To: Applicants who are:

Graduates of Foreign Medical Schools (FMGs)
Graduates of Fifth Pathway Programs

From: Office of Graduate Medical Education (GME)

Re: Institutional Permit

All residents and MD postdoctoral fellows (clinical) appointed to the Baylor College of Medicine Affiliated Hospital Program who do not hold a Texas medical license must apply for an institutional permit from the Texas State board of Medical Examiners. For graduates of foreign medical schools (FMGs) and fifth pathway programs, the Board has instituted special educational credentials requirements that must be satisfied before the institutional permit can be issued. The basic required documents are as follows:

1. Medical school diploma (applicants from Mexican schools must submit the TITULO);

2. Certified transcript from each medical school attended (applicants from Indian and Pakistani medical school must submit mark sheets);

3. Certification by the medical school dean of the applicant’s graduation from medical school (the attached Dean’s Certification form should be used);

4. Valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate or “results letter” indicating eligibility for appointment to a U.S. program or current, non-restricted license to practice medicine in another state (US) or Canada.

There are minor modifications to the above for fifth pathway program applicants. These applicants must submit their fifth pathway certificate to satisfy the medical school diploma requirements, and a certification stating they have completed all didactic work (but not certifying graduation) must be provided by the dean of their medical school. They must also submit an ECFMG “results letter” indicating they have passed both the English and medical portions of ECFMG-approved examinations.

If any of the required documents are not in the English language, the applicant must furnish an official, word-for-word translation of each document. A translation is defined as one which a government official, official translation agency, or qualified college or university official performs that is on official letterhead, which includes the address of the official or agency. The translator must certify that it is a true translation to the best of his or her knowledge, that he or she is fluent in the language, and that he or she is qualified to translate the original documents. The translator must sign the translation, and the signature must be notarized by a notary public. The translator must place his or her name and title under the signature.

Also, should your name have changed since medical school graduation and not match the one printed on your documents, legal proof of name change, such as a court order or marriage
certificate, should be provided. If your name has not changed but differs from one credential to another due, perhaps, to social conventions in that country, a simple letter of explanation from you will suffice.

The applicant must present original documents for inspection by the Baylor program director in order to satisfy this credentialing requirement. Only then can the College apply to the board of medical examiners for the permit. In addition, a notarized copy of all credentials described above should be provided by the applicant to the program director to accompany your other application materials, which will eventually be sent to and kept on file in the GME Office.

You are hereby informed that Baylor and its affiliated institutions have established a policy that before a foreign medical school or fifth pathway program graduate applicant can be ranked with the National Resident Matching Program or with any other official matching program, he or she must satisfy the program director that all credentialing requirements have been met. Similarly, an applicant form either group who applies for a Baylor residency or clinical fellowship program outside the various matching mechanisms must satisfy these requirements before an official appointment letter can be issued.

Attachment
DEAN’S CERTIFICATION

I hereby certify that the Degree, Doctor of _________________________________,

Was conferred upon _____________________________________________________

(name of applicant)

By the ________________________________________________________________

(school name)

on __________________,  

(date)

_________________________________________  __________________________________

(date)        (Dean’s signature)

Medical School Seal
Must be Affixed