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Reference: S 4/2/2/P

Enquiries: Mr P.A. Cheyne

Date: 4-8-2003

To: Heads of all Institutions / Hospital Managers

Human Resource Management Circular No. 75 of 2003

APPLICATION FOR EMPLOYMENT: FOREIGN DOCTORS FROM DEVELOPED COUNTRIES

1. The hospitals that receive applications for employment from foreign doctors who are from developed countries and they wish to offer them employment should advise them as follows: -
 - 1.1 Foreign doctors not yet registered with the Health Professions Council of South Africa should be advised to submit the following documents to the hospital concerned for onward transmission to Head Office. Refer to item 10 of Health Professions council of South Africa policy document for registration of graduates holding foreign qualifications in medicine and dentistry attached hereto.
 - An application letter for limited registration from the applicant himself/herself
 - The original basic qualification in Medicine/Dentistry or a copy thereof certified by a Notary Public and a sworn translation into English
 - A recent original certificate of status (certificate of good standing) issued by the foreign registration authority
 - Form 12 attached duly completed
 - The applicants must be advised that any documents mentioned above not in English must be accompanied by an official word-for-word English language translation prepared and certified to be correct by a recognised translation or professional translator service. The translation must identify the translator and bear the signature of the translator and, if appropriate, the official or representative of the translation service. Documents lacking translations will not be sent

for verification. Refer to the attached instructions for completing the ECFMG(EICS) application.

1.2 The documents which must be submitted by the hospital together with the documents mentioned in sub paragraph 1.1 above are as follows in respect of initial applications for work permit for doctors seeking employment as explained in sub paragraph 1.1 above.

- A motivational letter for employment of a foreign doctor requesting a support letter for a work permit from the Hospital Manager.
- Certification regarding conditions of employment of a foreigner. Confirmation that salary and benefits are equal to that of a South African citizen or resident. Refer to the attached proforma certificate.
- Confirmation that there is a vacant post and that there is a job description attached to the post (same proforma applies)
- Certify that the foreigner possesses the legal qualification required for the performance of the tasks called for by the job (same proforma applies)
- Submission of a job description

1.3 The documents which must be submitted by the hospital in respect of foreign doctors from developed countries who are registered with the Health Professions Council of South Africa but they are not employed, are as follows: -

- A motivational letter for employment of a foreign doctor requesting a support letter for a work permit
- Certification regarding conditions of employment of a foreigner. Confirmation that the salary and benefits are equal to that of a South African citizen or resident. Refer to the proforma certificate mentioned in sub paragraph 2.2 above
- Confirmation that there is a vacant post and that there is a job description attached to the post (same proforma applies)
- Certify that the foreigner possesses the legal qualifications required for the performance of the tasks called for by the job (same proforma applies)
- Submission of a job description

1.4 The documents which must be submitted in respect of in-service foreign doctors for the extension of work permit are as follows: -

- A motivational letter from the hospital manager requesting for the extension of work permit
 - A confirmation that the employee is still employed. Refer to the attached proforma
 - Confirmation of the need for the employment of the foreigner (same proforma applies)
 - Certificate regarding conditions of employment of a foreigner. Confirmation that salary and benefits are equal to that of a South African citizen or resident.
 - A copy of the job description must be attached to the application
2. The Department of Home Affairs will not process the application for work permits / extension of work permits if the attached verification certificates have not been submitted to this Office. The request for extension of work permits must be submitted at least three months before the work permits expire. It will be required of you to introduce a control measure to ensure that all foreign health professionals are in possession of valid work permits.
 3. The foreign doctors from developed countries who are not registered with the Health Professions Council of South Africa must be advised by the hospital that wishes to offer them employment that they must complete an application for verification of credentials and post it direct to Philadelphia in USA. Refer to the attached application for verification of credentials.
 4. The foreign doctors mentioned in sub paragraph 1.1 and in paragraph 3 above must be further advised that the documents mentioned in sub-paragraph 1.1 and in paragraph 3 above are obtainable on the Health Professions Council of south Africa website which is www.hpcs.co.za
 5. The list of developing countries is available on the www.g77.org/main/gen_info_2.htm website. **The countries, which are not listed thereto, are developed countries.**
 6. The contents of this circular must be brought to the attention of the Medical Manager, Hospital Manager and to all staff in the Human Resources Office.



**SUPERINTENDENT GENERAL
HEAD: DEPARTMENT OF HEALTH**

**REGISTRATION OF GRADUATES HOLDING FOREIGN QUALIFICATIONS
IN MEDICINE AND DENTISTRY**

A practitioner who obtained his/her basic qualification outside South Africa, irrespective of whether he/she is a South African citizen or not, may apply for registration either in the Category Independent Practice (General Practitioner) or the Category Public Service (General Practitioner).

1. REGISTRATION IN THE CATEGORY INDEPENDENT PRACTICE (GENERAL PRACTITIONER)

- a. An applicant wishing to apply for registration as a medical practitioner/dentist in the Category Independent Practice (General Practitioner) should submit the following for assessment by the Examinations Committee of the Professional Board as meeting the South African requirements or of being equivalent to the prescribed minimum/core curriculum for medicine/dentistry:
 - i. The original, or a copy certified by a Notary Public, of his/her degree certificate or other basic qualification in medicine/dentistry and a sworn translation thereof into English.
 - ii. A copy of the official and detailed *Curriculum* of the applicant's course of study, specifying courses, content of education (theory) and training (practical/clinical), duration, mode of examination/evaluation.
 - iii. Verification of credentials by the Education Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) (see attached application form – applicable to medicine only).
 - iv. A recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority.
 - vi. Proof of having held registration with the Board in the category Public Service (General Practitioner) for a period of not less than three (3) years.
 - vii. Forms 12 and 79 (attached), duly completed.
- b. The closing date for applications for assessment will be 1 June annually. An assessment meeting will take place in July annually and applicants shall be advised in July annually of the outcome. In case additional documents were to be required, a further assessment will take place in September annually.
- c. Examinations at the EXIT level of the final South African University examination in medicine/dentistry and a medico-legal and ethical assessment will take place in October/November annually as determined by the University of the applicant's choice.
- d. Should the basic qualifications in medicine/dentistry be assessed as meeting the Professional Board's requirements, the applicant should apply at the Faculty of his/her choice. Applicants have to apply on their own behalf by –
 - i. submitting the letter of advice from the Professional Board; and
 - ii. paying the examination fee as determined by the University.
- e. The number of applicants to be accommodated for an examination will be decided upon by each Faculty and applicants must meet the requirements set by the Faculty.
- f. Applicants need to sit for examinations in all relevant subjects during one examination period. The result of the examination in all subjects will thereafter be submitted to the Examinations Committee of the Professional Board and that Committee will make final rulings on the registration of each applicant.
- g. Should the applicant PASS the examination, a Certificate of Competence shall be issued to him/her and -
 - i. an applicant with a qualification in medicine shall then be permitted to apply for –
 - aa. registration as an intern in medicine by completing the necessary application form and paying the prescribed registration fee; or

- bb. recognition of internship training or equivalent training or experience which he/she may have obtained abroad by submitting to the relevant Subcommittee of the Professional Board documentary evidence that such training abroad –
- substantially meets the requirements of twelve months' internship training required in South Africa;
 - was obtained at accredited or approved facilities in the country concerned; and
 - was obtained under the direction of appropriately qualified trainers or supervisors;
- ii. should an applicant in medicine have completed internship training in South Africa or have been granted recognition of internship training which he/she obtained abroad, he/she may proceed to apply for registration as a medical practitioner to perform community service in the Category Public Service (Community Service) (see Item 5 of this Memorandum);
- iii. an applicant with a qualification in dentistry shall then be permitted to apply for registration as a dentist in the Category Public Service (Community Service) to complete one year of community service as prescribed and specified by the Department of Health.
- h. Should the applicant not meet the Professional Board's requirements, the applicant will be advised on what remedial/additional education and training needs to be undergone in order to comply.
- i. An applicant could be offered the opportunity to have his/her competence re-assessed at a future examination. If an applicant fails twice, the Examinations Committee may in its discretion and in cases of special merit only decide to advise the applicant to contact a University of choice to be accommodated for additional education and training of at least one year's duration.

2. **REGISTRATION IN THE CATEGORY PUBLIC SERVICE (GENERAL PRACTITIONER)**

- a. Individual applicants who wish to apply for registration as a medical practitioner/dentist in the Category Public Service (General Practitioner) should submit the following for consideration by the Examinations Committee of the Professional Board:
- i. The original basic qualification in medicine/dentistry, or a copy thereof certified by a Notary Public and a sworn translation into English.
 - ii. Verification of credentials referred to in subparagraph i. by the Educational Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) (see attached application form - applicable to medicine only).
 - iii. A recent original Certificate of Status (Certificates of Good Standing) issued by the foreign Registration Authority.
 - iv. Form 12 and 79A (attached), duly completed.
 - v. The examination fee of R1500,00 (the examination fee for the clinical examination to be determined by and paid to the relevant University).
- b. The closing dates for applications will be 31 January and 31 July annually.
- c. In 2001 the examination will take place in July and the closing date for applications is 30 April 2001.
- d. The Board examination shall consist of the following:
- i. A written examination which shall provide for –
 - aa. a medico-legal, ethical and language assessment; and
 - bb. an assessment of knowledge of basic sciences and pathologies applicable to clinical practice.
 - ii. An oral and clinical examination which may include an Objective Structured Professional Examination (OSPE).

- e. An applicant will only be permitted to proceed to the oral and clinical examination if he/she first was successful in the written examination.
- f. Should the applicant PASS the examination, a Certificate of Competence shall be issued to him/her by the Professional Board and the applicant will then be permitted to apply for registration in the Category Public Service (General Practitioner) by submitting the following to the Professional Board:
 - i. Proof of having been granted a work offer by an employing Health Authority (for this purpose, contact the Department of Health, Private Bag X828, Pretoria, 0001 or the relevant Provincial Department of Health); and
 - ii. the prescribed registration fee.
- g. Should an applicant FAIL such examination, the applicant could –
 - i. be afforded the opportunity to have his/her competence re-assessed at a future examination;
 - ii. be afforded such opportunity to be re-assessed only once; but
 - iii. if an applicant fails the examination twice, the Examination Committee of the Professional Board may in its discretion and in cases of special merit only decide to advise the applicant to contact a University of choice to be accommodated for the required additional education and training.
- h. Practitioners registered in the Category Public Service (General Practitioner) shall practise under the auspices of an employing Health Authority.
- i. Continuation of registration in this Category shall be subject to the prescribed requirements of Continuing Professional Development and professional conduct.
- j. Practitioners holding registration in the Category Public Service (General Practitioner) may NOT be appointed as registrars.
- k. **Possibilities to Exit the System:** A medical practitioner or dentist holding registration in the Category Public Service (General Practitioner) may at any stage exit the system *via* –
 - i. returning to his/her country of origin or going elsewhere;
 - ii. an application to enter the pathway leading to registration in the Category Independent Practice (General Practitioner) as specified in item 1 of this Memorandum;
 - iii. an application for registration in the Category Public Service (Specialist).

In addition to the above two pathways of registration, registration in any of the following categories is also possible:

3. REGISTRATION IN THE CATEGORY EDUCATION

- a. Applications for such registration to be submitted by a higher education/research institution.
- b. Applications to be accompanied by –
 - i. proof of the applicant holding an appropriate qualification in medicine/dentistry in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English);
 - ii. verification of credentials by the Educational Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) (see attached application form - applicable to medicine only);
 - iii. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign the Registration Authority;
 - iv. a recommendation on the applicant's registerability by the higher education/research institution based on –
 - a. the institution's assessment of the applicant's *curriculum vitae*;
 - b. an assessment of his/her abilities to practise successfully in South Africa as an educator/trainer/researcher;

- c. the applicant's having complied with all of the institution's requirements for employment as an educator/trainer/researcher;
- v. an application for registration in the Category Education (Form 12), duly completed;
- vi. the prescribed registration fee.

4. REGISTRATION IN THE CATEGORY POSTGRADUATE STUDY

- a. Applications for such registration to be submitted by a higher education institution. Such applications should be limited to students from African countries other than South Africa only and such study is intended to build capacity in Africa. Thus, on completion of their study programme, these students are required to return to their country of origin.
- b. Application to be accompanied by –
 - i. proof of the applicant holding at least a basic qualification in medicine/dentistry in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English);
 - ii. verification of credentials referred to in subparagraph i. by the Educational Commission for Foreign Medical Graduates: International Credential Service (to be obtained by the applicant at own cost) (see attached application form - applicable to medicine only);
 - iii. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign Registration Authority;
 - iv. a recommendation for registration in the said category by the relevant higher education institution with specification of –
 - aa. the nature of proposed study;
 - bb. the level of such study;
 - cc. the expected duration of the proposed study;
 - v. an application for registration in the Category Postgraduate Study (Form 12), duly completed;
 - vi. the prescribed registration fee.
- c. This registration is limited to a specific higher education institution.
- d. The scope of the postgraduate study is as specified, including clinical duties, while holding a supernumerary post for postgraduate study.
- e. Registration is for one year only, which may be extended on submission of appropriate motivation by the higher education institution for one year at a time.
- f. Registration in this category is possible for the following levels:
 - i. Non-degree purposes.
 - ii. Postgraduate diploma purposes.
 - iii. General degree purposes (e.g. M Phil)
- g. Registration in this category for courses in Family Medicine, M Med, Fellowship or specialist is permissible.

NB: A practitioner who holds such registration, may not obtain registration as a specialist in South Africa. On completion of the study course, he or she is to return to his or her country of origin.

5. REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST TO PERFORM COMMUNITY SERVICE IN THE CATEGORY PUBLIC SERVICE (COMMUNITY SERVICE)

Applicants should first comply with the requirements for registration in the Category Independent Practice (General Practitioner) see item 1 of this Memorandum.

Applicants should thereafter submit –

- a. proof of assessment of the foreign qualification by or on behalf of the Professional Board to meet South African requirements or of being equivalent to the prescribed minimum/core curricula for medicine/dentistry.
- b. a certificate of competence issued by or on behalf of the Professional Board after assessment of the individual's competence;
- c. in the case of medicine, an Intern Duty Certificate OR proof of having been exempted from internship training;
- d. an application for registration as a medical practitioner or dentist to perform Community Service (Form 12), duly completed;
- e. the prescribed registration fee.

6. REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE CATEGORY INDEPENDENT PRACTICE (SPECIALIST)

- a. Registration in the Category Independent Practice (Specialist) is possible only for persons who hold foreign specialist education, training and qualifications after the applicant had first fully complied with the requirements for registration in the Category Independent Practice (General Practitioner) (regulation 2(5) of the Regulations published as Government Notice No. R. 1203 of 28 November 2000).
- b. Based on paragraph a., the applicant may apply to the relevant Subcommittee of the Professional Board for registration by submission of proof of –
 - i. holding a specialist qualification in a speciality recognised by the Professional Board in terms of Act No. 56 of 1974 (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English) -
 - aa. which was accredited or recognised in the country of origin;
 - bb. the standard of which was acceptable to the Registration or other relevant Authority in the country of origin;
 - ii. the nature and duration of such specialist education and training;
 - iii. having held registration as a medical practitioner/dentist in the country of origin;
 - iv. a certificate issued by the foreign university or other educational institution to confirm that the applicant's education and training, teaching hospital/facility and the education and training time complied with its requirements.
- c. On submission of the information referred to in paragraph 2., the application to be submitted to the relevant Subcommittee of the Professional Board and, if approved, the applicant be informed that he or she had to –
 - i. submit proof of having obtained a South African specialist qualification in a recognised speciality (usually a Fellowship in the relevant speciality awarded by the Colleges of Medicine of South Africa);
 - ii. if required, submit proof of having completed a period of specialist education and training required by the Subcommittee as holder of an approved Registrar post and having held registration as a Registrar for such period.
- d. An application for registration as a medical practitioner/dentist in the Category Independent Practice (Specialist) (Form 21), duly completed;
- e. The prescribed registration fee –
 - i. for registration as a specialist;
 - ii. registration of the relevant foreign and/or South African specialist qualification as an additional qualification.

- f. The scope of practice of such practitioner will be confined to the registered speciality ONLY. The locality of practice shall be unrestricted, while the continuation of registration shall be subject to CPD requirements and the requirements of professional conduct.

7. **REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE CATEGORY PUBLIC SERVICE (SPECIALIST)**

- a. Registration in the Category Public Service (Specialist) is possible only for persons who hold foreign specialist education, training and qualifications after the applicant had first fully complied with the requirements for registration in the Category Public Service (General Practitioner);
- b. Based on paragraph a., the applicant may apply to the relevant Subcommittee of the Professional Board for registration by submission of proof of –
- i. holding a foreign specialist qualification in a speciality recognised by the Professional Board in terms of Act No. 56 of 1974 (attach a copy of the degree certificate certified by a Notary Public and a sworn translation thereof into English) -
 - aa. which was accredited or recognised in the country of origin;
 - bb. the standard of which was acceptable to the Registration or other relevant Authority in the country of origin;
 - ii. the nature and duration of such specialist education and training;
 - iii. having held registration as a medical practitioner in the country of origin;
 - iv. a certificate issued by the foreign university or other educational institution to confirm that the applicant's education and training, teaching hospital/facility and the education and training time complied with its requirements.
- c. On submission of the information referred to in paragraph b., the application to be submitted to the relevant Subcommittee of the Board and, if approved, permission may be granted by the Subcommittee to the applicant to sit for the examination referred to in section 35(1B) of the Act which examination shall be taken by the Colleges of Medicine of South Africa.
- d. Proof of having passed the section 35(1B) examination conducted by the Colleges of Medicine of South Africa.
- e. An application for registration as a medical practitioner/dentist in the Category Public Service (Specialist) (Form 21), duly completed;
- f. The prescribed registration fee –
- i. for registration as a specialist;
 - ii. for registration of the relevant foreign qualification as an additional qualification;
- g. The scope of practice of such practitioner will be confined to the registered speciality ONLY. The locality of practice shall be unrestricted in the public service while the continuation of registration shall be subject to CPD requirements and professional conduct.

8. **REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE CATEGORY MILITARY SERVICE**

- a. An application for such registration to be submitted by the Surgeon-General of the South African Defence Force.
- b. The application to be accompanied by –
- i. proof of the relevant practitioner holding an appropriate qualification in medicine or dentistry in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English);
 - ii. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign Registration Authority;
 - iii. a recommendation for registration issued by the Surgeon-General based on –
 - aa. the Surgeon-General's assessment of the practitioner's *curriculum vitae*;

- bb. an assessment of the practitioner's abilities to practise successfully in South Africa;
- cc. the period for which the practitioner will require such registration;
- iv. an application for registration in the Category Military Service (Form 12), duly completed;
- v. the prescribed registration fee.

9. **REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE CATEGORY VOLUNTEER SERVICES**

- a. An application for such registration to be submitted by the relevant South African Health Care Provider Agency.
- b. The application to be accompanied by –
 - i. proof of the relevant practitioner holding an appropriate qualification in medicine or dentistry in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English);
 - ii. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign Registration Authority;
 - iii. a recommendation for registration by the South African Health Care Provider Agency based on –
 - aa. the Agency's assessment of the practitioner's *curriculum vitae*;
 - bb. an assessment of the practitioner's abilities to practise successfully in South Africa;
 - cc. the period for which the practitioner will require such registration;
 - dd. an undertaking by the South African Health Care Provider Agency to supervise the practitioner during the said period of registration;
 - iv. An application for registration in the Category Volunteer Services (Form 12), duly completed.
 - iv. The prescribed registration fee.

10 **REGISTRATION AS A MEDICAL PRACTITIONER/DENTIST IN THE FAST TRACK CATEGORY**

1. Applicants who qualified in the developed countries could apply for recognition of their qualifications for the purpose of gaining limited registration for a period that would not exceed 3 (three) years, without having to sit for a formal assessment examination, in order for such practitioners to work during the period in public hospitals in South Africa.

I The application to be accompanied by:

- a. The original basic qualification in medicine/dentistry, or a copy thereof certified by a Notary Public and a sworn translation into English.
- b. A formal job offer endorsed by the National Department of Health
- c. Verification of credentials by the Educational Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) (see attached application form - applicable to medicine only).
- d. A recent original Certificate of Status (Certificates of Good Standing) issued by the foreign Registration Authority.
- e. Form 12 attached duly completed.

h.

NOTES

The Board again wishes to draw your attention to the three important issues referred to in the letter to all applicants for registration.

- a. According to a letter by the Department of Health dated 26 January 2000, no foreign qualified medical practitioner will be considered for internship training in South Africa as from 2001, with the exception of persons from SADC countries, which do not have accredited facilities for internship training.
- b. According to the same letter by the Department of Health dated 26 January 2000, no foreign qualified medical practitioner will be considered for Community Service in South Africa as from 2000.
- c. In terms of the Regulations pertaining to Community Service persons wishing to obtain registration in South Africa for the first time in the Category Public Service (General Practitioner), will be required to submit a certificate of proof of completion of Community Service;
- d. In view of Notes a. to c., it is strongly recommended to all applicants who wish to apply for registration as specified herein to first clarify their individual situation with the Department of Health or the relevant Provincial Department of Health.

LS/mes-corres graduates holding foreign qualifications



The Medical and Dental Professions Board, Health Professions Council of South Africa requires that physicians seeking medical licensure/registration who completed their medical education outside South Africa submit copies of certain documents to the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS). EICS will obtain primary source verification of the authenticity of these documents from the entity that issued these documents to you. The Medical and Dental Professions Board, Health Professions Council of South Africa requires that you submit copies of the following documents to EICS for verification:

- Medical school diploma
- Medical school transcript
- Medical licensure/registration certificates in other jurisdictions
- Postgraduate training certificates

Please complete the enclosed EICS Application for Verification of Credentials and send it to EICS with the required documents, passport-sized photographs and payment of US\$150.00. Instructions for completing the application are included.

You will be notified when EICS has received and processed your completed application, documentation and fee. EICS will write to the issuing institutions listed on your application to secure primary source verification of your submitted credentials. EICS will send the institutions a copy of the document to be verified, an official EICS verification request form and a photograph signed by you to assist in identification. EICS will request that an authorized institution official complete and return the verification request form directly to EICS.

If EICS does not receive verification of a document within sixty (60) days of our request, EICS will notify you and the Medical and Dental Professions Board, Health Professions Council of South Africa regarding the documents that have not yet been verified. EICS will make a second request for verification of these documents. If EICS does not receive the confirmation form for a document within four (4) months of the initial request, EICS will notify you and the Medical and Dental Professions Board, Health Professions Council of South Africa regarding any documents we have been unable to verify.

After verification of all the required credentials has been secured, an EICS report will be sent to the Medical and Dental Professions Board, Health Professions Council of South Africa. The report will contain your name and biographic information and a list of the medical credentials that were verified. The EICS report will also include copies of the credentials that were verified.

The EICS application packet consists of the following items:

- Instructions for Completing the ECFMG International Credentials Services (EICS) Application
- ECFMG International Credentials Services (EICS) Application
- Affidavit and Release
- Authorization for Release of Information, Documents and Records

**INSTRUCTIONS FOR COMPLETING THE EDUCATIONAL COMMISSION
FOR FOREIGN MEDICAL GRADUATES (ECFMG[®])
INTERNATIONAL CREDENTIALS SERVICES (EICS) APPLICATION**

Please read these instructions carefully before completing the application for verification of credentials. Please type or print neatly in ink the information requested on the application. If you fail to submit all required information and documentation, processing of your application by the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) shall be delayed.

Item 1 "Name"

Enter your full name. Your last name (surname) and generational suffix must be on line 1. Your first and middle name(s) must be on line 2. Your maiden/alternate name(s) must be on line 3.

Item 2 "Contact Information"

Enter the complete mailing address that EICS will use in communicating with you in writing. Include your telephone and fax numbers, and email address, if available.

Item 3 "Identification Number"

List any identification number assigned to you by the Medical and Dental Professions Board. If you have previously applied to EICS, list your EICS identification number. If you have a USMLE/ECFMG Identification Number, include that number as well.

Item 4 "Date and Place of Birth"

Enter your date of birth in the following order: 1) day, 2) month and 3) year. Also include the city, state/province and country where you were born.

Item 5 "Medical School(s)"

Enter the full names, addresses and attendance dates for **all** the medical schools you attended outside of South Africa. List the medical school from which you graduated first, then any other medical schools you may have attended. You must list graduation and medical degree dates for the medical school from which you graduated and the attendance dates for all the medical schools you attended.

If you attended more than two medical schools, photocopy page 2 of the EICS application and use the photocopied page(s) as an attachment to the EICS application. Check the box on the application to indicate an additional sheet is attached.

Item 6 "Postgraduate Medical Education"

Enter the full names, addresses and attendance dates for **all** the institutions where you obtained postgraduate medical education outside of South Africa. This includes all internships, residencies and fellowships taken after graduation from medical school. Your Specialty must be listed and Position box checked.

If you completed postgraduate medical education at more than two institutions, photocopy page 3 of the EICS application and use the photocopied page(s) as an

attachment to the EICS application. Check the box on the application to indicate an additional sheet is attached.

Item 7 “Medical License/Registration”

Enter the full names, addresses and licensure/registration dates for **all** jurisdictions where you obtained a license/registration to practice medicine outside of South Africa. Include permanent, limited and other special purpose licenses or registrations. You must also check the appropriate box to indicate the current status of each license/registration. If the license/registration was suspended or revoked, you must attach a separate sheet of paper and explain the reason.

If you obtained a license/registration to practice medicine in more than two jurisdictions, photocopy page 4 of the EICS application and use the photocopied page(s) as an attachment to the EICS application. Check the box on the application to indicate an additional sheet is attached.

Item 8 “Documentation”

Include with your application two (2) legible and complete original language copies of the following documents:

- Medical School Diploma
- Medical School Transcript
- Postgraduate Medical Education Certificate(s)
- Medical License/Registration Certificate(s)

Photocopy reduce oversized documents to 8½ x 11 inches (216 mm x 279 mm)

If you have previously applied to EICS, submit only those documents that were not included with your earlier application. Please contact EICS if you have any questions.

ENGLISH TRANSLATIONS

Any document not in English must be accompanied by an official word-for-word English language translation prepared and certified to be correct by a recognized translator or professional translation service. The translation must identify the translator and bear the signature of the translator and, if appropriate, the official or representative of the translation service. Documents lacking translations will not be sent for verification.

PHOTOGRAPHS

In addition to the full-face photographs on the Affidavit and Authorization forms, include photographs for all credentials to be verified (one photograph per two copies of credentials). Sign your name on the back of each photograph.

SENDING VERIFICATIONS VIA COURIER SERVICE

EICS verification requests are sent to verifying institutions via regular post. To arrange for EICS to send your verifications via courier service for a faster response, include pre-paid airway bills, courier service account number (Airborne Express, DHL, Federal Express, UPS) or credit card information with your application. Include a brief statement authorizing EICS to use this information for courier shipment of your verifications. EICS will courier verifications one-way unless instructed to arrange for

return shipment to EICS. Confirm with your courier that the country or region is within their service area. You are advised to confirm the current courier addresses for the designated institutions.

VERIFICATION FEES

EICS may receive notification from an institution that a fee is required for completion of an EICS verification request. Payment of fees is the responsibility of the physician. EICS will notify you if a fee is required to obtain verification of your credentials.

Item 9 "Fees and Payment"

The EICS fee for verification of the medical diploma, medical school transcript, postgraduate training and medical license/registration certificates is US\$150.00.

Complete the payment information: whether a money order for US\$150.00 is enclosed or if the fee should be charged to a credit card. For a credit card payment, you must indicate the type of card (Visa, MasterCard, Discover), credit card number, expiration date and the address, name and signature of the cardholder.

If you have previously applied to EICS, the fee for having an EICS report issued to an additional registration board is US\$50.00. Be sure to check the appropriate boxes in Item 9 of the Application form.

Affidavit and Release

Complete the Affidavit and Release by signing your name on the first line, printing your name on the second line and dating your signature on the third line. Attach one current, full-face photograph of yourself in the designated box. Have the Affidavit and Release certified by a notary public, first-class magistrate or consular official. Be sure the official dates and signs the document and lists his or her official title.

Authorization for Release of Information, Documents and Records

Complete the Authorization by signing your name and dating your signature on the first line, printing your name on the second line and listing your date of birth on the third line. Attach one current, full-face photograph of yourself in the designated box and then sign your name across the front of the photograph.

Contact Information

Many answers to questions concerning EICS and the EICS application are available through the EICS website (www.ecfm.org/eics) or you may contact EICS at:

Email: ecfm-gics@ecfm.org **Phone:** (215) 823-2274 **Fax:** (215) 966-3129

Postal Address

EICS
P.O. Box 13795
Philadelphia PA 19101-3795
USA

Courier Address

EICS – ECFMG
3624 Market St, 4th Floor
Philadelphia PA 19104
USA

5. Medical School(s)

List **all** medical schools attended **outside of South Africa**, not just the one from which you graduated.

If you attended more than two medical schools, photocopy this page to list the additional medical schools.

You must also include legible copies of your medical diploma and medical school transcript. If the documents are not in English, you must include official English translations.

See Items 5 and 8 of attached instructions.

Medical School of Graduation:

Full Name of Medical School

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

Attended From _____ to _____
Month/Year Month/Year

Graduation Date (Month/Year)

Medical Degree Date (Month/Year)

Other medical school(s) attended:

Full Name of Medical School

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

Attended From _____ to _____
Month/Year Month/Year

If additional sheet(s) listing other medical schools attended are enclosed, please check:

Additional sheet(s) enclosed.

6. Postgraduate Medical Education

List **all** postgraduate medical education obtained after graduation from medical school, **outside of South Africa**. Include internships, residencies and fellowships.

If your postgraduate medical education was at more than two institutions, photocopy this page to list the additional institutions.

You must also include legible copies of the certificates confirming your postgraduate medical education. If the documents are not in English, you must include official English translations.

See Items 6 and 8 of attached instructions.

Most Recent Postgraduate Medical Education:

Full Name of Institution _____

Street Address/Post Office Box _____

Address Continued _____

City _____

State/Province _____

Country _____

Postal/Zip Code _____

Telephone Number _____

Fax Number _____

Attended From _____ to _____
Month/Year Month/Year

Specialty _____

Position Held (check one):

Intern Resident Registrar Fellow

Other Postgraduate Medical Education:

Full Name of Institution _____

Street Address/Post Office Box _____

Address Continued _____

City _____

State/Province _____

Country _____

Postal/Zip Code _____

Telephone Number _____

Fax Number _____

Attended From _____ to _____
Month/Year Month/Year

Specialty _____

Position Held (check one):

Intern Resident Registrar Fellow

If additional sheet(s) listing other institutions are enclosed, please check:

Additional sheet(s) enclosed.

7. Medical License/Registration

List **all** jurisdictions where a license to practice medicine was obtained **outside of South Africa**. Include permanent, limited and other special purpose license or registration.

You must also include legible copies of your medical license/registration certificate(s). If the documents are not in English, you must include official English translations.

See Items 7 and 8 of attached instructions.

Note: Item 7 is continued on page 5

Licensing/Registration Jurisdiction:

Full Name of Licensing/Registration Jurisdiction

License/Registration Number

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

License Issue Date (Month/Year)

License Expiration Date (Month/Year)

License/Registration Status (check one)

Active Inactive Suspended Revoked

If suspended or revoked, attach a separate sheet of paper and explain the reason.

Other jurisdictions where a license/registration was obtained:

Full Name of Licensing/Registration Jurisdiction

License/Registration Number

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

License Issue Date (Month/Year)

License Expiration Date (Month/Year)

If additional sheet(s) listing other jurisdictions are enclosed, please check:

Additional sheet(s) enclosed.

| | |
|--|---|
| <p>7. Medical License/Registration</p> <p>Continued from page 4</p> | <p>License/Registration Status (check one)</p> <p>Active <input type="checkbox"/> Inactive <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/></p> <p>If suspended or revoked, attach a separate sheet of paper and explain the reason.</p> |
| <p>8. Documentation</p> <p>Include two (2) complete and legible copies of all the documents listed here.</p> <p>Documents not in English <u>must</u> include English translations. See instructions for English translation requirements.</p> | <p>Medical diploma Check if included <input type="checkbox"/></p> <p>Medical school transcript Check if included <input type="checkbox"/></p> <p>Medical license(s)/registration(s) obtained from jurisdictions outside South Africa Check if included <input type="checkbox"/></p> <p>Postgraduate training certificates Check if included <input type="checkbox"/></p> <p>Additional photographs that you have signed on the back Check if included <input type="checkbox"/></p> <p>NOTE: Refer to instructions to arrange for verification shipment via courier service</p> |
| <p>9. Fees and Payment</p> <p>Include money order <i>or</i> credit card information.</p> <p>Applications lacking payment or payment information will not be processed</p> | <p>Fees for verification to: Medical and Dental Professions Board</p> <p>EICS verification of medical diploma, medical school transcript, medical license(s) and postgraduate training US\$150.00</p> <p>I have previously applied to EICS. My application fee is US\$50.00</p> <p>Money Order made payable to "EICS" enclosed: <input type="checkbox"/> US\$150.00 <input type="checkbox"/> US\$50.00</p> <p style="text-align: center;">Or</p> <p>Credit Card to be charged: <input type="checkbox"/> US\$150.00 <input type="checkbox"/> US\$50.00</p> <p>Check Card: Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/></p> <p>Credit Card Number: _____</p> <p>Expiration Date: Month _____ Year _____</p> <p>Address of Card Holder: _____</p> <p style="text-align: center;">_____</p> <p>City / State / Country: _____</p> <p>Name of Card Holder: _____</p> <p>Signature of Card Holder: _____</p> |

| |
|---|
| <p>Office Use Only</p> <p>EICS Identification No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
|---|

AFFIDAVIT AND RELEASE

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make on or in connection with the application are true, that I am the person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies I furnish with my application are true and correct.

I acknowledge that I have read and understand the "Instructions for Completing the EICS Application" and have answered all questions contained in the application truthfully and completely.

I authorize every person, medical school, university, hospital, clinic, government agency or institution having custody or control of any documents, records and other information pertaining to me to furnish to the Educational Commission for Foreign Medical Graduates (ECFMG[®]) International Credentials Services (EICS) any such information, or true and correct copies of documents or records.

I hereby release, discharge and hold harmless ECFMG, the ECFMG International Credentials services, its employees, agents or representatives and any person furnishing information, records or documents of any and all liability. I authorize the ECFMG International Credentials Services to release information, material, documents, orders or the like relating to me or this application to the Medical and Dental Professions Board, Health Professions Council of South Africa at my request.

Applicant's Signature (must be signed in the presence of
a notary public, consular official or first class magistrate)

Applicant's printed last name, first name, middle initial,
suffix (e.g., Jr.)

Date of signature (must correspond to date of notarization)

*Attach one current, full-
face photo here.*

*Use tape or glue: no
staples, please.*

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the individual and with the photograph affixed hereto, and (b) comparing the individual's signature made in my presence on this form with the signature on his/her identifying document. The statements in this document are subscribed and sworn before me by the individual on this _____ day, in the month of _____, in the year _____.

X _____
Signature of Consular Official, First Class Magistrate, Notary Public (in Latin characters with English translations, where applicable.)

Official Title

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, the undersigned, hereby authorize the Educational Commission for Foreign Medical Graduates (ECFMG®) International Credentials Services (EICS) to collect, verify and maintain information and copies of documents and records for medical registration boards to which I am applying for licensure.

I request and authorize every person, medical school, university, institution, professional licensing board, hospital, clinic, government agency or other third parties and organizations and their representatives, to release information, records, diplomas, transcripts and other documents, concerning my professional education, qualifications, experience and competence, ethics, character and other information pertaining to me to the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS).

I further request and authorize that the requested information, records, diplomas, transcripts and other documents be sent directly to:

ECFMG International Credentials services (EICS)
P.O. Box 13795
Philadelphia, PA 19101-3795
USA

Immunity and Release

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability: 1) the Educational Commission for Foreign Medical Graduates (ECFMG), 2) the ECFMG International Credentials Services (EICS), its employees, agents, representatives, directors and officers; 3) other agencies, medical schools, universities, institutions, hospitals and clinics providing information, their employees, representatives, directors and officers; and 4) any third parties and organizations for any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested and received by the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services. I understand that EICS will not accept such information, records or documents forwarded by me.

**A photocopy or facsimile of this authorization shall be as valid as the original
and shall be valid from the date signed.**

Signature Date of signature

Printed last name, first name, middle initial, suffix (e.g., Jr.)

Date of birth (day, month, year)

Attach one current, full-face photo here. Use tape or glue; no staples or paper clips, please.

Sign across the bottom or top of the photo. Do not sign back.

APPLICATIONS FOR WORK PERMIT: FOREIGN HEALTH PROFESSIONALS

CERTIFICATE IN RESPECT OF THE EMPLOYMENT OF A FOREIGN HEALTH PROFESSIONAL

I certify the following in respect of _____ who is a foreign health professional seeking employment at _____:

1. The salary and conditions of employment are the same as those for a South African citizen or resident.
2. There is a vacant post that has a job description attached to the post.
3. The abovenamed foreign health professional possesses the statutory qualifications required for the performance of the duties attaching to the post.

Signed at _____ on this day of _____ 2003

Signature of Hospital Manager

Print Full Names

APPLICATIONS FOR EXTENTION OF WORK PERMIT: FOREIGN HEALTH PROFESSIONALS

CERTIFICATE IN RESPECT OF THE CONTINUED EMPLOYMENT OF A FOREIGN HEALTH PROFESSIONAL

I certify the following in respect of _____ who is a foreign health professional employed at _____:

1. The salary and conditions of employment are the same as those for a South African citizen or resident.
2. The abovenamed is employed at _____ and there is still a need for her/his services because she/he falls in the scarce category in which the department has not been successful in recruiting the South African citizen.

Signed at _____ on this day of _____ 2003

Signature of Hospital Manager

Print Full Names