



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, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA.
- 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 Scores & Transcripts 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 type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>				
2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <input style="width: 95%; height: 20px;" type="text"/> First Name(s) </td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <input style="width: 95%; height: 20px;" type="text"/> Middle Name(s) </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> <input style="width: 95%; height: 20px;" type="text"/> Last Name(s) (Surname/Family Name) </td> <td style="border-bottom: 1px solid black; text-align: center;"> <input style="width: 95%; height: 20px;" type="text"/> Generational Suffix (Jr, Sr, II, III, IV) </td> </tr> </table>	<input style="width: 95%; height: 20px;" type="text"/> First Name(s)	<input style="width: 95%; height: 20px;" type="text"/> Middle Name(s)	<input style="width: 95%; height: 20px;" type="text"/> Last Name(s) (Surname/Family Name)	<input style="width: 95%; height: 20px;" type="text"/> Generational Suffix (Jr, Sr, II, III, IV)
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3	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. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%; border: 1px solid black; height: 25px;"></td> <td style="width: 40%; border: 1px solid black; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Signature (Using the Latin Alphabet)</td> <td style="text-align: center;">Date</td> </tr> </table>			Signature (Using the Latin Alphabet)	Date
Signature (Using the Latin Alphabet)	Date				

<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>	<h3>For Office Use Only</h3>
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This form is available on the ECFMG website at www.ecfm.org.

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Enter the name and address for each individual, institution, or entity that is to receive a copy of your official ECFMG CSA History Chart.

<p>Name _____</p> <p>Organization _____</p> <p>Street Address/Post Office Box _____</p> <p>City _____ State/Province _____</p> <p>ZIP/Postal Code _____ Country _____</p>	<p>Name _____</p> <p>Organization _____</p> <p>Street Address/Post Office Box _____</p> <p>City _____ State/Province _____</p> <p>ZIP/Postal Code _____ Country _____</p>
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