



National Board of Medical Examiners® SUBJECT EXAMINATIONS AND IFOM Score Recheck Request Information

The NBME is confident that each reported test score is accurate. This is based on reliable scoring and reporting techniques and by a variety of quality control and verification procedures.

Requests for score rechecks must be initiated by the institution, either by the Executive Chief Proctor or appropriate staff in the department, (e.g., a course or clerkship director) who administered the exam.

Please do not send a check with this form. The NBME will charge a fee of **\$25.00** to the account associated with the order for the examination. Once the score recheck is complete, an invoice showing a charge of \$25.00 will be available under the order number associated with the examination. The invoice can be found on the Medical School Online Ordering System (MSOS) under *View/Change Orders*. The invoice is payable using the *My Billing Accounts* portlet with the following options: available credit, a credit card, or check. If paying by check, make the check payable to *National Board of Medical Examiners* and **include a copy of the invoice with your payment**. Please note that only checks from an institution are acceptable. The NBME will not accept a check or money order from an examinee.

1. On the form that follows, please enter:

- Name of your institution and ID number for your institution;
- Date form is submitted
- Order ID number
- Examination name
- Test Date
- Examinee Name, ID number, and score
- Name, title, telephone number, e-mail address and signature of individual submitting request.

2. Email the completed form to:

subjectexams@nbme.org

Results will be provided via e-mail within two weeks of the date the Score Recheck Request Form is received by the NBME. Fees are non-refundable.



National Board of Medical Examiners® SUBJECT EXAMINATION SERVICES Score Recheck Request Form

This form may be completed using your computer keyboard. Enter the information required, using the Tab key to move from one box to the next. Print the form after you complete it and retain a copy for your records before submitting it to the NBME. You will not be able to save the completed file electronically.

Institution Name: _____ Institution ID _____

Examinee Information			Examination Information			
<u>Name</u>	<u>Examinee ID</u>	<u>Score</u>	<u>Examination name</u>	<u>Order ID</u>	<u>Test Date</u>	<u>Fee</u>
						\$ 25.00

Request Submitted By:

_____ Name	_____ Telephone
_____ Title	_____ E-Mail Address
_____ Date	_____ Signature