



**Institutional Request for an Official ECFMG® CSA® History Chart
Form 298**

- An ECFMG Clinical Skills Assessment (CSA) History Chart provides a complete performance history of all ECFMG Clinical Skills Assessments taken by an individual. The ECFMG CSA History Chart includes results on the ECFMG CSA **only**.
- To obtain an ECFMG CSA History Chart for an international medical student/graduate, please complete and sign Sections 1 and 2 of the form below.
- Sections 3 and 4 appear on page 2 (Form 298-B) of this document. Print or type the institution or entity information requested in the space provided and photocopy Form 298-B. Distribute one photocopy of Form 298-B to each student/graduate for whom you are requesting an official ECFMG CSA History Chart.
- 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 CSA History Chart" in item 2 of the payment form.
- Return the completed Form 298 and copies of Form 298-B for each student/graduate for whom you are requesting an ECFMG CSA History Chart along with payment (Form 900) by fax, to (215) 386-3185, or mail to 3624 Market Street, Philadelphia, PA 19104-2685, USA. **Include a payment of US\$50.00 for one through 10 charts, US\$100.00 for 11-20 charts, US\$150.00 for 21-30, US\$200.00 for 31-40, etc.**
- Please allow approximately four weeks for your request to be processed.
- Direct questions to ECFMG at (215) 386-5900.

1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; height: 25px;"></td> <td style="font-size: 8px; padding-left: 5px;">Contact Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 25px;"></td> <td style="font-size: 8px; padding-left: 5px;">Title</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 25px;"></td> <td style="font-size: 8px; padding-left: 5px;">Institution/Entity Name</td> </tr> </table>		Contact Name		Title		Institution/Entity Name
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2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; height: 40px;"></td> <td style="font-size: 8px; padding-left: 5px;">Signature (Using the Latin Alphabet)</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 25px;"></td> <td style="font-size: 8px; padding-left: 5px;">Date (Month/Day/Year)</td> </tr> </table>		Signature (Using the Latin Alphabet)		Date (Month/Day/Year)		
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	Date (Month/Day/Year)						

<p>The fee for requesting one through 10 official ECFMG CSA History Charts 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 "ECFMG CSA History Chart" in item 2 of the payment form.</p> <p>Submit the completed payment form with your <i>Institutional Request for an Official ECFMG® CSA® History Chart</i>.</p>	For Office Use Only
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3

Recipient Information
(To be completed by institution / entity 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 ECFMG CSA History Chart is being requested)

I hereby authorize and request the Educational Commission for Foreign Medical Graduates to release my Official ECFMG CSA History Chart to the individual, institution, or entity listed above.

Signature of Student (Using the Latin Alphabet)

□
□
/
□
□
/
□
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□
□

Date (Month/Day/Year)

Name of Student (Please Print)

USMLE/ECFMG ID # □ - □□□ - □□□ - □

Date of Birth (Month/Day/Year) □□ / □□ / □□□□

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

