Enter your Identification Number.

Enter your name.

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

- Application for ECFMG Certification ($135)
- Application for USMLE Step 1/Step 2 CK ($940 per exam*)
- Application for USMLE Step 2 CS ($1,580 per exam)
- Extension of USMLE Step 1/Step 2 CK Eligibility Period ($80 per exam)
- Testing Region Change: USMLE Step 1/Step 2 CK ($75 per region change*)
- Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS ($80 per exam)
- ERAS® Token ($120) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to AAMC’s MyERAS website.
- 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.
- 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 ($50)
- EVSP (J-1 visa sponsorship) ($340)
- 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):

$ __________

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 Information Booklet and to the ECFMG website at www.ecfmg.org.

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