Policy	Source
HS 11.0 Graduation Verification and Certification	Graduate Medical Education Office

1.0 Purpose

To establish guidelines for ensuring that House Staff provide verification of graduation and to detail GME processes regarding graduation certification.

2.0 Procedure for Verification of Graduation

2.1 Release of Information Form

When an applicant is interviewed for a House Staff position at the Medical College of Georgia at Augusta University, 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 Staff position, medical school graduation verification can begin as follows:

2.2.1 Medical Graduates – United States or Puerto Rico

The following must be sent directly to the medical school from which the MD, DO, or equivalent 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; and
- Self-Addressed Return Envelope

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

2.2.2 International Medical Graduates (IMG)

Certification by the Educational Commission for Foreign Medical Graduates (ECFMG) is the standard for evaluating the qualifications of international physicians before they enter US graduate medical education (GME). An ECFMG Certification must be valid through the start date of the Training Program and must be on file with the House Staff's 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 Staff does not have a certification.

2.3 All House Staff must have a notarized copy of their medical diploma on file in the GME Office before a contract will be issued.

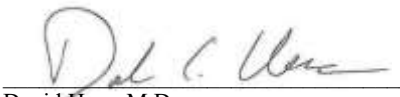
2.4 Attachments

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

3.0 Graduation Certification

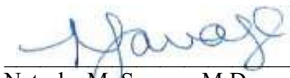
3.1 Near the completion of GME training at MCG, GME will issue graduation certificates to programs. As these are official documents, the exact program name as noted in ACGME ADS and the exact House Staff credentials will be stated as shown on the medical school diploma (e.g., MD, DO, MBChB, MBBS).

3.2 If a House Staff member (current or prior) requires certificate reprint for any reason (e.g., loss of certificate, correction of spelling after approval, etc.), reprints will be issued at a cost of $25.00.



5/1/25

David Hess, M.D. Date
Dean, Medical College of Georgia



5/1/25

Natasha M. Savage, M.D. Date
Senior Associate Dean, Graduate Medical Education and DIO

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 Augusta University in order for them to verify my professional competence, ethics, character, academic record, and other qualifications for a House Staff 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

ATTACHMENT B

PLACE ON DEPARTMENT LETTERHEAD

Letter to Registrar

Date

Registrar's Office
(Address)

RE: House Staff's Name
Social Security Number

To whom it may concern:

The above referenced applicant is applying for appointment to the Medical College of Georgia's Augusta University (name of GME Training Program). The applicant has indicated that they are a graduate of your Medical School.

In order to complete this application, I must verify that this information is accurate. Please respond to the included Medical School Graduation Verification Form 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 the date of the letter) will be appreciated.

Sincerely,

(Training Program Coordinator)
(Department/Service)
Augusta University
1459 Laney Walker Blvd
Augusta, GA 30912

Enclosures: Release Form
Medical School Graduation Verification Form

Self-Addressed Envelope

ATTACHMENT C PLACE ON DEPARTMENT LETTERHEAD

Medical School Graduation Verification Form

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

_____
Social Security Number

Has successfully completed requirements and has graduated from the _____
Name of Medical School

Located in _____ _____ _____
City State Country

Date of Graduation: _____ _____ _____
Month Day Year

Additional Comments:_____

Signature:_____

Typed/Printed Names:_____

Title:_____

ATTACHMENT D

http://www.ecfmg.org/cvs/requesting-status-report.html