



**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"/> <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: 1.2em;">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.

<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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BY MAIL: ECFMG, PO Box 48087, Newark, NJ 07101-4887 USA

BY COURIER: ECFMG, c/o Image Remit, 205 North Center Drive, Commerce Center, North Brunswick, NJ 08902 USA

TELEPHONE: (215) 386-5900 • FAX: (215) 386-3185 • INTERNET: www.ecfm.org

1

USMLE™ / ECFMG® Identification Number: - - -

Enter your Identification Number.

First Name(s)

Middle Name(s)

Enter your name.

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.

- Extension of USMLE™ Step 1 / Step 2 CK Eligibility Period (\$50 per exam)
 - ERAS® Token (\$75) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, log into www.myeras.aamc.org.
 - USMLE Transcript (\$50 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, log into www.myeras.aamc.org.
 - 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 (\$25)
 - EVSP (J-1 VISA) (\$200)
 - Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS (\$55 per exam)
 - Duplicate Certificate (\$50)
 - Name Change on ECFMG Certificate (\$50)
 - File Copy Fee (\$25)
- Translation Fee – Medical School Transcript:
- for transcripts requested by ECFMG before 7/5/2005 (\$160)
 - for transcripts requested by ECFMG on/after 7/5/2005 (\$205)
- Previous Balance/Other (Specify):
- \$ _____

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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

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.

ECFMG Payment Policy

If you owe money to ECFMG at the time that your request is processed, ECFMG will apply the payment included with your request to the amount that you owe. Any money that is left after this will be used to pay for the service(s) that you request. If there is not enough money remaining to pay for the service(s) you request, your request will not be processed.

If you have money in your ECFMG account at the time that your request is processed, it will be used to pay for the next request for service processed by ECFMG. If you have money in your ECFMG account and will not request additional exams / services, you may send a written request to ECFMG for a refund.

Refer to "Payment" in the ECFMG Information Booklet for detailed information on ECFMG's Payment Policy.