State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, OH 43215
(614) 466-3934 med.ohio.gov

TRAINING CERTIFICATE APPLICATION

Education Certification of Foreign Medical Graduates (ECFMG)

Program: Email completed form and copy of the applicant's ECFMG status report directly to certificates@med.ohio.gov.

THIS SECTION TO BE COMPLETED BY APPLICANT

Full Name: _____
Last First Middle Suffix (Jr., II)

ECFMG Certificate Number: _____ Expires: _____
Month/Day/Year

THIS SECTION TO BE COMPLETED BY OHIO TRAINING PROGRAM

Name of Training Program: _____

Training Program Address: _____
Street Address

_____
City State Zip Code

I hereby certify that I have received verification of the ECFMG status report from the above-named applicant directly from ECFMG. I have attached a copy of the ECFMG status report.

_____ _____
Name of Program Director Title

_____ _____
Signature Date

_____ _____
Phone Number Email