A USMLE transcript includes a complete results history of all USMLE Steps or Step Components you have 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.

To obtain your USMLE transcript, or to have it sent to a third party, please complete and sign this request form. (If you have applied for or taken USMLE Step 3, or if you want your USMLE transcript sent to a state medical board, do not use this form. See “Important Notes” below.)

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. Submit the completed payment form with your request for an official USMLE transcript.

Return the completed Form 172 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 transcripts on each request form. Include a payment of US$70.00 for each form you submit.

Please allow 10 business days for your request to be processed.

Direct questions to ECFMG at (215) 386-5900 or info@ecfmg.org.

Important Notes:

ECFMG does not provide USMLE transcripts to state medical boards or other licensing authorities. If you want your USMLE transcript sent to a state medical board, you must contact the FSMB at (817) 868-4000 or www.fsmb.org. To provide your ECFMG certification status to these entities, contact ECFMG’s Certification Verification Service or visit www.ecfmg.org/cvs.

Individuals who have applied for or taken USMLE Step 3 must contact the FSMB at (817) 868-4000 or www.fsmb.org to request a transcript.

ERAS Applicants: Do not use this form to request transmission of your USMLE transcript via ERAS. Instead, log into www.myeras.aamc.org.

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1. USMLE / ECFMG Identification Number: [Redacted]

2. First Name(s) [Redacted]
   Middle Name(s) [Redacted]
   Last Name(s) (Surname/Family Name) [Redacted]
   Generational Suffix (Jr, Sr, II, III, IV) [Redacted]

3. I hereby authorize ECFMG to release an official copy of my USMLE Transcript to the individual(s) listed on page 2 of this form.

   Signature (Using the Latin Alphabet) [Redacted]
   Date [Redacted]

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 Request for an Official USMLE® Transcript.

For office use only

This form is available on the ECFMG website at www.ecfmg.org.
Enter the name and address for each individual or institution that is to receive a copy of your official USMLE transcript.

Do not enter state medical boards or other licensing authorities. Instead, see “Important Notes” on page 1.

ERAS Applicants: Do not use this form to request transmission of your USMLE transcript via ERAS. Instead, log into www.myeras.aamc.org.
**Payment for Service(s) Requested**

**Form 900**

**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.
- **USMLE® / ECFMG®**
  - Identification Number: ____________

### 2. Enter your name.
- **First Name(s)**
  - ____________
- **Middle Name(s)**
  - ____________
- **Last Name(s) (Surname or Family Name)**
  - ____________

### 3. Indicate the service(s) for which you are providing payment.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for ECFMG Certification ($135)</td>
<td>ECFMG Exam Chart ($50 per request form – up to three copies)</td>
</tr>
<tr>
<td>Application for USMLE Step 1/Step 2 CK ($940 per exam*)</td>
<td>ECFMG CSA History Chart ($50 per request form – up to 10 copies)</td>
</tr>
<tr>
<td>Application for USMLE Step 2 CS ($1,580 per exam)</td>
<td>CVS – State Board ($50)</td>
</tr>
<tr>
<td>Extension of USMLE Step 1/Step 2 CK Eligibility Period ($80 per exam)</td>
<td>EVSP (J-1 visa sponsorship) ($340)</td>
</tr>
<tr>
<td>Testing Region Change: USMLE Step 1/Step 2 CK ($75 per region change*)</td>
<td>Reprint ECFMG Certificate ($50)</td>
</tr>
<tr>
<td>Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS ($80 per exam)</td>
<td>Name Change on ECFMG Certificate ($50)</td>
</tr>
<tr>
<td>ERAS® Token ($130) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to AAMC’s MyERAS website.</td>
<td>File Copy Fee ($25)</td>
</tr>
<tr>
<td>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.</td>
<td>Translation Fee – Medical School Transcript ($250)</td>
</tr>
</tbody>
</table>

*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): $ ________

### 4. Select a method of payment and complete all information requested.

- **(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.

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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.