



# 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.

<b>1</b>	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"/> - <input style="width: 20px; height: 20px;" type="text"/>				
<b>2</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;">First Name(s)</td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;">Middle Name(s)</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Last Name(s) (Surname/Family Name)</td> <td style="border-bottom: 1px solid black; text-align: center;">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)
First Name(s)	Middle Name(s)				
Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)				
<b>3</b>	<p>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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 60%; height: 25px;"></td> <td style="border: 1px solid black; width: 40%; 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>	<p>For Office Use Only</p>
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This form is available on the ECFMG website at [www.ecfm.org](http://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>
<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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<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>



BY MAIL/COURIER: ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA  
TELEPHONE: (215) 386-5900 • FAX: (215) 386-3185 • INTERNET: www.ecfm.org

### 1

Enter your Identification Number.

Enter your name.

USMLE® / ECFMG® Identification Number: ---

First Name(s)

Middle Name(s)

Last Name(s) (Surname or Family Name)

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

### 2

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

- |  |  |
|--|--|
| <input type="checkbox"/> Application for ECFMG Certification (\$125)   | <input type="checkbox"/> ECFMG Exam Chart (\$50 per request form – up to three copies)     |
| <input type="checkbox"/> Application for USMLE Step 1/Step 2 CK (\$910 per exam*)  | <input type="checkbox"/> ECFMG CSA History Chart (\$50 per request form – up to 10 copies) |
| <input type="checkbox"/> Application for USMLE Step 2 CS (\$1,565 per exam)  | <input type="checkbox"/> CVS – State Board (\$45)  |
| <input type="checkbox"/> Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$70 per exam)  | <input type="checkbox"/> EVSP (J-1 visa sponsorship) (\$325)                               |
| <input type="checkbox"/> Testing Region Change: USMLE Step 1/Step 2 CK (\$65 per region change*)   | <input type="checkbox"/> Reprint ECFMG Certificate (\$50)                                  |
| <input type="checkbox"/> Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS (\$80 per exam)   | <input type="checkbox"/> Name Change on ECFMG Certificate (\$50)                           |
| <input type="checkbox"/> ERAS® Token (\$115) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to AAMC's MyERAS website.   | <input type="checkbox"/> File Copy Fee (\$25)  |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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.ecfm.org/fees](http://www.ecfm.org/fees).
- Previous Balance/Other (Specify):  
 \$ \_\_\_\_\_

### 3

Select a method of payment and complete all information requested.

Do NOT send cash.

(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.