

U S C L I N X

Credentialing Methodology

Verification Methodology

*Standards and Procedures for the Issuance of
the USClinX Verified Application*

Document Version 1.0

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Operating Posture Year 1 — Founder-led Operations

Issuing Body USClinX, LLC · Lubbock, Texas

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About This Document

This document sets forth the verification standards, procedures, and quality controls under which USClinX issues a Verified Application to international medical graduates seeking U.S. clinical observership experience.

It is published in furtherance of three commitments USClinX makes to the field:

1. First, that the standards by which an applicant is verified are public, plain-language, and reviewable by any participating program.
2. Second, that every Verified Application carries a complete and inspectable record of what was confirmed, by what method, and on what date.
3. Third, that the methodology may be revised over time, but only with documented justification, dated revision, and continued public availability of prior versions.

This document also reflects, transparently, the current operational posture of USClinX. The company is in its first year of operation. Verification is performed by a small founder-led team; certain capabilities described in the long-term vision of the platform — automated tamper-evidence, real-time program-side portals, native vendor integrations — are scheduled for future versions of the methodology and are explicitly identified in Appendix A. Programs and applicants relying on this document are entitled to know what is delivered today and what is planned. This document tells them both.

This document does not constitute legal, medical, or immigration advice. It does not represent that any individual applicant is qualified for, or will be admitted to, any particular observership program. Final admissions authority rests with each host program.

USClinX verifies; programs decide. The methodology that follows describes only what USClinX confirms, to what standard, and how. It does not, and cannot, substitute for the educational and admissions judgment of host programs.

1. Purpose and Scope

1.1 Purpose

USClinX exists to provide a single, verified, portable application that international medical graduates can complete once and submit to any participating U.S. clinical observership program. This document describes the verification work USClinX performs in connection with the issuance of that application.

The methodology is intended to satisfy three audiences simultaneously: applicants, who require clarity about what they are paying for; participating programs, who require defensible documentation of what has been verified on their behalf; and the field at large, which benefits from a published, comparable standard.

1.2 Scope of Verification

USClinX verifies the elements set forth in Section 4 of this document. USClinX does not, in connection with the issuance of a Verified Application:

- Place applicants with programs, host observerships, or facilitate clinical assignments;
- Sponsor visas, advise on immigration matters, or advocate for individual applicants;
- Bill insurance, interact with payers, or generate any healthcare claim;
- Represent that an applicant is clinically competent, suitable for a particular program, or qualified to deliver patient care; or
- Substitute for any verification a host program is required to perform under its own institutional, accreditation, or jurisdictional standards.

Programs adopting the Verified Application as an intake standard remain free, and in many cases obligated, to perform additional verification specific to their institution. The USClinX Verified Application is a baseline; it is not a ceiling.

1.3 Definitions

Applicant	An international medical graduate (IMG), or final-year international medical student, who has initiated an application with USClinX.
Verified Application	The standardized, time-stamped application file issued by USClinX upon successful completion of the verification procedures described in this document.
Validity Period	The twelve (12) calendar months following the date of issuance of a Verified Application, during which the applicant may submit the file to participating programs without re-verification (subject to the update provisions in Section 6).
Participating Program	A U.S. observership program that has agreed to accept the Verified Application as a standardized intake format.

Verification Summary	The cover document accompanying every Verified Application that states, plainly, what USClinX has confirmed, what it has not, and the date of each confirmation.
Audit Trail Appendix	The structured, chronologically ordered record of verification actions appended to every Verified Application, available for inspection by the receiving program.

2. Governing Principles

Three principles govern the verification methodology. They are intended to be visible, in their effect, on every Verified Application USClinX issues.

2.1 Neutrality

USClinX has no commercial interest in any individual applicant being placed at any particular program. USClinX does not earn placement fees, take a percentage of subsequent observership tuition, or receive consideration of any kind from host programs. The application fee paid by the applicant is the sole revenue associated with the issuance of a Verified Application. This neutrality is what makes the standard usable across the field.

2.2 Auditability

Every Verified Application carries an Audit Trail Appendix. For each verified element, the appendix records the source document(s) reviewed, the verification method employed, the identity of the USClinX reviewer responsible, and the date of the verification. Participating programs may, upon request, inspect the Audit Trail Appendix of any Verified Application submitted to them, or request a sample audit at any time.

USClinX additionally retains the right, and accepts the obligation, to retroactively amend or revoke a Verified Application if subsequently presented evidence demonstrates that any verified element was, at the time of issuance, materially inaccurate. Affected applicants and any program to which the application was submitted will be notified.

2.3 Rigor

The standards in Section 4 are not minimum standards; they are operating standards. They are reviewed annually by USClinX physician leadership and revised when, in the judgment of that leadership, prevailing best practices in the field have advanced. The current revision of this document supersedes all prior versions; superseded versions remain available on request.

A standard that is not auditable is not a standard. A standard that does not change as the field changes is not rigorous. USClinX commits to both.

3. Application Lifecycle

Every Verified Application moves through five defined stages. Each stage has documented entry and exit criteria; an application cannot advance to the next stage until the criteria for the current stage are satisfied.

3.1 Stage I — Application Intake

The applicant creates an account and completes the structured intake form. The intake form enforces completeness; submission is not permitted with missing required fields or unreadable documents. Upon submission, the application enters Stage II.

3.2 Stage II — Document Review and Authentication

USClinX reviewers examine each uploaded document for completeness, legibility, and consistency with the applicant's stated representations. Documents in languages other than English must be accompanied by certified English translations; in such cases, both the original and the translation are reviewed against one another for consistency.

Documents that fail initial review are flagged to the applicant with a specific, actionable description of the deficiency. The application remains in Stage II until all required documents have passed initial review.

3.3 Stage III — Third-Party Verification

Verification actions requiring third-party services are initiated. These currently include criminal background screening through a recognized U.S. screening provider, and any additional vendor-routed verification described in Section 4. The applicant is informed when each vendor action is initiated and notified of completion.

Vendor-returned results that materially conflict with the applicant's submitted representations trigger a Stage III hold; the applicant is given an opportunity to clarify, and USClinX reviewers determine whether the application may proceed, requires correction, or must be declined.

3.4 Stage IV — Issuance

Upon satisfactory completion of Stages I through III, USClinX issues the Verified Application. Issuance is logged with a unique application identifier, an issuance timestamp, and a Verification Summary describing what has been confirmed.

The application fee is collected at the point of intake. Applicants whose verification cannot be completed for reasons attributable to USClinX receive a full refund as set forth in Section 7. Where verification cannot be completed because of materially inaccurate or fraudulent representations by the applicant, the partial-fee schedule in Section 7.2 applies.

3.5 Stage V — Maintenance and Submission

During the validity period, the applicant may submit the Verified Application to participating programs without further action by USClinX. Programs receive the complete file together with the Verification Summary and Audit Trail Appendix.

Specified fields may be updated within the validity period; updates trigger a re-issuance of the Verified Application with a new timestamp, but do not require a new fee or a new verification cycle for unchanged elements. See Section 6.

4. Verification Standards by Element

This section describes, for each verifiable element of the Verified Application, the standard against which the element is reviewed and the method by which verification is performed. Elements not listed here are not verified by USClinX.

4.1 Identity and Travel Documentation

Element	Standard / Source	Method of Verification
Government-issued passport	Valid passport issued by the applicant's country of citizenship; expiration not earlier than six months past the conclusion of any contemplated observership period.	Document image review by USClinX staff against the applicant's structured profile data; escalation for ambiguous or inconsistent submissions.
U.S. visa eligibility class	Applicant self-attestation of visa class (e.g., B-1, J-1, F-1) under which observership is contemplated. USClinX does not verify visa issuance; USClinX records and confirms the class declared.	Self-attestation captured in structured intake; the Verification Summary indicates that visa eligibility is the applicant's representation, not USClinX's.

4.2 Medical Education Credentials

Element	Standard / Source	Method of Verification
Medical school diploma	Diploma issued by a medical school listed in the World Directory of Medical Schools (WDOMS), accredited at the time of the applicant's graduation.	Document review against WDOMS record; for ambiguous cases, USClinX may request primary-source verification directly from the issuing institution before issuance.
Medical school transcript	Complete transcript covering the period of medical education, with grades, course listings, and dates of attendance.	Document review for completeness and internal consistency; certified translation reviewed if original is not in English.
ECFMG certification status	Where applicable, ECFMG certification number and current status (Certified, In Progress, or Not Applicable).	Self-reported certification number verified against the ECFMG public verification portal where available.

4.3 Examination Performance

Element	Standard / Source	Method of Verification
USMLE Step 1, Step 2 CK, Step 3	Step results, dates, and pass/fail status as reported on the applicant's USMLE transcript or score report.	Document review of applicant-supplied USMLE transcript. USClinX records the status as reported; USClinX

Element	Standard / Source	Method of Verification
		does not represent ranking, percentile, or interpretation.

4.4 Health Documentation

Element	Standard / Source	Method of Verification
Immunization record	Documented immunization status against MMR, varicella, hepatitis B, Tdap, and seasonal influenza, consistent with prevailing CDC guidance for healthcare personnel.	Review of applicant-supplied immunization record (provider-signed or institutionally issued). Self-attestation alone is not accepted.
Tuberculosis screening	Negative tuberculosis screening (TST, IGRA, or chest radiography for documented BCG history) within 12 months of the contemplated observership start date.	Review of applicant-supplied screening result, dated and provider-issued.

4.5 Background Screening

Element	Standard / Source	Method of Verification
Criminal background check	Multi-jurisdictional U.S. criminal background screen, supplemented where appropriate by international criminal records inquiry covering the applicant's countries of citizenship and residence in the prior seven years.	Initiated through a recognized U.S. background-screening provider following applicant consent. Returned results are reviewed by USClinX; material findings may require applicant clarification before issuance.

4.6 Liability Coverage

Element	Standard / Source	Method of Verification
Professional liability documentation	Documentation of professional liability coverage adequate to the contemplated observership period. USClinX's published minimum threshold (current as of the effective date of this document) is one million dollars per occurrence and three million dollars aggregate.	Review of policy declarations page, certificate of insurance, or equivalent issued by a recognized carrier. USClinX confirms the existence and stated limits of the coverage; USClinX does not underwrite, and does not represent the suitability of the coverage for any particular clinical setting.

4.7 Compliance Training

Element	Standard / Source	Method of Verification
HIPAA, OSHA, and bloodborne pathogen training	Completion of HIPAA privacy and security training, OSHA general safety training, and bloodborne pathogen training within twelve months of the issuance date.	Review of certificates of completion issued by a recognized training provider, dated and identifiable to the applicant.

4.8 Application Materials

Element	Standard / Source	Method of Verification
Curriculum vitae	Standardized CV reflecting medical education, clinical experience, research, and publications; presented in the USClinX standardized format.	Format review against the published USClinX CV template; content review for internal consistency with other verified elements.
Personal statement	Applicant-authored personal statement, between 500 and 1,500 words, addressing the applicant's training, observership objectives, and intended residency direction.	Format and length review. USClinX does not evaluate the statement for quality; presence and conformance are confirmed.
Letters of recommendation	A minimum of two and a maximum of four letters from physician faculty familiar with the applicant's clinical work. Each letter dated within twelve months of issuance.	Format review and confirmation that each letter is signed, on letterhead where applicable, and identifiable to a verifiable physician author.

5. The Verified Application Format

The Verified Application is delivered to participating programs as a single, standardized PDF package, accompanied where requested by a structured data export. The package is structured for predictable consumption by program coordinators and credentialing leads regardless of institutional differences in intake systems.

5.1 Package Contents

Every Verified Application package contains the following, in this order:

4. Verification Summary — a single-page document stating, in plain language, the status of each verified element, the date of verification, and any qualifications or caveats. The Verification Summary is the cover document of every Verified Application.
5. Applicant Profile — identity information, medical education, examination history, and the standardized USClinX CV.
6. Health and Compliance Documentation — immunization record, TB screening result, and compliance training certificates.
7. Background Screening Result — vendor-issued result with screening date and scope.
8. Liability Documentation — declarations page or certificate evidencing coverage.
9. Application Materials — personal statement and letters of recommendation.
10. Audit Trail Appendix — chronological record of verification actions, available for inspection.

5.2 Issuance Identifier and Verification

Each Verified Application carries a unique issuance identifier in the format USCX-YYYY-NNNNNN, an issuance date, and the name of the issuing reviewer. The Verification Summary cover document contains these elements alongside the applicant's name and the date of issuance.

Programs receiving a Verified Application may, at any time, contact USClinX to confirm the issuance status of any application identifier presented to them. USClinX commits to respond to such inquiries within two business days, confirming whether the identifier corresponds to a currently valid Verified Application, the date of issuance, the validity period, and whether the application has subsequently been revoked or amended.

More extensive verification mechanisms — including a public verification endpoint and a cryptographic digital signature — are scheduled for a future version of the methodology and are described in Appendix A.

5.3 Delivery Methods

Programs may receive the Verified Application by either of the following methods, at the program's election:

- Secure file transfer to a program-designated email address, sent directly by USClinX upon the applicant's instruction. The package is delivered as a single PDF file containing all elements described in Section 5.1.
- Standardized PDF and accompanying structured data export (JSON or CSV) for programs that maintain their own intake systems and prefer machine-readable submission data.

USClinX does not require programs to adopt any specific platform, sign any commercial agreement, or pay any fee in connection with receiving a Verified Application. A participating-program portal providing direct in-platform access to received Verified Applications is scheduled for a future version of the methodology and is described in Appendix A.

6. Validity, Updates, and Maintenance

6.1 Validity Period

The Verified Application is valid for twelve months from the date of issuance. During the validity period, the applicant may submit the application to any number of participating programs without further fee or further verification, except as set forth in Section 6.2.

6.2 Permitted Updates

During the validity period, the applicant may, without additional fee, request the re-issuance of the Verified Application to reflect the following changes:

- New or updated USMLE step results;
- Additional letters of recommendation, within the limits set forth in Section 4.8;
- Refreshed immunization or TB screening within the original validity period;
- Refreshed criminal background screening, where the original screening has aged out under a host program's institutional policy;
- Updated liability coverage documentation;
- Corrections of factual errors in the original record.

Updates trigger a re-issuance of the Verified Application with a new issuance identifier suffix and timestamp; the prior version is retained in the audit record and remains available on request.

6.3 Renewal

After expiration of the validity period, an applicant may renew the Verified Application. Renewal requires re-verification of elements likely to have changed (background, health screening, liability), but does not require re-verification of stable elements (medical education credentials, USMLE results). Renewal fees are set forth on the USClinX website and may be lower than the initial application fee.

6.4 Revocation

USClinX reserves the right to revoke a previously issued Verified Application if, after issuance, USClinX becomes aware of evidence that any verified element was materially inaccurate at the time of issuance, or that any document submitted by the applicant was forged, altered, or otherwise unreliable. Revocation is logged in the audit record. Affected applicants and any program to which the application was submitted are notified in writing.

7. Fees, Refunds, and Partial Verification

7.1 Application Fee

The current application fee is published on the USClinX website. The fee is collected at the point of intake. Applicants whose verification cannot be completed for reasons attributable to USClinX receive a full refund as set forth in Section 7.3.

7.2 Partial Fee Schedule

Where USClinX has materially commenced verification work but the application is unable to proceed to issuance — for example, where the applicant withdraws after vendor-routed background screening has been initiated and incurred a vendor fee — a partial fee may apply. The partial fee schedule is published on the USClinX website and is presented to the applicant before any partial-fee event occurs.

7.3 Refunds

USClinX provides a full refund where verification is unable to be completed for reasons attributable to USClinX. USClinX does not refund the application fee where (i) the Verified Application has been issued and subsequently submitted to participating programs, or (ii) the application is denied issuance because of materially inaccurate or fraudulent representations by the applicant.

8. Data Handling and Privacy

USClinX collects, stores, and processes sensitive applicant documentation. The following provisions govern that handling. The full text of the USClinX Privacy Policy controls in any conflict with this section; this section is a summary.

8.1 Collection

USClinX collects only the information and documentation necessary to perform the verification work described in Section 4. The applicant is informed, at the point of collection, of each category of information being collected and of the purpose for which it is being collected.

8.2 Storage and Access Controls

Applicant documents and records are stored on commercial cloud services that provide encryption in transit and at rest as a standard feature of the platform, including industry-standard access controls and audit logging. Access is limited to USClinX personnel performing verification or audit functions, and to vendors performing specific verification services on USClinX's behalf under written confidentiality and data-handling obligations.

USClinX does not, in this version of the methodology, operate dedicated infrastructure with custom-configured encryption, role-based access control, or independent security review. A migration to dedicated, audited infrastructure with formal third-party security review is scheduled for a future version of the methodology and is described in Appendix A. Programs requiring infrastructure beyond what is described in this section should evaluate whether the current operating posture is adequate for their institutional standards.

8.3 Disclosure to Programs

The Verified Application, including its constituent documents, is disclosed only to programs to which the applicant directs submission. USClinX does not market applicant data, sell applicant data, or disclose applicant data to programs to which the applicant has not affirmatively directed submission.

8.4 Retention

Applicant records are retained for a period of seven years following the most recent issuance or renewal of the Verified Application, after which they are securely destroyed. Applicants may request earlier deletion, subject to legal and audit retention obligations.

9. Governance and Methodology Revision

9.1 Annual Review

This methodology is reviewed annually by USClinX physician leadership. Annual review considers, at minimum: emerging best practices in medical credentialing; changes in U.S. regulatory or accreditation requirements affecting observership programs; participating-program feedback collected during the prior year; and patterns observed in the audit records of issued Verified Applications.

9.2 Revision Procedure

Revisions to this methodology are documented in the revision log appended to this document. Each revision includes the effective date, a description of the change, and a description of the rationale. Prior versions of the methodology remain available on request.

9.3 Reviewable on Request

Participating programs may, at any time, request a review meeting with USClinX physician leadership to discuss the methodology, propose revisions, or inspect the audit record of any Verified Application submitted to them. USClinX commits to acknowledge such requests within five business days.

10. Limitations and Disclaimers

This methodology does not, and cannot, accomplish the following. Programs and applicants relying on the Verified Application should understand each of these limitations.

11. USClinX does not assess clinical competence. Verification of credentials, examination performance, and training is not a substitute for the educational evaluation that host programs perform.
12. USClinX does not guarantee admission. Programs retain final and exclusive authority over their admissions decisions.
13. USClinX does not sponsor visas, advise on immigration status, or facilitate consular processing.
14. USClinX does not represent that any verified element will satisfy the institutional, accreditation, or jurisdictional requirements of any particular host program. Programs may, and frequently do, require additional verification beyond what is set forth in this document.
15. USClinX is not a healthcare provider, does not deliver clinical services, and does not maintain a billing relationship with any insurer or governmental payer.
16. USClinX makes no representation regarding the suitability of any applicant for any particular clinical environment, patient population, or supervisory arrangement.
17. USClinX operates, in this version of the methodology, with the platform capabilities described and with the limitations identified in Appendix A. Programs and applicants are entitled to evaluate the current operating posture against their own institutional and personal requirements.

This methodology describes what USClinX confirms. It does not describe everything a program needs to know about an applicant. The Verified Application is a foundation for educational evaluation, not a substitute for it.

Appendix A. Capability Roadmap and Versioning

This appendix exists because honesty about staged capability is a feature of a credible credentialing standard, not a weakness. The methodology USClinX publishes today reflects what the company can deliver in its first year of operation. Several capabilities described in the long-term vision of the platform — and reasonably expected of a mature credentialing organization — are scheduled for release in subsequent versions of the methodology, as the company grows from founder-led operations to a fully resourced platform.

Programs evaluating adoption of the standard, and applicants evaluating the application fee, are entitled to know what is delivered today and what is planned. The table below makes that distinction explicit.

Capability	Version	Status	Description
Standardized Verified Application PDF	v1.0	Live	Issued today as a structured PDF containing the Verification Summary, Applicant Profile, supporting documents, and Audit Trail Appendix.
Verification Summary cover document	v1.0	Live	Plain-language summary of every verified element, with date and method of verification.
Audit Trail Appendix	v1.0	Live	Structured chronological record of verification actions appended to every Verified Application.
Issuance identifier (USCX-YYYY-NNNNNN)	v1.0	Live	Unique identifier on every Verified Application; status confirmation by direct contact within two business days.
Document review and authentication	v1.0	Live	Performed by USClinX reviewers using structured intake and provider-supplied documentation.
Background screening	v1.0	Live	Initiated through a recognized U.S. screening provider on a per-applicant basis.
Standardized CV template	v1.0	Live	Published format for applicant CVs; format and content review against the template.
Email-based delivery to programs	v1.0	Live	Secure file transfer to program-designated email addresses upon applicant instruction.

Capability	Version	Status	Description
Structured data export (JSON/CSV)	v1.0	Live	Available on request for programs that maintain their own intake systems.
Public verification endpoint	v1.1	Planned	A publicly accessible web page where programs can confirm the status of any issuance identifier in real time.
Cryptographic digital signature	v1.2	Planned	Tamper-evident digital signature on every issued Verified Application, verifiable through the public endpoint.
Native vendor integrations	v1.2	Planned	Direct API integration with background screening, identity verification, and document authentication vendors.
Participating-program portal	v2.0	Planned	In-platform portal for programs to access received Verified Applications, request audit trails, and manage adoption settings.
Dedicated, audited infrastructure	v2.0	Planned	Migration from commercial cloud platforms to dedicated infrastructure with formal independent security review.
Real-time application status (applicants)	v2.0	Planned	Applicant portal showing current verification stage, requested clarifications, and issued application status.
Multi-language intake	v2.1	Planned	Application intake in Spanish, Arabic, French, and additional languages as adoption expands.

Capabilities marked Live are delivered, as described, on every Verified Application issued under this version of the methodology. Capabilities marked Planned are scheduled for release in the indicated subsequent version, contingent on the company's growth and capital posture as set forth in the USClinX business plan. Each release of a Planned capability will be reflected in a corresponding revision of this methodology, with the change documented in the revision log.

USClinX commits to versioning the methodology in step with the platform. A capability promised in

a future version will not be claimed in a current Verified Application. Programs and applicants relying on this document can be confident that what is described as Live is delivered today.

Revision Log

Version	Effective	Description
1.0	May 2026	Initial publication of the USClinX Verification Methodology, calibrated to founder-led Year 1 operations. Includes Appendix A — Capability Roadmap and Versioning, identifying capabilities live in v1.0 and capabilities planned for v1.1, v1.2, v2.0, and v2.1.

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