



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

**For Step 1/Step 2 Clinical Knowledge (CK)**, standard quality assurance procedures ensure that the scores reported for you accurately reflect the responses recorded by the computer. When a request for 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 Clinical Skills (CS)**, score rechecks first involve retrieval of the ratings received from the standardized patients and from the physician note raters. These values are then resummed and reconverted into final scores in order to verify whether the reported pass/fail outcome was accurate. There is no rerating of encounters or of patient notes; videos of encounters are not reviewed. Videos are used for general quality control and for training purposes and are only retained for a limited period of time.

Patient notes are carefully reviewed, in some instances by multiple physicians, before scores are released. As part of the quality control procedures for initial scoring, examinees who fail Step 2 CS solely on the basis of the Integrated Clinical Encounter subcomponent and who are performing at a level that is near the minimum passing point have their patient notes rated by multiple physician note raters. Therefore, patient notes are not reviewed again when a recheck is requested.

**For all Steps and Step Components**, a change in your score or in your pass/fail outcome based on a recheck is an extremely remote possibility.

**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 report release date.
- 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.

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| <p><b>1</b></p> <p>Enter your Identification Number.</p> <p>Enter Your Name.</p> | <p><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"/><input type="text"/></p> <p><input type="text"/><br/>First Name(s)</p> <p><input type="text"/><br/>Middle Name(s)</p> <p><input type="text"/><br/>Last Name(s) (Surname/Family Name)</p> <p><input type="text"/><br/>Generational Suffix (Jr, Sr, II, III, IV)</p> |
| <p><b>2</b></p> <p>Indicate the exam/date to be rechecked.</p>                   | <p><input type="checkbox"/> <b>Step 1</b> Date of Examination _____ / _____ / _____<br/>Month Day Year</p> <p><input type="checkbox"/> <b>Step 2 CK</b> Date of Examination _____ / _____ / _____<br/>Month Day Year</p> <p><input type="checkbox"/> <b>Step 2 CS</b> Date of Examination _____ / _____ / _____<br/>Month Day Year</p>   |
| <p><b>3</b></p> <p>Signature</p>   | <p>Submitted by: _____<br/>Signature Date</p>  |

