



National Board of Medical Examiners® SUBJECT EXAMINATION SERVICES

Score Recheck Request Information

The NBME is confident that each reported subject 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.

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.**

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 nonrefundable.

1. On the form that follows, please enter:

- Name of your institution and date form is being submitted;
- Examinee name, Examinee ID, score originally reported, name of subject exam to be checked, 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 or e-mail the completed form to:

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

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 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: _____

Date: _____

Examinee Information			Examination Information		
<u>Name</u>	<u>Examinee ID</u>	<u>Score</u>	<u>Subject</u>	<u>Test Date</u>	<u>Fee</u>
					\$ 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: _____