

How to Request a Score Verification for
HEALTH & WELLNESS COACH CERTIFYING EXAMINATION

You may request a score verification by completing the Score Verification Request Form for **HEALTH & WELLNESS COACH CERTIFYING EXAMINATION**. There is a **\$50** service fee for each score verification. **Payment must accompany the request. Your request must be received by the NBME no more than 90 days after your score report release date.**

For the **HEALTH & WELLNESS COACH CERTIFYING EXAMINATION**, standard procedures ensure that the scores reported for you accurately reflect your performance. A change in score based on a verification is an extremely remote possibility. However, a verification will be done if you submit the request form and fee to the NBME.

MAILING INSTRUCTIONS: Mail your completed form and check/money order, made payable to the NBME in US currency, **via first-class mail or via express or overnight delivery service to:**

NBME
Attn: HWC Support Team
3750 Market Street
Philadelphia, PA 19104-3102

Please write the exam name and your CANDIDATE ID on your payment.



National Board of Medical Examiners® (NBME®)
3750 Market Street
Philadelphia, PA 19104-3102
Telephone: (215) 495-6000

HEALTH & WELLNESS COACH CERTIFYING EXAMINATION

Score Verification Request Form

EXAM TO BE VERIFIED	Enter the date of your exam. HWC Exam Date: ____/____/____
CANDIDATE ID	<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"/>
FEE ENCLOSED	The fee is \$50 for a score verification. Please include a check or money order with your form, made payable to the “NBME” in US currency. \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
NAME	Last Name:
	First Name:
EMAIL ADDRESS	You will receive an email when the score verification process is complete.
SIGNATURE/ DATE	Signature: _____ Date: _____

PLEASE ALLOW UP TO TWO WEEKS FOR PROCESSING.