

Residency Application Support Form

ECFMG, a division of Intealth[®], supports applicants applying to residency programs through the Residency Centralized Application Service (ResidencyCAS). We will assist in collecting and uploading your Medical Student Performance Evaluation (MSPE), medical school transcript, and ECFMG Status Report.

Instructions:

- To access support services for ResidencyCAS, complete and sign this request form. Be sure to read this form in its entirety before signing.
- Log in to your OASIS account and make a payment to your ECFMG financial account for the fee amount. Fees are detailed below.
- Return the completed, signed Residency Application Support Form by e-mail to finance@ecfm.org.
- Once your fee is processed, you will receive an e-mail notification with additional information and instructions on submitting documents for the residency application.
- Direct questions to us at (215) 966-3520 or residencyapplication@ecfm.org.

APPLICANT INFORMATION

USMLE[®]/ECFMG ID: – – –

Note: Your name and USMLE/ECFMG ID must match exactly the information in your ECFMG record. If there are any discrepancies, your request will not be processed.

Enter Your Name:

FEE

Applicants who are applying through ResidencyCAS, and also through ERAS in the same season and have already purchased their ERAS Token, qualify to receive a discounted Residency Application Support fee. Check the box that describes your participation:

☐ I am not applying through ERAS 2026. Residency Application Support fee is **\$165**.

Note: If you decide to apply to ERAS 2026 at a later time, you will be charged the full ERAS 2026 Token fee when you submit your request via OASIS. However, you will be eligible for a refund of a portion (\$85) of the Residency Application Support fee. You must contact ECFMG to request this refund.

☐ I am applying through ERAS 2026 and have purchased the ERAS 2026 Token through OASIS. Residency Application Support fee is **\$80**.

*Proceed to the next page. This form **will not** be accepted without page 2. →*

Please read the information below in its entirety before signing and returning the form to ECFMG.

2026 Residency Application Support

I acknowledge and agree that:

- (1) the Residency Application Support fee is non-refundable, even if I do not apply to programs.
- (2) ECFMG receives my supporting documents, and electronically transmits this material, as well as an ECFMG Certification Status Report to ResidencyCAS, as I indicated above, for retrieval by each residency program I have designated. ECFMG has no responsibility after having transmitted the materials.
- (3) ECFMG has no responsibility for ensuring that the application is complete, or meets specific requirements of a particular residency program, or for delays caused by software or computer problems beyond its control, or for whether a program accepts my application or selects me for a position. ECFMG makes no warranties, express or implied, as to any matter whatsoever, and any and all warranties are expressly disclaimed and excluded. In the event any service provided by ECFMG fails to conform to a reasonable commercial standard (including negligence), ECFMG will offer to reimburse you the amount paid to ECFMG for this service. Except for this reimbursement, ECFMG and its officers, directors, employees and agents shall not be liable for any losses, liabilities or damages whatsoever, including, without limitation, any direct, indirect, consequential, incidental or special damages, arising from use of or reliance on ECFMG's services.

Irregular Behavior

I certify that I have read and understand the [Policies and Procedures Regarding Irregular Behavior](#) and agree to abide by these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, among other things, ECFMG may find that submission of false information or falsified documents to ECFMG constitutes irregular behavior, which could result in actions including suspension or revocation of, or permanent bar to ECFMG Certification; suspension or removal of J-1 visa sponsorship; and/or a report of a determination of irregular behavior to the USMLE Committee for Individualized Review; Federation of State Medical Boards of the United States; any applicable federal, state, local, or other relevant governmental or regulatory department or agency; U.S. state and international medical licensing authorities; graduate medical education programs; and/or any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

Release of Information Authorization

I hereby request and authorize every person, medical school, medical regulatory authority, university, hospital, government agency, or other entity to release any documents and information to ECFMG bearing on the content of my application or other request related to programs and services that I have requested ECFMG provide to me including, but not limited to, records, diplomas, transcripts, licenses/registrations, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby request and authorize ECFMG to transmit any documents or information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my application or other request related to programs and services that I have requested ECFMG provide to me including, but not limited to, records, diplomas, transcripts, licenses/registrations, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, where such disclosure is necessary for ECFMG to provide the requested programs and services or to any other organization or individual who, in the sole judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, medical regulatory authorities, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I confirm that I have read, understood, and agree to the terms of the Release of Information Authorization as described above.

Privacy Notice and Consent

Information regarding how ECFMG, a division of Intealth, may collect, use, and disclose my personal information in connection with the programs and services offered by ECFMG is set forth in the Intealth Privacy Notice, available on the Intealth website at www.intealth.org/privacy/.

I certify that I have read, understood, and agree to the applicable terms of the Intealth Privacy Notice and consent to the collection and processing of my personally identifiable information in connection with my ResidencyCAS Application.

☐

By checking this box, I consent to the collection and processing of my personally identifiable information in connection with my ResidencyCAS residency application and in accordance with the Intealth Privacy Notice.

Certification

☐

By checking this box, I hereby certify that the information on this Form was provided solely by me and is true and accurate to the best of my knowledge; **and** I hereby certify that I have read, understood, and agree to all of the statements in the 2026 Residency Application Support, Irregular Behavior, Release of Information Authorization, and Privacy Notice and Consent sections.

Signature _____

Date: _____
Month Day Year