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, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA.
• 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@ecfmg.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 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 ECFMG examination history via ERAS. Instead, log into www.myeras.aamc.org.

1
USMLE / ECFMG Identification Number:

2
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

The fee for requesting up to three official ECFMG Examination History Charts is $50.00. Submit payment of $50.00 with each request form.

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 “ECFMG Exam Chart” in item 2 of the payment form.

Submit the completed payment form with your ECFMG Examination History Chart request form.
Enter the name and address for each individual or institution that is to receive a copy of your ECFMG Examination History Chart.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Street Address/Post Office Box</th>
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<table>
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<th>City</th>
<th>State/Province</th>
<th>ZIP/Postal Code</th>
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This form is available on the ECFMG website at www.ecfmg.org.
Do NOT submit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods:
• BY MAIL/COURIER: ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA, or
• FAX: (215) 386-3185

1
Enter your Identification Number.
Enter your name.

2
Indicate the service(s) for which you are providing payment.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for ECFMG Certification ($)</td>
<td>145</td>
</tr>
<tr>
<td>Application for USMLE Step 1/Step 2 CK ($)</td>
<td>965</td>
</tr>
<tr>
<td>Application for USMLE Step 2 CS ($)</td>
<td>1,800</td>
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<tr>
<td>Extension of USMLE Step 1/Step 2 CS Eligibility Period ($)</td>
<td>90</td>
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<tr>
<td>Testing Region Change: USMLE Step 1/Step 2 CK Eligibility Period ($)</td>
<td>85</td>
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<tr>
<td>Score Recheck: USMLE Step 1/Step 2 CK (per exam)</td>
<td>80</td>
</tr>
<tr>
<td>ERAS® Token ($)</td>
<td>145</td>
</tr>
<tr>
<td>ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE Transcript via ERAS. Instead, log in to AAMC’s MyERAS website.</td>
<td></td>
</tr>
<tr>
<td>USMLE Transcript ($70 per request form – up to 10 transcripts)</td>
<td>700</td>
</tr>
<tr>
<td>This form is for institutional payments (accompanying Form 173) only. Individuals submitting Form 172 should see that form for payment instructions. ERAS Applicants paying for transmission of their USMLE Transcript should log in to AAMC’s MyERAS website.</td>
<td></td>
</tr>
</tbody>
</table>

3
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: ____________________________

Signature of Card Holder: ____________________________

By signing below, I authorize ECFMG to charge my credit card in the amount indicated above.

(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.

For detailed information on ECFMG’s Payment and Refund policies, refer to the ECFMG website at www.ecfmg.org/fees/payment.html.

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