FORM 186 - CERTIFICATION OF IDENTIFICATON FORM - MEDICAL SCHOOL OFFICIAL

GRADUATE

اینجا یه بار کد هست

USMLE®/ECFMG® ID Number: 0-000-000-0 ECFMG شما در ID
Reference Code: A0000000000 این شماره رو خودش می ده
Name: Yashar Mary اسم شما
Date of Birth: 00 Jan 1900 تاریخ تولد شما
Medical School: HARVARD UNIVERSITY OF MEDICAL SCIENCES نام دانشگاه محل تحصیل شما
Medical School Student ID: 00000000 شماره دانشجویی شما
Attendance Dates: September 1900 to September 1907 تاریخ ورود و فارغ التحصیلی
Graduation Date: September 1907 تاریخ دفاع
Degree Date: September 1909 تاریخ صدور دانشنامه

PHOTOGRAPH:
Attach a current, full-face color photo here. Use tape or glue; no staples or paper clips please.

Seal or stamp of medical school must cover a part of attached photo and a part of this form

عکس رو این بالا
می چسبونین و دانشگاه هم
روی عکس رو مهر می زنه

Certifying official must sign below

When completed and submitted to ECFMG, this Certification of Identification Form (Form 186) will become a part of your ECFMG record and will be used to identify you when you submit an application to ECFMG for a USMLE Step or Step Component within five years from the date this form is evaluated and accepted by ECFMG.

Sign this Form 186 in the presence of an authorized official of your medical school. Certification of Identification Forms must be sent to ECFMG directly from the office of the official who witnesses the applicant's signature. All information on an application and on the Certification of Identification Form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.

I certify that I am the individual named above, am represented in the attached photograph(s), the photograph(s) were taken within 6 months of the date of this Certification of Identification Form and that the signature below is my signature.

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my application or any other document submitted to ECFMG including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment. I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my application or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information. For further information regarding ECFMG's data collection and privacy practices, please refer to our privacy policy available on the ECFMG website at www.ecfmg.org/annc/privacy.html.

Signature of Applicant (in Latin Characters) X Medical School Official اینجا هم امضا می کنین البته در حضور

Date: تاریخ روز امضا (day/month/year)

Certification by Medical School Official: از این خط به پایین رو دانشگاه تکمیل می کنه

I hereby certify that the photograph, signature and information entered in all parts of this form, including medical school, attendance dates, and graduation and degree dates, accurately apply to the individual named above and that this individual is a graduate of the institution indicated below.

Signature of Medical School Official (in Latin Characters) X
(Signature must match exactly the signature on record with ECFMG)

Date: _____ (day/month/year)

Print Name (in Latin Characters with English translation, where applicable)

Official Title (in Latin Characters with English translation, where applicable)

Institution

Mail To: IWA ECFMG 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA

Form 186 - Type A, Rev. Sep 2010

Yes. I have printed this Certification of Identification Form.