

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)
2006 STEP 1, STEP 2 CLINICAL KNOWLEDGE (CK), AND/OR STEP 2 CLINICAL SKILLS (CS)
APPLICATION INSTRUCTIONS

FOR INTERNATIONAL MEDICAL STUDENTS/GRADUATES REGISTERED BY
THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES, PO BOX 48087, NEWARK, NEW JERSEY 07101-4887, USA
TELEPHONE: (215) 386-5900 INTERNET: www.ecfm.org

APPLICATION MATERIALS Your USMLE application packet includes: these **application instructions** (Form 103) and the seven-page **application form** (Form 104S). You may use the following application form to apply for Step 1/ Step 2 CK eligibility periods that **end in 2006** and for Step 2 CS provided that the application is received at ECFMG® no later than August 31, 2006. If the following application form is received at ECFMG after August 31, 2006, it will be rejected, and you must re-apply using the 2007 application form. You can apply for one, two, or all three exams on the same application form.

GENERAL INSTRUCTIONS Refer to the following instructions when completing your application form. Follow these instructions exactly and answer all items completely and accurately, even if you have previously submitted this information to ECFMG. If you are asked to provide additional documentation, be sure to include it. All information should be provided in English; signatures and official titles should be provided in Latin characters with English translations, where applicable. **If your application is not complete, it will be rejected and returned to you.**

You must complete the application **in ink**. You should **type or print neatly in uppercase (capital) letters**. You must complete the following application and send it with all attachments to ECFMG, following the mailing instructions on page 1 of the application form. Payment is due at the time of application. All photographs, signatures, and seals/stamps must be original. You cannot register by faxing or sending photocopies of your completed application to ECFMG.

1. THE ECFMG® REPORTER Applicants who supply their e-mail addresses to us as part of the application process will automatically receive our electronic newsletter, *The ECFMG® Reporter*. *The ECFMG® Reporter* provides important information regarding the ECFMG certification process and entry into graduate medical education in the United States. *The ECFMG® Reporter* may also advise you of services and programs offered by other organizations in connection with the certification process or graduate medical education in the United States.

The ECFMG® Reporter is a free publication. ECFMG will not share *The ECFMG® Reporter* subscriber database with third parties. Interested individuals can join or leave *The ECFMG® Reporter* subscriber list or update their e-mail addresses at any time by visiting the ECFMG website at www.ecfm.org/reporter/subscribe.html or by writing to: Director of Communications, ECFMG, 3624 Market Street, Philadelphia, PA, 19104-2685, USA.

If you do not wish to receive *The ECFMG® Reporter*, check the box in item 1.

Please note that ECFMG may share certain information contained in your application with other organizations under specified circumstances. For further information regarding ECFMG's data collection and privacy practices, please refer to our Privacy Policy available on the ECFMG website at www.ecfm.org/annnc/privacy.html.

2. EXAMS FOR WHICH YOU ARE APPLYING You may use this form to apply for Step 1, Step 2 CK, and/or Step 2 CS. You can apply for one, two, or all three exams on the same application form. Indicate the exams for which you are applying by checking the appropriate box(es). Return all pages of the application to ECFMG, even if you do not complete any application items on a page.

PART A — BIOGRAPHICAL INFORMATION

3. ECFMG EXAMINATION HISTORY If you have previously submitted an application to ECFMG, you must answer "Yes" to this question. **You must answer "Yes" even if you submitted an application under a different name, or you did not take the exam for which you applied. You must answer "Yes" regardless of whether you submitted an Interactive Web Application (IWA) or a paper application.** If you answer "Yes," enter the USMLE/ECFMG Identification Number assigned to you at the time you submitted your first application in item 3.A **and in the spaces provided on pages 2-7 of the application.** If you have previously submitted an application but do not know your USMLE/ECFMG Identification Number, check the box in item 3.B. If you have submitted an application to ECFMG previously, but indicate on this application that you have not submitted an application, this may result in a finding of irregular behavior. (See *Irregular Behavior* in the 2006 *Information Booklet*.)

4. NAME Enter your first and middle names (given names) and your last name (surname) in uppercase letters in item 4 **and in the spaces provided on pages 2-7 of the application. The name you enter must be your correct and current legal name and must match the name in your ECFMG record.** If the name you enter in item 4 does not match **exactly** the name in your ECFMG record, you must submit unexpired, legal documentation with your application to change the name in your ECFMG record. If the name you enter in item 4 does not match the name in your ECFMG record and you do not provide acceptable documentation, **your application will be rejected and returned to you.** You can check the name in your ECFMG record by accessing OASIS on the ECFMG website. (See *Name of Applicant* on page 10 and *Changing or Verifying Your Name* on page 11 of the 2006 *Information Booklet*.)

When you arrive at the test center on the date of your exam, you must present an unexpired form of government-issued identification that includes your name, signature, and photograph. If the name on the form of identification you present at the test center does not match **exactly** the name in your ECFMG record, you will not be able to take the exam. (See *Acceptable Identification* on page 32 of the 2006 *Information Booklet*.)

4.1 NAME ON MEDICAL DIPLOMA (Pertains to graduates only) Enter your name as it appears on your medical diploma. If the name on your medical diploma does not match **exactly** the name in your ECFMG record, you must submit legal documentation that verifies the name on the medical diploma is/was your name. If the name on your diploma does not match the name in your ECFMG record and you do not provide acceptable documentation, **your application will be rejected and returned to you.** (See *Name of Applicant* on page 10 and *Changing or Verifying Your Name* on page 11 of the 2006 *Information Booklet*.)

5. CONTACT INFORMATION Enter your e-mail address, mailing address, and telephone/fax numbers. **Print your e-mail address clearly.** If you provide an e-mail address, ECFMG will send you an e-mail message to confirm receipt of your application. If you do not provide an e-mail address, ECFMG will send confirmation by postal mail. You should enter the mailing address at which you would like to receive ECFMG correspondence, such as your score report and your Standard ECFMG Certificate. If any of your contact information (including e-mail address) changes, you can update this information **on-line** by accessing OASIS on the ECFMG website. You can also complete a *Request to Change Applicant Contact Information* (Form 182), available on the ECFMG website, and send it to ECFMG.

6. U.S. SOCIAL SECURITY AND/OR NATIONAL IDENTIFICATION NUMBERS Enter all that apply.

7. BIRTHDATE/BIRTHPLACE Enter the **numbers** that correspond to the day, month, and year of your birth. Enter this information in the order **DAY-MONTH-YEAR**. For example, if your date of birth were January 5, 1975, you would enter "05" for the day, "01" for the month, and "1975" for the year. You must also enter your place of birth.

8. GENDER Indicate whether you are male or female.

9. NATIVE LANGUAGE Enter the name of your native language.

10. OTHER LANGUAGES SPOKEN If you speak a language or languages other than English at home, check "Yes." If you answer "Yes," indicate the language(s) spoken. Check **all** that apply. Although you are encouraged to complete this item, providing this information is voluntary. This information will be used for research purposes and will be kept confidential. Choosing a particular answer or answers, or choosing not to answer this question, will not affect the outcome of your application.

11. CITIZENSHIP Enter your citizenship: (11.1) At Birth, (11.2) When you entered medical school, and (11.3) Now.

12. ETHNICITY Check the box(es) that best describe(s) your ethnicity. Check **all** that apply. Although you are encouraged to complete this item, providing this information is voluntary. This information will be used for research purposes and will be kept confidential. Choosing a particular answer or answers, or choosing not to answer this question, will not affect the outcome of your application.

PART B — REGISTRATION INFORMATION

Step 1/Step 2 CK

13. EXAMINEES WITH DOCUMENTED DISABILITIES Check "Yes" **only** if you have a documented disability, are covered under the Americans with Disabilities Act, **and** are requesting test accommodations for Step 1 and/or Step 2 CK. **Checking "Yes" does not constitute an official request.** If you are requesting test accommodations, you **must** refer to the Test Accommodations information on the USMLE website at www.usmle.org and follow the instructions **before** you submit your application (see page 22 of the 2006 *Information Booklet*). All of the necessary forms and documentation, as described on the USMLE website, must be received at ECFMG **at the same time** as your application. However, do **not** send the forms/documentation in the same envelope or to the same address as your application form; follow the mailing instructions on the USMLE website.

14. STEP 1 – If you are applying for Step 1:

14.1 Eligibility Period. Fill in **completely** the circle next to the three-month eligibility period during which you want to take Step 1. Please note that Step 1 and Step 2 CK are not offered during the first two weeks in January. See *Eligibility Periods* on page 23 of the 2006 *Information Booklet* for additional information.

14.2 Testing Region. Fill in **completely** the circle next to the testing region where you would like to take Step 1. **Once your testing region has been assigned, it cannot be changed.** See *Testing Locations* on page 22 of the 2006 *Information Booklet* for additional information. You should refer to the Prometric website at www.prometric.com for information on test centers in specific testing regions **before** selecting your testing region. If you plan to test at a center in Egypt, India, Hong Kong, or Tel Aviv, refer to the special notes in item 14.2.

International Test Delivery Surcharge. If you select an international testing region, you must pay the surcharge listed for that region in addition to the examination fee. If you select the United States/Canada testing region, there is no additional surcharge.

14.3 Fees

14.3.1 The examination fee for Step 1/Step 2 CK eligibility periods ending in 2006 is \$695.

14.3.2 If you selected the United States/Canada in 14.2, enter \$0. If you selected an international testing region in 14.2, enter the amount of the surcharge for this region.

14.3.3 Add lines 14.3.1 and 14.3.2 and enter the result.

15. STEP 2 CK – If you are applying for Step 2 CK:

15.1 Eligibility Period. Fill in **completely** the circle next to the three-month eligibility period during which you want to take Step 2 CK. Please note that Step 1 and Step 2 CK are not offered during the first two weeks in January. See *Eligibility Periods* on page 23 of the 2006 *Information Booklet* for additional information.

15.2 Testing Region. Fill in **completely** the circle next to the testing region where you would like to take Step 2 CK. **Once your testing region has been assigned, it cannot be changed.** See *Testing Locations* on page 22 of the 2006 *Information Booklet* for additional information. You should refer to the Prometric website at www.prometric.com for information on test centers in specific testing regions **before** selecting your testing region. If you plan to test at a center in Egypt, India, Hong Kong, or Tel Aviv, refer to the special notes in item 15.2.

International Test Delivery Surcharge. If you select an international testing region, you must pay the surcharge listed for that region in addition to the examination fee. If you select the United States/Canada testing region, there is no additional surcharge.

15.3 Fees

15.3.1 The examination fee for Step 1/Step 2 CK eligibility periods ending in 2006 is \$695.

15.3.2 If you selected the United States/Canada in 15.2, enter \$0. If you selected an international testing region in 15.2, enter the amount of the surcharge for this region.

15.3.3 Add lines 15.3.1 and 15.3.2 and enter the result.

16. STEP 1/STEP 2 CK SUBTOTAL Add the amounts from items 14.3.3 and 15.3.3 and enter the total in item 16.

All Applicants:

17. APPLYING FOR STEP 2 CS Indicate whether you are applying for Step 2 CS by checking the appropriate box. If “Yes,” complete items 18 through 20. If “No,” skip items 18 through 20 and proceed to item 21.

Step 2 CS

18. ELIGIBILITY PERIOD, TEST CENTER, AND REGISTRATION DOCUMENTS

18.1 ELIGIBILITY PERIOD Applicants registered for Step 2 CS are assigned a twelve-month eligibility period during which they must take the exam. Your eligibility period typically begins on the date that you are registered for Step 2 CS. Your eligibility period will be listed on your Step 2 CS scheduling permit. See page 23 of the 2006 *Information Booklet*.

18.2 CLINICAL SKILLS EVALUATION CENTERS Clinical skills evaluation centers for Step 2 CS are located in **Atlanta**, Georgia; **Chicago**, Illinois; **Houston**, Texas; **Los Angeles**, California; and **Philadelphia**, Pennsylvania in the United States. Applicants registered for Step 2 CS select their test center, subject to availability, when they schedule their testing appointment. Travel information for each test center is available on the USMLE website at www.usmle.org.

18.3 PREFERRED TEST CENTER Select the center where you plan to take the exam. This information will be used **only** to assist in forecasting demand for available test centers. Completing this item does **not** select your test center for the exam. Once you are registered, you can schedule your testing appointment at any available test center. Additionally, selecting a test center in this item does **not** guarantee that testing spaces will be available at this center when you schedule your exam. Although providing this information is voluntary, you are encouraged to complete this item.

18.4 PREFERRED TESTING MONTH Enter the month and year when you plan to take the exam. This information will be used only to assist in forecasting demand for the exam throughout the year. Completing this item does not select your testing month/year for the exam. Once you are registered, you can schedule your testing appointment for any available date during your twelve-month eligibility period. Additionally, completing this item does not guarantee that testing spaces will be available during the time period you indicate. Although providing this information is voluntary, you are encouraged to complete this item.

18.5 SCHEDULING PERMIT Once you are registered for Step 2 CS, ECFMG will e-mail your Step 2 CS scheduling permit to the e-mail address in your ECFMG record. The scheduling permit includes instructions for scheduling your testing appointment. If you are unable to receive your scheduling permit by e-mail, check the box in item 18.5, and your scheduling permit will be sent to you via postal mail.

18.6 VISA LETTER Applicants traveling to the United States to take Step 2 CS who are neither U.S. citizens nor U.S. lawful permanent residents are responsible for obtaining required travel documents. These documents may include a visa to enter the United States. Upon request, ECFMG provides applicants with a letter that may assist during the process of applying for a visa. The letter indicates that the applicant is registered for Step 2 CS, one of the exams required for ECFMG Certification. The letter also indicates that the applicant is required to travel to the United States to take the exam and provides the date by which the applicant must complete the exam. To request this letter, check the box in item 18.6. ECFMG will send the letter to you via postal mail after completion of the registration process. You should also review current requirements prior to applying for a visa by visiting the websites of the Department of Homeland Security (DHS) at www.dhs.gov and the Department of State at www.travel.state.gov/visa.

19. EXAMINEES WITH DOCUMENTED DISABILITIES Check “Yes” **only** if you have a documented disability, are covered under the Americans with Disabilities Act, **and** are requesting test accommodations for Step 2 CS. **Checking “Yes” does not constitute an official request.** If you are requesting test accommodations, you **must** refer to the Test Accommodations information on the USMLE website at www.usmle.org and follow the instructions **before** you submit your application. All of the necessary forms and documentation, as described on the USMLE website, must be received at ECFMG **at the same time** as your application. However, do **not** send the forms/documentation in the same envelope or to the same address as your application form; follow the mailing instructions on the USMLE website.

20. STEP 2 CS SUBTOTAL The Step 2 CS Fee is \$1,200. If applying for Step 2 CS, enter \$1,200 in item 20.

21. TOTAL FEE(S) FOR ALL EXAMS Add the subtotals from items 16 and 20 and enter the total in item 21.

22. PAYMENT If you have a USMLE/ECFMG Identification Number, you can pay the required fees on-line by credit card or with an electronic payment from your U.S. checking account. To make an on-line payment, access OASIS on the ECFMG website. All applicants can pay the required fees with a credit card, check, or wire transfer by completing the payment form on page 5 of the application. If you complete page 5, check the box in item 22.3 for the method of payment you are using. You must complete all requested information for that payment method to ensure that your payment is credited to your account. Payment of all required fees is due at the time of application. See *Payment* on page 12 of the 2006 *Information Booklet* for a detailed explanation of ECFMG’s payment policies.

PART C — MEDICAL EDUCATION AND EMPLOYMENT INFORMATION

23. MEDICAL SCHOOL NAME AND ADDRESS Enter the exact name and address of the medical school from which you graduated or expect to graduate. **If all information is not completed, your application will be rejected and returned to you.**

23.1 MEDICAL SCHOOL INFORMATION Enter all information requested. **If all information is not completed, your application will be rejected and returned to you.**

23.2 STATUS OF MEDICAL SCHOOL STUDENT These questions refer to some of the minimum medical education requirements for medical school students to take these exams. If you are a medical school student, you must answer **both** questions. If you are a student and answer “No,” to either question, you are not eligible for examination. (See *Eligibility for Examination* on page 17 of the 2006 *Information Booklet*.) **If you are a medical school student and do not answer these questions, your application will be rejected and returned to you. Medical school graduates are not required to complete this item.**

23.3 MEDICAL SCHOOL DIPLOMA Medical school **graduates must** complete this item and provide the required documents, as described below. Medical school **students** are not required to complete this item.

If you have not previously submitted photocopies of your medical diploma, you must send the *ECFMG Medical Education Credentials Submission Form* (Form 344), *Medical School Release Request* (Form 345), two photocopies of your medical diploma, and any other required documents, with the application. Forms 344 and 345 are available on the Publications page of the ECFMG website. You must also attach one full-face color photograph to the copies of your medical diploma. **(This photograph is in addition to the photograph that all applicants must send with the application form [see 26.1 below].)** The photograph must be current; it must have been taken within six months of the date you send it. A photocopy of a photograph is not acceptable. Write your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the back of the photograph and the front of the copies of your diploma. Refer to the *Reference Guide for Medical Education Credentials* on pages 53-57 of the 2006 *Information Booklet* for a list of the medical degrees required by ECFMG.

If you have previously submitted photocopies of your medical diploma to ECFMG, you are not required to submit them again.

If you graduated from medical school but your medical diploma has not been issued, you must submit with your application the *ECFMG Medical Education Credentials Submission Form* (Form 344); *Medical School Release Request* (Form 345); a letter signed by your Medical School Dean, Vice Dean, or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma, and states the date (month and year) your medical diploma will be issued; and any other required documents. You must attach a photograph, as described above, to this letter.

ECFMG requires copies of the original language medical diploma or letter from the medical school. Any document that is not in English must be accompanied by an English translation. This translation must be **prepared by** and certified to be correct by a government official, medical school official, or recognized translation service. The translation must appear on official stationery, must identify the translator, and must bear the signature of the official or representative of the translation service.

Additionally, the name on your medical diploma must match exactly the name in your ECFMG record. If the name on your medical diploma does not match the name in your ECFMG record, you must submit legal documentation that verifies the name on your diploma is/was your name. (See *Provision of Credentials and Translations* on page 37 of the 2006 *Information Booklet*.)

If you do not submit photocopies of your medical diploma (with an official English translation, if applicable) or, if your diploma has not been issued and you do not submit a letter from a medical school official as described above, your application will be rejected and returned to you.

24. OTHER MEDICAL SCHOOL(S) ATTENDED If you attended medical school(s) other than the medical school you entered in item 23, enter the exact name, address, dates of attendance, and number of years attended at this other medical school. If you attended more than one other medical school, list the name, address, dates of attendance, and number of years attended for the other medical school(s) on a separate sheet of paper and attach it to the application. Enter your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the attached sheet.

24.1 TRANSFER CREDITS Indicate whether you transferred academic credits from **any** school to the medical school that conferred or will confer your medical degree. If yes, attach to the application a separate sheet of paper that lists: the name of the school(s) from which the credits were transferred, the number of credits transferred, and the course titles for all credits transferred. Enter your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the attached sheet.

25. EMPLOYMENT – Present employment only If you are currently employed, list the name and address of your employer, the position that you hold, and the beginning date of your employment.

26. CERTIFICATION BY APPLICANT **Students** and **graduates** must read the certification statement and sign and date the application form in the presence of their Medical School Dean, Vice Dean, or Registrar. The medical school official must then certify the application in 26.2.A below. The application form should be mailed to ECFMG from the office of this official.

If a **graduate** cannot sign the application form in the presence of a medical school official, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate, or Notary Public. This official must then certify the application in 26.2.B below. The application form should be mailed to ECFMG from the office of this official.

26.1 PHOTOGRAPH All applicants must provide **one full-face color photograph** with the application. (Graduates who send copies of their medical diploma with the application must attach a **second** photograph to the copies of their medical diploma [see 23.3 above].) Attach the photograph to the application form in the space provided. Use tape or glue. Do not use staples or paper clips. Write your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the back of the photograph. The photograph that you use must be **current**; it must have been taken within six months of the date that you send your application. A photocopy of a photograph is not acceptable. **The seal or stamp of the official who certifies your application form (see 26.2 below) must cover a portion of the photograph that you attach to the application form and a portion of the application form.**

26.2 CERTIFICATION BY OFFICIAL

26.2.A CERTIFICATION BY MEDICAL SCHOOL OFFICIAL The Medical School Dean, Vice Dean, or Registrar that witnesses your signature must **sign and date** the application and provide his/her **name, official title, and the institution name**. The signature of the medical school official must be **current**; the official must have signed the application form within **four months** of the date that it is received at ECFMG. All information, including the official signature, must be in Latin characters with English translations, if not in English. The medical school official must also affix the **medical school seal or stamp over a portion of the photograph in 26.1 and a portion of the application form. Application forms from students which are not signed and dated by one of the medical school officials listed above or do not contain the medical school seal or stamp over a portion of the applicant's photograph and a portion of the application form will be rejected and returned to you.**

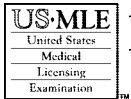
26.2.B CERTIFICATION BY OFFICIAL IDENTIFICATION (Pertains to graduates only)

For graduates who cannot sign the application form in the presence of a medical school official, the Consular Official, First Class Magistrate, or Notary Public that witnesses their signature must **sign and date** the application form, and must enter his/her **title**. The signature of this official must be **current**; the official must have signed the application form within **four months** of the date that it is received at ECFMG. All information, including the official signature, must be in Latin characters with English translations, if not in English. The official must affix his/her **seal or stamp over a portion of the photograph in 26.1 and a portion of the application form.**

27. CLINICAL CLERKSHIPS The term *clinical clerkships* refers to that period of your medical education in the clinical disciplines during which, as a medical student, you gained practical experience in hospitals or clinics through rotations, pre-graduate internships, etc. List all of your clinical clerkships for each discipline. If necessary, continue on a separate sheet of paper and attach this sheet to the application. Include your full name and USMLE/ECFMG Identification Number, if one has been assigned, on all attachments.

PART D — OTHER EXAM HISTORY AND APPLICANT NUMBERS

28. OTHER EXAM HISTORY and APPLICANT NUMBERS If you have previously submitted an application to the National Board of Medical Examiners® (NBME®) for a Step or Part examination or to a U.S. State Licensing Authority for the Federation Licensing Examination (FLEX), you should check the appropriate box and enter the Identification Number that was assigned to you at that time. You should enter this information **even if you did not actually take the exam**. If you took one of these exams, you should also enter the date of the most recent exam taken.



UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)
2006 STEP 1, STEP 2 CLINICAL KNOWLEDGE (CK), AND/OR STEP 2 CLINICAL SKILLS (CS)
APPLICATION FORM

FOR INTERNATIONAL MEDICAL STUDENTS/GRADUATES REGISTERED BY THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
 TELEPHONE: (215) 386-5900 INTERNET: www.ecfm.org

This application is valid through August 31, 2006. See instructions.

MAILING INSTRUCTIONS:		via courier service to: ECFMG c/o Image Remit 205 North Center Drive Commerce Center North Brunswick, NJ 08902 USA	VERY IMPORTANT
via regular mail to: Educational Commission for Foreign Medical Graduates PO Box 48087 Newark, NJ 07101-4887 USA	OR		

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1. THE ECFMG® REPORTER:

Applicants who supply their e-mail addresses to us as part of the application process will automatically receive our electronic newsletter, *The ECFMG® Reporter*. *The ECFMG® Reporter* provides important information regarding the ECFMG certification process and entry into graduate medical education in the United States. *The ECFMG® Reporter* may also advise you of services and programs offered by other organizations in connection with the certification process or graduate medical education in the United States.

The ECFMG® Reporter is a free publication. ECFMG will not share *The ECFMG® Reporter* subscriber database with third parties. Interested individuals can join or leave *The ECFMG® Reporter* subscriber list or update their e-mail addresses at any time by visiting the ECFMG website at www.ecfm.org/reporter/subscribe.html or by writing to: Director of Communications, ECFMG, 3624 Market Street, Philadelphia, PA, 19104-2685, USA.

If you do not wish to receive *The ECFMG® Reporter*, check the box at right.

Please note that ECFMG may share certain information contained in your application with other organizations under specified circumstances. For further information regarding ECFMG's data collection and privacy practices, please refer to our Privacy Policy available on the ECFMG website at www.ecfm.org/annnc/privacy.html.

2. EXAMS FOR WHICH YOU ARE APPLYING:

Indicate the exam(s) for which you are applying with this application. Check **all** that apply:

- Step 1 Step 2 CK Step 2 CS

PART A — BIOGRAPHICAL INFORMATION

3. ECFMG EXAMINATION HISTORY:

Refer to the instructions for this item. If you do not answer accurately, this may result in a finding of irregular behavior.

Have you ever submitted an application to ECFMG for **any** examination, even if you did not take the examination? Yes No

If you have been assigned a USMLE/ECFMG Identification Number, complete either 3.A or 3.B:

3.A Enter your USMLE/ECFMG Identification Number: - - - **OR 3.B** Check here if you do not know your number.

4. NAME (PRINT CLEARLY):

--	--

First Name(s)

Middle Name(s)

--

Last Name (Surname/Family Name)

4.1 NAME ON MEDICAL DIPLOMA (Pertains to graduates only):

--	--

First Name(s)

Middle Name(s)

--

Last Name (Surname/Family Name)

Note: See instructions if this name does not match the name in your ECFMG record.

PART B — REGISTRATION INFORMATION

STEP 1 AND/OR STEP 2 CK APPLICANTS ONLY

COMPLETE ITEMS 13 THROUGH 16

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13. EXAMINEES WITH DOCUMENTED DISABILITIES:

I have a documented disability and am covered under the Americans with Disabilities Act. I am requesting test accommodations for the exams (Step 1 and/or Step 2 CK) selected below. Yes No

14. STEP 1: Fill in completely one circle each for eligibility period and testing region.

14.1 Eligibility Period — select one:

- November 1, 2005 – January 31, 2006*
- December 1, 2005 – February 28, 2006*
- January 1, 2006 – March 31, 2006*
- February 1, 2006 – April 30, 2006
- March 1, 2006 – May 31, 2006
- April 1, 2006 – June 30, 2006
- May 1, 2006 – July 31, 2006
- June 1, 2006 – August 31, 2006
- July 1, 2006 – September 30, 2006
- August 1, 2006 – October 31, 2006
- September 1, 2006 – November 30, 2006
- October 1, 2006 – December 31, 2006

*USMLE Step 1/Step 2 CK are not offered during the first two weeks in January.

14.2 Testing Region — select one:

REGION	SURCHARGE
<input type="radio"/> United States and Canada	\$0
<input type="radio"/> Africa <small>(For Egypt, select Middle East testing region.)</small>	\$120
<input type="radio"/> Asia <small>(For India, select India testing region.)</small>	\$120
<input type="radio"/> Australia	\$120
<input type="radio"/> China <small>(For Hong Kong, select Asia testing region.)</small>	\$120
<input type="radio"/> Europe	\$150
<input type="radio"/> India	\$120
<input type="radio"/> Indonesia	\$120
<input type="radio"/> Japan	\$290
<input type="radio"/> Korea	\$150
<input type="radio"/> Latin America	\$120
<input type="radio"/> Middle East <small>(For Tel Aviv, select Europe testing region.)</small>	\$120
<input type="radio"/> Taiwan	\$150
<input type="radio"/> Thailand	\$120

14.3 Fees

14.3.1 Step 1 Exam Fee \$.

14.3.2 International Test Delivery Surcharge + .
(For United States and Canada, enter \$0.)

14.3.3 Step 1 Subtotal = \$.

15. STEP 2 CK: Fill in completely one circle each for eligibility period and testing region.

15.1 Eligibility Period — select one:

- November 1, 2005 – January 31, 2006*
- December 1, 2005 – February 28, 2006*
- January 1, 2006 – March 31, 2006*
- February 1, 2006 – April 30, 2006
- March 1, 2006 – May 31, 2006
- April 1, 2006 – June 30, 2006
- May 1, 2006 – July 31, 2006
- June 1, 2006 – August 31, 2006
- July 1, 2006 – September 30, 2006
- August 1, 2006 – October 31, 2006
- September 1, 2006 – November 30, 2006
- October 1, 2006 – December 31, 2006

*USMLE Step 1/Step 2 CK are not offered during the first two weeks in January.

15.2 Testing Region — select one:

REGION	SURCHARGE
<input type="radio"/> United States and Canada	\$0
<input type="radio"/> Africa <small>(For Egypt, select Middle East testing region.)</small>	\$130
<input type="radio"/> Asia <small>(For India, select India testing region.)</small>	\$130
<input type="radio"/> Australia	\$130
<input type="radio"/> China <small>(For Hong Kong, select Asia testing region.)</small>	\$130
<input type="radio"/> Europe	\$165
<input type="radio"/> India	\$130
<input type="radio"/> Indonesia	\$130
<input type="radio"/> Japan	\$315
<input type="radio"/> Korea	\$165
<input type="radio"/> Latin America	\$130
<input type="radio"/> Middle East <small>(For Tel Aviv, select Europe testing region.)</small>	\$130
<input type="radio"/> Taiwan	\$165
<input type="radio"/> Thailand	\$130

15.3 Fees

15.3.1 Step 2 CK Exam Fee \$.

15.3.2 International Test Delivery Surcharge + .
(For United States and Canada, enter \$0.)

15.3.3 Step 2 CK Subtotal = \$, .

16. STEP 1/STEP 2 CK SUBTOTAL:

Add the subtotals from 14.3.3 and 15.3.3 and enter total at right.

\$, .

Name: _____ Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: ---

(Last, First, Middle – as entered in item 4)

PART B — REGISTRATION INFORMATION (Continued)

17. APPLYING FOR STEP 2 CS:

I am applying for Step 2 CS. Yes No

STEP 2 CS APPLICANTS ONLY

COMPLETE ITEMS 18 THROUGH 20

18. ELIGIBILITY PERIOD, TEST CENTER, AND REGISTRATION DOCUMENTS

18.1 ELIGIBILITY PERIOD:

Applicants registered for Step 2 CS are assigned a twelve-month eligibility period that begins on the date that the registration process is complete and must take the exam within their assigned eligibility period. See page 23 of the 2006 *Information Booklet*.

18.2 CLINICAL SKILLS EVALUATION CENTERS:

Clinical skills evaluation centers for Step 2 CS are located in **Atlanta**, Georgia; **Chicago**, Illinois; **Houston**, Texas; **Los Angeles**, California; and **Philadelphia**, Pennsylvania in the United States. You will select your test center when you schedule your testing appointment.

18.3 PREFERRED TEST CENTER:

Select the test center where you plan to take the exam. This information will be used **only** to forecast demand for test centers. Completing this item does **not** select your test center. See instructions.

- Atlanta Houston Philadelphia
 Chicago Los Angeles

18.4 PREFERRED TESTING MONTH:

Enter the month and year during which you plan to take the exam. This information will be used **only** to forecast demand for the exam throughout the year. Completing this item does **not** select your testing month/year. See instructions.

_____/_____
 MONTH YEAR

18.5 SCHEDULING PERMIT:

Once you are registered for Step 2 CS, ECFMG will e-mail your Step 2 CS scheduling permit to the e-mail address in your ECFMG record. If you are unable to receive your scheduling permit by e-mail, check the box below, and your scheduling permit will be sent to you via postal mail.

I am unable to receive my scheduling permit by e-mail. Send my scheduling permit via postal mail.

18.6 VISA LETTER:

See instructions before completing this item.

I am requesting a visa letter to be sent to me by postal mail, after completion of my registration.

19. EXAMINEES WITH DOCUMENTED DISABILITIES: I have a documented disability and am covered under the Americans with Disabilities Act. I am requesting test accommodations for Step 2 CS. See instructions. Yes No

20. STEP 2 CS SUBTOTAL:

The Step 2 CS Fee is \$1,200. If applying for Step 2 CS, enter \$1,200 at right.

\$, .

ALL APPLICANTS

COMPLETE ITEMS 21 THROUGH 28

21. TOTAL FEE(S) FOR ALL EXAMS:

Add the subtotals from 16 and 20 and enter total at right.

\$, .

22. PAYMENT

If you have a USMLE/ECFMG Identification Number, you can pay the required fees **on-line** using OASIS on the ECFMG website.

OR

You can also complete the following payment form and submit it with your application.

Payment of the required fees is due at the time of application.

For Office Use Only

2
0
0
6

Name: _____ Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: ---

PART C — MEDICAL EDUCATION AND EMPLOYMENT INFORMATION

23. MEDICAL SCHOOL NAME AND ADDRESS:

List the exact name and address of the medical school from which you graduated or expect to graduate.

2
0
0
6

Official Name of Medical School _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Country _____ University Name (if applicable) _____

23.1 MEDICAL SCHOOL INFORMATION:

■ Attendance Dates: (Dates you entered the medical school listed in Item 23 and completed, or will complete, requirements for final medical diploma): From _____ / _____ to _____ / _____
MONTH YEAR MONTH YEAR

■ Number of Years Attended/Will Attend: _____

■ Date you graduated (or expect to graduate): _____ / _____
MONTH YEAR

■ Date your medical diploma was issued (or is expected to be issued): _____ / _____
MONTH YEAR

■ Title of Medical Degree you received or will receive _____

Refer to the *Reference Guide for Medical Education Credentials* on pages 53-57 of the 2006 *Information Booklet* for a list of the medical degrees required by ECFMG.

■ Are you required to complete an internship prior to receiving your medical diploma? Yes No
If yes, enter the start and end dates of the internship: From _____ / _____ to _____ / _____
MONTH YEAR MONTH YEAR

23.2 STATUS OF MEDICAL SCHOOL STUDENT — Must be completed by all students:

Students **must** answer **both** questions:

■ Will you have completed the basic medical science component of your medical school curriculum by the beginning of your assigned eligibility period (see PART B: 14.1, 15.1, and/or 18.1)? Yes No

■ Are you now officially enrolled in medical school **and**, at the time you take the exam, will you *either* still be officially enrolled or have graduated from medical school? Yes No

23.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates: If you have graduated from medical school, you must include two photocopies of your medical diploma if you have not sent them previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean, or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma, and states the date (month and year) your medical diploma will be issued. Additionally, the name on your medical diploma must match the name in your ECFMG record. If the name on your medical diploma does not match the name you entered in item 4, you must submit legal documentation that verifies the name on your diploma is/was your name. (See *Provision of Credentials and Translations* on page 34 of the 2006 *Information Booklet*.)

Graduates **must** check one:

I have graduated from medical school and am enclosing the *ECFMG Medical Education Credentials Submission Form* (Form 344), *Medical School Release Request* (Form 345), two photocopies of my medical diploma, and a photograph.

I have graduated from medical school and have previously submitted to ECFMG photocopies of my medical diploma.

I have graduated from medical school, but my medical diploma has not yet been issued. I am enclosing the *ECFMG Medical Education Credentials Submission Form* (Form 344); *Medical School Release Request* (Form 345); a letter from my medical school that confirms I graduated, have met the requirements to receive my medical diploma, and states the date my medical diploma will be issued; and a photograph.

Note: ECFMG requires copies of the original language medical diploma or letter from the medical school. If the medical diploma or letter is not in English, you must also submit an official English translation. Your application will be rejected if you graduated from medical school and have not submitted photocopies of your medical diploma or a letter from your medical school that confirms your graduation (as described above).

24. OTHER MEDICAL SCHOOL(S) ATTENDED — Continue on a separate sheet of paper, if necessary:

List the names, addresses, dates of attendance, and number of years attended for all other medical schools you attended.

Official Name of Medical School _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Country _____ University Name (if applicable) _____

Attendance Dates: From _____ / _____ to _____ / _____ Number of Years Attended: _____
MONTH YEAR MONTH YEAR

24.1 TRANSFER CREDITS:

Did you transfer academic credits from any school(s) to the medical school that conferred or will confer your medical degree? Yes No
If Yes, indicate **on a separate sheet of paper** the name of the school(s) from which the credits were transferred, the number of credits transferred, and the course titles for all credits transferred.

25. EMPLOYMENT — Present employment only:

Institution/Company _____ Position _____ Beginning Date _____

Street Address _____ City _____ State/Province _____ Country _____

Name: _____ Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: ---

PART C — MEDICAL EDUCATION AND EMPLOYMENT INFORMATION (Continued)

26. CERTIFICATION BY APPLICANT: Students and graduates must sign the application in the presence of their Medical School Dean, Vice Dean or Registrar. (See 26.2.A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public. (See 26.2.B below.)

Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature. All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.

I hereby certify that I currently meet the examination eligibility requirements and that the information in this application is true and accurate to the best of my knowledge and that the photograph(s) enclosed were taken within 6 months of the date of this application.

I also certify and acknowledge that I have read the 2006 ECFMG Information Booklet and 2006 USMLE Bulletin of Information, am aware of the contents of both publications, meet the eligibility requirements set therein and agree to abide by the policies and procedures therein.

I understand that (1) falsification of this application, or (2) the submission of any falsified documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action. (See page 35 of the 2006 Information Booklet for additional details concerning Validity of Scores and Irregular Behavior.)

I understand that the Standard ECFMG Certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information, records, diplomas, transcripts and other documents concerning my professional education, academic status or enrollment to ECFMG upon request of ECFMG.

I hereby authorize ECFMG to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any federal, state or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information. For further information regarding ECFMG's data collection and privacy practices, please refer to our privacy policy available on the ECFMG website at www.ecfm.org/anncl/privacy.html.

26.1 PHOTOGRAPH

Attach a current, full-face color photo here. Use tape or glue; no staples or paper clips, please.



Certifying official must also complete item 26.2.A or 26.2.B below.

Signature of Applicant (In Latin characters) X _____
(Signature must match full legal name as given in PART A-4.) Day Month Year

26.2 CERTIFICATION BY OFFICIAL:

26.2.A CERTIFICATION BY MEDICAL SCHOOL OFFICIAL (Must be completed for medical school students):

I hereby certify that the photograph, signature, and information entered in all parts of Section 23 of this form, including medical school, attendance dates, and status of medical school student (if applicable) accurately apply to the individual named above, and that this individual is: (must check one)

officially enrolled in or a graduate of the institution indicated below. I have affixed the medical school seal or stamp over a portion of the photograph above.

Signature of Medical School Official (In Latin characters) X _____
Day Month Year

Print Name (in Latin characters) _____ Official Title (with English translation, if not in English) _____ Institution _____

OR

26.2.B CERTIFICATION BY OFFICIAL IDENTIFICATION (Pertains to graduates only):

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements in this document are subscribed and sworn to before me by the applicant

on this _____ day, of the month of _____, in the year _____.

X _____
Signature of Consular Official, First Class Magistrate, or Notary Public (in Latin characters) Title (with English translations, if not in English)

2006

27. CLINICAL CLERKSHIPS — Continue on a separate sheet of paper, if necessary:

Clinical Discipline	Hospital/Clinic	Location (exact address)	Supervising Physician	Dates of Clerkship

PART D — OTHER EXAM HISTORY AND APPLICANT NUMBERS

28. OTHER EXAM HISTORY and APPLICANT NUMBERS:

Check below the organizations (other than ECFMG) to which you previously applied for examinations. Enter the date of the most recent examination that was administered to you and the identification number that was assigned to you by that organization.

NATIONAL BOARD OF MEDICAL EXAMINERS
Applicant Identification Number: ---
USMLE Steps 1/2
Date of Most Recent Examination Taken:

STATE LICENSING AUTHORITY IN THE UNITED STATES
Applicant Identification Number:
NBME Parts I/II
Date of Most Recent Examination Taken: **1 9**

STATE LICENSING AUTHORITY IN THE UNITED STATES
FIN – Federation Identification Number:
FLEX
Date of Most Recent Examination Taken: **1 9**