



National Board of Medical Examiners® SUBJECT EXAMINATION SERVICES

Score Recheck Request Information

The NBME is confident that each reported subject test score is an accurate reflection of the responses that an examinee marked on the answer sheet. This is based on reliable scoring and reporting techniques backed by a variety of quality control and verification procedures.

Score rechecks cannot be requested to investigate the possibility that an examinee may have recorded responses out of sequence. Subject exam answer sheets are retained for six months after receipt by the NBME. Score recheck requests cannot be honored after that time.

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.

The fee for each score recheck is \$25.00. **The NBME will not accept an examinee's check or money order for this service. Only an institutional check or money order will be accepted as payment.**

Fees are non-refundable.

1. On the form that follows, please enter:

- Name of your institution and date form is being submitted;
- Examinee's name, social security number, the score originally reported, the name of the subject exam to be checked, and the corresponding test date; and,
- Name, title, telephone number, e-mail address and signature of individual submitting request.

2. Make institutional check payable to:

National Board of Medical Examiners

3. Mail completed form and remittance (U.S. currency) to:

Office of Testing Services for Subject Examinations
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3190

Keep a copy for your records.

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

Questions? E-mail subjectexams@nbme.org



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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 field to the next. Print the form after you complete it, and retain a copy for your records before submitting it to the NBME. Alternatively, you may print the blank form and complete it manually or with a typewriter.

Institution Name: _____

Date: _____

Examinee Information			Examination Information		
Name	SSN	Score	Subject	Test Date	Fee
					\$ 25.00

Request Submitted By:

_____	_____
Name	Telephone
_____	_____
Title	E-Mail Address

	Signature

Questions? E-mail subjectexams@nbme.org

For NBME Use Only:

Date Rec'd _____

Check #: _____

Amount: _____