



MyIntealth™ Applicant User Guide: United States Medical Licensing Examination® (USMLE®) Exam

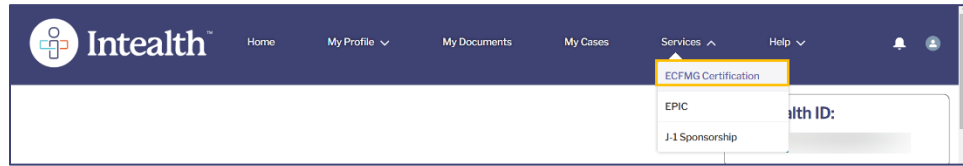
Table of Contents

- 1 USMLE Exam.....3**
 - 1.1 Submit a USMLE Application 3**
 - 1.2 Request a USMLE Eligibility Period Extension13**
 - 1.3 Review the Case Status of an Eligibility Period Extension Request19**
 - 1.4 Request a USMLE Testing Region Change 20**
 - 1.4.1 Review the Case Status of a Testing Region Change Request..... 24**
 - 1.5 Locate and Download Student Enrollment Verification (Form 183)..... 25**
 - 1.6 Locate and Download a Scheduling Permit 27**
 - 1.7 Locate and Download a Score Report 28**
 - 1.8 Request a Score Recheck.....30**
 - 1.8.1 Review the Case Status of a Score Recheck..... 32**
 - 1.9 Request to Withhold Exam Results..... 33**

1 USMLE Exam

1.1 Submit a USMLE Application

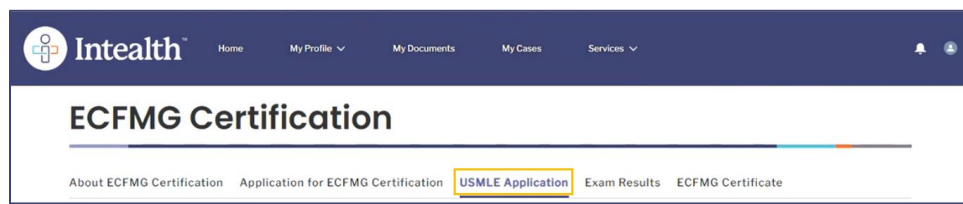
Step 1. From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and then select **ECFMG Certification** from the dropdown.



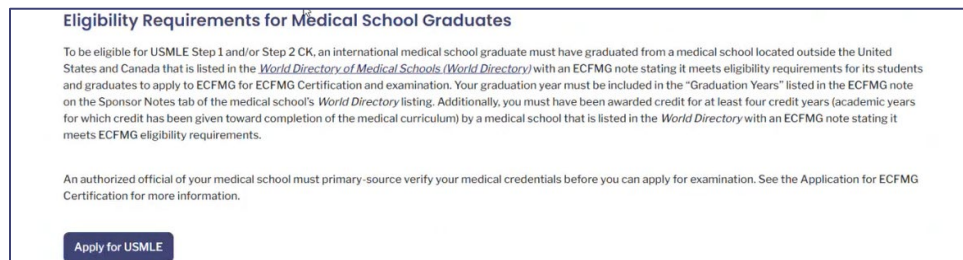
Step 2. The **ECFMG Certification** page opens.

Note: Before applying for a USMLE Exam, ensure the status of your Application for ECFMG Certification case is “accepted”. This status can be found on the **Application for ECFMG Certification** tab.

Step 3. Click the **USMLE Application** tab.



Step 4. Review the information and click **Apply for USMLE**.



Step 5. The **Review Your Profile Information** page appears. Review your information and click **Next**.

- If you need to edit your **Identity Information** and/or **Contact Information**, click **Cancel**. To make any necessary edits, click **My Profile** from the top banner and edit your **Identity Information** or **Contact Information** pages.

Review Your Profile Information

Please review your Intealth profile information below. If any information is incorrect or needs to be updated, you must go to the My Profile section and make the necessary changes now. Please note that submitting certain changes to your identity information will need to be reviewed and approved before you can continue with this application. If you confirm that the information in your profile is correct as listed below, click **Next**.

Identity Information

Last Name/Surname	Shine
Rest of Name	Shimmer
Generational Suffix	--None--

*Email Address shine@shimmer.com

Telephone Number 768789743543

Next Cancel

Step 6. The **Review Your Medical Education Information** page appears. Review the information and if the information is correct, click the **I confirm the above information is true and correct to the best of my knowledge** checkbox.

Review Your Medical Education Information

Please review your medical education information below. If any information is incorrect or needs to be updated, you must click **Edit My Application for ECFMG Certification** and make the necessary changes. Please note that submitting changes to your medical education will re-open your Application for ECFMG Certification. Your Application for ECFMG Certification case will need to be re-accepted before you can continue with this application. If you confirm that the medical education information is correct as listed below, check the box, and click **Next**.

Medical School Information

Medical Education Status	Graduate
Degree Medical School	Daejeon University College of Korean Medicine
School Program	MBBS

☒ I confirm the above information is true and correct to the best of my knowledge.

Step 7. Click **Next**.

☒ I confirm the above information is true and correct to the best of my knowledge.

Previous Next Cancel

Step 8. The **Provision of USMLE Performance Data Notification** page appears. Click the **Notification of Provision of USMLE Performance Data to Med Schools** checkbox to view a larger version of the document.

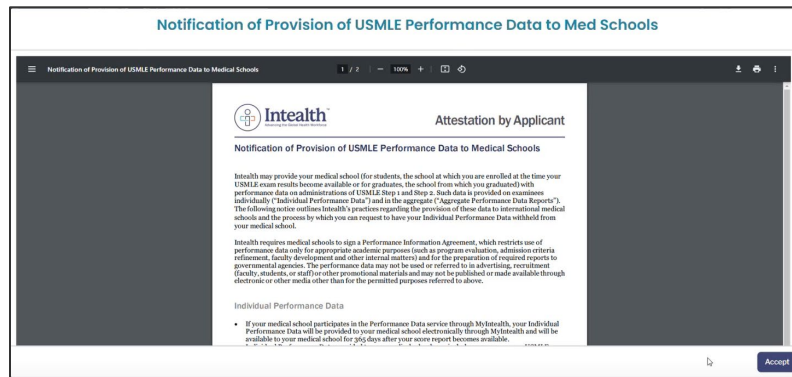
Provision of USMLE Performance Data Notification

In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

☒ Notification of Provision of USMLE Performance Data to Med Schools

Save Previous Next Cancel

Step 9. Review the document and click **Accept**.



Step 10. Click **Next**.

Provision of USMLE Performance Data Notification

In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

☒ Notification of Provision of USMLE Performance Data to Med Schools

Step 11. The **Physician License in the United States** page appears. Review the information on this page and indicate whether you have already been granted a physician license by a U.S. medical licensing authority.

- a. If you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, select the **Yes, I have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception** checkbox.

- (1) An additional information box appears. Review the information and click the checkbox at the bottom of the pop-up indicating you read and understand the information.

Physician License in the United States

Indicate whether you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, including but not limited to, the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA, or by exception.

Note: If you are a medical student, it is very unlikely that you have already been granted a physician license.

☒ Yes, I have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception.

You indicated that you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, including but not limited to, the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA, or by exception. USMLE policy generally does not allow applicants to take USMLE if they have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations. There are, however, certain limited exceptions that may be considered by the USMLE Secretariat.

If you wish to apply for this exam, you may proceed with your application. However, your application will be placed on hold until your request for exception to the USMLE policy is received by ECFMG and a decision is rendered by the USMLE Secretariat. You may only request the exception at the time that you apply for examination. Exceptions are not considered prior to your submittal of the exam application. For more information, including the requirements for documentation that must be submitted to ECFMG to support your request for exception, please [contact us](#).

☒ Please check this box to indicate that you have read and understood the above statements and plan to request an exception to the USMLE policy.

- (2) **Note:** If you are a medical student, it is very unlikely that you have already been

granted a physician license.

- b. If you have **not** been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, click the **No, I have not been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception** checkbox and click **Next**.

Physician License in the United States

Indicate whether you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, including but not limited to, the Federation Licensing Examination (FLEX), the Medical Council of Canada Qualifying Examination, NBME certifying examinations, or National Board of Osteopathic Medical Examiners COMLEX-USA, or by exception.

Note: If you are a medical student, it is very unlikely that you have already been granted a physician license.

☐ Yes, I have been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception.

☒ No, I have not been granted a physician license by a U.S. medical licensing authority based on other licensure examinations or by exception.

[Previous](#) [Next](#) [Cancel](#)

Step 12. The **Add Exam** page appears. Click **Add Exam**.

Add Exam

Click **Add Exam** to select the USMLE Step you want to include on this application. If you do not meet requirements or are otherwise ineligible to apply for a USMLE Step, information will be provided to you when you select that exam.

You may be eligible to apply for more than one USMLE Step in a single application. Exams must be added to the application one at a time. Once you have entered all requested information for the first exam, you can click **Add Exam** to add an additional exam to your application.

Once you have added to the application all the exams for which you are eligible and wish to register, click **Next**.

Your USMLE Application

You have not added any exams to this application yet.

[Previous](#) [Add Exam](#) [Cancel](#)

Note: You may only add one exam at a time. Once an exam has been added, you may be able to add an additional exam.

Step 13. The **Exam Details** page appears. Click the checkbox next to the **USMLE Step exam** you want to take. Use the following instructions to complete the subsequent questions pertaining to the selected exam.

Exam Details

Select an Exam

Select the USMLE Step you want to take.

☒ USMLE Step 1

☐ USMLE Step 2 CK

- a. After selecting an exam, if a red notification appears stating that you have already passed this exam, additional options will appear, prompting you to select the applicable exception reason (**ECFMG Seven-Year Rule** or **Medical Licensing Authority**

Time Limit). Once you have selected the applicable exception, click **Confirm**.

Our records indicate that you have previously passed this exam. USMLE policy on reexamination generally does not allow applicants to retake a Step if they have already passed that Step. There are, however, certain exceptions to this policy that have been previously approved by USMLE governance and are listed below. Please select the exception from the USMLE policy on reexamination that you wish to request.

☐ ECFMG Seven-Year Rule [Click here for more information.](#)
☐ Medical Licensing Authority Time Limit [Click here for more information.](#)

- b. In the **Eligibility Period Information** section, select your **Eligibility Period** from the dropdown.

Select the three-month eligibility period during which you would like to take the exam.

2025 Eligibility Period Information

Before applying for an eligibility period in 2025, you must have read the ECFMG 2025 *Information Booklet* and the USMLE 2025 *Bulletin of Information*. If the processing of your application is not completed in time to assign the eligibility period you select, you will be assigned to the next available eligibility period, based on the date your application is processed. If the next eligibility period extends into 2026 and you test in 2026, you must become familiar with and will be subject to the policies and procedures detailed in the ECFMG 2026 *Information Booklet* and USMLE 2026 *Bulletin of Information*.

* Eligibility Periods

-Select-

February 1, 2025 - April 30, 2025
March 1, 2025 - May 31, 2025
April 1, 2025 - June 30, 2025
May 1, 2025 - July 31, 2025
June 1, 2025 - August 31, 2025
July 1, 2025 - September 30, 2025
August 1, 2025 - October 31, 2025
September 1, 2025 - November 30, 2025

If you are applying to retake a failed exam, only eligibility periods that comply with the USMLE retake policy are shown. If an eligibility period that complies with this policy is not yet available, you cannot apply for this examination until an eligibility period that complies with the USMLE retake policy becomes available.

- c. Select your **Testing Region**.

* Testing Region

☐ Africa
(Note: Egypt is in Prometric's Middle East testing region. If you would like to take the exam in Egypt, select Middle East.)

☐ Asia
(Note: India is in Prometric's India testing region. If you would like to take the exam in India, select India.)

☐ Australia

☐ China
(Note: Hong Kong is in Prometric's Asia testing region. If you would like to take the exam in Hong Kong, select Asia.)

☐ Europe

☐ India

☐ Indonesia

☐ Japan

☐ Korea

☐ Latin America

☐ Middle East
(Note: Israel is in Prometric's Europe testing region. If you would like to take the exam in Israel, select Europe.)

☐ Taiwan

☐ Thailand

☒ United States and Canada

- d. In the **Examinees with Documented Disabilities** section, review the question and select the appropriate answer.

(1) If you select **Yes**, follow the on-screen instructions for more detail.

Examinees with Documented Disabilities

Do you have a documented disability as defined by the Americans with Disabilities Act and intend to request test accommodations for USMLE Step 2 CK?

☒ Yes
☐ No

Step 14. Once you have entered all information, click **Confirm**.

Examinees with Documented Disabilities

Do you have a documented disability as defined by the Americans with Disabilities Act and intend to request test accommodations for USMLE Step 2 CK?

☒ Yes
☐ No

Previous
Confirm

Step 15. The **Add Exam** page appears. Review the newly added **Exam Type** under the **Your USMLE Application** section.

Add Exam

Click **Add Exam** to select the USMLE Step you want to include on this application. If you do not meet requirements or are otherwise ineligible to apply for a USMLE Step, information will be provided to you when you select that exam.

You may be eligible to apply for more than one USMLE Step in a single application. Exams must be added to the application one at a time. Once you have entered all requested information for the first exam, you can click **Add Exam** to add an additional exam to your application.

Once you have added to the application all the exams for which you are eligible and wish to register, click **Next**.

Your USMLE Application

Exam Type	Eligibility Period	Testing Region	Test Accommodations
USMLE Step 2 CK	Oct 1, 2023 - Dec 31, 2023	United States and Canada	No

Previous
Add Exam
Next
Cancel

- If you are eligible to add another exam, click **Add Exam** and follow the previous instructions.
- If you would like to edit your exam details, click the green pencil icon.
- If you would like to delete your exam, click the red delete icon.

Step 16. Click **Next**.

Step 17. The **Additional Information** page appears. Choose your native language from the **Select Your Native Language** dropdown. All other fields are optional.

Additional Information

Providing the information in the section below is voluntary. Providing a particular response, or choosing not to respond, in the section below will not affect the outcome of your application(s). The information collected below, should you choose to provide it, may be used for conducting statistical research and analysis only. We will not verify any of the information collected below.

Language Fluency

*Select Your Native Language

English

Select Other Languages Spoken

Step 18. Click **Next**.

Save
Previous
Next
Cancel

Step 19. The **USMLE Application Summary** page appears. Click **Next**.

Important: This is the last opportunity to make any changes to your exam application before proceeding to the final steps.

Attestation by Applicant

In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

☒ USMLE Application Attestation

Previous
Next
Cancel

Step 22. The **Review Your Cart** page appears with a list of **Cart Items**.

Review Your Cart

Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.

Important Note: Navigating away from this screen, by using the Back button in your browser or refreshing your browser, may clear your responses and restart the application/request.

Cart Items

Product	Total
USMLE Step 2 Region Surcharge	
USMLE Step 2 Exam	

Subtotal: \$

- a. If there are any credits in your financial account, click **Apply Credits** to use them.

Credits on Your Account

You have a credit of \$2,450.00 in your Intealth financial account. You can apply this credit to your Total above by clicking **Apply Credits** and then **Proceed to Payment**. If you do not want to apply this credit to your Total, click **Proceed to Payment**.

Apply Credits

- b. Click **Proceed to Payment**.

Total: \$

Previous
Proceed to Payment

Note: As stated on the screen, refreshing your browser page, or navigating away from this screen using your browser’s **Back** button restarts your application/request. Click **Previous** to return to any prior screens.

- c. Click your payment method, **Card** or **Bank Account**.

If the billing address for the credit card you are using is different from the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

Billing Address	Card	Bank Account	Payment Info
123 USCS Way			Ralph L. Loewe
Apt / Suite			Card Number
Spartanburg			MM/YY
South Carolina			CVV ?
29301			

d. Confirm the **Billing Address** information is correct. Correct information as needed.

If the billing address for the credit card you are using is different from the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

Billing Address	Card	Bank Account	Payment Info
123 USCS Way			Ralph L. Loewe
Apt / Suite			Card Number
Spartanburg			MM/YY
South Carolina			CVV ?
29301			

e. Enter your **Payment Info** based on the payment method you selected.

If the billing address for the credit card you are using is different from the address in your Intealth profile, please enter the correct billing address. A payment confirmation will be sent to the email address below.

Billing Address	Card	Bank Account	Payment Info
123 USCS Way			Ralph L. Loewe
Apt / Suite			Card Number
Spartanburg			MM/YY
South Carolina			CVV ?
29301			

f. Click **Pay \$**.

Pay

Warning: Clicking the back button in your browser will start the entire application/service request over again.

When the payment is approved, click **Next**.

Please refer to the [Payment page](#) for additional information.

g. When the payment is successfully processed, a **Thank You!** confirmation notification appears, and an email confirmation is sent to your email address on file.

- (1) If you are a student and your medical school participates in the **MyIntealth Entity Portal** (Formerly EMSWP), a request is sent to the **MyIntealth Entity Portal** to verify your student enrollment status.
- (2) If you are a student and your medical school does not participate in the **MyIntealth Entity Portal**, your Form 183 is available on the **USMLE Exam** tab (at the bottom of the screen).
- (3) If you are a graduate, your application should be accepted within 24 hours.

Thank You!

You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below.

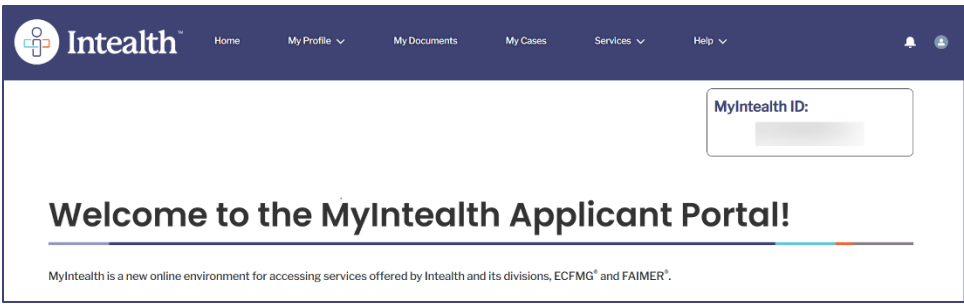
For your reference, your case number for this request is

Next

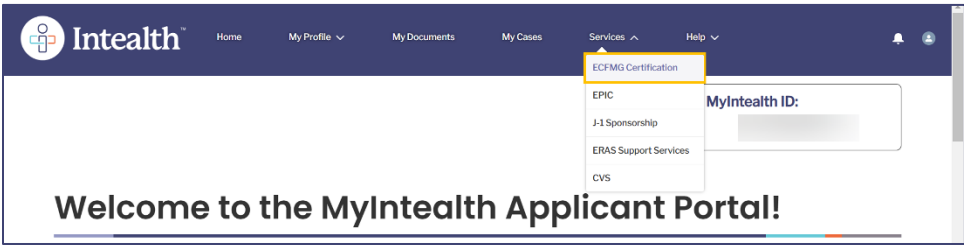
Step 23. Click **Next** to return to the homepage.

1.2 Request a USMLE Eligibility Period Extension

Step 1. Log in to the **MyIntealth Applicant Portal**.



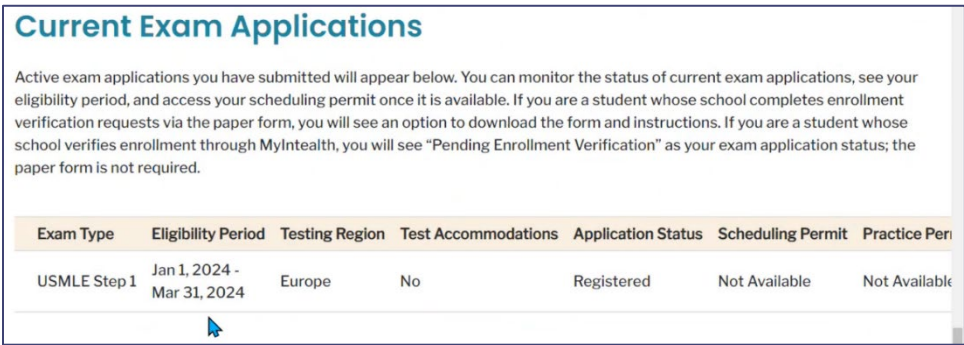
Step 2. From the top banner, under **Services**, select **ECFMG Certification**.



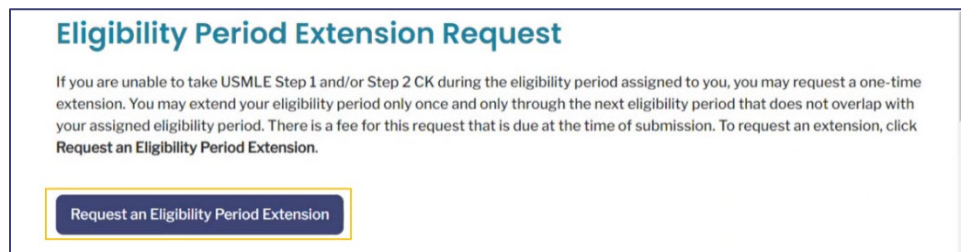
Step 3. Click the **USMLE Application** tab.



Step 4. Review the **Current Exam Applications** section to ensure you are within the current **Eligibility Period**.

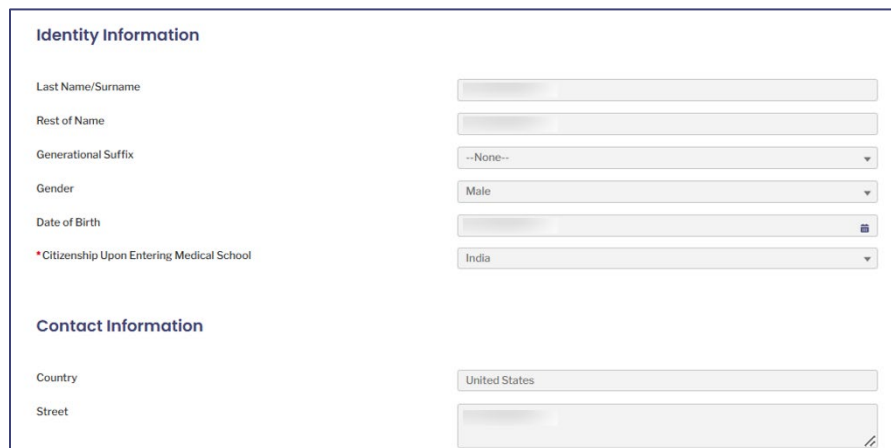


Step 5. Under the **Eligibility Period Extension Request** section, click **Request an Eligibility Period Extension**.



- a. If you are not currently within the **Eligibility Period**, the option to **Request an Eligibility Period Extension** is not available. The section for an Eligibility Period Extension Request will only appear on the USMLE Application tab if you have an active exam registration.

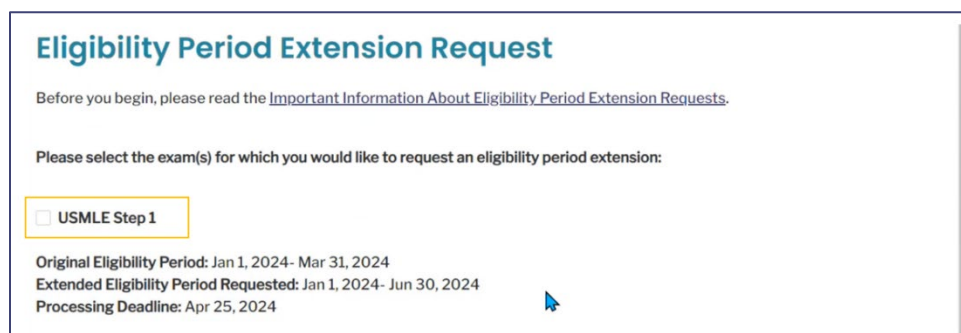
Step 6. Review the previously entered **Identity Information** and **Contact Information**.



Step 7. If no changes are necessary, click **Next**.



Step 8. On the **Eligibility Period Extension Request** page, select the exam you want to request an eligibility period extension for by clicking the appropriate checkbox.



- a. The **Processing Deadline** is the date by which the eligibility extension request must be accepted. If it is not accepted by this date, then the eligibility extension will not be provided. If you are a student, enrollment verification by the medical school is required to process the extension. The enrollment verification must be received and accepted by the **Processing Deadline** date.
- b. If you are a student and your medical school previously verified your enrollment electronically, once the request for an extension is submitted, another request is sent to your medical school to electronically verify your enrollment status.
- c. If you are a student and your medical school verifies enrollment status via the paper process, once your request is submitted to extend your eligibility period, Form 183 is provided. This form must be signed and dated and then sent to your medical school. Your medical school must then send the form back to ECFMG.

Step 9. Click **Next**.

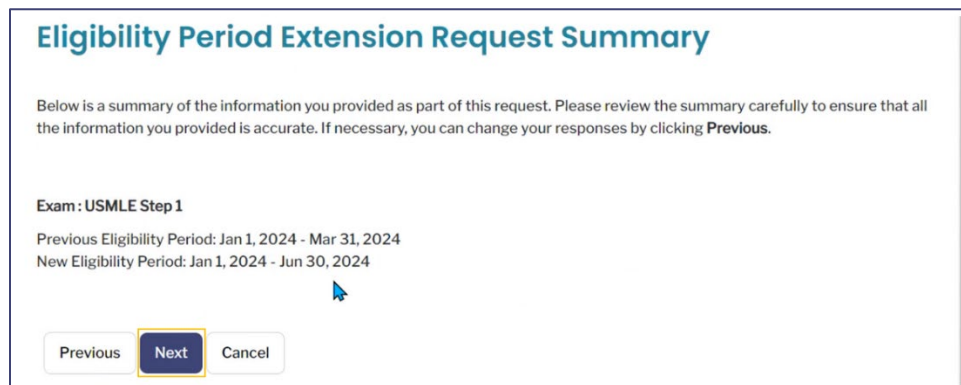
Enrollment Verification

You must continue to be eligible to take the exam during the extended eligibility period. If you were registered for this examination as a graduate, your enrollment status was confirmed by your medical school prior to registration and no additional action is required. If you were registered for this examination as a student, once you submit your eligibility period extension request, ECFMG will request enrollment verification from your medical school via the school's current method. If your medical school verifies enrollment through MyIntealth, your record will be made available to your medical school after you submit your eligibility period extension request. If your medical school completes enrollment verification requests via paper form, you will be provided with the form and instructions after you submit your eligibility period extension request.

If you were registered for this exam as a student, ECFMG must receive verification of your enrollment from your medical school and process your request by the deadline above, or your eligibility period extension request will be rejected.

Previous Next Cancel

Step 10. Review the previous and new eligibility period information on the **Eligibility Period Extension Request Summary** page. Once ready, click **Next**.



Eligibility Period Extension Request Summary

Below is a summary of the information you provided as part of this request. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your responses by clicking **Previous**.

Exam : USMLE Step 1

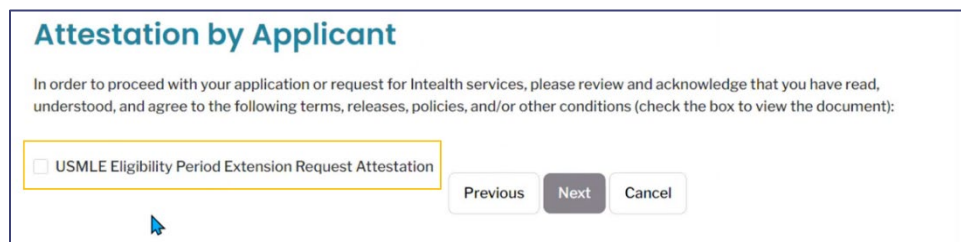
Previous Eligibility Period: Jan 1, 2024 - Mar 31, 2024

New Eligibility Period: Jan 1, 2024 - Jun 30, 2024

Next Previous Cancel

Step 11. Review the **Attestation by Applicant** information by following the instructions below:

a. Click the **USMLE Eligibility Period Extension Request Attestation** checkbox.



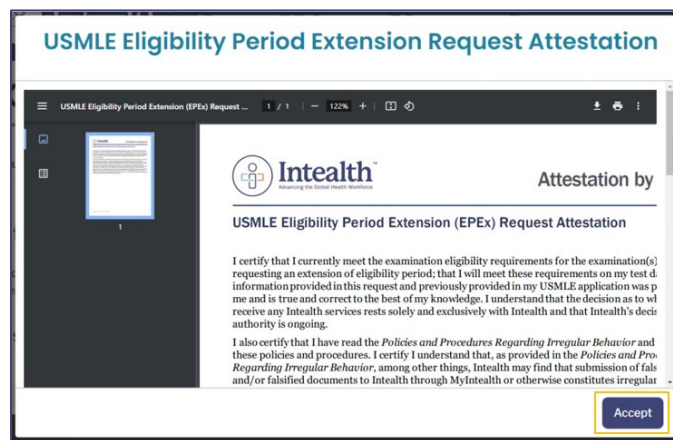
Attestation by Applicant

In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

☐ USMLE Eligibility Period Extension Request Attestation

Next Previous Cancel

b. Review the attestation form and click **Accept**.



USMLE Eligibility Period Extension Request Attestation

USMLE Eligibility Period Extension (EPEX) Request ... 1 / 1 122%

Intealth
Advancing the Global Health Workforce

Attestation by

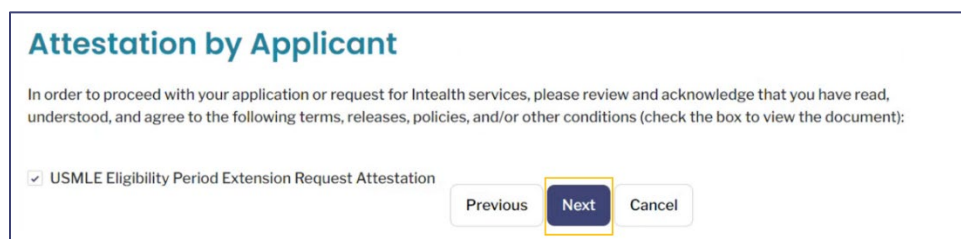
USMLE Eligibility Period Extension (EPEX) Request Attestation

I certify that I currently meet the examination eligibility requirements for the examination(s) requesting an extension of eligibility period; that I will meet these requirements on my test date and information provided in this request and previously provided in my USMLE application was p me and is true and correct to the best of my knowledge. I understand that the decision as to w receive any Intealth services rests solely and exclusively with Intealth and that Intealth's decisi authority is ongoing.

I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and these policies and procedures. I certify I understand that, as provided in the *Policies and Pro- Regarding Irregular Behavior*, among other things, Intealth may find that submission of fals and/or falsified documents to Intealth through MyIntealth or otherwise constitutes irregular

Accept

Step 12. Click **Next**.



Attestation by Applicant

In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

☒ USMLE Eligibility Period Extension Request Attestation

Next Previous Cancel

Step 13. The **Review Your Cart** page appears with an overview of your **Cart Items**.

The screenshot shows the 'ECFMG Certification' header with a navigation bar containing 'About ECFMG Certification', 'Application for ECFMG Certification' (selected), 'USMLE Application', 'Exam Results', and 'ECFMG Certificate'. Below the header is the 'Review Your Cart' section. It includes a paragraph: 'Please review the items in your cart. If you are ready to continue with this application/request, click **Proceed to Payment**. Once you proceed to payment, you will be unable to return to this screen. If you wish to cancel this application/request, click **Previous** to return to the preceding screen and then click **Cancel**.' Below this is an 'Important Note': 'Navigating away from this screen, by using the Back button in your browser or refreshing your browser, may clear your responses and restart the application/request.' A table titled 'Cart Items' has two columns: 'Product' and 'Total'. The first row shows 'USMLE Eligibility Period Extension' with a price of '\$'. At the bottom right, the 'Subtotal: \$' is displayed next to a blurred value.

Step 14. Click **Proceed to Payment**.

The screenshot shows a payment summary section with 'Total: \$' followed by a blurred amount. Below this are two buttons: 'Previous' and 'Proceed to Payment'. A mouse cursor is hovering over the 'Proceed to Payment' button.

Step 15. Select your payment method, **Card** or **Bank Account**, and enter your payment information as required.

The screenshot shows a payment method selection screen. At the top, there are two buttons: 'Card' (selected) and 'Bank Account'. Below these are two sections: 'Billing Address' and 'Payment Info'. A mouse cursor is hovering over the 'Payment Info' section.

Step 16. Click **Pay \$**.

The screenshot shows a payment confirmation screen. At the bottom right, there is a button labeled 'Pay \$' with a blurred amount, which is highlighted by a yellow rectangular box.

Step 17. Once your payment is successfully processed, a **Thank You!** confirmation notification appears, and an email confirmation is sent to your email address on file.

- a. It is recommended to document your case number (**C-#**) for this request. It helps the Intealth advisors quickly locate your case if necessary.

Thank You!

You have successfully submitted your application/service request. We will notify you as soon as your request has been processed. You can also monitor the status of this request using the case number provided below.

For your reference, your case number for this request is **C-72759**.

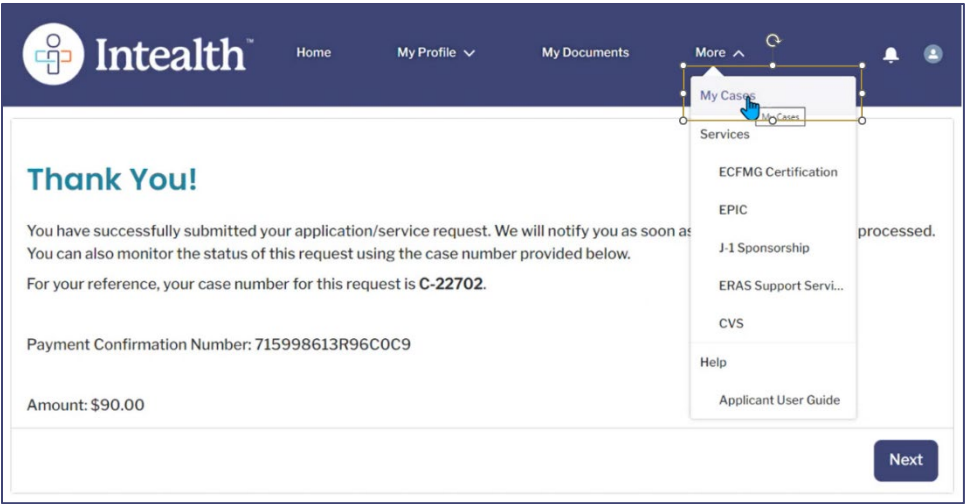
Payment Confirmation Number:

Amount: \$

[Next](#)

1.3 Review the Case Status of an Eligibility Period Extension Request

Step 1. In the top banner, click **My Cases**.



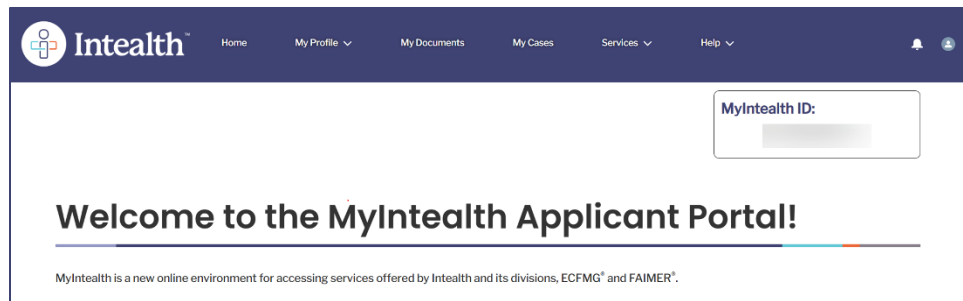
Step 2. Under **My Case Requests**, locate the **Eligibility Period Extension** case type request.

Case Number	Case Type	Case Status	Date Opened	Modified Date	Action Required	Restriction Applied
C-22049	Identity Verification	Account Established	01-08-2024	01-09-2024	No	No
C-22226	Application For Certification	Accepted	01-10-2024	01-10-2024	No	No
C-22328	Exam Registration	Cancelled	01-10-2024	01-15-2024	No	No
C-22339	Exam Registration	Registered	01-10-2024	01-15-2024	No	No
C-22535	Region Change	Accepted	01-11-2024	01-11-2024	No	No
C-22539	Exam Registration	Registered	01-11-2024	01-15-2024	No	No
C-22701	USMLE Transcript	Submitted - In Review at ECFMG	01-15-2024	01-15-2024	No	No
C-22702	Eligibility Period Extension	Pending Enrollment Verification	01-15-2024	01-15-2024	No	No

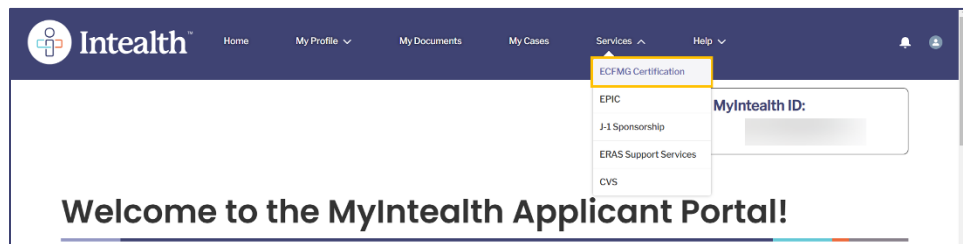
- a. From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

1.4 Request a USMLE Testing Region Change

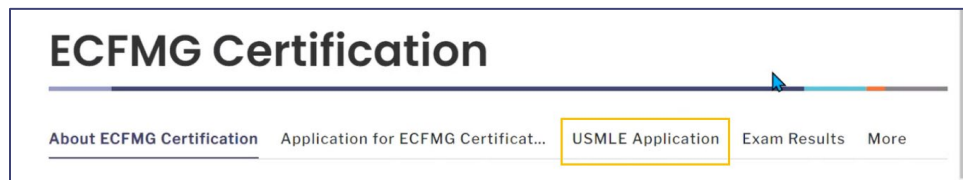
Step 1. Log in to the **MyIntealth Applicant Portal**.



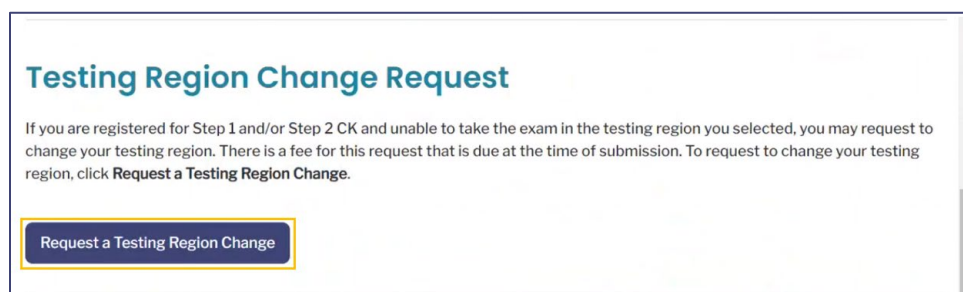
Step 2. From the top banner, under **Services**, select **ECFMG Certification**.



Step 3. Click the **USMLE Application** tab.



Step 4. Scroll down to the **Testing Region Change Request** section, and click **Request a Testing Region Change**.



Note: *Testing Region Change Request will only appear on the USMLE Application tab if you have an active exam registration.*

Step 5. Review your **Identity Information** and **Contact Information** to verify that it is accurate. Once ready, click **Next**.

Identity Information

Last Name/Surname
Rest of Name
Generational Suffix
Gender
Date of Birth
* Citizenship Upon Entering Medical School

Contact Information

Country
Street

* Email Address
Telephone Number

Next
Cancel

Step 6. Review the information on the **Testing Region Change Request** page and click the checkbox next to the exam you would like to change.

Testing Region Change Request

If you are registered for Step 1 and/or Step 2 CK and are unable to take the exam in the testing region you selected, you may request to change your testing region. There is a fee for changing a USMLE testing region that is due at the time you submit your request. If the international test delivery surcharge for the testing region you request is more than the surcharge for your current testing region, you also must pay the difference in these surcharges. If your testing region is changed, a revised scheduling permit reflecting this change will be issued. You must present the revised scheduling permit at the test center on your exam date.

If you have a scheduled testing appointment in your current testing region, your appointment will be canceled when your testing region is changed. You will need to schedule a new testing appointment at a test center in your new testing region. See information on rescheduling in the applicable edition of the ECFMG [Information Booklet](#).

Please select the exam(s) for which you would like to request a testing region change:

☐ USMLE Step 1

Current Testing Region: Europe
Surcharge: \$195.00

Step 7. A list of available testing regions will appear below, along with their respective **Surcharge**. Select the **Testing Region** by clicking the circle next to the region.

Please select the exam(s) for which you would like to request a testing region change:

☒ USMLE Step 1

Current Testing Region: Europe
Surcharge: \$195.00

Select the new region below:

Testing Region	Surcharge
☐ Africa (Note: Egypt is in Prometric's Middle East testing region. If you would like to take the exam in Egypt, select Middle East.)	\$100.00
☐ Asia (Note: India is in Prometric's India testing region. If you would like to take the exam in India, select India.)	\$100.00
☐ Australia	\$100.00
☐ China (Note: Hong Kong is in Prometric's Asia testing region. If you would like to take the exam in Hong Kong, select Asia.)	\$100.00
☐ India	\$100.00

Step 8. Click **Next**.

☐ Taiwan	\$1,000
☐ Thailand	\$1,000
☒ United States and Canada	\$0

Previous Next Cancel

Step 9. The **Testing Region Change Request Summary** page now appears. Review the region fee information and click **Next**.

Testing Region Change Request Summary

Below is a summary of the information you provided as part of this request. Please review the summary carefully to ensure that all the information you provided is accurate. If necessary, you can change your application by clicking **Previous**.

Exam : USMLE Step 1

Previous Region Fee : Europe (\$1,000)

New Region Fee : United States and Canada (\$0)

New Region Change Fee : \$0

Previous Next Cancel

Step 10. Complete the **Attestation by Applicant** section by following the instructions below:

a. Click the **USMLE Testing Region Change Request Attestation** checkbox.

Attestation by Applicant

In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

☐ USMLE Testing Region Change Request Attestation

Previous Next Cancel

b. Review the information and click **Accept**.

USMLE Testing Region Change Request Attestation

USMLE Testing Region Change Request Attestation 1 / 1 122%

Intealth
Advancing the Global Health Workforce

Attestation by

USMLE Testing Region Change Request Attestation

I

I certify that the information provided in this request to change my USMLE testing region was by me and is true and correct to the best of my knowledge. I also certify and acknowledge that applicable editions (that which pertain to the eligibility period in which I will take the exam) of the *Information Booklet* and *USMLE Bulletin of Information*, am aware of the contents of both and meet the eligibility requirements set forth therein, and agree to abide by the policies and procedures. I understand that the decision as to whether I qualify to receive any Intealth services rests solely with Intealth and that Intealth's decision-making authority is ongoing.

I also certify that I have read the *Policies and Procedures Regarding Irregular Behavior* and these policies and procedures. I certify I understand that, as provided in the *Policies and Procedures Regarding Irregular Behavior*, among other things, Intealth may find that submission of false information is a violation of the *Policies and Procedures Regarding Irregular Behavior*.

Accept

Step 11. Click **Next**, and continue to the **Review Your Cart** screen. Refer to steps 13-17 in [Section 1.2](#) for additional instructions on submitting your payment information.

Attestation by Applicant

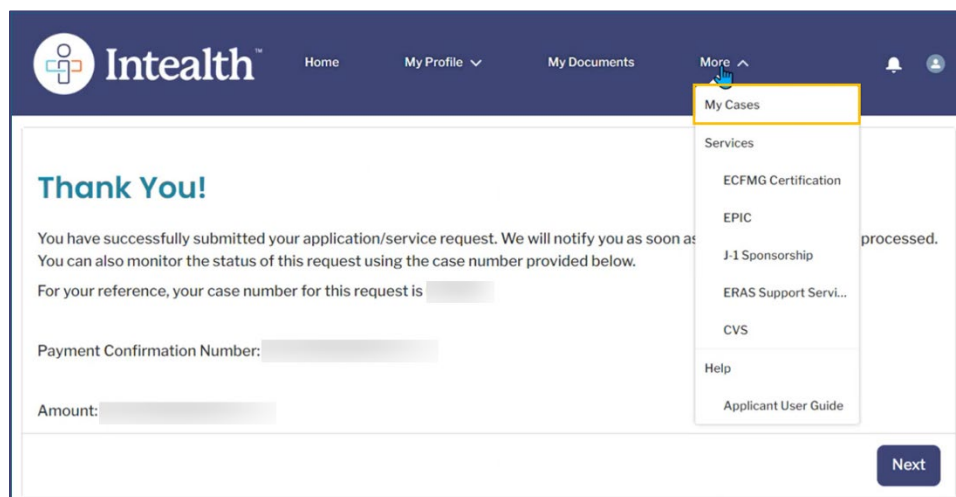
In order to proceed with your application or request for Intealth services, please review and acknowledge that you have read, understood, and agree to the following terms, releases, policies, and/or other conditions (check the box to view the document):

☒ USMLE Testing Region Change Request Attestation

Previous **Next** Cancel

1.4.1 Review the Case Status of a Testing Region Change Request

Step 1. In the top banner of the **MyIntealth Applicant Portal**, select **My Cases**.



Step 2. Under **My Case Requests**, locate the **Region Change** request.

If you need to [contact us](#) regarding a specific request, please be prepared to provide your case number and MyIntealth ID.

Case Number	Case Type	Case Status	Date Opened	Modified Date	Action Required	Restriction Applied
C-22049	Identity Verification	Account Established	01-08-2024	01-09-2024	No	No
C-22226	Application For Certification	Accepted	01-10-2024	01-10-2024	No	No
C-22328	Exam Registration	Cancelled	01-10-2024	01-15-2024	No	No
C-22339	Exam Registration	Registered	01-10-2024	01-15-2024	No	No
C-22535	Region Change	Accepted	01-11-2024	01-11-2024	No	No
C-22539	Exam Registration	Registered	01-11-2024	01-15-2024	No	No
C-22701	USMLE Transcript	Submitted - In Review at ECFMG	01-15-2024	01-15-2024	No	No
C-22702	Eligibility Period Extension	Pending Enrollment Verification	01-15-2024	01-15-2024	No	No
C-22703	Region Change	Submitted	01-15-2024	01-15-2024	No	No

- a. From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

1.5 Locate and Download Student Enrollment Verification (Form 183)

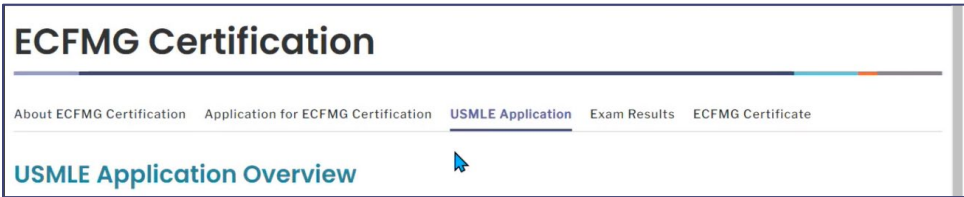
If your school does not verify enrollment status electronically, you are prompted to download and complete a **paper enrollment verification form**.

The steps shown in this section apply to an applicant who has already completed the **Application for ECFMG Certification** as a student and their application was accepted. In addition, the applicant applied and paid for the **USMLE Exam**. At this point, **the paper Student Enrollment Verification (Form 183)** became available.

- Step 1.** From the **MyIntealth Applicant Portal**, in the top banner, click **Services** and then select **ECFMG Certification** from the dropdown.



- Step 2.** Click the **USMLE Application** tab and scroll to the **Current Exam Applications** section at the bottom of the page.



Current Exam Applications							
Active exam applications you have submitted will appear below. You can monitor the status of current exam applications, see your eligibility period, and access your scheduling permit once it is available. If you are a student whose school completes enrollment verification requests via the paper form, you will see an option to download the form and instructions. If you are a student whose school verifies enrollment through MyIntealth, you will see "Pending Enrollment Verification" as your exam application status; the paper form is not required.							
Exam Type	Eligibility Period	Testing Region	Test Accommodations	Application Status	Scheduling Permit	Practice Permit	Visa Letter
USMLE Step 1	Oct 1, 2023 - Dec 31, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Availab
USMLE Step 2 CK	Oct 1, 2023 - Dec 31, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Availab

- Step 3.** Click the download icon (⬇️) in the **Paper Enrollment Form** column.

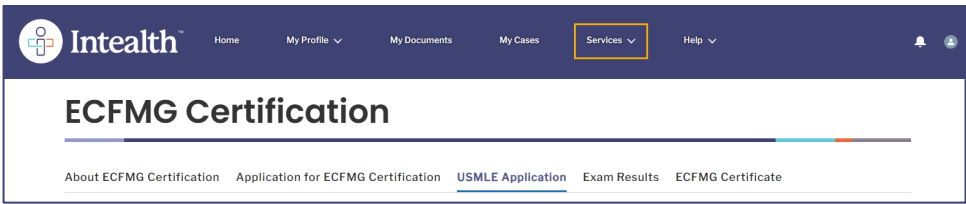
Applications							
have submitted will appear below. You can monitor the status of current exam applications, see your eligibility period, and access your scheduling permit once it is available. If you are a student whose school completes enrollment verification requests via the paper form, you will see an option to actions. If you are a student whose school verifies enrollment through MyIntealth, you will see "Pending Enrollment Verification" as your paper form is not required.							
Eligibility Period	Testing Region	Test Accommodations	Application Status	Scheduling Permit	Practice Permit	Visa Letter	Paper Enrollment Form
2023 - 1, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Available	Not Required
2023 - 1, 2023	United States and Canada	No	Pending Enrollment Verification	Not Available	Not Available	Not Available	

- Step 4.** The **Student Enrollment Verification (Form 183)** PDF file appears and is available to save.

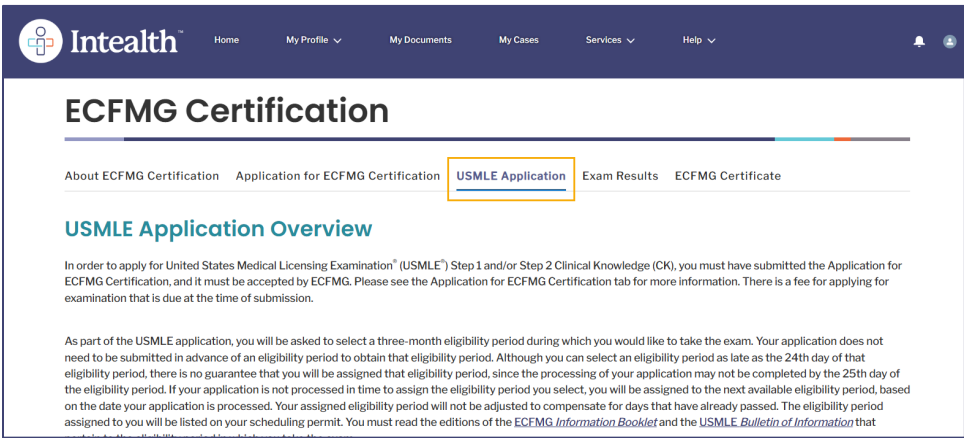
a. Follow the instructions provided with the form.

1.6 Locate and Download a Scheduling Permit

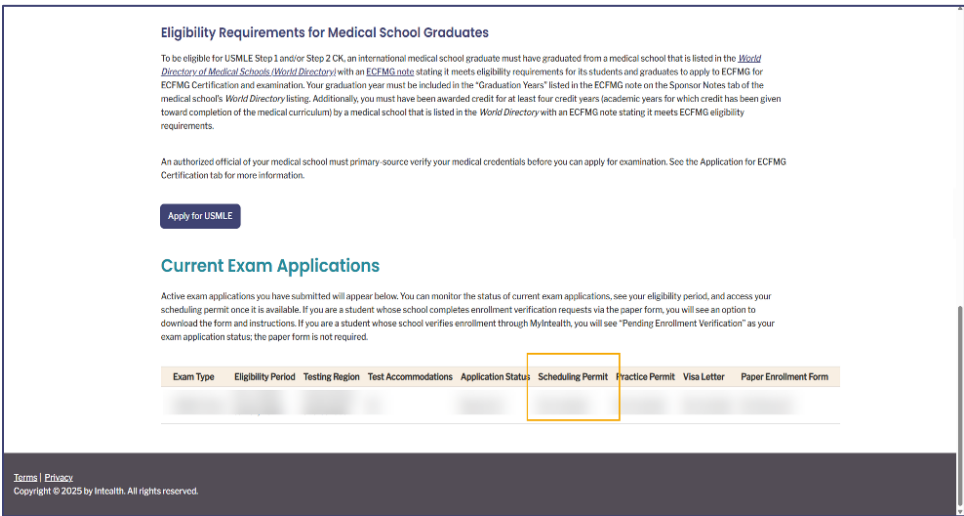
Step 1. From the **MyIntealth Applicant Portal**, in the top banner, click **Services**.



Step 2. Click the **USMLE Application** tab.



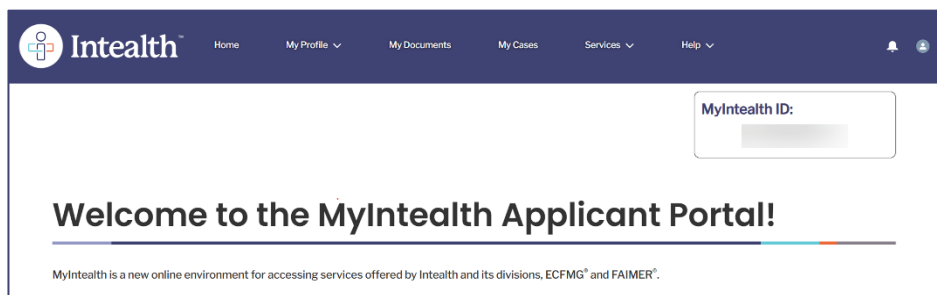
Step 3. At the bottom of the page, under the **Current Exam Applications** section, the **Scheduling Permit** is available for download.



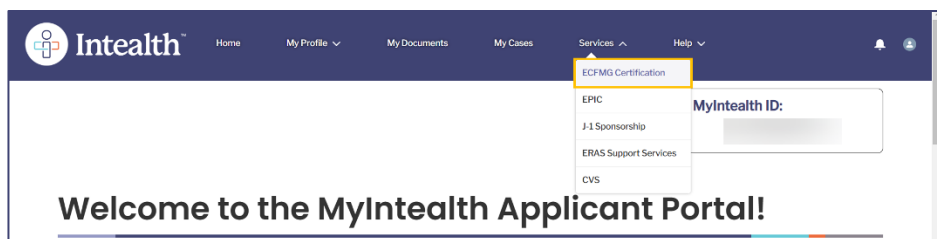
1.7 Locate and Download a Score Report

Once you have received an email that your score report is available, follow the instructions below to view that report.

Step 1. Log in to the **MyIntealth Applicant Portal**.



Step 2. From the top banner, under **Services**, select **ECFMG Certification**.



Step 3. Click the **Exam Results** tab.



Step 4. The **Score Reports** section will display your score report, if available.

Score Reports

Results for USMLE Step 1 and Step 2 CK are typically available two to four weeks after your test date. Once your score report has been issued, we will notify you, and your report will be available here. Score reports are issued in electronic format only and available for approximately 365 days from the date of issuance. Once the score report is removed from MyIntealth, your results will be provided to you only in the form of an official USMLE transcript. Save your score report while it is available!

Your Most Recent USMLE Step 2 CK Score

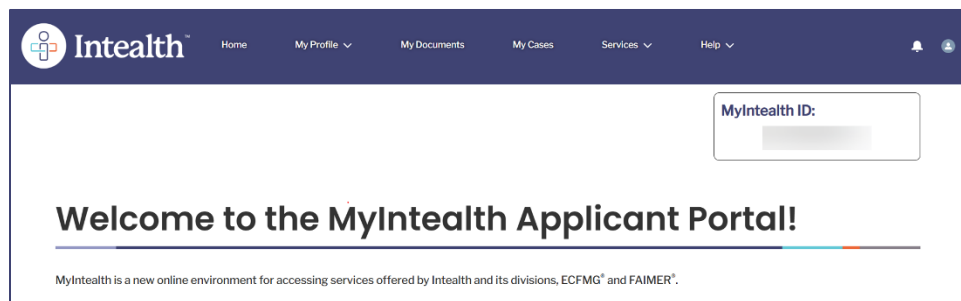
Exam Date:	Jan 10, 2024
Available Until:	Jan 10, 2025
Score Report:	
Score Withheld from Medical School?	No

- This **Score Report** is only accessible up to the **Available Until** date.
- This **Score Report** can be downloaded and saved by clicking the **PDF** file.

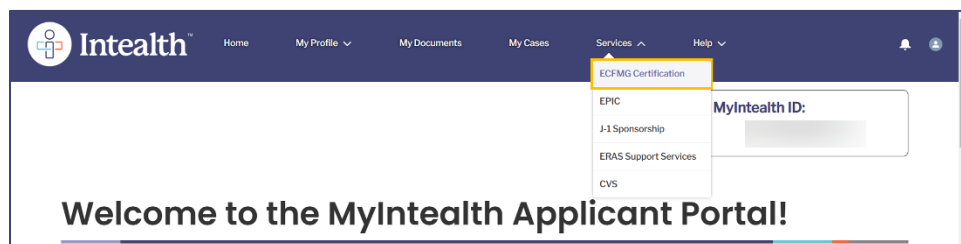
Exam Date:	Jan 10, 2024
Available Until:	Jan 10, 2025
Score Report:	
Score Withheld from Medical School?	No

1.8 Request a Score Recheck

Step 1. Log in to the **MyIntealth Applicant Portal**.



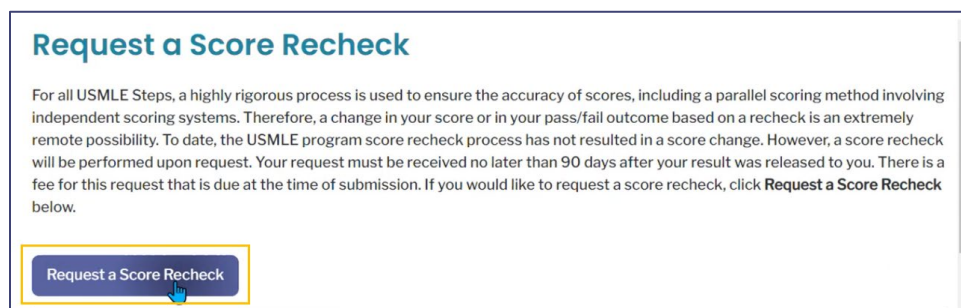
Step 2. From the top banner, under **Services**, select **ECFMG Certification**.



Step 3. Click the **Exam Results** tab.



Step 4. Scroll down to the **Request a Score Recheck** section and review the information. Click **Request a Score Recheck**.



Step 5. Select the exam that you are requesting a **Score Recheck** for by clicking the appropriate checkbox.

Request USMLE Score Recheck

A change in your USMLE score or in your pass/fail outcome based on a recheck is an extremely remote possibility. To date, the USMLE program score recheck process has not resulted in a score change. The score recheck process does not include a manual review of the questions or your answers. When a request for a score recheck is received, the original response record is retrieved and rescored using a system that is outside of the normal processing routine. The score calculated during the recheck is then compared with the original score. You will be advised in writing whether the original score (if applicable) and/or pass/fail outcome was deemed accurate. No additional information will be provided in the letter.

Your request for a score recheck must be received no later than 90 days after your result was released to you.

Select the exams for which you would like a score recheck:

☐ USMLE Step 2 CK
Date Tested: Jan 10, 2024

NextCancel

Step 6. Click **Next**, and continue to the **Review Your Cart** screen. Refer to steps 13-17 in [Section 1.2](#) for additional instructions on submitting your payment information.

Your request for a score recheck must be received no later than 90 days after your result was released to you.

Select the exams for which you would like a score recheck:

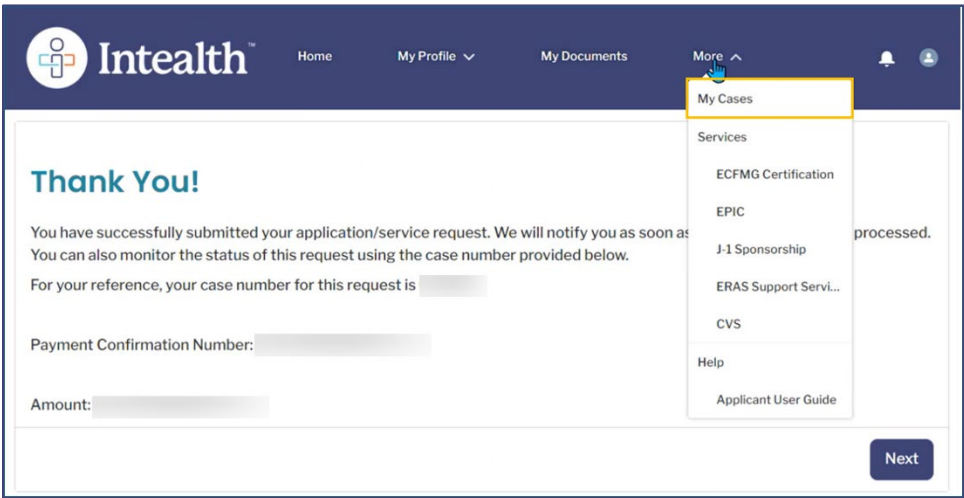
☒ USMLE Step 2 CK
Date Tested: Jan 10, 2024

Next

Cancel

1.8.1 Review the Case Status of a Score Recheck

Step 1. In the top banner, select **My Cases**.



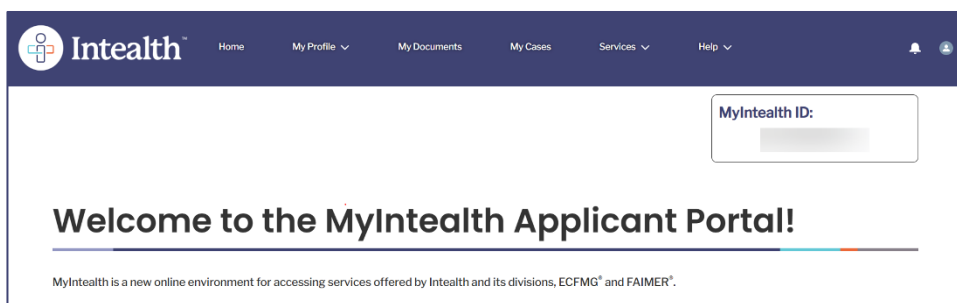
Step 2. Under **My Case Requests**, locate the **Score Recheck** request.

C-22702	Eligibility Period Extension	Pending Enrollment Verification	01-15-2024	01-15-2024	No	No
C-22703	Region Change	Accepted	01-15-2024	01-15-2024	No	No
C-22704	Exam Registration	Registered	01-15-2024	01-15-2024	No	No
C-22705	Score Recheck	Submitted - In Review at ECFMG	01-15-2024	01-15-2024	No	No

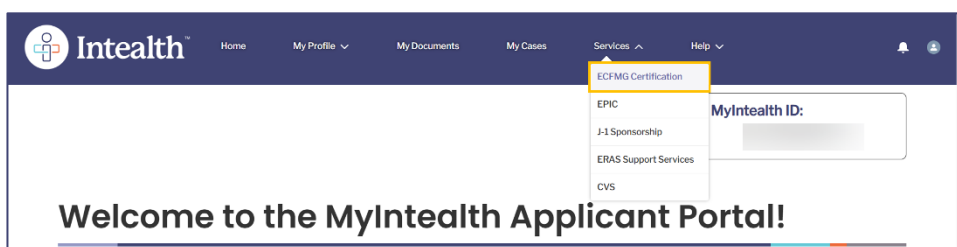
- a. From here, you can review the **Case Status** and click the **Case Number** for more information specific to that case.

1.9 Request to Withhold Exam Results

Step 1. Log in to the MyIntealth Applicant Portal.



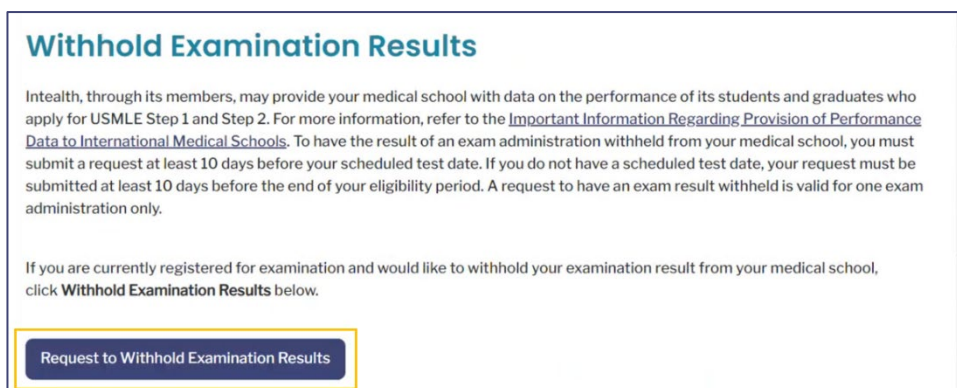
Step 2. From the top banner, under **Services**, select **ECFMG Certification**.



Step 3. Click the **Exam Results** tab.



Step 4. Scroll down to the **Withhold Examination Results** section. Click **Request to Withhold Examination Results**.



Step 5. Review the information on the **Request to Withhold Examination Results** page. Once ready, select the exam for which you would like to withhold the results from your medical school.

Request to Withhold Examination Results

Before you submit this request, please be advised that:

- Your request is applicable only to the exam administration selected below and that you are required to submit a separate request for any future exam administration for which you want the result withheld from your medical school.
- You will not be able to reverse this decision to withhold the result of the selected exam administration from your medical school.
- If you subsequently want to have the result of the selected exam administration reported to your medical school, you will be required to request and pay for a USMLE transcript.
- If your medical school is eligible to receive USMLE performance data through MyIntealth on its students and graduates, the information provided to the medical school for the selected exam administration will include your name, USMLE Identification Number, the examination, and a notation that the exam results have been withheld at your request.

Select the exam below for which you would like to withhold the result from your medical school:

Withhold Score	Exam Type	Eligibility Period	Testing Region
☐	STEP1	January 1, 2024 - March 31, 2024	United States and Car

- a. The option to withhold exam results is only available once the applicant is registered for examination.
- b. The request to withhold exam results cannot be reversed, and the medical school will be notified of the request to not have the results shared with them.
- c. If the applicant decides to withhold exam results and the medical school requires them, the applicant will later be required to request and pay for a USMLE transcript.

Step 6. Click **Submit**.

Select the exam below for which you would like to withhold the result from your medical school:

Withhold Score	Exam Type	Eligibility Period	Testing Region
☒	STEP1	January 1, 2024 - March 31, 2024	United States and Car