



Request to Change USMLE® Step 1/Step 2 CK Testing Region Form 312-I

If you are registered for Step 1 or Step 2 Clinical Knowledge (CK) and are unable to take the exam in the testing region you selected, you may request to change your testing region using the attached Form 312, "Request to Change USMLE® Step 1/Step 2 CK Testing Region." **The fee for changing a USMLE testing region is \$90.00 for each region change. If the international test delivery surcharge for the testing region you request is more than the surcharge for your current testing region, you also must pay the difference in these surcharges.** If you select a testing region other than the United States and Canada, the international test delivery surcharge is \$195 for USMLE Step 1 and \$220 for USMLE Step 2 CK. There is no surcharge for the United States and Canada testing region. Please compare the surcharge for your current testing region with the surcharge for the testing region you are requesting to determine if additional payment is required.

You can make an advance, on-line payment to your ECFMG financial account using ECFMG's On-line Applicant Status and Information System (OASIS). ECFMG's on-line payment is quick, easy, and secure. You also can complete the attached payment form (Form 900); provide all information requested, check "Testing Region Change: USMLE Step 1/Step 2 CK" in item 2, and submit the completed payment form to ECFMG with your request. If you do not have sufficient funds in your ECFMG financial account, your request will not be processed. You can check the status of your ECFMG financial account by accessing OASIS on the ECFMG website.

If the surcharge for the testing region you request is less than the surcharge for your current testing region, the difference in these surcharges will be credited to your ECFMG financial account.

EXAMPLES: An applicant is registered to take Step 1 in Asia, and he requests to change his testing region to India. Because the Step 1 surcharge for both regions is \$195, the applicant is only required to pay the \$90 region change request fee.

An applicant is registered to take Step 1 and Step 2 CK in Europe and requests to take both exams in the United States. He must pay \$180 in region change request fees (\$90 for each exam). Because the United States has no surcharge, his account will be credited \$415 for the Europe surcharges he originally paid (\$195 for Step 1 and \$220 for Step 2 CK).

An applicant is registered to take Step 2 CK in the United States and requests to take the exam in Europe. She is required to pay \$310: the \$90 region change request fee plus the \$220 difference between the surcharges for the United States (\$0) and Europe (\$220).

If your testing region is changed, the National Board of Medical Examiners® (NBME®) will issue a revised scheduling permit reflecting this change. ECFMG will send you an e-mail notification when your revised scheduling permit is available. You must present the revised scheduling permit at the test center on your exam date. If you have a scheduled testing appointment in your current testing region, your appointment will be canceled when your testing region is changed. You will need to schedule a new testing appointment at a test center in your new testing region. See information on rescheduling in the applicable edition of the ECFMG *Information Booklet*.

INSTRUCTIONS FOR COMPLETING FORM 312 (All information must be completed in ink.)

1. **USMLE/ECFMG IDENTIFICATION NUMBER:** Enter your USMLE/ECFMG Identification Number in the spaces provided.
2. **NAME:** Enter your last name(s) (surname/family name), rest of name (first name/middle name) and generational suffix, if applicable, in uppercase letters.
3. **SELECT AN EXAM:** Check the appropriate box(es) to indicate whether you are requesting a testing region change for Step 1, Step 2 CK, or both.
4. **TESTING REGION:** For each exam for which you are requesting a testing region change, indicate your current testing region and the testing region you are requesting.
5. **CERTIFICATION BY APPLICANT:** You must read the certification statement and sign and date the form.
6. **FEES:** If you do not have sufficient funds in your ECFMG financial account, your request will not be processed.

SUBMIT FORM 312 to ECFMG via one of the following methods.

By mail/courier to:
Intealth
ECFMG Certification Program
3624 Market Street, 1st Floor
Philadelphia, PA 19104
USA

By fax to:
(215) 386-3185



Request to Change USMLE® Step 1/Step 2 CK Testing Region Form 312

INSTRUCTIONS: Complete all sections in ink, referring to the instructions that accompany this form. Sign where indicated, pay the required fee(s), and return to ECFMG® at the appropriate address, as listed in the instructions.

1
USMLE/ECFMG ID

USMLE / ECFMG Identification Number: - - -

2
Name

First Name(s) Middle Name(s)

Last Name(s) (Surname/Family Name) Generational Suffix (Jr, Sr, II, III, IV)

3
Exams

I hereby request a change of testing region for the following examination(s):
 USMLE Step 1 USMLE Step 2 CK

4
Testing Region

Please note: international test delivery surcharges may apply. See item 6 for details.

Current Step 1 Testing Region	Requested Step 1 Testing Region	Current Step 2 CK Testing Region	Requested Step 2 CK Testing Region
<input type="checkbox"/> United States and Canada	<input type="checkbox"/> United States and Canada	<input type="checkbox"/> United States and Canada	<input type="checkbox"/> United States and Canada
<input type="checkbox"/> Africa	<input type="checkbox"/> Africa (For centers in Egypt, select Middle East testing region)	<input type="checkbox"/> Africa	<input type="checkbox"/> Africa (For centers in Egypt, select Middle East testing region)
<input type="checkbox"/> Asia	<input type="checkbox"/> Asia (For Hong Kong, select Asia testing region. For centers in other available cities in the PRC, select China testing region.) (For centers in India, select India testing region.)	<input type="checkbox"/> Asia	<input type="checkbox"/> Asia (For Hong Kong, select Asia testing region. For centers in other available cities in the PRC, select China testing region.) (For centers in India, select India testing region.)
<input type="checkbox"/> Australia	<input type="checkbox"/> Australia	<input type="checkbox"/> Australia	<input type="checkbox"/> Australia
<input type="checkbox"/> China	<input type="checkbox"/> China (For Hong Kong, select Asia testing region. For centers in other available cities in the PRC, select China testing region.)	<input type="checkbox"/> China	<input type="checkbox"/> China (For Hong Kong, select Asia testing region. For centers in other available cities in the PRC, select China testing region.)
<input type="checkbox"/> Europe	<input type="checkbox"/> Europe	<input type="checkbox"/> Europe	<input type="checkbox"/> Europe
<input type="checkbox"/> India	<input type="checkbox"/> India	<input type="checkbox"/> India	<input type="checkbox"/> India
<input type="checkbox"/> Indonesia	<input type="checkbox"/> Indonesia	<input type="checkbox"/> Indonesia	<input type="checkbox"/> Indonesia
<input type="checkbox"/> Japan	<input type="checkbox"/> Japan	<input type="checkbox"/> Japan	<input type="checkbox"/> Japan
<input type="checkbox"/> Korea	<input type="checkbox"/> Korea	<input type="checkbox"/> Korea	<input type="checkbox"/> Korea
<input type="checkbox"/> Latin America	<input type="checkbox"/> Latin America	<input type="checkbox"/> Latin America	<input type="checkbox"/> Latin America
<input type="checkbox"/> Middle East	<input type="checkbox"/> Middle East (For centers in Israel, select Europe testing region.)	<input type="checkbox"/> Middle East	<input type="checkbox"/> Middle East (For centers in Israel, select Europe testing region.)
<input type="checkbox"/> Taiwan	<input type="checkbox"/> Taiwan	<input type="checkbox"/> Taiwan	<input type="checkbox"/> Taiwan
<input type="checkbox"/> Thailand	<input type="checkbox"/> Thailand	<input type="checkbox"/> Thailand	<input type="checkbox"/> Thailand

5
Certification

I certify that the information provided on this form and previously provided on my application is true and correct. I also certify and acknowledge that I have read the applicable editions (that which pertain to the eligibility period in which I will take the exam) of the ECFMG *Information Booklet* and USMLE *Bulletin of Information*, am aware of the contents of both publications, meet the eligibility requirements set therein, and agree to abide by the policies and procedures therein.

Signature: _____ Date: _____ / _____ / _____
Day Month Year

6
Fees

The fee for changing a USMLE testing region is \$90.00 for each region change. If the international test delivery surcharge for the testing region you request is more than the surcharge for your current testing region, you also must pay the difference in these surcharges. If you select a testing region other than the United States and Canada, the international test delivery surcharge is \$195 for USMLE Step 1 and \$220 for USMLE Step 2 CK. There is no surcharge for the United States and Canada testing region. Please compare the surcharge for your current testing region with the surcharge for the testing region you are requesting to determine if additional payment is required.

You can make an advance, on-line payment to your ECFMG financial account using ECFMG's On-line Applicant Status and Information System (OASIS). You can also complete the following payment form (Form 900); provide all information requested, check "Testing Region Change: USMLE Step 1/Step 2 CK Testing Region" in item 2, and submit the completed payment form to ECFMG with your request. If you do not have sufficient funds in your ECFMG financial account, your request will not be processed. You can check the status of your ECFMG financial account by accessing OASIS on the ECFMG website at www.ecfm.org.

If the surcharge for the testing region you request is less than the surcharge for your current testing region, the difference in these surcharges will be credited to your ECFMG financial account.

For Office Use Only



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.
- 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.