

**Educational Commission for Foreign Medical Graduates
Clinical Skills Assessment (CSA)
Scheduling Exceptions Appeal Form**

This form must be submitted to ECFMG:

- A. At least 30 days prior to the scheduled CSA for Cancellation or Request to Reschedule;
- B. Within 30 days after the scheduled CSA for Failure to Appear; or
- C. Within 30 days after the end of the four-month period, for Failure to Schedule.

Please type or print.

1. _____
Last (Surname/Family Name) First

2. USMLE/ECFMG IDENTIFICATION NUMBER:

3. Date of birth:
_____/_____/_____
Day Month Year

4. Date of scheduled CSA OR date by which you were supposed to schedule CSA:
_____/_____/_____
Day Month Year

5. Appeal Category (you may check more than one if applicable):

Failure to Appear	<input type="checkbox"/>	Failure to Schedule	<input type="checkbox"/>
Cancellation	<input type="checkbox"/>	Request to Reschedule	<input type="checkbox"/>

If your appeal includes a request to reschedule, please indicate when you would like to schedule CSA:

6. In the space provided on the following page, please provide a summary of:

- A. Why you were unable to attend the CSA for which you were scheduled
- B. Why you find it necessary to cancel or reschedule your CSA; or
- C. Why you were unable to schedule your CSA in the time required.

Mail this appeal to:

Scheduling Exceptions Appeals
Educational Commission for Foreign Medical Graduates
Clinical Skills Assessment Program
3624 Market Street
Philadelphia, PA 19104-2685
U.S.A.

Upon receipt of your appeal, ECFMG will:

1. Review your request.
2. Respond to you in writing within four weeks.

Do not write below this line. For Administrative Use Only.

Date Appeal Received: _____

Decision of Scheduling Exceptions Committee:

Approved by: _____ on _____
Signature Date

Examinee notified of decision by: _____ on _____
(Mail, Fax or E-mail) Date

Follow-up (if necessary):
