



**Instructions:**

- To obtain your ECFMG Examination History Chart, or to have it sent to a third party, complete and sign this request form.
- To submit payment, complete all information requested on the *Payment for Service(s) Requested* (Form 900), which is included with this request form. You should check “ECFMG Exam Chart” in item 2 of the payment form. Submit the completed payment form with this request form.
- Return this completed request form along with payment (Form 900) by fax, to (215) 386-3185, or mail to ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA.
- **You may request up to three ECFMG Examination History Charts on each request form. Include a payment of US\$50.00 for each form you submit.**
- Please allow approximately four weeks for your request to be processed.
- Direct questions to (215) 386-5900 or [info@ecfm.org](mailto:info@ecfm.org).

- USMLE scores are **not** included on the ECFMG Examination History Chart. To obtain official copies of your USMLE scores, or to send them to third parties, you must request a USMLE transcript. Refer to Scores & Transcripts information available on the USMLE website at [www.usmle.org](http://www.usmle.org), for the appropriate registration entity to contact to request USMLE transcripts.
- ERAS Applicants: Do NOT use this form to request transmission of your ECFMG examination history via ERAS. Instead, log into [www.myeras.aamc.org](http://www.myeras.aamc.org).

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**3** I hereby authorize ECFMG to release an official ECFMG Examination History Chart to the individual(s) listed on page 2 of this form.

Signature (Using the Latin Alphabet) \_\_\_\_\_ Date \_\_\_\_\_

The fee for requesting up to three official ECFMG Examination History Charts is \$50.00. Submit payment of \$50.00 with each request form.

To submit payment, complete all information requested on the *Payment for Service(s) Requested* (Form 900). Form 900 is included with this request form. You should check “ECFMG Exam Chart” in item 2 of the payment form.

Submit the completed payment form with your ECFMG Examination History Chart request form.

For office use only

# 4

Enter the name and address for each individual or institution that is to receive a copy of your ECFMG Examination History Chart.

Name	
Organization	
Street Address/Post Office Box	
City	State/Province
ZIP/Postal Code	Country

Name	
Organization	
Street Address/Post Office Box	
City	State/Province
ZIP/Postal Code	Country

Name	
Organization	
Street Address/Post Office Box	
City	State/Province
ZIP/Postal Code	Country

This form is available on the ECFMG website at [www.ecfm.org](http://www.ecfm.org).

**Do NOT submit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods:**

- **BY MAIL/COURIER:** ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA, or
- **FAX:** (215) 386-3185

1

Enter your  
Identification  
Number.

Enter your  
name

USMLE® / ECFMG®  
Identification Number:  -  -  -

[illegible]

First Name(s)

[illegible]

**Middle Name(s)**

[illegible]

Last Name(s) (Surname or Family Name)

Generational  
Suffix (Jr, Sr,  
II, III, IV)

2

Indicate the service(s) for which you are providing payment.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Application for ECFMG Certification (\$160)</li> <li><input type="checkbox"/> Application for USMLE Step 1/Step 2 CK (\$985 per exam*)</li> <li><input type="checkbox"/> Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$100 per exam)</li> <li><input type="checkbox"/> Testing Region Change: USMLE Step 1/Step 2 CK (\$90 per region change*)</li> <li><input type="checkbox"/> Score Recheck: USMLE Step 1/Step 2 CK (\$80 per exam)</li> <li><input type="checkbox"/> ERAS® Token (\$155) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE Transcript via ERAS. Instead, log in to AAMC's MyERAS website.</li> <li><input type="checkbox"/> USMLE Transcript (\$70 per request form – up to 10 transcripts) – This form is for institutional payments (accompanying Form 173) only. Individuals submitting Form 172 should see that form for payment instructions. ERAS Applicants paying for transmission of their USMLE Transcript should log in to AAMC's MyERAS website.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> ECFMG Exam Chart (\$50 per request form – up to three copies)</li> <li><input type="checkbox"/> ECFMG CSA History Chart (\$50 per request form – up to 10 copies)</li> <li><input type="checkbox"/> CVS – State Board (\$66)</li> <li><input type="checkbox"/> EVSP (J-1 visa sponsorship) (\$370)</li> <li><input type="checkbox"/> Reprint ECFMG Certificate (\$50)</li> <li><input type="checkbox"/> Name Change on ECFMG Certificate (\$50)</li> <li><input type="checkbox"/> File Copy Fee (\$25)</li> <li><input type="checkbox"/> Translation Fee – Medical School Transcript (\$250)</li> </ul> |
|---|---|

\*International test delivery surcharges also may apply and must be included in payment. For the list of fees, see the ECFMG website at [www.ecfm.org/fees](http://www.ecfm.org/fees).

Previous Balance/Other (Specify):

☐ \$

\*International test delivery surcharges also may apply and must be included in payment. For the list of fees, see the ECFMG website at [www.ecfmq.org/fees](http://www.ecfmq.org/fees).

Previous Balance/Other (Specify):

☐ \$

3

Select a method of payment and complete all information requested.

Do **NOT**  
send cash.

(A) ☐ Charge my credit card.

Credit Card Number:																
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Exp. Date (Month/Year): 

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Check One: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

**Name of Card Holder:** \_\_\_\_\_

Address of Card Holder: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

By signing below, I authorize ECFMG to charge my credit card in the amount indicated above.

Signature of Card Holder: \_\_\_\_\_

(B) ☐ My check, bank draft, or money order made payable to ECFMG is enclosed.

Payment must be made in U.S. funds through a U.S. bank. Include your USMLE/ECFMG Identification Number on your check.