



**Request for an Official USMLE® Transcript
Form 172**

- A USMLE transcript includes a complete results history of all USMLE Steps or Step Components you have taken and for which results are available, as of the date the transcript is processed, and other specific information as described in the USMLE *Bulletin of Information*.
- To obtain your USMLE transcript, or to have it sent to a third party, please complete and sign this request form. (If you have **applied for** or **taken USMLE Step 3**, or if you want your USMLE transcript sent to a state medical board, do not use this form. See "Important Notes" below.)
- 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 "USMLE Transcript" in item 2 of the payment form. Submit the completed payment form with your request for an official USMLE transcript.
- Return the completed Form 172 along with payment (Form 900) by fax, to (215) 386-3185, or mail to ECFMG, PO Box 48087, Newark, NJ 07101-4887. **You may request a maximum of 10 transcripts 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 ECFMG at (215) 386-5900 or info@ecfm.org.

Important Notes:

- ECFMG does **not** provide USMLE transcripts to state medical boards or other licensing authorities. If you want your **USMLE transcript** sent to a state medical board, you must contact the FSMB at (817) 868-4000 or www.fsmb.org. To provide your **ECFMG certification status** to these entities, contact ECFMG's Certification Verification Service or visit www.ecfm.org/cvs.
- Individuals who have **applied for** or **taken USMLE Step 3** must contact the FSMB at (817) 868-4000 or www.fsmb.org to request a transcript.
- ERAS Applicants: Do **not** use this form to request transmission of your USMLE transcript via ERAS. Instead, log into www.myeras.aamc.org.

1	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"/>								
2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="font-size: small;">First Name(s)</td> <td style="font-size: small;">Middle Name(s)</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Last Name(s) (Surname/Family Name)</td> <td style="font-size: small;">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)								

3 I hereby authorize ECFMG to **release an official copy of my USMLE Transcript to the individual(s) listed on page 2 of this form.**

Signature (Using the Latin Alphabet)	Date

<p>The fee for requesting one through 10 official USMLE transcripts is \$50.00.</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 "USMLE Transcript" in item 2 of the payment form.</p> <p>Submit the completed payment form with your <i>Request for an Official USMLE® Transcript</i>.</p>	<p style="font-size: large;">For office use only</p>
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This form is available on the ECFMG website at www.ecfm.org.

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Enter the name and address for each individual or institution that is to receive a copy of your official USMLE transcript.

Do **not** enter state medical boards or other licensing authorities. Instead, see "Important Notes" on page 1.

ERAS Applicants: Do **not** use this form to request transmission of your USMLE transcript via ERAS. Instead, log into www.myeras.aamc.org.

Name _____

Organization _____

Street Address/Post Office Box _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

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