## **ECFMG**<sup>®</sup> Request for an Official ECFMG<sup>®</sup> Examination History Chart Form 184

An ECFMG Examination History Chart provides a complete results history of all **non-USMLE**<sup>®</sup> examinations you have taken and for which results are available, as of the date your request is processed. The ECFMG Examination History Chart will include **all** attempts on the ECFMG Examination, Visa Qualifying Examination (VQE) Days 1 and 2, Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), National Board of Medical Examiners<sup>®</sup> (NBME<sup>®</sup>) Parts I and II, ECFMG English Test, Test of English as a Foreign Language<sup>™</sup> (TOEFL<sup>®</sup>) (only if used for ECFMG purposes), and ECFMG Clinical Skills Assessment (CSA<sup>®</sup>).

## 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 Intealth, ECFMG Certification Program, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, 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@ecfmg.org.

## **Important Notes:**

- 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, 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.

1	USMLE / ECFMG
2	First Name(s)     Middle Name(s)       Last Name(s) (Surname/Family Name)
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
Examinatio \$50.00 with To submit p the <i>Paymer</i> is included "ECFMG Ex Submit the	requesting up to three official ECFMG n History Charts is \$50.00. Submit payment of n each request form. payment, complete all information requested on <i>nt for Service(s) Requested</i> (Form 900). Form 900 with this request form. You should check karm Chart" in item 2 of the payment form. completed payment form with your ECFMG n History Chart request form.

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

This form is available on the ECFMG website at www.ecfmg.org.

Do NOT subr	CFMG®       Payment for Service(s) Requested Form 900       P         Nit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods:       Y         MAIL/COURIER: Intealth, ECFMG Certification Program, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, USA, or       M		
1	FAX: (215) 386-3185       E         USMLE® / ECFMG®       —         Identification Number:       —		
Enter your Identification Number. Enter your name.	First Name(s)     Middle Name(s)		
	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> <li>Application for ECFMG Certification (\$160)</li> <li>Application for USMLE Step 1/Step 2 CK (\$1,020 per exam*)</li> <li>Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$100 per exam)</li> <li>Testing Region Change: USMLE Step 1/Step 2 CK (\$90 per region change*)</li> <li>Score Recheck: USMLE Step 1/Step 2 CK (\$80 per exam)</li> <li>ERAS® Token (\$165) - 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>*International test delivery surcharges also may apply and must be included in payment. For the list of fees, see the ECFMG website at www.ecfmg.org/fees.</li> <li>Explication for ECFMG Certification (\$160)</li> <li>EVSP (J-1 visa sponsorship) (\$370)</li> <li>EVSP (J-1 visa sponsorship) (\$370)</li> <li>Bernate Comparison of the payment. For the list of fees, see the ECFMG website at www.ecfmg.org/fees.</li> </ul>		
3	(A) Charge my credit card.		
Select a method of payment and complete all information requested.	Credit Card Number: Exp. Date (Month/Year): /		
	Check One: VISA MASTERCARD DISCOVER AMERICAN EXPRESS		
Do <b>NOT</b> send cash.	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.		

For detailed information on ECFMG's Payment and Refund policies, refer to the ECFMG website at www.ecfmg.org/fees/payment.html.

This form is available on the ECFMG website at www.ecfmg.org.