



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

INSTITUTIONAL REQUEST FOR AN OFFICIAL USMLE[®] TRANSCRIPT

- A USMLE transcript includes a complete score history of all USMLE examinations taken by an individual as of the date the transcript is processed and other specific information as described on pages 22-23 of the USMLE *Bulletin of Information*.
- ECFMG does not provide USMLE transcripts to state medical boards or other licensing authorities. For information on ECFMG Certification Status, contact the Certification Verification Service at ECFMG.
- To request a transcript for Step 3, you must contact the Federation of State Medical Boards (FSMB) at 817-571-2949 or visit the FSMB website at www.fsmb.org.
- To obtain a USMLE transcript for a student/graduate enrolled at your institution, please complete and sign Sections 1 and 2 of the form below.
- Sections 3 and 4 appear on page 2 of this document. Print or type the institution information requested in the space provided and photocopy page 2 of this document. Distribute one copy of each new document to each student/graduate for whom you are requesting an official transcript.
- 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.
- Return the completed Form 173 and consent authorization documents (Form 173-B) for each student/graduate for whom you are requesting a transcript along with payment (Form 900) by fax, to 215-386-3185, or mail to the address listed above. **Include a payment of US \$50.00 for one through ten transcripts, US \$100.00 for 11-20 transcripts, US \$150.00 for 21-30, US \$200.00 for 31-40, etc.**
- Please allow four weeks for your request to be processed.

1

Contact Name	
Title	
Institution Name	

2

Signature of School Official	
Signature (Using the Latin Alphabet)	Date (Month/Day/Year)

The fee for requesting one through ten official USMLE transcripts is \$50.00. To submit payment complete all information requested on the *Payment for Service(s) Requested* (Form 900). Form 900 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 *Institutional Request for an Official USMLE Transcript*.

For Office Use Only



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MEDICAL SCHOOL STUDENT/GRADUATE CONSENT FOR RELEASE OF USMLE TRANSCRIPT

3

Recipient Information
(To be completed by School Official)

Contact Name	
Title	
Institution Name	
Mailing Address: Line 1	
Mailing Address: Line 2	
City	State/Province
ZIP/Postal Code	Country
Country/Area Code and Telephone Number	Country/Area Code and Fax Number
E-Mail Address	

4

Authorization
(To be completed by the Student or Graduate for whom the USMLE Transcript is being requested)

I hereby authorize and request the Educational Commission for Foreign Medical Graduates to release my Official United States Medical Licensing Examination (USMLE) transcript to the individual at the institution listed above.

Signature of Student
(Using the Latin Alphabet)

Date (Month/Day/Year)

Name of Student
(Please Print)

USMLE/ECFMG ID #

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Date of Birth
(Month/Day/Year)

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