

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 Intealth, ECFMG Certification Program, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, 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.	First Name(s) Middle Name(s)
Enter Your Name.	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 / / Month Day / Year Step 2 CK Date of Examination / / Month Day / Year
3 Signature	Submitted by:

Do NOT subr	CFMG® Payment for Service(s) Requested Form 900 P Nit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods: Y MAIL/COURIER: Intealth, ECFMG Certification Program, 3624 Market Street, 1st Floor, Philadelphia, PA 19104, USA, or M
1	FAX: (215) 386-3185 E USMLE® / ECFMG® — Identification Number: —
Enter your Identification Number. Enter your name.	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 (\$160) Application for USMLE Step 1/Step 2 CK (\$1,020 per exam*) Extension of USMLE Step 1/Step 2 CK Eligibility Period (\$100 per exam) Testing Region Change: USMLE Step 1/Step 2 CK (\$90 per region change*) Score Recheck: USMLE Step 1/Step 2 CK (\$80 per exam) ERAS® Token (\$165) - 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. *International test delivery surcharges also may apply and must be included in payment. For the list of fees, see the ECFMG website at www.ecfmg.org/fees. Explication for ECFMG Certification (\$160) ECFMG Exam Chart (\$50 per request form - up to 10 copies) ECFMG CSA History Chart (\$50 per request form - up to 10 copies) CVS - State Board (\$66) EVSP (J-1 visa sponsorship) (\$370) EVSP (J-1 visa sponsorship) (\$370) Reprint ECFMG Certificate (\$50) Name Change on ECFMG Certificate (\$50) File Copy Fee (\$25) Translation Fee - Medical School Transcript (\$250)
3	(A) Charge my credit card.
Select a method of payment and	Credit Card Number: Exp. Date (Month/Year): /
complete all information requested.	Check One: VISA MASTERCARD DISCOVER AMERICAN EXPRESS
Do NOT send cash.	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.

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.