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 results from the patient notes 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.

USMLE / ECFMG Identification Number: ☐-☐☐☐-☐☐☐-☐

Enter Your Name.

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.

☐ **Step 1** Date of Examination ____ /____ /____ Month Day Year

☐ **Step 2 CK** Date of Examination ____ /____ /____ Month Day Year

☐ **Step 2 CS** Date of Examination ____ /____ /____ Month Day Year

3

Signature

Submitted by: _____ _____

Signature Date

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

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 ($145)
- ☐ Application for USMLE Step 1/Step 2 CK ($965 per exam*)
- ☐ Application for USMLE Step 2 CS ($1,600 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/Step 2 CS ($80 per exam)
- ☐ ERAS® Token ($145) – 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 ($55)
- ☐ EVSP (J-1 visa sponsorship) ($350)
- ☐ 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.ecfmg.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.

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.