Institutional Request for an Official USMLE® Transcript
Form 173

- A USMLE transcript includes a complete results history of all USMLE Steps or Step Components taken and for which results are available, as of the date the transcript is processed. For more information, see Scores & Transcripts on the USMLE website.
- ECFMG does not provide USMLE transcripts to state medical boards or other licensing authorities. For information on ECFMG certification status, contact the Certification Verification Service at ECFMG at (215) 386-5900 or visit www.ecfmg.org/cvs.
- To request a transcript for Step 3, contact the Federation of State Medical Boards (FSMB) at (817) 868-4000 or visit the FSMB website at www.fsmb.org.
- To obtain a USMLE transcript for a student/graduate enrolled at your institution, please complete and sign Sections 1 and 2 of the form below.
- Sections 3 and 4 appear on page 2 of this document. Print or type the institution information requested in the space provided and photocopy page 2 of this document. Distribute one copy of each new document to each student/graduate for whom you are requesting an official transcript.
- 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 "USMLE Transcript" in item 2 of the payment form.
- Return the completed Form 173 and consent authorization documents (Form 173-B) for each student/graduate for whom you are requesting a transcript along with payment (Form 900) by fax, to (215) 386-3185, or mail to ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA. **Include a payment of US$70.00 for one through 10 transcripts, US$140.00 for 11-20 transcripts, US$210.00 for 21-30, US$280.00 for 31-40, etc.**
- Please allow 10 business days for your request to be processed.
- Direct all inquiries to ECFMG at (215) 386-5900.

1

Contact Name

Title

Institution Name

2

Signature of School Official

Signature (Using the Latin Alphabet)

Date (Month/Day/Year) □□/□□/□□□□

The fee for requesting one through 10 official USMLE transcripts is $70.00. To submit payment, complete all information requested on the *Payment for Service(s) Requested* (Form 900). Form 900 is included with this request form. You should check "USMLE Transcript" in item 2 of the payment form. Submit the completed payment form with your *Institutional Request for an Official USMLE® Transcript*.	For Office Use Only

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

MEDICAL SCHOOL STUDENT/GRADUATE CONSENT FOR RELEASE OF USMLE TRANSCRIPT

3 Recipient Information (To be completed by School Official)

Contact Name

Title

Institution Name

Mailing Address: Line 1

Mailing Address: Line 2

City

State/Province

ZIP/Postal Code

Country

Country/Area Code and Telephone Number

Country/Area Code and Fax Number

E-mail Address

4 Authorization (To be completed by the Student or Graduate for whom the USMLE Transcript is being requested)

I hereby authorize and request the Educational Commission for Foreign Medical Graduates to release my official United States Medical Licensing Examination (USMLE) transcript to the individual at the institution listed above.

Signature of Student (Using the Latin Alphabet)

Date (Month/Day/Year) □□/□□/□□□□

Name of Student (Please Print)

USMLE/ECFMG ID # □-□□□-□□□-□

Date of Birth (Month/Day/Year) □□/□□/□□□□

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

ECFMG® | Payment for Service(s) Requested Form 900

PAYMENT

BY MAIL/COURIER: ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA
TELEPHONE: (215) 386-5900 • **FAX:** (215) 386-3185 • **INTERNET:** www.ecfmg.org

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 ($75)
- ☐ Application for USMLE Step 1/Step 2 CK ($895 per exam*)
- ☐ Application for USMLE Step 2 CS ($1,550 per exam)
- ☐ Extension of USMLE Step 1/Step 2 CK Eligibility Period ($70 per exam)
- ☐ Testing Region Change: USMLE Step 1/Step 2 CK ($65 per region change*)
- ☐ Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS ($80 per exam)
- ☐ ERAS® Token ($115) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to AAMC's MyERAS website.
- ☐ USMLE Transcript ($70 per request form – up to 10 transcripts) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login 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 ($40)
- ☐ EVSP (J-1 visa sponsorship) ($325)
- ☐ 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.ecfmg.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.

For detailed information on ECFMG's Payment and Refund policies, refer to the ECFMG *Information Booklet* and to the ECFMG website at www.ecfmg.org.

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