

**REQUEST TO EXTEND A UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)
STEP 1/STEP 2 CK ELIGIBILITY PERIOD (FORM 176)**

ELIGIBILITY

If you are unable to take USMLE Step 1 and/or Step 2 Clinical Knowledge (Step 2 CK) during the eligibility period assigned to you, you may request an extension. You may extend your assigned eligibility period only through the next, contiguous eligibility period, i.e., the next eligibility period that does not overlap with your originally-assigned eligibility period.

EXAMPLE: An applicant's eligibility period is April-May-June. The eligibility period may be extended only through July-August-September.

You can request an extension and pay the appropriate fee **on-line** using ECFMG's Interactive Web Application (IWA). To access IWA, visit the ECFMG website at www.ecfm.org. You can also submit a **paper** request by completing the following Form 176, "Request to Extend A USMLE™ Step 1 / Step 2 CK Eligibility Period." Payment of the appropriate fee must accompany the request.

You may request an extension of your eligibility period only once for each exam registration. You may request an extension of your eligibility period only **after** your originally-assigned eligibility period has begun. If your originally-assigned eligibility period ends in 2003, your request to extend an eligibility period must be received at ECFMG within five (5) days after the end of the originally-assigned eligibility period or your request will **not** be processed. If your originally-assigned eligibility period ends in 2004, your request to extend an eligibility period must be received at ECFMG within twenty-five (25) days after the end of the originally-assigned eligibility period or your request will **not** be processed.

If you are requesting an extension of the eligibility periods for both Step 1 and Step 2 CK and the eligibility periods are different, your complete request must be received by ECFMG by the deadline date for the earlier eligibility period. For specific information on the timing of your request, refer to IWA or the table on page 1 of Form 176.

Additionally, you must continue to be eligible to take the exam during the extended eligibility period. Refer to the Step 1 / Step 2 CK eligibility requirements in the appropriate edition of the *Information Booklet* for complete information.

Requesting an extension of your eligibility period does not cancel a scheduled appointment. If you already have a scheduled testing appointment during your originally-assigned eligibility period and need to reschedule, you must contact Prometric before 12:00 noon (local time at the Regional Registration Center for your testing region) at least five (5) business days before your scheduled appointment to avoid a rescheduling fee. Refer to "Rescheduling Your Testing Appointment" in the appropriate edition of the *Information Booklet*.

INSTRUCTIONS FOR COMPLETING FORM 176 (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 first and middle names (given names) and your last name (surname) in uppercase letters.
3. **SELECT AN EXAM:** Check the appropriate box(es) to indicate whether you are requesting an eligibility period extension for Step 1, Step 2 CK, or both. If you are requesting an extension of your eligibility period for both Step 1 and Step 2 CK, check both boxes. Take notice of the date of your extended eligibility period and the date by which your request must be received by ECFMG.
4. **CERTIFICATION BY APPLICANT:** You must read the certification statement and sign and date the form.
5. **VERIFICATION OF ENROLLMENT:** (For medical students only) If you are a **medical school student**, the Dean, Vice Dean, or Registrar of your medical school must sign and date the "Request to Extend a USMLE™ Eligibility Period" (Form 176) and provide his/her name, official title, and the institution name. The official must affix the medical school's seal in the designated section of Form 176. The signature of the medical school official must be current; the official must have signed Form 176 **within 45 days** of the date that it is received at ECFMG.
6. **FEE:** The fee for extending a USMLE Step 1 or Step 2 CK eligibility period is \$50.00. The fee for extending the eligibility periods for both USMLE Step 1 and Step 2 CK is \$100.00. See Item 6 of Form 176 for payment methods. If you do not include full payment, your request will not be processed.



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
TELEPHONE: 215-386-5900 • **INTERNET:** www.ecfm.org

REQUEST TO EXTEND A USMLEä STEP 1 /STEP 2 CK ELIGIBILITY PERIOD

INSTRUCTIONS: Complete all sections in ink, referring to the instructions that accompany this form. Sign where indicated, pay the required fee, and return to ECFMG® at the appropriate address above. **DO NOT FAX THIS FORM.**

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1	USMLE / ECFMG Identification Number: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>
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2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="font-size: 0.8em;">First Name(s)</td> <td style="font-size: 0.8em;">Middle Name(s)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Last Name (Surname/Family Name)</td> </tr> </table>			First Name(s)	Middle Name(s)			Last Name (Surname/Family Name)	
First Name(s)	Middle Name(s)								
Last Name (Surname/Family Name)									

3	<p style="text-align: center;">I hereby request a three-month extension of my Eligibility Period for the following examination(s):</p> <p style="text-align: center;"> <input type="checkbox"/> USMLE Step 1 <input type="checkbox"/> USMLE Step 2 CK </p>
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For Information Only Do not complete this section. Note the date of your extended Eligibility Period and the date by which your request must be received by ECFMG.	Originally-Assigned Eligibility Period	Extended Eligibility Period	Deadline for Receipt of Request (Form 176) at ECFMG
	July 1, 2003 – September 30, 2003	October 1, 2003 – December 31, 2003	October 6, 2003
	August 1, 2003 – October 31, 2003	November 1, 2003 – January 31, 2004	November 5, 2003
	September 1, 2003 – November 30, 2003	December 1, 2003 – February 29, 2004	December 5, 2003
	October 1, 2003 – December 31, 2003	January 1, 2004 – March 31, 2004	January 5, 2004
	November 1, 2003 – January 31, 2004	February 1, 2004 – April 30, 2004	February 25, 2004
	December 1, 2003 – February 29, 2004	March 1, 2004 – May 31, 2004	March 25, 2004
	January 1, 2004 – March 31, 2004	April 1, 2004 – June 30, 2004	April 26, 2004
	February 1, 2004 – April 30, 2004	May 1, 2004 – July 31, 2004	May 25, 2004
	March 1, 2004 – May 31, 2004	June 1, 2004 – August 31, 2004	June 25, 2004
	April 1, 2004 – June 30, 2004	July 1, 2004 – September 30, 2004	July 26, 2004
	May 1, 2004 – July 31, 2004	August 1, 2004 – October 31, 2004	August 25, 2004
	June 1, 2004 – August 31, 2004	September 1, 2004 – November 30, 2004	September 27, 2004
	July 1, 2004 – September 30, 2004	October 1, 2004 – December 31, 2004	October 25, 2004
	August 1, 2004 – October 31, 2004	November 1, 2004 – January 31, 2005	November 25, 2004
September 1, 2004 – November 30, 2004	December 1, 2004 – February 28, 2005	December 27, 2004	
October 1, 2004 – December 31, 2004	January 1, 2005 – March 31, 2005	January 25, 2005	

4	<p>Certification</p> <p>I certify that I currently meet the examination eligibility requirements for the examination(s) for which I am requesting an extension of eligibility period and will meet these requirements at the time I sit for the examination(s) and 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 appropriate edition (that which pertains to the extended eligibility period which I am requesting) of the ECFMG <i>Information Booklet</i> and USMLE <i>Bulletin of Information</i>, which may be different than the edition applicable to the original eligibility period I was assigned, am aware of the contents of both publications, meet the eligibility requirements set therein, and agree to abide by the policies and procedures therein.</p> <p>Signature: _____ Date: _____ / _____ / _____ Day Month Year</p>
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5	<p>Verification of Enrollment by an authorized medical school official (for all medical school students)</p> <p>I certify that the above individual is offidally enrolled in the medical school named below.</p> <p>Name of Medical School: _____</p> <p>School Official's Name and Title: _____</p> <p>Signature: _____</p> <p>Date: _____ / _____ / _____ Day Month Year</p>	<p>Affix Medical School Seal Here</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; border-radius: 50%;"></div>
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6	<p>The fee for extending a USMLE eligibility period is \$50.00 for each exam. If you do not have sufficient funds in your ECFMG financial account when your request is processed, it will be rejected. You can check the status of your ECFMG financial account by accessing ECFMG's On-line Applicant Status and Information System (OASIS) on the ECFMG website at www.ecfm.org.</p> <p>You can make an advance, on-line payment to your ECFMG financial account using OASIS. ECFMG's on-line payment is quick, easy, and secure.</p> <p style="text-align: center;">OR</p> <p>You can also complete the following payment form (Form 900). Complete all information requested, check "Extension of USMLE Step 1 / Step 2 CK Eligibility Period" in item 2, and submit the completed payment form to ECFMG with your request.</p>	<h2 style="margin: 0;">For Office Use Only</h2>
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