



Request for an Official ECFMG® CSA® History Chart Form 297

An ECFMG Clinical Skills Assessment (CSA) History Chart provides a complete performance history of all ECFMG Clinical Skills Assessments you have taken. The ECFMG CSA History Chart includes results on the ECFMG CSA **only**.

Instructions:

- To obtain your ECFMG CSA 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 CSA History 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 48087, Newark, NJ 07101-4887.
- **You may request a maximum of 10 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 CSA 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 CSA performance history or USMLE transcript via ERAS. Instead log into www.myeras.aamc.org.

1	USMLE / ECFMG Identification Number: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; 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;"> <input style="width: 95%; height: 15px;" type="text"/> <small>First Name(s)</small> </td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;"> <input style="width: 95%; height: 15px;" type="text"/> <small>Middle Name(s)</small> </td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 80%; text-align: center;"> <input style="width: 95%; height: 15px;" type="text"/> <small>Last Name(s) (Surname/Family Name)</small> </td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;"> <input style="width: 95%; height: 15px;" type="text"/> <small>Generational Suffix (Jr, Sr, II, III, IV)</small> </td> </tr> </table>	<input style="width: 95%; height: 15px;" type="text"/> <small>First Name(s)</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Middle Name(s)</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Last Name(s) (Surname/Family Name)</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Generational Suffix (Jr, Sr, II, III, IV)</small>
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<input style="width: 95%; height: 15px;" type="text"/> <small>Last Name(s) (Surname/Family Name)</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Generational Suffix (Jr, Sr, II, III, IV)</small>				
3	<p>I hereby authorize ECFMG to release an official ECFMG CSA History Chart to the individuals, institutions, or entities listed on page 2 of this form.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="border: 1px solid black; width: 60%; height: 25px;"></td> <td style="border: 1px solid black; width: 40%; height: 25px;"></td> </tr> <tr> <td style="text-align: center;"><small>Signature (Using the Latin Alphabet)</small></td> <td style="text-align: center;"><small>Date</small></td> </tr> </table>			<small>Signature (Using the Latin Alphabet)</small>	<small>Date</small>
<small>Signature (Using the Latin Alphabet)</small>	<small>Date</small>				

<p>The fee for requesting one through 10 official ECFMG CSA 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 CSA History Chart" in item 2 of the payment form.</p> <p>Submit the completed payment form with your ECFMG CSA History Chart request form.</p>	<p style="font-size: 1.2em;">For Office Use Only</p>
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This form is available on the ECFMG website at www.ecfm.org.



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.ecfm.org

1

USMLE® / ECFMG® Identification Number: - - -

Enter your Identification Number.

First Name(s)

Middle Name(s)

Enter your name.

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.

- 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, log into www.myeras.aamc.org.
 - USMLE Transcript (\$50 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, log into www.myeras.aamc.org.
 - 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 (\$25)
 - EVSP (J-1 VISA) (\$200)
 - Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS (\$55 per exam)
 - Duplicate Certificate (\$50)
 - Name Change on ECFMG Certificate (\$50)
 - File Copy Fee (\$25)
- Translation Fee – Medical School Transcript:
- for transcripts requested by ECFMG before 7/5/2005 (\$160)
 - for transcripts requested by ECFMG on/after 7/5/2005 (\$205)
- 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

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.

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.

Refer to "Payment" in the ECFMG Information Booklet for detailed information on ECFMG's Payment Policy.