



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

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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)

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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):

☐ \$ _____

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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.