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.

Form 184, Rev. SEP 2014
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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<tbody>
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This form is available on the ECFMG website at www.ecfmg.org.
Enter your Identification Number.

First Name(s)

Middle Name(s)

Last Name(s) (Surname or Family Name)

Generational Suffix (Jr, Sr, II, III, IV)

1

USMLE®/ECFMG® Identification Number:

2

☐ Application for ECFMG Certification ($160)
☐ Application for USMLE Step 1/Step 2 CK ($1,000 per exam*)
☐ Extension of USMLE Step 1/Step 2 CK Eligibility Period ($100 per exam)
☐ Testing Region Change: USMLE Step 1/Step 2 CK ($90 per region change*)
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☐ ERAS® Token ($165) – 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.
☐ USMLE Transcript ($70 per request form – up to 10 transcripts) – 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.
☐ 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 ($66)
☐ EVSP (J-1 visa sponsorship) ($370)
☐ Reprint ECFMG Certificate ($50)
☐ Name Change on ECFMG Certificate ($50)
☐ File Copy Fee ($25)
☐ Translation Fee – Medical School Transcript ($250)

*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):

☐ $ ________________

3

(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.

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.