



## INTERNATIONAL FOUNDATIONS OF MEDICINE® (IFOM®)

### How to Request Score Recheck for IFOM BSE and CSE

If you have recently taken an IFOM examination, you may request a score recheck by completing the “Score Recheck Request Form for IFOM BSE and CSE”. There is a \$35 service fee for each score recheck. **Payment must accompany the request. Your request must be received by the NBME no more than 4 months after your test date.** For all IFOM Examinations, standard procedures ensure that the scores reported for you accurately reflect your performance. A change in score based on a recheck is an extremely remote possibility. However, a recheck will be done if you submit the request form and fee to the NBME. **Please note that we have a processing time of approximately 3 weeks.**

### INSTRUCTIONS FOR COMPLETING THE SCORE RECHECK FORM

(Use blue or black ink to complete this form)

1. **EXAM TO RE RECHECKED:** Check the appropriate box(es) to indicate which exam(s) you would like rechecked (IFOM BSE or IFOM CSE). Enter the date of your exam(s).
2. **ID#:** This is the ID number entered on your score report.
3. **FEE ENCLOSED:** The fee is \$35 for each score rechecked. Please include a money order with your form, made payable to the “NBME” in US currency.
4. **NAME:** Enter your name as it appears on your score report.
5. **CONTACT INFORMATION:** Enter your current mailing address, telephone number, and email address.
6. **MEDICAL SCHOOL:** Enter your medical school’s name, city and country.
7. **SIGNATURE/DATE:** Sign your name and enter today’s date.
8. **MAILING INSTRUCTIONS:** Mail your completed form and fee via first-class mail or overnight delivery to:

NBME  
Attn: IFOM Test Administration  
3750 Market Street  
Philadelphia, PA 19104-3190

**We strongly recommend that Score Recheck Forms be sent by a traceable courier service.**



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**Score Recheck Request Form for IFOM BSE and CSE**

**Use blue or black ink to complete this form**

<b>EXAM TO BE RECHECKED:</b>	IFOM BSE Exam Date: ____/____/_____ IFOM CSE Exam Date: ____/____/_____
<b>IFOM ID#:</b>	
<b>FEE ENCLOSED:</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> USD (\$35.00 money order for each score to be rechecked, made payable to NBME)
<b>NAME:</b>	Last Name: _____ First Name: _____ Middle Name: _____
<b>CONTACT INFORMATION:</b>	Street Address/Apartment #: _____ Street Address: _____ City, State, Zip Code: _____ Country: _____ Phone Number: _____ Email Address: _____
<b>MEDICAL SCHOOL:</b>	School Name: _____ City/State/Country: _____
<b>SIGNATURE/ DATE:</b>	Signature: _____ Date: _____

**Using a traceable courier service, mail your completed form and your \$35 money order via first-class mail or overnight delivery to:**

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