ECFMG® | 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. For more information, see Scores & Transcripts on the USMLE website.
- 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.)
- **You may request a maximum of 10 transcripts on each request form.**
- **You must make a payment of US$70.00 for each form you submit.**
- **You must make the payment on-line via OASIS on the ECFMG website or the MyECFMG mobile app, in advance of submitting your form.**
- **After confirming that the payment has been added to your ECFMG financial account, submit a scanned image of the completed Form 172 via e-mail to feeprocessing@ecfmg.org.** If you cannot submit the form via e-mail, you may mail the completed form to ECFMG at 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA
- Please allow 10 business days for your request to be processed.
- Direct questions to ECFMG at (215) 386-5900 or info@ecfmg.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.ecfmg.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.

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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 copy of my USMLE Transcript to the individual(s) listed on page 2 of this form**.

Signature (Using the Latin Alphabet) **Date**

The fee for requesting one through 10 official USMLE transcripts is $70.00. Payment must be made on-line via OASIS or the MyECFMG mobile app, in advance of submitting the form.	For office use only

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

USMLE / ECFMG Identification Number: □-□□□-□□□-□

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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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