



Instructions:

- To obtain your ECFMG CSA 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 CSA History 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 a maximum of 10 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@ecfmq.org.

- USMLE® scores are **not** included on the ECFMG CSA 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 CSA performance history or USMLE transcript via ERAS. Instead log into www.myeras.aamc.org.

1	USMLE / ECFMG Identification Number:	<div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div>-</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div>-</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div>-</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>
2	<div style="display: flex; justify-content: space-between;"><div style="width: 60%; border-bottom: 1px solid black; position: relative; height: 25px;"><div style="position: absolute; left: 5px; top: -5px; width: 100%; height: 100%; border-left: 1px solid black; border-right: 1px solid black;"></div></div><div style="width: 38%;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 60%;">First Name(s)</div><div style="width: 38%;">Middle Name(s)</div></div> <div style="margin-top: 10px;"><div style="border-bottom: 1px solid black; position: relative; height: 25px;"><div style="position: absolute; left: 5px; top: -5px; width: 100%; height: 100%; border-left: 1px solid black; border-right: 1px solid black;"></div></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 90%;">Last Name(s) (Surname/Family Name)</div><div style="width: 10%; text-align: right;">Generational Suffix (Jr, Sr, II, III, IV)</div></div></div>	
3	<p>I hereby authorize ECFMG to release an official ECFMG CSA History Chart to the individuals, institutions, or entities listed on page 2 of this form.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%; border: 1px solid black; height: 40px; margin-bottom: 10px;"></div><div style="width: 35%; border: 1px solid black; height: 40px; margin-bottom: 10px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 60%; text-align: center;">Signature (Using the Latin Alphabet)</div><div style="width: 35%; text-align: center;">Date</div></div>	

<p>The fee for requesting one through 10 official ECFMG CSA History Charts is \$50.00. Submit payment of \$50.00 with each request form.</p> <p>To submit payment, complete all information requested on the <i>Payment for Service(s) Requested</i> (Form 900). Form 900 is included with this request form. You should check “ECFMG CSA History Chart” in item 2 of the payment form.</p> <p>Submit the completed payment form with your ECFMG CSA History Chart request form.</p>	<p>For Office Use Only</p>
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This form is available on the ECFMG website at www.ecfmq.org.

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

<div><div>Name</div><div>Organization</div><div>Street Address/Post Office Box</div><div>CityState/Province</div><div>ZIP/Postal CodeCountry</div></div>	<div><div>Name</div><div>Organization</div><div>Street Address/Post Office Box</div><div>CityState/Province</div><div>ZIP/Postal CodeCountry</div></div>
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Do NOT submit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods:

- **BY MAIL/COURIER:** Intealth, ECFMG Certification Program, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, USA, or
- **FAX:** (215) 386-3185

1

Enter your Identification Number.

Enter your name.

USMLE® / ECFMG® Identification Number: - - -

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.

- ☐ Application for ECFMG Certification (\$160)
- ☐ Application for USMLE Step 1/Step 2 CK (\$1,020 per exam*)
- ☐ Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$100 per exam)
- ☐ Testing Region Change: USMLE Step 1/Step 2 CK (\$90 per region change*)
- ☐ Score Recheck: USMLE Step 1/Step 2 CK (\$80 per exam)
- ☐ 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.

- ☐ ECFMG Exam Chart (\$50 per request form – up to three copies)
- ☐ ECFMG CSA History Chart (\$50 per request form – up to 10 copies)
- ☐ CVS – State Board (\$66)
- ☐ EVSP (J-1 visa sponsorship) (\$370)
- ☐ Reprint ECFMG Certificate (\$50)
- ☐ Name Change on ECFMG Certificate (\$50)
- ☐ File Copy Fee (\$25)
- ☐ Translation Fee – Medical School Transcript (\$250)

*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.

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:

Exp. Date (Month/Year): /

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.