

# The Medical College of Georgia

## House Staff Policies and Procedures

**Policy**  
**HS 11.0 Graduation Verification**

**Source**  
**Graduate Medical Education Office**

---

### 1.0 Purpose

To establish guidelines for ensuring that House Officers provide verification of graduation

### 2.0 Procedure

#### 2.1 Release of Information Form

When an applicant is interviewed for a House Officer position at the Medical College of Georgia, the attached Release of Information Form (Attachment A) must be completed and placed in the applicant's folder.

#### 2.2 Verification – Medical School Graduation Verification

Once an applicant is selected for a House Officer position, medical school graduation verification can begin as follows:

##### 2.2.1 Medical Graduates - United States, Canada and Puerto Rico

The following must be sent directly to the medical school from which the M.D., MBBS, MBBS Ch, or D.O. degree was received:

- Release of Information form (see 2.1 Above) - Attachment A
- Letter to Registrar - Attachment B
- Medical School Graduation Verification Form - Attachment C
- Self-Addressed Return Envelope

Note: Graduates of medical schools in Puerto Rico and Canada are not considered international medical graduates (IMG). Therefore, medical school graduation verification should be processed the same as graduates from medical schools in the United States.)

**Within 45 days from the start date of the Training Program, the completed Medical School Graduation Verification Form or Request for Status Report of ECFMG Certification must be on file in the department House Officers folder. A Contract will not be issued until a notarized medical diploma is filed in GME Office.**

##### 2.2.2 International Medical Graduates (IMG)

The Educational Commission for Foreign Medical Graduates (ECFMG) certified physicians have passed the requisite medical science examination and English language proficiency test and had their medical education credentials verified by the ECFMG. An ECFMG certificate must be valid through the start date of the Training Program and must be on file with the House Officers' application before a contract will be issued.

The attached Request for Status Report of ECFMG Certification (Attachment D) should be completed by the Program Director and sent to ECFMG if the House Officer does not have a certificate. According to the ECFMG, the completed request should be returned to the Program Director within 2 weeks or less.

---

*The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at the Medical College of Georgia.*

---

**Effective Date:**

7/05

1 of 6

**Revision/Review Date**

12/05 10/07 12/09 10/10

**Number**

11.0

**Page**

Page

# The Medical College of Georgia

## House Staff Policies and Procedures

### Policy

HS 11.0 Graduation Verification

### Source

Graduate Medical Education Office

---

**Within 45 days from the start date of the Training Program, the completed Medical School Graduation Verification Form or Request for Status Report of ECFMG Certification must be on file in the department House Officers folder. A Contract will not be issued until a notarized medical diploma is filed in the GME Office.**

#### 2.2.3 5<sup>th</sup> Pathway Medical Graduates

Medical verification of graduates from 5<sup>th</sup> Pathway Programs must provide the Program Director with the following:

- A copy of the 5<sup>th</sup> Pathway Certificate and the name/address of the medical school from which the certificate was received

The following must be sent directly to the medical school from which the medical degree was received:

- Release of Information Form (see 2.1 above) - Attachment A
- Letter to Registrar - Attachment B
- Medical School Graduation Verification form - Attachment C

#### 2.3 Medical School Graduation Verification Form or the Request for Status Report of ECFMG Certification

Within 45 days from the start date of the Training Program, the completed Medical School Graduation Verification Form or Request for Status Report of ECFMG Certification must be on file in the department House Officers' folder.

#### 2.4 All interns, residents, and fellows must have a notarized copy of their medical diploma on file in the Graduate Medical Education Office before a contract will be issued.

#### 2.5 Attachments

#### Attachments

ATTACHMENT A - Release of Information Form

ATTACHMENT B - Letter to Registrar

ATTACHMENT C – Medical School Graduation Verification Form

ATTACHMENT D - [Request for Status Report of ECFMG Certification](#)

---

*The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at the Medical College of Georgia.*

---

**Effective Date:**

7/05

2 of 6

**Revision/Review Date**

12/05 10/07 12/09 10/10

**Number**

11.0

**Page**

Page

**The Medical College of Georgia  
House Staff Policies and Procedures**

**Policy**

**HS 11.0 Graduation Verification**

**Source**

**Graduate Medical Education Office**

---

---

Peter Buckley, M.D.  
Interim Dean, School of Medicine

Date

---

Walter J. Moore, M.D.

Date

Senior Associate Dean, Graduate Medical Education VA Affairs

---

*The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at the Medical College of Georgia.*

---

**Effective Date:**

7/05

3 of 6

**Revision/Review Date**

12/05 10/07 12/09 10/10

**Number**

11.0

**Page**

Page

**The Medical College of Georgia  
House Staff Policies and Procedures**

**Policy**  
**HS 11.0 Graduation Verification**

**Source**  
**Graduate Medical Education Office**

---

ATTACHMENT A

**PLACE ON DEPARTMENT LETTERHEAD**

**RELEASE OF INFORMATION FORM**

I hereby authorize

(Name of Medical School(s) to release any and all information requested by the Medical College of Georgia in order for them to verify my professional competence, ethics, character, credentials, academic record and other qualifications for a House Officer appointment. In doing so, I hereby waive any rights of confidentiality in these records, including those granted by the Family Education Rights and Privacy Act, and I release and hold harmless anyone making good faith use of such information in accordance with this release.

---

Name of Training Program

---

Print/Type Name (First, Middle, Last Name), Jr./Sr, etc

---

Social Security Number

---

Signature

---

Date

---

*The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at the Medical College of Georgia.*

---

**Effective Date:**

**Revision/Review Date**

**Number**

**Page**

7/05  
4 of 6

12/05 10/07 12/09 10/10

11.0  
Page

**The Medical College of Georgia  
House Staff Policies and Procedures**

**Policy**  
**HS 11.0 Graduation Verification**

**Source**  
**Graduate Medical Education Office**

---

ATTACHMENT B

**PLACE ON DEPARTMENT LETTERHEAD**

Date

Registrar's Office  
(Address)

RE:                   House Officers Name  
                          Social Security number

Dear Sir/Madam:

The above referenced applicant is applying for appointment to the Medical College of Georgia (name of Residency or Fellowship Program). The applicant has indicated that he/she is a graduate of your Medical School.

In order to complete this application, I must verify that this information is accurate. Please respond to the enclosed questionnaire and return your response in the enclosed self-addressed envelope. A release of information form has been provided by the applicant and is also enclosed. Your prompt response by (date 30 days from date of letter) will be appreciated.

Sincerely,

(Training Program Coordinator)  
(Department/Section)  
Medical College of Georgia  
1459 Laney Walker Blvd.  
Augusta, GA 30912

Enclosures:   Release Form  
                  Medical School Graduation Verification Form  
                  Self-Addressed Envelope

---

*The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at the Medical College of Georgia.*

---

<b>Effective Date:</b>	<b>Revision/Review Date</b>	<b>Number</b>	<b>Page</b>
7/05	12/05 10/07 12/09 10/10	11.0	Page
5 of 6			

