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@ecfmg.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.

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 CSA History Chart to the individuals, institutions, or entities listed on page 2 of this form.

   Signature (Using the Latin Alphabet)  Date

The fee for requesting one through 10 official ECFMG CSA 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 CSA History Chart” in item 2 of the payment form. Submit the completed payment form with your ECFMG CSA History Chart request form.

For Office Use Only

This form is available on the ECFMG website at www.ecfmg.org.
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Payment for Service(s) Requested
Form 900

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.

First 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.

☐ Application for ECFMG Certification ($150)
☐ Application for USMLE Step 1/Step 2 CK ($975 per exam*)
☐ Extension of USMLE Step 1/Step 2 CK Eligibility Period ($90 per exam)
☐ Testing Region Change: USMLE Step 1/Step 2 CK ($85 per region change*)
☐ Score Recheck: USMLE Step 1/Step 2 CK ($80 per exam)
☐ ERAS® Token ($155) – 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 ($60)
☐ EVSP (J-1 visa sponsorship) ($360)
☐ 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

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.

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.