



PERSONAL INFORMATION (please type)

Surname			
First and middle name(s)			
Expected graduation date (mm/yyyy)		Date of birth (dd/mm/yyyy)	

I, the undersigned hereby declare that I am eligible to pursue ECFMG Certification based on one of the pathways and meet all the requirements listed below:

- *I do not have a passing performance on Step 2 CS that is valid for ECFMG Certification.*
- *I am not barred by ECFMG from pursuing certification.*
- *I am not barred by USMLE from taking a Step or Step Component from August 1, 2020 to January 31, 2021.*
- *I have not failed a USMLE Step or Step Component (Step 1, Step 2 CK, or Step 2 CS) two or more times.*
- *I have taken or been registered for any USMLE Step or Step Component since January 1, 2018.*

I ask that the Clinical Skills Attestation be prepared for me on the basis of (please check one)

Three Mini-Clinical Evaluation Exercise (Mini-CEX) forms which I attach to this document

JU MC SME Student Evaluation Forms for clinical rotations – please list three:

1.
2.
3.

I declare that I am unable to obtain the required three Mini-CEX forms because:

.....

Note: Following the ECFMG guidelines: "For graduates and for students whose clinical rotations are complete, patient encounters that were evaluated previously are acceptable, provided they were assessed using the same clinical skills as those outlined on the Mini-CEX form."

I agree for the processing of my personal data in the range required for the purpose of processing the request herein in accordance with the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 and in accordance with the information clause attached to my consent.

According to art. 13 of the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data (...) ("General Data Protection Regulation") The Jagiellonian University informs that: the Administrator of your personal data is the Jagiellonian University, ul. Gołębia 24, 31-007 Kraków. The Data Protection Officer was appointed at the University. Contact with the Inspector is ensured by e-mail: iod@uj.edu.pl or telephone number (+48) 12 663 12 25. Providing data is voluntary. The recipients of your personal data will be the persons/institutions appointed by you herein. Your data will be stored for 50 years. You have the right to: access your data and rectify, delete, limit processing, transfer data, object to processing, withdraw consent at any time in cases and on the conditions specified in the General Data Protection Regulation. You have the right to lodge a complaint to the President of the Office for Personal Data Protection when you think that your personal data are processed in violation of General Data Protection Regulation provisions

I confirm that I have read and accepted the information above.

VERIFICATION

Signature	Date
-----------	------

Instructions: Please TYPE in all required information. Incomplete forms will NOT be recognized by the JU MC SME. Scan of the fully filled out form must be emailed to the email: smeoffice@cm-uj.krakow.pl