



Request to Change USMLE® Step 1/Step 2 CK Testing Region Form 312-I

If you are registered for Step 1 or Step 2 Clinical Knowledge (CK) and are unable to take the exam in the testing region you selected, you may request to change your testing region using the attached Form 312, "Request to Change USMLE® Step 1/Step 2 CK Testing Region." **The fee for changing a USMLE testing region is \$65.00 for each region change. If the international test delivery surcharge for the testing region you request is more than the surcharge for your current testing region, you also must pay the difference in these surcharges.** The international test delivery surcharge for each testing region is listed in parentheses in item 4 of Form 312. Please compare the surcharge for your current testing region with the surcharge for the testing region you are requesting to determine if additional payment is required.

You can make an advance, on-line payment to your ECFMG financial account using ECFMG's On-line Applicant Status and Information System (OASIS). ECFMG's on-line payment is quick, easy, and secure. You also can complete the attached payment form (Form 900); provide all information requested, check "Testing Region Change: USMLE Step 1/Step 2 CK" in item 2, and submit the completed payment form to ECFMG with your request. If you do not have sufficient funds in your ECFMG financial account, your request will not be processed. You can check the status of your ECFMG financial account by accessing OASIS on the ECFMG website.

If the surcharge for the testing region you request is less than the surcharge for your current testing region, the difference in these surcharges will be credited to your ECFMG financial account.

EXAMPLES: An applicant is registered to take Step 1 in Asia, and he requests to change his testing region to India. Because the Step 1 surcharge for both regions is \$150, the applicant is only required to pay the \$65 region change request fee.

An applicant is registered to take Step 1 and Step 2 CK in Europe and requests to take both exams in the United States. He must pay \$130 in region change request fees (\$65 for each exam). Because the United States has no surcharge, his account will be credited \$395 for the Europe surcharges he originally paid (\$185 for Step 1 and \$210 for Step 2 CK).

An applicant is registered to take Step 2 CK in the Middle East and requests to take the exam in Europe. She is required to pay \$105: the \$65 region change request fee plus the \$40 difference between the surcharges for the Middle East (\$170) and Europe (\$210).

If your testing region is changed, the National Board of Medical Examiners® (NBME®) will issue a revised scheduling permit reflecting this change. You must access this revised scheduling permit using ECFMG's Interactive Web Applications (IWA) and bring it to the test center on your test date. If you have a scheduled testing appointment in your current testing region, your appointment will be canceled when your testing region is changed. You will need to schedule a new testing appointment at a test center in your new testing region. See information on rescheduling in the applicable edition of the ECFMG *Information Booklet*.

INSTRUCTIONS FOR COMPLETING FORM 312 (All information must be completed in ink.)

1. **USMLE /ECFMG IDENTIFICATION NUMBER:** Enter your USMLE/ECFMG Identification Number in the spaces provided.
2. **NAME:** Enter your last name(s) (surname/family name), rest of name (first name/middle name) and generational suffix, if applicable, in uppercase letters.
3. **SELECT AN EXAM:** Check the appropriate box(es) to indicate whether you are requesting a testing region change for Step 1, Step 2 CK, or both.
4. **TESTING REGION:** For each exam for which you are requesting a testing region change, indicate your current testing region and the testing region you are requesting.
5. **CERTIFICATION BY APPLICANT:** You must read the certification statement and sign and date the form.
6. **FEES:** If you do not have sufficient funds in your ECFMG financial account, your request will not be processed.

SUBMIT FORM 312 to ECFMG via one of the following methods.

By mail/courier to:
ECFMG
3624 Market Street, 4th Floor
Philadelphia, PA 19104-2685 USA

By fax to:
(215) 386-3185

ECFMG® Request to Change USMLE® Step 1/Step 2 CK Testing Region Form 312

INSTRUCTIONS: Complete all sections in ink, referring to the instructions that accompany this form. Sign where indicated, pay the required fee(s), and return to ECFMG® at the appropriate address, as listed in the instructions.

1	USMLE/ECFMG ID	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"/>
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2	Name	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="font-size: 8px;">First Name(s)</td> <td style="font-size: 8px;">Middle Name(s)</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 90%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="font-size: 8px;">Last Name(s) (Surname/Family Name)</td> <td style="font-size: 8px;">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)
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3	Exams	<p style="text-align: center;">I hereby request a change of testing region for the following examination(s):</p> <p style="text-align: center;"> <input type="checkbox"/> USMLE Step 1 <input type="checkbox"/> USMLE Step 2 CK </p>
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4	Testing Region	<p style="text-align: center;">Please note: international test delivery surcharges (listed in parentheses below) may apply. See item 6 for details.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Current Step 1 Testing Region</th> <th style="width: 25%;">Requested Step 1 Testing Region</th> <th style="width: 25%;">Current Step 2 CK Testing Region</th> <th style="width: 25%;">Requested Step 2 CK Testing Region</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> United States and Canada (\$0)</td> <td><input type="checkbox"/> United States and Canada (\$0)</td> <td><input type="checkbox"/> United States and Canada (\$0)</td> <td><input type="checkbox"/> United States and Canada (\$0)</td> </tr> <tr> <td><input type="checkbox"/> Africa (\$150)</td> <td><input type="checkbox"/> Africa (For centers in Egypt, select Middle East testing region.) 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5	Certification	<p>I certify that the information provided on this form and previously provided on my application is true and correct. I also certify and acknowledge that I have read the applicable editions (that which pertain to the eligibility period in which I will take the exam) of the ECFMG <i>Information Booklet</i> and USMLE <i>Bulletin of Information</i>, am aware of the contents of both publications, meet the eligibility requirements set therein, and agree to abide by the policies and procedures therein.</p> <p>Signature: _____ Date: ____/____/____</p> <p style="text-align: center; font-size: 8px;">Day Month Year</p>
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6	Fees	<p>The fee for changing a USMLE testing region is \$65.00 for each region change. If the international test delivery surcharge for the testing region you request is more than the surcharge for your current testing region, you also must pay the difference in these surcharges. The international test delivery surcharge for each testing region is listed in parentheses in item 4 above. Please compare the surcharge for your current testing region with the surcharge for the testing region you are requesting to determine if additional payment is required.</p> <p>You can make an advance, on-line payment to your ECFMG financial account using ECFMG's On-line Applicant Status and Information System (OASIS). You can also complete the following payment form (Form 900); provide all information requested, check "Testing Region Change: USMLE Step 1/Step 2 CK Testing Region" in item 2, and submit the completed payment form to ECFMG with your request. If you do not have sufficient funds in your ECFMG financial account, your request will not be processed. You can check the status of your ECFMG financial account by accessing OASIS on the ECFMG website at www.ecfm.org.</p> <p>If the surcharge for the testing region you request is less than the surcharge for your current testing region, the difference in these surcharges will be credited to your ECFMG financial account.</p>	<div style="border: 2px solid black; padding: 10px; font-size: 18px; font-weight: bold; margin: 0 auto;"> For Office Use Only </div>
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