



ECFMG® Clinical Skills Assessment (CSA®)
2001 Application Instructions

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

P. O. BOX 820992, PHILADELPHIA, PENNSYLVANIA 19182-0992, USA

TELEPHONE: (215) 386-5900 INTERNET: <http://www.ecfm.org>

APPLICATION MATERIALS Your CSA application packet includes: these **application instructions** (Form 716), an **identification form** (Form 707) and the four-page **application form** (Form 706). You may use the following application form to apply for CSA administrations in 2001.

IDENTIFICATION FORM An identification form is included with the CSA application form. **You must complete and return this form with your application.** Enter your **name, USMLE/ECFMG Identification Number, date of birth and gender.** Sign the form where indicated. You must attach a full-face **photograph** in the space provided on the identification form. The photograph you provide must be **current**; it must have been taken within six months of the date that you send your application. **Cut out the form along the dotted lines before enclosing with your application.**

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 letters**. You must complete the following application and identification form and send them with all attachments and payment to ECFMG, following the mailing instructions above Part A on the application form. All photographs, signatures and seals/stamps must be original. You cannot register by faxing or sending photocopies of your completed application to ECFMG.

Before submitting the following application form, you are required to read the 2001 *Information Booklet*. The 2001 *Information Booklet* is available on the ECFMG web site at <http://www.ecfm.org> and from ECFMG upon request.

PART A — BIOGRAPHICAL INFORMATION

① USMLE/ECFMG IDENTIFICATION NUMBER Enter your USMLE/ECFMG Identification Number in the spaces provided in item 1 **and in the spaces provided on pages 2-4 of the application.**

② NAME Enter your first and middle names (given names) and your last name (surname) in uppercase letters in item 2 **and in the spaces provided on pages 2-4 of the application.** **If you are a graduate and the name you enter in item 2 does not match exactly the name on your medical diploma, you must submit a copy of a legal document verifying that both of these names belong to you (see *Name of Applicant* on page 24 of the 2001 *Information Booklet*).**

②① PREVIOUS/MAIDEN NAME If the name you entered in item 2 above is different from the name on the last application you submitted to ECFMG, enter your previous name here. You **must** include with the application a copy of the legal document that verifies this name change (either a passport, marriage certificate, birth certificate or court order) to change your name in your ECFMG file. **If you do not provide one of the documents listed above that verifies this name change, your application will be rejected and returned to you.**

③ MAILING ADDRESS Enter the address at which you would like to receive ECFMG correspondence, including your CSA admission permit, score report, statements of account and your Standard ECFMG Certificate. If your address changes, you must notify ECFMG promptly in writing.

③① TELEPHONE NUMBER, FAX NUMBER AND E-MAIL ADDRESS Enter all that apply. If you provide an e-mail address on your application, 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 mail.

④ U.S. SOCIAL SECURITY AND/OR NATIONAL IDENTIFICATION NUMBERS Enter all that apply.

⑤ 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, 1970, you would enter “05” for the day, “01” for the month and “1970” for the year. You must also enter your place of birth.

⑥ GENDER Indicate whether you are male or female.

⑦ NATIVE LANGUAGE Enter the name of your native language.

⑧ CITIZENSHIP Enter your citizenship: (A) At Birth, (B) When you entered medical school, and (C) Now.

⑨ ETHNICITY Check the box that best describes your ethnicity. 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 choosing not to answer this question will not affect the outcome of your application.

PART B — REGISTRATION INFORMATION

⑩ CLINICAL SKILLS ASSESSMENT CENTER CSA is administered throughout the year at the ECFMG Clinical Skills Assessment Center in Philadelphia, Pennsylvania, USA. Refer to *Taking the Exam* on page 20 and *Clinical Skills Assessment Center* on page 36 of the 2001 *Information Booklet* for additional information. Detailed information, including a Philadelphia travel guide, is available in the *CSA Candidate Orientation Manual*. ECFMG sends this publication to applicants when they are registered for CSA. The *CSA Candidate Orientation Manual* and Philadelphia travel guide are also available on the ECFMG web site at <http://www.ecfm.org>.

⑪ FEE The CSA Fee is **\$1,200**. You must enter this amount in item 12 below after selecting a payment method.

⑫ PAYMENT Check the box 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. **If you pay by credit card, there will be an additional \$20 credit card processing fee for each application to cover the costs of processing your credit card payment.** You must add this fee in item 12 when calculating the total amount to be charged to your credit card. You **must** send full payment of all applicable fees with the application. **If you do not include full payment, the application will be rejected and returned to you.** See *Payment* on page 25 of the 2001 *Information Booklet* for a detailed explanation of ECFMG’s payment policies.

⑬ EXAMINEES WITH DOCUMENTED DISABILITIES Check “Yes” **only** if you have a documented disability covered under the Americans with Disabilities Act **and** are requesting test accommodations for CSA. **Checking “Yes” does not constitute an official request.** If you are requesting test accommodations, you **must** obtain the packet entitled *Guidelines and Questionnaire: Requests for Test Accommodations for Examinees with Disabilities Taking the Clinical Skills Assessment* (see page 21 of the 2001 *Information Booklet*) and follow its instructions **before** you submit your CSA application. Your official request, including the completed questionnaire and all required documentation as described in the *Guidelines and Questionnaire*, must be received at ECFMG **no later than your application**.

⑭ OTHER EXAM HISTORY and APPLICANT NUMBERS If you have previously submitted an application form to the National Board of Medical Examiners® (NBME®) for a Part or Step 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.

PART C — MEDICAL EDUCATION, LICENSURE AND EMPLOYMENT INFORMATION

15 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.**

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

15.2 STATUS OF MEDICAL SCHOOL STUDENT This question refers to some of the minimum medical education requirements for medical school students to take the CSA. If you are a medical school student, you must answer this question. See *Eligibility for CSA* on page 19 of the 2001 *Information Booklet* for detailed information on CSA eligibility requirements. **If you are a medical school student and do not answer this question, your application will be rejected and returned to you. Medical school graduates are not required to complete this item.**

15.3 STATUS OF 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 two photocopies of your medical diploma, you must send two photocopies of your medical diploma with the application. You must also send two full-face photographs with the copies of your medical diploma. The photographs must be current; they must have been taken within six months of the date you send them. A photocopy of a photograph is not acceptable. (These photographs are in addition to the three photographs that all applicants must send with the application form [see 19.1 below].) Write your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the back of the photographs and the copies of your diploma. Refer to the *Reference Guide for Medical Education Credentials* on pages 45-48 of the 2001 *Information Booklet* for a list of the medical degrees required by ECFMG.

If you have previously submitted two 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 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 your medical diploma will be issued.

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. A copy of the document from which the translation was made must accompany the translation.

If you do not submit two 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.

16 OTHER MEDICAL SCHOOL(S) ATTENDED If you attended medical school(s) other than the medical school you entered in item 15, enter the exact name and address and dates of attendance at this other medical school. If you attended more than one other medical school, list the name, address and attendance dates for the other medical school(s) on a separate sheet and attach it to the application. Enter your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the attached sheet.

16.1 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.

17 MEDICAL LICENSURE If you received an unrestricted license or certificate of full registration to practice medicine, enter the date and the country or state of your licensure.

18 EMPLOYMENT — Present employment only If you are currently employed, list the name and address of your employer, the position that you hold and the dates of your employment.

19 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 19.2.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 and must explain in writing on the application (section 19.2.B.1) why the form could not be signed in the presence of a medical school official. This official must then certify the application in 19.2.B below. The application form should be mailed to ECFMG from the office of this official.

19.1 PHOTOGRAPHS

You must provide **three full-face photographs** with the application. Attach one photograph to the application form in the space provided. Attach a second photograph to the Identification Form (see *Identification Form* above). To attach the photos, use tape or glue. Do not use staples or paper clips. You must enclose the other photograph with the application form. Write your full name and USMLE/ECFMG Identification Number, if one has been assigned, on the back of all photographs. The photographs that you use must be **current**; they 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 19.2 below) must cover a portion of the photograph that you attach to the application form.** (The three photographs that you must provide with the application form are in addition to the two photographs that graduates must provide with the copies of their medical diplomas [see 15.3 above].)

19.2.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, where appropriate. The medical school official must also affix the **medical school seal or stamp over a portion of the photograph in 19.1. 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 will not be accepted.**

19.2.B CERTIFICATION BY OFFICIAL IDENTIFICATION WITH EXPLANATION (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 provide his/her **official 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, where appropriate. The official must affix his/her **seal or stamp over a portion of the photograph** in 19.1.

19.2.B.1 EXPLANATION (Pertains to graduates only)

Use this space to explain why your application could not be signed in the presence of your Medical School Dean, Vice Dean or Registrar. This explanation must be acceptable to ECFMG and must be provided each time you submit an application form.

20 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.

CLINICAL SKILLS ASSESSMENT
IDENTIFICATION FORM

Educational Commission for Foreign Medical Graduates
3624 Market Street, Philadelphia, PA 19104-2685, USA

TYPE OR PRINT NAME CAREFULLY:

Last Name First Name Middle Initial

USMLE/ECFMG Identification Number - - -

Date of Birth DAY MONTH YEAR

Gender ☐ Male ☐ Female

Signature of Applicant _____

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

Include your name and USMLE/ECFMG Identification Number, if known, on back of photograph before attaching.

Form 707-W, Rev. July 2000

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Instructions

- Complete all information. Type or print name carefully where indicated and sign name where indicated.
- Attach photograph.

Reminder — Cut along dotted lines before enclosing this form with your application.

Enter your USMLE/ECFMG Identification Number: ---

⑩ CLINICAL SKILLS ASSESSMENT CENTER:

⑪ FEE: The Clinical Skills Assessment Fee is \$1,200 (U.S. dollars/Fee subject to change.)

☐ Charge my credit card.

Credit Card Number:

Expiration Date: _____ / _____
MONTH YEAR

Address of Card Holder: _____

Name of Card Holder: _____ Signature of Card Holder: _____

Amount: \$ _____

Date sent: _____ Originating bank: _____ Amount: \$ _____

Bank Reference Number: _____ Name of sender, if different from applicant: _____

⑬ EXAMINEES WITH DOCUMENTED DISABILITIES:

☐ Yes ☐ No

FOR OFFICIAL USE ONLY				
MR	FP	LOG	CRED	REG

Date of Most Recent Examination Taken:

Month	
<div></div>	<div></div>

Year			
<div>1</div>	<div>9</div>	<div></div>	<div></div>

Name: _____
(Last, First, Middle)

Enter your USMLE/ECFMG Identification Number: --

PART C — MEDICAL EDUCATION, LICENSURE AND EMPLOYMENT INFORMATION

15 MEDICAL SCHOOL NAME AND ADDRESS:

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

Official Name of Medical School _____

Street Address _____

City _____

State/Province _____

Postal Code _____

Country _____

University Name (if applicable) _____

15.1 MEDICAL SCHOOL INFORMATION:

■ **Attendance Dates:** From / to /
MONTH YEAR MONTH YEAR

■ **Number of Years Attended:** _____

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

■ **Date your medical diploma was issued (or expect 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 45-48 of the 2001 *Information Booklet* for the list of medical degrees required by ECFMG.

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

■ Are you now officially enrolled and will you be officially enrolled and be within 12 months of completion of the formal didactic curriculum at your medical school by the date of the CSA? Check Yes or No: ☐ Yes ☐ No
If you are a student and answered "No," you are not eligible to take CSA. (See *Eligibility for CSA* on page 19 of the 2001 *Information Booklet*.)

15.3 STATUS OF MEDICAL SCHOOL DIPLOMA — *Must be completed by all graduates:*

If you have graduated from medical school, you must include 2 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 your medical diploma will be issued. (See "Provision of Credentials and Translations" on page 22 of the 2001 *Information Booklet*.)

Graduates must check one:

- ☐ I have graduated from medical school and am enclosing 2 photocopies of my medical diploma.
- ☐ I have graduated from medical school and have previously submitted to ECFMG 2 photocopies of my medical diploma.
- ☐ I have graduated from medical school, but my medical diploma has not yet been issued. I am enclosing 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.

Note: 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).

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

List the names, addresses and dates of attendance of 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 /
MONTH YEAR MONTH YEAR

16.1 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.

17 MEDICAL LICENSURE:

Date you received an unrestricted license or certificate of full registration to practice medicine: /
MONTH YEAR

Country or state in which you are licensed: _____

18 EMPLOYMENT — *Present employment only:*

Institution/Company _____

Street _____

City/State/Country _____

Position(s) _____

Dates _____

Name: _____
(Last, First, Middle)

Enter your USMLE/ECFMG Identification Number: ---

PART C — MEDICAL EDUCATION, LICENSURE AND EMPLOYMENT INFORMATION (Continued)

19 CERTIFICATION BY APPLICANT:

Students and graduates must sign the application in the presence of their Medical School Dean, Vice Dean or Registrar. (See 19.2.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 19.2.B below) **and** must explain in writing why the application form could not be signed in the presence of a medical school official. (See 19.2.B.1 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 CSA eligibility requirements and that the information in this application is true and accurate to the best of my knowledge and that the photographs enclosed were taken within 6 months of the date of this application.

I also certify and acknowledge that I have reviewed the current edition (that which pertains to the administration for which I am registering) of the ECFMG *Information Booklet*, am aware of its contents, 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 21 of the 2001 *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 hereby authorize the Educational Commission for Foreign Medical Graduates 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.

Signature of Applicant (In Latin Characters) X _____

(Signature must match full legal name as given in PART A-2.)

Day Month Year

19.2.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 15 of this form, including medical school and attendance dates, 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

OR

19.2.B CERTIFICATION BY IDENTIFICATION WITH EXPLANATION (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

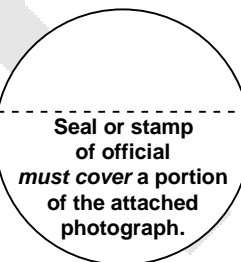
Signature of Consular Official, First Class Magistrate, Notary Public (In Latin Characters with English translations, where applicable.) _____ Official Title _____

19.2.B.1 EXPLANATION (Pertains to graduates only) – Explain in the space below why the application could not be signed in the presence of your Medical School Dean, Vice Dean or Registrar. This explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG.

19.1 PHOTOGRAPHS:

Attach one current, full-face photo here. Attach a second photo to the Identification Form. Use tape or glue; no staples or paper clips, please.

Enclose the other photo with this application form.



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

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