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 | USMLE / ECFMG Identification Number: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Enter your Identification Number. |
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|  | 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 |
Enter your Identification Number.

Enter your name.

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

Select a method of payment and complete all information requested. Do NOT send cash.

For detailed information on ECFMG’s Payment and Refund policies, refer to the ECFMG website at www.ecfmg.org/fees/payment.html.

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