



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



ECFMG®

Payment for Service(s) Requested Form 900

PAYMENT

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

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

This form is available on the ECFMG website at www.ecfmg.org