



# EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

3624 Market Street, Philadelphia, PA 19104-2685, USA  
TELEPHONE: 215-386-5900 · FAX: 215-386-6327 · INTERNET: www.ecfm.org

## REQUEST FOR AN OFFICIAL ECFMG® EXAMINATION HISTORY CHART

An ECFMG Examination History Chart provides a complete score history of all **non-USMLE™** examinations you have taken and for which scores are available, as of the date your request is processed. The ECFMG Examination History Chart will include **all** attempts on the ECFMG Examination, Visa Qualifying Examination (VQE) Days 1 and 2 — only if used for ECFMG purposes, Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), National Board of Medical Examiners (NBME®) Parts 1 and 2, ECFMG English Test, Test of English as a Foreign Language™ (TOEFL®) — only if used for ECFMG purposes, and ECFMG Clinical Skills Assessment (CSA®).

### Instructions:

- To obtain your ECFMG Examination History Chart, or to have it sent to a third party, complete and sign this request form.
- 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 Exam Chart" in item 2 of the payment form. Submit the completed payment form with this request form.
- Return this completed request form along with payment (Form 900) by fax, to 215-386-6327, or mail to the address listed above.
- **You may request up to 3 ECFMG Examination History Charts on each request form. Include a payment of US\$50.00 for each form you submit.**
- Please allow approximately two to four weeks for your request to be processed.
- Direct questions to 215-386-5900 or info@ecfm.org.

### Important Notes:

- USMLE scores are **not** included on the ECFMG Examination History Chart. To obtain official copies of your USMLE scores, or to send them to third parties, you must request a USMLE transcript. Refer to "Official USMLE Transcripts and Providing Scores to Third Parties" in the USMLE *Bulletin of Information*, available on the USMLE website at www.usmle.org, for the appropriate registration entity to contact to request USMLE transcripts.
- ERAS Applicants: Do NOT use this form to request transmission of your ECFMG examination history via ERAS. Instead, logon to www.myeras.aamc.org.

<b>1</b>	USMLE / ECFMG Identification Number: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
----------	--

<b>2</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%; text-align: center; font-size: small;">First Name</td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center; font-size: small;">Middle Name</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center; font-size: small;">Last Name (Surname/Family Name)</td> </tr> </table>	First Name	Middle Name	Last Name (Surname/Family Name)	
First Name	Middle Name				
Last Name (Surname/Family Name)					

<b>3</b>	I hereby authorize ECFMG to release an official ECFMG Examination History Chart to the individual(s) listed on page 2 of this form.	
	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
	Signature (Using the Latin Alphabet)	Date

<p>The fee for requesting up to 3 official ECFMG Examination History Charts is \$50.00. Submit payment of \$50.00 with each request form.</p> <p>To submit payment, complete all information requested on the <i>Payment for Service(s) Requested</i> (Form 900). Form 900 is included with this request form. You should check "ECFMG Exam Chart" in item 2 of the payment form.</p> <p>Submit the completed payment form with your ECFMG Examination History Chart request form.</p>	For office use only
--	---------------------

# 4

Enter the name and address for each individual or institution that is to receive a copy of your ECFMG Examination History Chart.

_____	
Name	
_____	
Organization	
_____	
Street Address/Post Office Box	
_____	
City	State/Province
_____	
ZIP/Postal Code	Country

_____	
Name	
_____	
Organization	
_____	
Street Address/Post Office Box	
_____	
City	State/Province
_____	
ZIP/Postal Code	Country

_____	
Name	
_____	
Organization	
_____	
Street Address/Post Office Box	
_____	
City	State/Province
_____	
ZIP/Postal Code	Country

