



## EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

BY MAIL: ECFMG, PO Box 48087, Newark, NJ 07101-4887 USA

BY COURIER: ECFMG, c/o Image Remit, 205 North Center Drive, Commerce Center, North Brunswick, NJ 08902 USA

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# TOEFL® ACCEPTANCE REQUEST FORM

## INSTRUCTIONS

The Test of English as a Foreign Language™ (TOEFL) is administered throughout the world by the Educational Testing Service® (ETS®). You can obtain information and application materials from the TOEFL website at [www.toefl.org](http://www.toefl.org) or by calling 609-771-7100.

To have your TOEFL score evaluated by ECFMG® to fulfill the English language proficiency requirement for ECFMG certification (or to revalidate the English test date on your ECFMG Certificate), you must request that ETS send your official TOEFL score report to ECFMG **and** send a completed *TOEFL Acceptance Request Form* (Form 163), including payment, to ECFMG. The TOEFL exam date must be within two years of the date that your completed *TOEFL Acceptance Request Form* is received by ECFMG.

### ➤ Request that ETS Send Your Official TOEFL Score Report to ECFMG

You should make this request at the test center when you take the TOEFL exam. At paper-based test centers, enter the ECFMG designated institution code number **9108** and department code **00** when you are asked for official score report recipients. At computer-based test centers, select the state **Pennsylvania** and the institution **Educational Commission for Foreign Medical Graduates (ECFMG)** from the drop-down menus presented to you for selecting your official score report recipients. The TOEFL score report must be sent to ECFMG directly from ETS. If you send a copy of your TOEFL score report to ECFMG, it will not be accepted. ECFMG must receive your TOEFL score from ETS on disk. A paper score sent by ETS is not acceptable.

### ➤ Submit your *TOEFL Acceptance Request Form* (Form 163) and Payment to ECFMG

Complete all sections of Form 163 and submit it, along with your payment of US \$40, to ECFMG. See item 6 of Form 163 for payment methods. Send your completed form/payment to the appropriate address or fax number listed above.

If your mailing address, telephone number, fax number or e-mail address of record has changed, indicate the change(s) in item 4 on Form 163.

**Please Note:** Even though ECFMG may have received a TOEFL score from ETS, ECFMG cannot evaluate that score until it receives your completed Form 163 and payment. If you do not send your completed Form 163 and payment, or if you do not provide all of the information requested on the form(s), your request will not be processed. You will not fulfill the English language proficiency requirement for ECFMG certification (or revalidate the English test date on your ECFMG Certificate) until ECFMG has evaluated and accepted your TOEFL score.

Additional information about the ECFMG English language proficiency requirement, including information about minimum passing TOEFL scores acceptable to ECFMG and revalidation of the English test date, appears in the current edition of the ECFMG *Information Booklet* available at [www.ecfm.org](http://www.ecfm.org).





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PAYMENT

## PAYMENT FOR SERVICE(S) REQUESTED

1

Enter your Identification Number.  
Enter your name.

USMLE<sup>®</sup> / ECFMG<sup>®</sup> Identification Number:  -  -  -

First Name(s):

Middle Name(s):

Last Name (Surname or Family Name):

2

Indicate the service(s) for which you are providing payment.

- TOEFL<sup>®</sup> Acceptance (\$40)
- Extension of USMLE Step 1 / Step 2 CK Eligibility Period (\$50 per exam)
- ERAS<sup>®</sup> Token (\$75) — ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, logon to www.myeras.aamc.org.
- USMLE Transcript (\$50 per request form - up to ten transcripts)
- CVS – State Board (\$25)
- EVSP (J-1 VISA) (\$200)
- Score Recheck: USMLE Step 1/Step 2 CK (\$55 per exam)
- Score Recheck: CSA<sup>®</sup> (\$35)
- Duplicate Certificate (\$25)
- Name Change on ECFMG Certificate (\$25)
- File Copy Fee (\$25)
- ECFMG Exam Chart (\$50 per request form – up to three copies)
- 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
- 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.
- (C)  I have sent a wire transfer to ECFMG.
- Funds may be wire transferred through most banks in the United States (Fedwire) to the ECFMG ACCOUNT NUMBER 361024284 at COMMERCE BANK, ROUTING / TRANSIT NUMBER 036001808. Your payment must be identified with your full name and USMLE / ECFMG Identification Number.  
Additionally, you must provide the following information:
- Date Sent: \_\_\_\_\_
- Originating Bank: \_\_\_\_\_
- Bank Reference Number: \_\_\_\_\_
- Name of Sender: \_\_\_\_\_

### ECFMG Payment Policy

If you owe money to ECFMG at the time that your request is processed, ECFMG will apply the payment included with your request to the amount that you owe. Any money that is left after this will be used to pay for the service(s) that you request. If there is not enough money remaining to pay for the service(s) you request, your request will not be processed.

If you have money in your ECFMG account at the time that your request is processed, it will be used to pay for the next request for service processed by ECFMG. If you have money in your ECFMG account and will not request additional exams / services, you may send a written request to ECFMG for a refund.

Refer to "Payment" in the ECFMG Information Booklet for detailed information on ECFMG's Payment Policy.