Request for Status Report of ECFMG Certification
Form 282A-SB

Reports will be sent directly to the STATE MEDICAL BOARD.

To confirm ECFMG certification status for an international medical graduate, please complete and return this form to:

ECFMG *Certification Verification Service*
PO Box 13679
Philadelphia, PA 19101-3679

Please type or print.
Requests with incomplete or inaccurate information will not be processed.

USMLE®/ECFMG Identification Number: 0 - ☐☐☐-☐☐☐-☐

Physician's Name: _____
First Middle Last Name/Surname/Family Name

Date of Birth: _____ / _____ / _____
Day **Month** Year

Name of State Medical Board that Status Report should be sent to:

_____

State Board Contact: _____ _____
(if applicable) Name Title

Telephone Number (with Area Code) _____ - _____

☐ **Payment Form 900 is enclosed.**

Checks should be made payable to ECFMG in U.S. dollars. Status Reports will be mailed directly to the State Medical Board indicated above. Requests without payment attached will not be processed.

Note: Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the ECFMG certification information or make it available to any party beyond this request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

Physicians who are ECFMG certified have passed the requisite examinations and have had their medical education credentials verified by ECFMG. ECFMG Certification is a prerequisite for entry into ACGME-accredited residency or fellowship programs in the United States; is required for licensure to practice medicine in the United States; and is one of the eligibility requirements to take USMLE Step 3.

ECFMG® | Payment for Service(s) Requested
Form 900

PAYMENT

BY MAIL: ECFMG, PO Box 13679, Philadelphia, PA 19101-3679 USA
BY COURIER: ECFMG, 3624 Market Street, Philadelphia, PA 19104-2685 USA
TELEPHONE: (215) 386-5900 • **FAX:** (215) 386-3185 • **INTERNET:** www.ecfmg.org

1

Enter your Identification Number.

Enter your name.

USMLE® / ECFMG® Identification Number: ☐ – ☐☐☐ – ☐☐☐☐ – ☐

First Name(s)

Middle Name(s)

Last Name(s) (Surname or Family Name)

Generational Suffix (Jr, Sr, II, III, IV)

2

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

- ☐ Extension of USMLE Step 1 / Step 2 CK Eligibility Period ($65 per exam)
- ☐ ERAS® Token ($90) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to www.myeras.aamc.org.
- ☐ USMLE Transcript ($50 per request form – up to 10 transcripts) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to www.myeras.aamc.org.
- ☐ ECFMG Exam Chart ($50 per request form – up to three copies)
- ☐ ECFMG CSA History Chart ($50 per request form – up to 10 copies)
- ☐ CVS – State Board ($35)
- ☐ EVSP (J-1 VISA) ($275)
- ☐ Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS ($55 per exam)
- ☐ Duplicate ECFMG Certificate ($50)
- ☐ Name Change on ECFMG Certificate ($50)
- ☐ File Copy Fee ($25)
- ☐ Translation Fee – Medical School Transcript ($220)
- ☐ Application for ECFMG Certification ($50)

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** ☐ **AMERICAN EXPRESS**

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.

For detailed information on ECFMG's Payment and Refund policies, refer to the ECFMG *Information Booklet* and to the ECFMG website at www.ecfmg.org.

This form is available on the ECFMG website at www.ecfmg.org.