



EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

3624 Market Street, Philadelphia, PA 19104-2685, USA

TELEPHONE: 215-386-5900 · FAX: 215-386-3185 · INTERNET: www.ecfm.org

REQUEST FOR AN OFFICIAL USMLE™ TRANSCRIPT

- A USMLE transcript includes a complete score history of all USMLE examinations taken by you as of the date the transcript is processed and other specific information as described on pages 22-23 of the USMLE *Bulletin of Information*.
- To obtain your USMLE transcript, or to have it sent to a third party, please complete and sign this request form. (If you have **applied for** or **taken USMLE Step 3**, or if you want your USMLE transcript sent to a state medical board, do not use this form. See "Important Notes" below.)
- 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 "USMLE Transcript" in item 2 of the payment form. Submit the completed payment form with your request for an official USMLE transcript.
- Return the completed Form 172 along with payment (Form 900) by fax, to 215-386-3185, or mail to the address listed above. **You may request a maximum of ten (10) transcripts on each request form. Include a payment of US \$50.00 for each form you submit.**
- Please allow four weeks for your request to be processed.

Important Notes:

- ECFMG does NOT provide USMLE transcripts to state medical boards or other licensing authorities. If you want your **USMLE transcript** sent to a state medical board, you must contact the FSMB at 817-868-4000 or www.fsmb.org. To provide your **ECFMG certification status** to these entities, contact ECFMG's Certification Verification Service or visit www.ecfm.org/cvs.
- Individuals who have **applied for** or **taken USMLE Step 3** must contact the FSMB at 817-868-4000 or www.fsmb.org to request a transcript.
- ERAS Applicants: Do NOT use this form to request transmission of your USMLE transcript via ERAS. Instead, logon to www.myeras.aamc.org.

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%; 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)					

3	I hereby authorize ECFMG to release an official copy of my USMLE Transcript to the individual(s) listed on page 2 of this form.				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 60%; height: 30px;"></td> <td style="border: 1px solid black; width: 40%; height: 30px;"></td> </tr> <tr> <td style="text-align: center; font-size: x-small;">Signature (Using the Latin Alphabet)</td> <td style="text-align: center; font-size: x-small;">Date</td> </tr> </table>			Signature (Using the Latin Alphabet)	Date
Signature (Using the Latin Alphabet)	Date				

<p>The fee for requesting one through ten official USMLE transcripts is \$50.00.</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 "USMLE Transcript" in item 2 of the payment form.</p> <p>Submit the completed payment form with your <i>Request for an Official USMLE™ Transcript</i>.</p>	<h3>For office use only</h3>
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Enter the name and address for each individual or institution that is to receive a copy of your official USMLE transcript.

Do NOT enter state medical boards or other licensing authorities. Instead, see "Important Notes" on page 1.

ERAS Applicants: Do NOT use this form to request transmission of your USMLE transcript via ERAS. Instead, logon to www.myeras.aamc.org.

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