



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215-386-5900 • FAX: 215-386-3185 • INTERNET: www.ecfm.org

CSA® Examinee Request for Score Recheck

Return the completed Form 751 along with payment (Form 900) by fax to 215-386-3185, or mail to the address listed above. **Include a payment of US \$35.00 for each recheck requested.**

Upon receipt of your request and fee, ECFMG will:

1. Recheck your Clinical Skills Assessment Score.
2. Provide a written response in four to six weeks.

USMLE/ECFMG Number: - - -

Name: _____

Date of CSA: _____
Month / day / Year

Do not write below this line. For Administrative Use only

Date Recheck Request and Payment Received: _____
Month Day Year

Score Recheck Findings:

Score Recheck Investigator: _____
Signature Date

