

## Document Requirements for International Medical School Graduates

The Texas Medical Board and the Centers for Medicare & Medicaid Services require that certain documents be reviewed and be present in your file should you be accepted into a residency/fellowship position. International Medical School Graduates (IMG's) who are candidates for UTMSH residency and fellowship positions must present **certified and notarized 8-1/2 inch by 11 inch photocopies**. In order to be processed for a residency or clinical fellowship position, these requirements must be met **BEFORE** a program can release an appointment agreement to you. Failure to provide these documents may cause a delay in your residency/fellowship start date. **The GME Office will not accept documents that are mailed directly from the IMG to the GME Office.**

### *Definitions*

A **translation** is defined as one that a government official, official translation agency, or college or university official provides which is on the official letterhead of that official agency. The translator must certify that it is a true word-for-word translation into English to the best of his/her KNOWLEDGE that he/she is fluent in the language, and that he/she is qualified to translate original documents. The translator must sign his/her name and place their title under the signature. Translations by friends or family members are not acceptable.

A **certified photocopy** is a photocopy that has been compared to the original by a Notary who then notarizes it as a "True and Exact Copy of the Original Document." The notary must sign each page of the document.

### *Requirements*

1. Medical School Diploma - Original language and translation
2. Medical School Transcripts and Mark Sheets for EACH medical school attended - Original language and translation - Must show courses and grades.
3. Medical School Dean's Letter - Original language and translation
4. ECFMG Certificate - Must be valid indefinitely
5. Name Change Documentation - If there is a change of name from that which is listed on the candidate's documents, a marriage certificate or other documentation of legal name change must be provided. Remember to supply a translation if the document is not in English.
6. Present photo identification and supply a photocopy. Acceptable forms of identification include a passport, resident alien card, or US Driver's License
7. German graduates will need to provide their four exam results with translations: Arztliche Vorprufung, Ersten Abschnitt Prufung, Zweiten Abschnitt Prufung & Arztliche Prufung.

### *Fifth Pathway Students*

1. Fifth Pathway Certificate - Fifth Pathway applicants must submit a copy of his/her Fifth Pathway certificate showing the completion of the supervised clinical year.
2. Fifth Pathway Letter - Fifth Pathway applicants must have the director of his/her Fifth Pathway program submit a letter outlining the methods used to evaluate and admit the applicant to the program.

**IMG RESIDENT AND FELLOW DOCUMENT LIST**

Candidate Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Proposed Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**International Medical Graduates must submit certified and notarized copies of the following documents to the Residency Program Office.**

	Documents	Notarized Copy of Original Submitted
1.	<b>Medical School Diploma</b>	
2.	<b>Diploma Translation (if in a foreign language)</b>	
3.	<b>Medical School Transcript with grades</b>	
4.	<b>Transcript Translation (if in a foreign language)</b>	
5.	<b>Dean's Letter</b>	
6.	<b>Dean's Letter Translation (if in a foreign language)</b>	
7.	<b>Valid ECFMG Certificate</b>  <i>English Certification</i> Valid Indefinitely or Expires on ____/____/____  <i>CSA Certification</i> Valid Indefinitely or Expires on ____/____/____	
8.	<b>Proof of Legal Name Change i.e. Marriage Certificate, Court Document</b>	
9.	<b>Name Change Translation (if in a foreign language)</b>	
10.	<b>Notarized Copy of Identification (Driver's License or Passport)</b>	

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**FIFTH PATHWAY HOLDERS ONLY**

	<b>Fifth Pathway Additional Documents</b>	<b>Notarized Copy of Original Submitted</b>
<b>1.</b>	<b>Fifth Pathway Certificate Applicants</b> must submit a copy of his/her Fifth Pathway certificate	
<b>2.</b>	<b>Fifth Pathway Letter Applicants</b> must have the director of his/her Fifth Pathway program submit a letter outlining the methods used to evaluate and admit the applicant to the program.	

**GERMAN GRADUATES ONLY**

	<b>German Graduate Additional Documents</b>	<b>Notarized Copy of Original Submitted</b>
<b>1.</b>	<b>Arztliche Vorprüfung – Preliminary Physician’s Exam</b>	
	<b>Translation – Preliminary Physician’s Exam</b>	
<b>2.</b>	<b>Ersten Abschnitt Prüfung – First Physician’s Exam</b>	
	<b>Translation – First Physician’s Exam</b>	
<b>3.</b>	<b>Zweiten Abschnitt Prüfung – Second Physician’s Exam</b>	
	<b>Translation – Second Physician’s Exam</b>	
<b>4.</b>	<b>Arztliche Prüfung – Third Physician’s Exam</b>	
	<b>Translation – Third Physician’s Exam</b>	

**Applicant Acknowledgement**

I understand that the documents I have presented are to be used solely for obtaining a Physician-In-Training Permit and the Texas Medical Board makes the final decision of granting me a permit. Providing the documentation above does not guarantee that I will be able to obtain a Texas Medical License should I decide in the future to apply for a Texas Medical License.

I understand that all certified notarized copies of the documents that I have submitted become the property of the Graduate Medical Education Office and will not be returned in the event that I am not selected for this program, and become a part of my permanent file in the event that I am selected to the program. The documents being submitted are notarized and certified copies of the originals. Should any of these documents be altered, falsified or misrepresented my potential appointment with the University of Texas System Medical Foundation will be void.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date