographs for all credentials to be verified (one photograph per two copies of credentials). Sign your name on the back of each photograph.

SENDING VERIFICATIONS VIA COURIER SERVICE

EICS verification requests are sent to verifying institutions via regular post. To arrange for EICS to send your verifications via courier service for a faster response, include pre-paid airway bills, courier service account number (Airborne Express, DHL, Federal Express, UPS) or credit card information with your application. Include a brief statement authorizing EICS to use this information for courier shipment of your verifications. EICS will courier verifications one-way unless instructed to arrange for

return shipment to EICS. Confirm with your courier that the country or region is within their service area. You are advised to confirm the current courier addresses for the designated institutions.

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 9 "Fees and Payment"

The EICS fee for verification of the medical diploma, medical school transcript, postgraduate training and medical license/registration certificates is US\$150.00.

Complete the payment information: whether a money order for US\$150.00 is enclosed or if the fee should be charged to a credit card. For a credit card payment, you must indicate the type of card (Visa, MasterCard, Discover), credit card number, expiration date and the address, name and signature of the cardholder.

If you have previously applied to EICS, the fee for having an EICS report issued to an additional registration board is US\$50.00. Be sure to check the appropriate boxes in Item 9 of the Application form.

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.

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.

Contact Information

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

Email: ecfmgics@ecfm.org **Phone:** (215) 823-2274 **Fax:** (215) 966-3129

Postal Address

EICS
P.O. Box 13795
Philadelphia PA 19101-3795
USA

Courier Address

EICS – ECFMG
3624 Market St, 4th Floor
Philadelphia PA 19104
USA



**EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG®)
INTERNATIONAL CREDENTIALS SERVICES**

**LICENSING AUTHORITY: MEDICAL AND DENTAL PROFESSIONS BOARD
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

Application for Verification of Credentials

Check if you have previously applied to EICS. Complete application. Include EICS identification number in Item 3. See Instructions for Documentation (Item 8) and Fee (Item 9) information.

<p>1. Name</p> <p>Enter your complete name and any maiden/alternate name.</p>	<p>_____</p> <p>Last Name (Surname) and Generational Suffix</p> <p>_____</p> <p>First and Middle Name(s)</p> <p>_____</p> <p>Maiden/Alternate Name(s)</p>
<p>2. Contact Information</p> <p>Enter your mailing address, telephone and fax numbers and email address.</p>	<p>_____</p> <p>Street Address/Post Office Box</p> <p>_____</p> <p>Address Continued</p> <p>_____</p> <p>City</p> <p>_____</p> <p>State/Province</p> <p>_____</p> <p>Country</p> <p>_____</p> <p>Postal/Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>Fax Number</p> <p>_____</p> <p>Email Address (Please type or print clearly)</p>
<p>3. Identification Number(s)</p> <p>Enter the Medical and Dental Professions Board, USMLE/ECFMG, and EICS identification numbers, if assigned.</p>	<p>_____</p> <p>Medical and Dental Professions Board Identification Number</p> <p>_____</p> <p>USMLE/ECFMG Identification Number</p> <p>_____</p> <p>EICS Identification Number (if previously assigned)</p>
<p>4. Date and Place of Birth</p> <p>(Enter your date and place of birth.)</p>	<p>_____</p> <p>Day</p> <p>_____</p> <p>Month</p> <p>_____</p> <p>Year</p> <p>_____</p> <p>City</p> <p>_____</p> <p>State/Province</p> <p>_____</p> <p>Country</p>

Visit the EICS website at www.ecfmg.org/eics for information on EICS and the EICS application

Office Use Only
EICS Identification No.

5. Medical School(s)

List **all** medical schools attended **outside of South Africa**, not just the one from which you graduated.

If you attended more than two medical schools, photocopy this page to list the additional medical schools.

You must also include legible copies of your medical diploma and medical school transcript. If the documents are not in English, you must include official English translations.

See Items 5 and 8 of attached instructions.

Medical School of Graduation:

Full Name of Medical School

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

Attended From _____ to _____
Month/Year Month/Year

Graduation Date (Month/Year)

Medical Degree Date (Month/Year)

Other medical school(s) attended:

Full Name of Medical School

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

Attended From _____ to _____
Month/Year Month/Year

If additional sheet(s) listing other medical schools attended are enclosed, please check:

Additional sheet(s) enclosed.

6. Postgraduate Medical Education

List **all** postgraduate medical education obtained after graduation from medical school, **outside of South Africa**. Include internships, residencies and fellowships.

If your postgraduate medical education was at more than two institutions, photocopy this page to list the additional institutions.

You must also include legible copies of the certificates confirming your postgraduate medical education. If the documents are not in English, you must include official English translations.

See Items 6 and 8 of attached instructions.

Most Recent Postgraduate Medical Education:

Full Name of Institution _____

Street Address/Post Office Box _____

Address Continued _____

City _____

State/Province _____

Country _____

Postal/Zip Code _____

Telephone Number _____

Fax Number _____

Attended From _____ to _____
Month/Year Month/Year

Specialty _____

Position Held (check one):

Intern Resident Registrar Fellow

Other Postgraduate Medical Education:

Full Name of Institution _____

Street Address/Post Office Box _____

Address Continued _____

City _____

State/Province _____

Country _____

Postal/Zip Code _____

Telephone Number _____

Fax Number _____

Attended From _____ to _____
Month/Year Month/Year

Specialty _____

Position Held (check one):

Intern Resident Registrar Fellow

If additional sheet(s) listing other institutions are enclosed, please check:

Additional sheet(s) enclosed.

7. Medical License/Registration

List **all** jurisdictions where a license to practice medicine was obtained **outside of South Africa**. Include permanent, limited and other special purpose license or registration.

You must also include legible copies of your medical license/registration certificate(s). If the documents are not in English, you must include official English translations.

See Items 7 and 8 of attached instructions.

Note: Item 7 is continued on page 5

Licensing/Registration Jurisdiction:

Full Name of Licensing/Registration Jurisdiction

License/Registration Number

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

License Issue Date (Month/Year)

License Expiration Date (Month/Year)

License/Registration Status (check one)

Active Inactive Suspended Revoked

If suspended or revoked, attach a separate sheet of paper and explain the reason.

Other jurisdictions where a license/registration was obtained:

Full Name of Licensing/Registration Jurisdiction

License/Registration Number

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

License Issue Date (Month/Year)

License Expiration Date (Month/Year)

If additional sheet(s) listing other jurisdictions are enclosed, please check:

Additional sheet(s) enclosed.

<p>7. Medical License/Registration</p> <p>Continued from page 4</p>	<p>License/Registration Status (check one)</p> <p>Active <input type="checkbox"/> Inactive <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/></p> <p>If suspended or revoked, attach a separate sheet of paper and explain the reason.</p>
<p>8. Documentation</p> <p>Include two (2) complete and legible copies of all the documents listed here.</p> <p>Documents not in English <u>must</u> include English translations. See instructions for English translation requirements.</p>	<p>Medical diploma Check if included <input type="checkbox"/></p> <p>Medical school transcript Check if included <input type="checkbox"/></p> <p>Medical license(s)/registration(s) obtained from jurisdictions outside South Africa Check if included <input type="checkbox"/></p> <p>Postgraduate training certificates Check if included <input type="checkbox"/></p> <p>Additional photographs that you have signed on the back Check if included <input type="checkbox"/></p> <p>NOTE: Refer to instructions to arrange for verification shipment via courier service</p>
<p>9. Fees and Payment</p> <p>Include money order <i>or</i> credit card information.</p> <p>Applications lacking payment or payment information will not be processed</p>	<p>Fees for verification to: Medical and Dental Professions Board</p> <p>EICS verification of medical diploma, medical school transcript, medical license(s) and postgraduate training US\$150.00</p> <p>I have previously applied to EICS. My application fee is US\$50.00</p> <p>Money Order made payable to "EICS" enclosed: <input type="checkbox"/> US\$150.00 <input type="checkbox"/> US\$50.00</p> <p style="text-align: center;">Or</p> <p>Credit Card to be charged: <input type="checkbox"/> US\$150.00 <input type="checkbox"/> US\$50.00</p> <p>Check Card: Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/></p> <p>Credit Card Number: _____</p> <p>Expiration Date: Month _____ Year _____</p> <p>Address of Card Holder: _____</p> <p style="text-align: center;">_____</p> <p>City / State / Country: _____</p> <p>Name of Card Holder: _____</p> <p>Signature of Card Holder: _____</p>

<p>Office Use Only</p> <p>EICS Identification No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

AFFIDAVIT AND RELEASE

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 Medical and Dental Professions Board, Health Professions Council of South Africa 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

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

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.*