- An ECFMG Clinical Skills Assessment (CSA) History Chart provides a complete performance history of all ECFMG Clinical Skills Assessments taken by an individual. The ECFMG CSA History Chart includes results on the ECFMG CSA only.
- To obtain an ECFMG CSA History Chart for an international medical student/graduate, please complete and sign Sections 1 and 2 of the form below.
- Sections 3 and 4 appear on page 2 (Form 298-B) of this document. Print or type the institution or entity information requested in the space provided and photocopy Form 298-B. Distribute one photocopy of Form 298-B to each student/graduate for whom you are requesting an official ECFMG CSA History Chart.
- 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.
- Return the completed Form 298 and copies of Form 298-B for each student/graduate for whom you are requesting an ECFMG CSA History Chart along with payment (Form 900) by fax, to (215) 386-3185, or mail to Intealth, ECFMG Certification Program, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, USA. Include a payment of US\$50.00 for one through 10 charts, US\$100.00 for 11-20 charts, US\$150.00 for 21-30, US\$200.00 for 31-40, etc.
- Please allow approximately four weeks for your request to be processed.
- Direct questions to ECFMG at (215) 386-5900.

1	Contact Name		
	Institution/Entity Name		
2	Signature of Institution or Entity Official		
	Signature (Using the Latin Alphabet)		Date (Month/Day/Year)
The fee for re \$50.00.	equesting one through 10 official ECFMG CSA History Charts is	For Off	fice Use Only
Service(s) Re	ayment, complete all information requested on the <i>Payment for lequested</i> (Form 900). Form 900 is included with this request nould check "ECFMG CSA History Chart" in item 2 of the payment		
Submit the co	completed payment form with your <i>Institutional Request for an</i> MG® CSA® History Chart.		

-																																	
3	1			ĺ	ĺ	ı	ı	1	ı	ı	ı	ı		1	1	i	ı	1	1	ı	ı	ĺ		ı	ı	ı	ı		1	1	1	ı	1
Recipient	L	Con	tact N	lame								I								1					<u> </u>								
Information																																	
(To be completed by	L																																
institution /		Title	•																														
entity official)	1		ĺ	1	I	l	ĺ	1	I	1	1	1		1	1	İ	1	ĺ	1	I	I	ĺ		l	1	ı	ĺ		l	1	1	1	ĺ
	_	Insti	itutior	n Nam	ie																-				1					1	1		
				1	l	I	ı	ı	I	ı	1	ı		I	I	İ			I	l	ı	ĺ		I	ĺ	ı	I		ĺ	I	1	I	1
		Mail	ing A	ddres	s: Lin	ie 1	1	1						1																			
				1	l	I	ı	ı	I	ı	1	ı		I	I	İ			I	l	ı	ĺ		I	ĺ	ı	I		ĺ	I	1	I	1
		Mail	ing A	ddres	s: Lin	e 2	1	1						1																			
	ĺ			l	l	I	ı	ĺ	ı	ĺ	I	ı		ĺ	I	ĺ		l	1	ĺ	l			İ	1	ĺ			ĺ	1	1	ı	1
		City			1		1	State/Pro									p/Province																
				Ì		I	1	1	I	1	1	ĺ		l	1	ĺ			1	ĺ	l	ĺ		l	ĺ	ĺ	ĺ		l	1	1	1	
		ZIP/	Posta	l Code	е		1	1						1				Со	untry														
						l	1	1	I			ĺ		ĺ	1	Ī			1	Ī	1			ĺ		ĺ	ĺ			1	1	1	
		Cou	ntry/	Area C	ode a	nd Te	lepho	ne Nu	ımber	•								Со	untry/	Area	Cod	le an	d Fa	ax Number									
						l	1	1	I			ĺ		ĺ	1	Ī			1	Ī	1			ĺ		ĺ	ĺ			1	1	1	
	_	E-M	ail Ad	dress																													
Authorization (To be completed by the student or graduate for whom the	I he	I hereby authorize and request the Educational Commission for Foreign Medical Graduates to release my Official ECFMG CSA History Chart to the individual institution, or entity listed above.															idual,																
		Signature of Student (Using the Latin Alphabet)															Date (Month/Day/Year)																
ECFMG CSA History Chart is being requested)					ne of S Pleas																							Date	(MO		<i>y</i> , 100	,	
			US	MLE	/ECFI	MG II	D#		_[]_				_[
					Date th/Da					/[]/[

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

E	CFMG® Payment for Service(s) Requested Form 900
• I	nit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods: M ME TAX: (215) 386-3185
1	USMLE® / ECFMG® Identification Number:
Enter your Identification Number. Enter your name.	First Name(s) Middle Name(s) Last Name(s) (Surname or Family Name) Generational Suffix (Jr, Sr, II, III, IV)
Indicate the service(s) for which you are providing payment.	□ Application for ECFMG Certification (\$160) □ CFMG Certification (\$160) □ Application for USMLE Step 1/Step 2 CK (\$1,020 per exam*) □ Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$100 per exam) □ CVS - State Board (\$66) □ EVSP (J-1 visa sponsorship) (\$370) □ Score Recheck: USMLE Step 1/Step 2 CK (\$90 per region change*) □ CFMG Certificate (\$50) □ Name Change on ECFMG Certificate (\$50) □ Name Change on ECFMG Certificate (\$50) □ File Copy Fee (\$25) □ Translation Fee - Medical School Transcript (\$250) □ Translation Fee - Medical School Transcript (\$250) □ Newww.ecfmg.org/fees.
3	(A) Charge my credit card.
Select a method of payment and complete all information requested. Do NOT send cash.	Credit Card Number: Exp. Date (Month/Year):
	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.