



# Request for an Official ECFMG® CSA® History Chart Form 297

An ECFMG Clinical Skills Assessment (CSA) History Chart provides a complete performance history of all ECFMG Clinical Skills Assessments you have taken. The ECFMG CSA History Chart includes results on the ECFMG CSA only.

**Instructions:**

- To obtain your ECFMG CSA History Chart, or to have it sent to a third party, complete and sign this request form.
- 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. Submit the completed payment form with this request form.
- Return this completed request form 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.
- You may request a maximum of 10 charts 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 (215) 386-5900 or [info@ecfm.org](mailto:info@ecfm.org).

**Important Notes:**

- USMLE® scores are **not** included on the ECFMG CSA History Chart. To obtain official copies of your USMLE scores, or to send them to third parties, you must request a USMLE transcript. Refer to Scores & Transcripts information available on the USMLE website at [www.usmle.org](http://www.usmle.org), for the appropriate registration entity to contact to request USMLE transcripts.
- ERAS Applicants: Do **not** use this form to request transmission of your CSA performance history or USMLE transcript via ERAS. Instead log into [www.myeras.aamc.org](http://www.myeras.aamc.org).

<b>1</b>	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"/>				
<b>2</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;">First Name(s)</td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;">Middle Name(s)</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Last Name(s) (Surname/Family Name)</td> <td style="border-bottom: 1px solid black; text-align: center;">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)				
<b>3</b>	I hereby authorize ECFMG to release an official ECFMG CSA History Chart to the individuals, institutions, or entities listed on page 2 of this form. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="border: 1px solid black; width: 60%; height: 25px;"></td> <td style="border: 1px solid black; width: 40%; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Signature (Using the Latin Alphabet)</td> <td style="text-align: center;">Date</td> </tr> </table>			Signature (Using the Latin Alphabet)	Date
Signature (Using the Latin Alphabet)	Date				

The fee for requesting one through 10 official ECFMG CSA History Charts is \$50.00. Submit payment of \$50.00 with each request form.

To submit payment, complete all information requested on the *Payment for Service(s) Requested* (Form 900). Form 900 is included with this request form. You should check "ECFMG CSA History Chart" in item 2 of the payment form.

Submit the completed payment form with your ECFMG CSA History Chart request form.

For Office Use Only

This form is available on the ECFMG website at [www.ecfm.org](http://www.ecfm.org).

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Enter the name and address for each individual, institution, or entity that is to receive a copy of your official ECFMG CSA History Chart.

<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>
<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>
<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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<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>



Do NOT submit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods:

- **BY MAIL/COURIER:** Intealth, ECFMG Certification Program, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, USA, or
- **FAX:** (215) 386-3185

### 1

Enter your Identification Number.  
  
Enter your name.

USMLE® / ECFMG® Identification Number:  -  -  -

First Name(s)

Middle Name(s)

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.

- |   |  |
|---|--|
| <input type="checkbox"/> Application for ECFMG Certification (\$160)  | <input type="checkbox"/> ECFMG Exam Chart (\$50 per request form – up to three copies)     |
| <input type="checkbox"/> Application for USMLE Step 1/Step 2 CK (\$1,000 per exam*)   | <input type="checkbox"/> ECFMG CSA History Chart (\$50 per request form – up to 10 copies) |
| <input type="checkbox"/> Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$100 per exam)  | <input type="checkbox"/> CVS – State Board (\$66)  |
| <input type="checkbox"/> Testing Region Change: USMLE Step 1/Step 2 CK (\$90 per region change*)  | <input type="checkbox"/> EVSP (J-1 visa sponsorship) (\$370)                               |
| <input type="checkbox"/> Score Recheck: USMLE Step 1/Step 2 CK (\$80 per exam)  | <input type="checkbox"/> Reprint ECFMG Certificate (\$50)                                  |
| <input type="checkbox"/> ERAS® Token (\$165) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE Transcript via ERAS. Instead, log in to AAMC's MyERAS website.   | <input type="checkbox"/> Name Change on ECFMG Certificate (\$50)                           |
| <input type="checkbox"/> USMLE Transcript (\$70 per request form – up to 10 transcripts) – This form is for institutional payments (accompanying Form 173) only. Individuals submitting Form 172 should see that form for payment instructions. ERAS Applicants paying for transmission of their USMLE Transcript should log in to AAMC's MyERAS website. | <input type="checkbox"/> File Copy Fee (\$25)  |
|   | <input type="checkbox"/> 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.ecfm.org/fees](http://www.ecfm.org/fees).
- Previous Balance/Other (Specify):  
 \$ \_\_\_\_\_

### 3

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.