

***the National Board of Medical Examiners® (NBME®)***

Request for Examination-Related Data

Submission Date:

The NBME Office of Research Strategy uses the information below and your proposal for evaluating your request, so please be as complete as possible. Depending on the scope of the request, the staff resources to fulfill a request may sometimes require that NBME or AAMC charge a fee. You will be notified of any fees, if applicable, once we understand the scope of your request.

This form should be accompanied by a 3-4 page proposal describing the purpose of the study; the specific research questions or hypotheses; the variables to be included; and the proposed analyses. The description should indicate the importance of the research and plans for disseminating results. Proposals should include a timeline (e.g., start and stop date; major milestones) and list members of the research team, along with their titles, affiliations, and a statement describing their roles in the proposed project. The applicant should submit a bio-sketch or CV.

**Please submit your completed Data Request form and proposal to** [**ors@nbme.org**](mailto:ors@nbme.org)**.**

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| --- | --- | --- | --- | --- |
| **Title of project:** | | [enter title here] | | |
| **Plans for dissemination:**  (select all that apply) | | Internal/Institutional report  Conference presentation  Journal publication  Other (specify) | | |
| **Score data requested:**  (select all that apply) | | Step 1  Step 2 CS  Step 2 CK  Step 3  Subject exam [specify which]  Other [specify] | | |
| **Other NBME data needed:** | | Indicate what other NBME data, if any, you require (e.g., gender, graduation year)**:** [specify] | | |
| **Study participants and years:** | | Describe the subjects or student cohort and the years for which data are required (e.g., *students completing Step 1 between 9/2013 and 9/2016*). Be as specific as possible.[specify] | | |
| **Data requested:**  (select all that apply) | | Individual examinee data for your school (may need to be de-identified)  Individual examinee for the nation (de-identified)  Aggregate data for multiple institutions (de-identified) | | |
| **External file matching:**  (select all that apply) | | Does the project require matching the data from NBME with data from other sources (i.e., with data from your own institution or from another organization)?  Yes  No  If yes, indicate what variables you will provide to allow NBME data to be matched to these other sources:  Examinee name  Birthdate  Medical school  USMLE ID  Other [specify]  If yes, what is the nature of the data you are obtaining from from your institution or another source (e.g., student demographics, undergraduate GPA, survey results, Board certification scores):  If yes, what other organizations are you obtaining data from?  AAMC  FSMB  ECFMG  My own  Other [specify]  Do you have preliminary approval from the above organization?  Yes  No  If applicable: email address for contact at the above organization | | |
| NOTE: Only de-identified data are provided. The file returned to you will NOT include student or institutional identifiers (e.g., USMLE ID, name of medical school). If there are characteristics of your data that will hinder or facilitate matching NBME data with your data, let us know here : | | |
| **Timeline:** | | When would you like to receive the data from NBME:[specify approximate date]  *Note: allow for a 3-6 month turnaround from date of submission* | | |
| **IRB Approval:** | | Do you have IRB approval?  Yes  No  If No, do you expect to apply for it?  Yes  No  If No to both of the above, please explain why you will not be applying for IRB approval in space below. | | |
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| **Principal Investigator** | | | | |
| Name: |  | | | |
| Title: |  | | | |
| Institution and Address: |  | | Phone: |  |
| Email: |  |