



Educational Commission for Foreign Medical Graduates

On-line Services

Phone: (215) 386-5900
M-F, 9:00 a.m -5:00 p.m.
Eastern Time in the U.S.

- Overview
- Registration Information
- Biographic Information
- Medical Education & Employment
- Payment
- Certification of Identification
- Conclusion

USMLE ID: [REDACTED]

Application ID Code: [REDACTED]

CONCLUSION

You have successfully submitted the on-line part of your application.

Application for USMLE Examinations

Overview

[View/Print Application Instructions](#)

General Information

FAQs

[View/Print USMLE Bulletin of Information](#)

[View/Print ECFMG Information Booklet](#)

[ECFMG's Provision of Performance Data to Medical Schools](#)

You already have a valid Certification of Identification Form (Form 186) on file with ECFMG. If there are additional documents required to complete your application, including but not limited to, medical education credentials, you must send these documents to ECFMG as soon as possible. ECFMG must receive these no later than 12 months from the date you submit the on-line part of your application. The documents must be accompanied by an IWA Document Submission Form (Form 187).

Mail to:

IWA
ECFMG
3624 Market Street, 4th Floor
Philadelphia, PA 19104-2685
USA

ECFMG will send you an e-mail confirmation after receiving the on-line part of your application and after your application has been processed.

If you have any questions, contact ECFMG.

▶ **Log out**



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United States Medical Licensing Examination®
Step 1 SCHEDULING PERMIT
IMPORTANT DOCUMENT - TAKE TO TEST CENTER

Name: [REDACTED]

USMLE#: [REDACTED]

Program: STEP1

Exam: STEP1

Scheduling #: [REDACTED]

(for appointment scheduling)

Testing Region: United States and Canada

Eligibility Begins: January 01, 2011

Eligibility Ends: June 30, 2011

Test Days: 1

CIN (Candidate ID #): [REDACTED]

(for use on test date only to access your exam)

This Scheduling Permit authorizes you to sit for Step 1 during the period noted above. **You must print and take this permit to the test center in order to take your exam.** Review the *USMLE® Bulletin of Information* at www.usmle.org for specific procedures.

1. **SCHEDULE A TEST DATE:** Using the information above, schedule a test date via the Prometric website at www.prometric.com/USMLE, or call 1-800-MED-EXAM (1-800-633-3926) located in Baltimore, MD, USA, available M-F 8AM-8PM (local time). Provide a valid telephone number and email address when scheduling so Prometric can email you a Confirmation Notice and contact you in the event that your appointment must be rescheduled. The Confirmation Notice contains a Prometric Confirmation Number -- You need this number to confirm or change your appointment.
2. **CONFIRM OR CHANGE APPOINTMENT:** Confirm your appointment using your Prometric Confirmation Number one week before your appointment at www.prometric.com/USMLE or by calling the telephone number above. You may change (e.g., reschedule, cancel, change test center location) your appointment within the eligibility period noted above. **To avoid an appointment change fee, you must change your appointment 31 or more days before (but not including) the first day of your scheduled test date.** All deadlines are calculated using local time in Baltimore, MD, USA. If you reschedule your appointment or change your test center location within 30 days, you must pay a fee to Prometric at the time you make the change. If you cancel your appointment within 30 days or do not test as scheduled, before you can schedule a new appointment, you must call Prometric at 1-800-853-6769 to pay a fee to reinstate your eligibility record. Refer to your Confirmation Notice for specific fee information.
3. **ELIGIBILITY PERIOD EXTENSION:** If you are unable to test within your eligibility period, contact ECFMG to inquire about a one-time, contiguous three-month eligibility period extension. A fee is charged for this service. Visit ECFMG's website for more information. If you do not take the test within your original or extended eligibility period and wish to take it in the future, you must reapply by submitting a new application and fee(s).
4. **PRACTICE SESSION:** To take a Practice Session at a Prometric Test Center for a fee payable to Prometric, register on the USMLE website, www.usmle.org, using the Scheduling # and CIN from this permit. You will be issued a Practice Session Scheduling Permit within seven business days of registering. Upon receipt of your permit, you may contact Prometric to pay the fee and schedule an appointment.
5. **ADMISSION TO THE TEST CENTER:** You must bring this Scheduling Permit and an unexpired, government-issued form of ID (such as a driver's license or passport) that includes both your recent photograph and signature. **The name on your ID must match the name on this permit exactly.** The only acceptable differences are variations in capitalization; the presence of a middle name, middle initial or suffix on one document and its absence on the other; or the presence of a middle name on one and middle initial on the other. The name on your ID must appear in the Latin alphabet, i.e., in "English language letters." If the names on your ID and permit differ, contact ECFMG immediately. **You cannot make a name change or correction within seven business days of your scheduled test date.** If you are required to carry a Permanent Residency Card, be sure to bring it with you along with the other required form of ID as noted above.
6. **TEST DAY:**
 - **ARRIVAL:** Report to the test center 30 minutes before your scheduled appointment. You must sign in and your photograph will be taken. If you arrive later than your scheduled appointment, you may not be admitted. If you arrive more than 30 minutes after your scheduled appointment, you will not be admitted to the testing center.
 - **PERSONAL ITEM STORAGE:** You must place all of your personal items, including cell phones, pagers, watches, wallets, food, and beverages in a small locker. Pagers and cell phones must be turned off.
 - **TESTING:** The Test Center Administrator (TCA) will instruct you to write your name and CIN listed above on a laminated writing surface provided for making notes. The TCA will then collect the permit and escort you to the testing room. You will enter your CIN into the computer at your workstation to initiate your exam and to resume testing after breaks. **Do not erase your name and CIN from the laminated writing surface until the end of your test day.** If you are scheduled to take a multiple-day exam, ask the TCA to return your permit to you at the end of your test day since you will need to repeat this process on the following test day(s).
7. **END OF TEST DAY:** The TCA will provide you with a printout that confirms you appeared for that day's testing session. Once you leave the test center, Prometric cannot reproduce the printout.

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

APPLICATION SUMMARY: PRINTER-FRIENDLY FORMAT

You have completed the on-line portion of this application. The information that you provided in response to each item is summarized below. You should review all of your responses carefully before submitting this information to ECFMG.

Use your browser's print button to print this page for your records.

IMPORTANT NOTE: THIS IS NOT A SUBSTITUTE FOR YOUR APPLICATION. THIS IS FOR YOUR RECORDS ONLY. DO NOT MAIL THE APPLICATION SUMMARY TO ECFMG. THE APPLICATION SUMMARY WILL NOT BE ACCEPTED AS AN EXAM APPLICATION.

USMLE ID: [REDACTED] Application ID Code: [REDACTED]

Certifies has read and understood ECFMG's notice on the provision of performance data to medical schools : Yes

Item 1. Selected Exam(s)

USMLE® Step 1

Item 2. Eligibility Period

Step 1 : 01 Oct 2010 to 31 Dec 2010

Item 3. Testing Region

Step 1 : United States and Canada

Item 4. Examinees with Documented Disabilities

I have a documented disability, am covered under the Americans with Disabilities Act as amended, and am requesting test accommodations for:

Step 1 : No

Item 5. Other Examination History and Applicant Numbers

Have you ever submitted an application to the National Board of Medical Examiners (NBME) for a Part or Step examination? No

NBME Part or USMLE Step
Applicant Identification Number :

Item 6. Name of Applicant

Rest of Name : [REDACTED]
Last Name : [REDACTED]
Generational Suffix : [REDACTED]
Name Changed : [REDACTED]

Item 7. Contact Information

Address Line 1 : [REDACTED]
Address Line 2 : [REDACTED]
Address Line 3 : [REDACTED]
City : [REDACTED]
State/Province : [REDACTED]
Zip/Postal Code : [REDACTED]
Country : [REDACTED]
Telephone Number : [REDACTED]
Fax Number : [REDACTED]
Email : [REDACTED]

Item 8. U.S. Social Security Number and/or National Identification Number

U.S. SSN : [REDACTED]
National I.D. # : [REDACTED]
National I.D. Country :

Item 9. Date and Place of Birth