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

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 from the physician note raters 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 ____ /____ /____ 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/COURIER: ECFMG, 3624 Market Street, 4th Floor, 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.

- ☐ 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 ($120) – 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.

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.