For all Steps and Step Components, a rigorous process is used to ensure the accuracy of scores, including a double scoring method involving independent scoring systems. Therefore, a change in your score or in your pass/fail outcome based on a recheck is an extremely remote possibility. To date, the score recheck process has not resulted in a score change. However, if you wish to request a score recheck, complete and submit this request form. Your request must be received no later than 90 days after your result was released to you.

For Step 1/2 Clinical Knowledge (CK), 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 rechecked score is then compared with the original score.

For Step 2 CS, the ratings received from the standardized patients and results from the patient notes are retrieved, re-summed, and reconverted into final scores to verify the accuracy of the original outcome. Encounters and patient notes are not re-rated, and videos are not reviewed during the recheck.

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, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 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 was released to you.
- 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______ / ______ / ______ ☐ Step 2 CK Date of Examination______ / ______ / ______

☐ Step 2 CS Date of Examination______ / ______ / ______

3
Signature

Submitted by: ___________________________ ___________________________

Signature Date
1. Enter your Identification Number.

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

   - Application for ECFMG Certification ($135)
   - Application for USMLE Step 1/Step 2 CK ($940 per exam*)
   - Application for USMLE Step 2 CS ($1,580 per exam)
   - Extension of USMLE Step 1/Step 2 CK Eligibility Period ($80 per exam)
   - Testing Region Change: USMLE Step 1/Step 2 CK ($75 per region change*)
   - Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS ($80 per exam)
   - ERAS® Token ($130) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to AAMC’s MyERAS website.
   - USMLE Transcript ($70 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 AAMC’s MyERAS website.
   - 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 ($50)
   - EVSP (J-1 visa sponsorship) ($340)
   - Reprint ECFMG Certificate ($50)
   - Name Change on ECFMG Certificate ($50)
   - File Copy Fee ($25)
   - Translation Fee – Medical School Transcript ($250)

   *International test delivery surcharges also may apply and must be included in payment. For the list of fees, see the ECFMG website at www.ecfmg.org/fees.

3. (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: ____________________________

3. (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.