



ELECTRONIC
PORTFOLIO OF
INTERNATIONAL
CREDENTIALS

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NOTIFICATION OF CERTIFICATE/LETTER OF GOOD STANDING REQUEST

Instructions: Once you have requested that the appropriate medical regulatory authority send a Certificate/Letter of Good Standing to ECFMG, please complete the information below and upload this form to your EPIC Portfolio as a Medical Registration/License to Practice Medicine. Once your Certificate/Letter of Good Standing is received and accepted by ECFMG, it will be added to your EPIC Portfolio. Please note that ECFMG will not request a Certificate/Letter of Good Standing from the authority in response to this form; that request must be made by you.

I, _____, _____ with EPIC ID _____
Last Name (Family Name, Surname) *Rest of Name* *EPIC ID*

requested that _____
Name of Medical Regulatory Authority

of _____ issue a Certificate/Letter of Good Standing
State/Province/Country

to ECFMG. This request was made in support of my application to

Name of Organization