



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. Enter Your Name.	USMLE / ECFMG Identification Number: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%; border-bottom: 1px solid black;"> First Name(s) </td> <td style="width: 35%; border-bottom: 1px solid black;"> Middle Name(s) </td> </tr> <tr> <td style="width: 75%; border-bottom: 1px solid black;"> Last Name(s) (Surname/Family Name) </td> <td style="width: 25%; border-bottom: 1px solid black;"> Generational Suffix (Jr, Sr, II, III, IV) </td> </tr> </table>	First Name(s)	Middle Name(s)	Last Name(s) (Surname/Family Name)	Generational Suffix (Jr, Sr, II, III, IV)
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.	<input type="checkbox"/> Step 1 Date of Examination _____ / _____ / _____ Month Day Year <input type="checkbox"/> Step 2 CK Date of Examination _____ / _____ / _____ Month Day Year <input type="checkbox"/> Step 2 CS Date of Examination _____ / _____ / _____ Month Day Year				
3 Signature	Submitted by: _____ <small>Signature</small> <small>Date</small>				



BY MAIL/COURIER: ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA
TELEPHONE: (215) 386-5900 • FAX: (215) 386-3185 • INTERNET: www.ecfm.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.

- | | |
|--|--|
| <input type="checkbox"/> Application for ECFMG Certification (\$125) | <input type="checkbox"/> ECFMG Exam Chart (\$50 per request form – up to three copies) |
| <input type="checkbox"/> Application for USMLE Step 1/Step 2 CK (\$910 per exam*) | <input type="checkbox"/> ECFMG CSA History Chart (\$50 per request form – up to 10 copies) |
| <input type="checkbox"/> Application for USMLE Step 2 CS (\$1,565 per exam) | <input type="checkbox"/> CVS – State Board (\$45) |
| <input type="checkbox"/> Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$70 per exam) | <input type="checkbox"/> EVSP (J-1 visa sponsorship) (\$325) |
| <input type="checkbox"/> Testing Region Change: USMLE Step 1/Step 2 CK (\$65 per region change*) | <input type="checkbox"/> Reprint ECFMG Certificate (\$50) |
| <input type="checkbox"/> Score Recheck: USMLE Step 1/Step 2 CK/Step 2 CS (\$80 per exam) | <input type="checkbox"/> Name Change on ECFMG Certificate (\$50) |
| <input type="checkbox"/> ERAS® Token (\$115) – ERAS Applicants: Do NOT use this form to pay for transmission of your USMLE transcript via ERAS. Instead, login to AAMC's MyERAS website. | <input type="checkbox"/> File Copy Fee (\$25) |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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.
- 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.