



Request for an Official ECFMG® Examination History Chart Form 184

An ECFMG Examination History Chart provides a complete results history of all **non-USMLE®** examinations you have taken and for which results 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, Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), National Board of Medical Examiners® (NBME®) Parts I and II, 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) 386-3185, or mail to ECFMG, PO Box 13679, Philadelphia, PA 19101-3679.
- **You may request up to three ECFMG Examination History 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@ecfm.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, log into www.myeras.aamc.org.

1	USMLE / ECFMG Identification Number: <input style="width: 150px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>				
2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%; text-align: center; font-size: small;">First Name(s)</td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center; font-size: small;">Middle Name(s)</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center; font-size: small;">Last Name(s) (Surname/Family Name)</td> <td style="border-bottom: 1px solid black; text-align: center; font-size: small;">Generational Suffix (Jr, Sr, II, III, IV)</td> </tr> </table>	First Name(s)	Middle Name(s)	Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)
First Name(s)	Middle Name(s)				
Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)				

3 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 Latin Alphabet)	Date

<p>The fee for requesting up to three official ECFMG Examination 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 Exam Chart" in item 2 of the payment form.</p> <p>Submit the completed payment form with your ECFMG Examination History Chart request form.</p>	For office use only
--	---------------------

4

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	

City	State/Province

ZIP/Postal Code	Country

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

