## **ECFMG**<sup>®</sup> Institutional Request for an Official ECFMG<sup>®</sup> CSA<sup>®</sup> History Chart Form 298

- An ECFMG Clinical Skills Assessment (CSA) History Chart provides a complete performance history of all ECFMG Clinical Skills Assessments taken by an individual. The ECFMG CSA History Chart includes results on the ECFMG CSA only.
- To obtain an ECFMG CSA History Chart for an international medical student/graduate, please complete and sign Sections 1 and 2 of the form below.
- Sections 3 and 4 appear on page 2 (Form 298-B) of this document. Print or type the institution or entity information requested in the space provided and photocopy Form 298-B. Distribute one photocopy of Form 298-B to each student/graduate for whom you are requesting an official ECFMG CSA History Chart.
- 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.
- Return the completed Form 298 and copies of Form 298-B for each student/graduate for whom you are requesting an ECFMG CSA History Chart 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. Include a payment of US\$50.00 for one through 10 charts, US\$100.00 for 11-20 charts, US\$150.00 for 21-30, US\$200.00 for 31-40, etc.
- Please allow approximately four weeks for your request to be processed.
- Direct questions to ECFMG at (215) 386-5900.

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	Contact Name	
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	Institution/Entity Name	
2	Signature of Institution or Entity Official	
	Signature (Using the Latin Alphabet)     Date (Month/Day/Year)	

The fee for requesting one through 10 official ECFMG CSA History Charts is \$50.00.	For Office Use Only
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.	
Submit the completed payment form with your <i>Institutional Request for an Official ECFMG® CSA® History Chart</i> .	



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<b>4</b> Authorization	I hereby authorize and request the Educational Commission for Foreign Medical Graduates to release my Official ECFMG CSA History Chart to the individual, institution, or entity listed above.																			
(To be completed by												1								
the student or graduate for	Signature of Student (Using the Latin Alphabet)														٦/Г		٦/Г			$\square$
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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	Credit Card Number: Exp. Date (Month/Year): /
complete all information requested.	Check One: VISA MASTERCARD DISCOVER AMERICAN EXPRESS
Do <b>NOT</b> send cash.	Address of Card Holder:
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	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.