Institutional Request for an Official ECFMG® CSA® History Chart
Form 298

- An ECFMG Clinical Skills Assessment (CSA) History Chart provides a complete performance history of all ECFMG Clinical Skills Assessments taken by an individual. The ECFMG CSA History Chart includes results on the ECFMG CSA **only**.
- To obtain an ECFMG CSA History Chart for an international medical student/graduate, please complete and sign Sections 1 and 2 of the form below.
- Sections 3 and 4 appear on page 2 (Form 298-B) of this document. Print or type the institution or entity information requested in the space provided and photocopy Form 298-B. Distribute one photocopy of Form 298-B to each student/graduate for whom you are requesting an official ECFMG CSA History Chart.
- 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.
- Return the completed Form 298 and copies of Form 298-B for each student/graduate for whom you are requesting an ECFMG CSA History Chart 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. **Include a payment of US$50.00 for one through 10 charts, US$100.00 for 11-20 charts, US$150.00 for 21-30, US$200.00 for 31-40, etc.**
- Please allow approximately four weeks for your request to be processed.
- Direct questions to ECFMG at (215) 386-5900.

1

Contact Name

Title

Institution/Entity Name

2

Signature of Institution or Entity Official

Signature (Using the Latin Alphabet)

Date (Month/Day/Year)

The fee for requesting one through 10 official ECFMG CSA History Charts is $50.00.

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 *Institutional Request for an Official ECFMG® CSA® History Chart*.

For Office Use Only

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3 Recipient Information
(To be completed by institution / entity official)

Contact Name

Title

Institution Name

Mailing Address: Line 1

Mailing Address: Line 2

City

State/Province

ZIP/Postal Code

Country

Country/Area Code and Telephone Number

Country/Area Code and Fax Number

E-Mail Address

4 Authorization
(To be completed by the student or graduate for whom the ECFMG CSA History Chart is being requested)

I hereby authorize and request the Educational Commission for Foreign Medical Graduates to release my Official ECFMG CSA History Chart to the individual, institution, or entity listed above.

Signature of Student (Using the Latin Alphabet)

Date (Month/Day/Year) □□/□□/□□□□

Name of Student (Please Print)

USMLE/ECFMG ID # □-□□□-□□□-□

Date of Birth (Month/Day/Year) □□/□□/□□□□

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

ECFMG® | Payment for Service(s) Requested Form 900

PAYMENT

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.

- ☐ Application for ECFMG Certification ($160)
- ☐ Application for USMLE Step 1/Step 2 CK ($1,000 per exam*)
- ☐ Extension of USMLE Step 1/Step 2 CK Eligibility Period ($100 per exam)
- ☐ Testing Region Change: USMLE Step 1/Step 2 CK ($90 per region change*)
- ☐ Score Recheck: USMLE Step 1/Step 2 CK ($80 per exam)
- ☐ 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.
- ☐ 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.
- ☐ 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 ($66)
- ☐ EVSP (J-1 visa sponsorship) ($370)
- ☐ 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):

☐ $ _____

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.

For detailed information on ECFMG's Payment and Refund policies, refer to the ECFMG website at www.ecfmg.org/fees/payment.html.

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