



**Request for Recheck of USMLE® Step 1 and Step 2 CK Score  
Form 265**

For all Steps, a highly rigorous process is used to ensure the accuracy of scores, including a parallel 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.

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.

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.

**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" 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](http://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.

<b>1</b>	<b>USMLE / ECFMG Identification Number:</b> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		
Enter your Identification Number.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;"> <input style="width: 95%; height: 15px;" type="text"/>  <small>First Name(s)</small> </td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;"> <input style="width: 95%; height: 15px;" type="text"/>  <small>Middle Name(s)</small> </td> </tr> </table>	<input style="width: 95%; height: 15px;" type="text"/> <small>First Name(s)</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Middle Name(s)</small>
<input style="width: 95%; height: 15px;" type="text"/> <small>First Name(s)</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Middle Name(s)</small>		
Enter Your Name.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 85%; text-align: center;"> <input style="width: 98%; height: 15px;" type="text"/>  <small>Last Name(s) (Surname/Family Name)</small> </td> <td style="border-bottom: 1px solid black; width: 15%; text-align: center;"> <input style="width: 95%; height: 15px;" type="text"/>  <small>Generational Suffix (Jr, Sr, II, III, IV)</small> </td> </tr> </table>	<input style="width: 98%; height: 15px;" type="text"/> <small>Last Name(s) (Surname/Family Name)</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Generational Suffix (Jr, Sr, II, III, IV)</small>
<input style="width: 98%; height: 15px;" type="text"/> <small>Last Name(s) (Surname/Family Name)</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Generational Suffix (Jr, Sr, II, III, IV)</small>		
<b>2</b>	Indicate the exam/date to be rechecked.		
	<input type="checkbox"/> <b>Step 1</b> Date of Examination ____ / ____ / ____ <small style="margin-left: 100px;">Month Day Year</small>		
	<input type="checkbox"/> <b>Step 2 CK</b> Date of Examination ____ / ____ / ____ <small style="margin-left: 100px;">Month Day Year</small>		
<b>3</b>	Signature		
	Submitted by: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Signature</span> <span>Date</span> </div>		



Do NOT submit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods:

- **BY MAIL/COURIER:** ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA, or
- **FAX:** (215) 386-3185

### 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 (\$150)
- Application for USMLE Step 1/Step 2 CK (\$975 per exam\*)
- Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$90 per exam)
- Testing Region Change: USMLE Step 1/Step 2 CK (\$85 per region change\*)
- Score Recheck: USMLE Step 1/Step 2 CK (\$80 per exam)
- ERAS® Token (\$155) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE Transcript via ERAS. Instead, log in to AAMC's MyERAS website.
- USMLE Transcript (\$70 per request form – up to 10 transcripts) – This form is for institutional payments (accompanying Form 173) only. Individuals submitting Form 172 should see that form for payment instructions. ERAS Applicants paying for transmission of their USMLE Transcript should log in 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 (\$60)
- EVSP (J-1 visa sponsorship) (\$360)
- 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.ecfm.org/fees](http://www.ecfm.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.