

## **EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES**

3624 Market Street, Philadelphia, PA 19104-2685, USA TELEPHONE: 215-386-5900 • FAX: 215-386-6327 • INTERNET: www.ecfmg.org

# REQUEST FOR AN OFFICIAL ECFMG® EXAMINATION HISTORY CHART

An ECFMG Examination History Chart provides a complete score history of all **non-USMLE™** examinations you have taken and for which scores 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 — only if used for ECFMG purposes, Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), National Board of Medical Examiners (NBME®) Parts 1 and 2, ECFMG English Test, Test of English as a Foreign Language™ (TOEFL®) — only if used for ECFMG purposes, and ECFMG Clinical Skills Assessment (CSA®).

#### 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 215-386-6327, or mail to the address listed above.
- You may request up to 3 ECFMG Examination History Charts on each request form. Include a payment of US\$50.00 for each form you submit.
- Please allow approximately two to 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 "Official USMLE Transcripts and Providing Scores to Third Parties" in the USMLE *Bulletin of 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, logon to www.myeras.aamc.org.

1	USMLE / ECFMG					
2	First Name	Middle Name				
	Last Name (Surname/Family Name)					
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 Lat	tin Alphabet) Date				
The fee for requesting up to 3 official ECFMG Examination History Charts is \$50.00. Submit payment of \$50.00 with each request form.		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 Exam Chart" in item 2 of the payment form.						
Submit the completed payment form with your ECFMG Examination History Chart request form.						

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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		
	State/Province	
City		



# **EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES**

BY MAIL: ECFMG, PO Box 48087, Newark, NJ 07101-4887 USA

BY COURIER: ECFMG, c/o Image Remit, 205 North Center Drive, Commerce Center, North Brunswick, NJ 08902 USA

TELEPHONE: 215-386-5900 • FAX: 215-386-3185 • INTERNET: www.ecfmg.org

	PAYMENT FOR SERVICE(S) REQUESTED				
Enter your Identification Number. Enter your name.	USMLE <sup>M</sup> / ECFMG® Identification Number:  First Name(s):  Middle Name(s):  Last Name (Surname or Family Name):	E N T			
Indicate the service(s) for which you are providing payment.	TOEFL® Acceptance (\$40)  Extension of USMLE Step 1 / Step 2 CK Eligibility Period (\$50 per exam)  ERAS® Token (\$75) — ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, logon to www.myeras.aamc.org.  USMLE Transcript (\$50 per request form - up to ten transcripts)  CVS − State Board (\$25)  EVSP (J-1 VISA) (\$200)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)  Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)				
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): — — — — — — — — — — — — — — — — — — —	<b>-</b>			
	(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.  (C) I have sent a wire transfer to ECFMG.  Funds may be wire transferred through most banks in the United States (Fedwire) to the ECFMG ACCOUNT NUMBER 361024284 at COMMERCE BANK, ROUTING / TRANSIT NUMBER 036001808. Your payment must be identified with your full name and USMLE / ECFMG Identification Number.  Additionally, you must provide the following information:  Date Sent:				
	Originating Bank:				
	Bank Reference Number:				
	Name of Sender:				

ECFMG Payment Policy

If you owe money to ECFMG at the time that your request is processed, ECFMG will apply the payment included with your request to the amount that you owe. Any money that is left after this will be used to pay for the service(s) that you request. If there is not enough money remaining to pay for the service(s) you request, your request will not be processed.

If you have money in your ECFMG account at the time that your request is processed, it will be used to pay for the next request for service processed by ECFMG. If you have money in your ECFMG account and will not request additional exams / services, you may send a written request to ECFMG for a refund.