Request for Recheck of USMLE® Step 1, Step 2 CK, or Step 2 CS Score
Form 265

For Step 1/Step 2 Clinical Knowledge (CK), standard quality assurance procedures ensure that the scores reported for you accurately reflect the responses recorded by the computer. When a request for score recheck is received, your original response record is retrieved and rescored using a system that is outside of the normal processing routine. The rechecked score is then compared with your original score.

For Step 2 Clinical Skills (CS), score rechecks first involve retrieval of the ratings you received from the standardized patients and from the physician note raters. These values are then resummed and reconverted into final scores in order to confirm that the reported pass/fail outcome was accurate. There is no rerating of your encounters or of your patient notes; videos of encounters are not reviewed. Videos are used for general quality control and for training purposes and are only retained for a limited period of time.

Patient notes are carefully reviewed, in some instances by multiple physicians, before scores are released. As part of the quality control procedures for initial scoring, examinees who fail Step 2 CS solely on the basis of the Integrated Clinical Encounter subcomponent and who are performing at a level that is near the minimum passing point, have their patient notes rated by multiple physician note raters. Therefore, patient notes are not reviewed again when a recheck is requested.

For all Steps and Step Components, a change in your score or in your pass/fail outcome based on a recheck is an extremely remote possibility.

Instructions:

- To obtain a score recheck, complete and sign this request form.
- To submit payment, complete all information requested on the *Payment for Service(s) Requested* (Form 900), which is included with this request form. **Include a payment of US$80.00 for each exam for which a recheck is requested.**
- You should check "Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS" in item 2 of the payment form. Submit the completed payment form with your request for recheck.
- Return the completed Form 265 along with payment (Form 900) by fax, to (215) 386-3185, or mail to ECFMG, PO Box 13679, Philadelphia, PA 19101-3679, USA.
- Direct questions to ECFMG at (215) 386-5900.

Important Notes:

- Your recheck request must be received at ECFMG® **no later than 90 days** after your score report release date.
- For more information on score rechecks, please refer to the USMLE *Bulletin of Information* and the USMLE website at www.usmle.org.
- Score recheck results will be sent to your address of record.
- Please allow four to six weeks for your request to be processed.

1

Enter your Identification Number.

USMLE / ECFMG Identification Number: ☐-☐☐☐-☐☐☐-☐

Enter Your Name.

First Name(s) Middle Name(s)

Last Name(s) (Surname/Family Name) Generational Suffix (Jr, Sr, II, III, IV)

2

Indicate the exam/date to be rechecked.

☐ **Step 1** Date of Examination ____ /____ /____ (Month Day Year)

☐ **Step 2 CK** Date of Examination ____ /____ /____ (Month Day Year)

☐ **Step 2 CS** Date of Examination ____ /____ /____ (Month Day Year)

3

Signature

Submitted by: _____ _____

Signature Date

ECFMG® | Payment for Service(s) Requested Form 900

PAYMENT

BY MAIL: ECFMG, PO Box 13679, Philadelphia, PA 19101-3679 USA
BY COURIER: ECFMG, 3624 Market Street, Philadelphia, PA 19104-2685 USA
TELEPHONE: (215) 386-5900 • **FAX:** (215) 386-3185 • **INTERNET:** www.ecfmg.org

1

Enter your Identification Number.

Enter your name.

USMLE® / ECFMG® Identification Number: ☐ – ☐☐☐ – ☐☐☐ – ☐

First Name(s)

Middle Name(s)

Last Name(s) (Surname or Family Name)

Generational Suffix (Jr, Sr, II, III, IV)

2

Indicate the service(s) for which you are providing payment.

- ☐ Extension of USMLE Step 1 / Step 2 CK Eligibility Period ($65 per exam)
- ☐ ERAS® Token ($90) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to www.myeras.aamc.org.
- ☐ USMLE Transcript ($50 per request form – up to 10 transcripts) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to www.myeras.aamc.org.
- ☐ ECFMG Exam Chart ($50 per request form – up to three copies)
- ☐ ECFMG CSA History Chart ($50 per request form – up to 10 copies)
- ☐ CVS – State Board ($35)
- ☐ EVSP (J-1 VISA) ($275)
- ☐ Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS ($80 per exam)
- ☐ Duplicate ECFMG Certificate ($50)
- ☐ Name Change on ECFMG Certificate ($50)
- ☐ File Copy Fee ($25)
- ☐ Translation Fee – Medical School Transcript ($220)
- ☐ Application for ECFMG Certification ($50)

Previous Balance/Other (Specify):

- ☐ $ _____

3

Select a method of payment and complete all information requested.

Do **NOT** send cash.

(A) ☐ **Charge my credit card.**

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Exp. Date (Month/Year):** ☐☐ / ☐☐☐☐

Check One: ☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER** ☐ **AMERICAN EXPRESS**

Name of Card Holder: _____

Address of Card Holder: _____

City: _____

State: _____

Country: _____

Zip/Postal Code: _____

By signing below, I authorize ECFMG to charge my credit card in the amount indicated above.

Signature of Card Holder: _____

(B) ☐ **My check, bank draft, or money order made payable to ECFMG is enclosed.**
Payment must be made in U.S. funds through a U.S. bank. Include your USMLE/ECFMG Identification Number on your check.

For detailed information on ECFMG's Payment and Refund policies, refer to the ECFMG *Information Booklet* and to the ECFMG website at www.ecfmg.org.

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