

How to Request a Score Recheck for USMLE Step 3

There is a \$80 service fee for each score recheck. **Payment must accompany the request. Your request must be received by the FSMB no more than 90 days after your score report release date.**

For all USMLE Steps, 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 FSMB.

****If you experienced a problem or an interruption during testing you should first contact usmle@fsmb.org and testadmin@nbme.org before proceeding with a score recheck.****

INSTRUCTIONS FOR COMPLETING THE SCORE RECHECK FORM

(Use blue or black ink to complete this form)

1. **EXAM TO BE RECHECKED:** Indicate the date of the exam you would like rechecked.
2. **USMLE ID#:** Leave this blank if you do not know your number.
3. **SSN:** Enter the last four digits of your US Social Security Number.
4. **FEE ENCLOSED:** The fee is \$80 for **each** score rechecked. Please include a check or money order with your form, made payable to “FSMB” in US currency. **Do not send cash.**
5. **NAME:** Enter your name. If your name has changed since you took the exam, use the “Name Change/Correction Authorization Form” available on the FSMB website.
6. **CONTACT INFORMATION:** Enter your current mailing address, telephone number, and email address.
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:

FSMB
Assessment Services
400 Fuller Wisser Rd.
Eules, TX 76039-3856

PLEASE ALLOW UP TO FOUR WEEKS FOR PROCESSING AFTER RECEIPT OF REQUEST AT FSMB’S OFFICES.

**Federation of State Medical Boards (FSMB)
 Assessment Services
 400 Fuller Wisser Road
 Euless, TX 76039-3856
 Phone: (817) 868-4041**

UNITED STATES MEDICAL LICENSING EXAMINATION® (USMLE®)

Score Recheck Request Form for USMLE Step 3

EXAM DATES TO BE RECHECKED (within last 90 days):	Step 3: Day 1 ___/___/____, Day 2 ___/___/____
USMLE ID #:	
SSN: (Last 4 digits)	
FEE ENCLOSED: US Dollars (\$80 for each score to be rechecked. Make checks payable to FSMB. Do not send cash.)	
NAME:	Last Name:
	First Name:
	Middle Name:
CONTACT INFORMATION:	Street Address:
	Street Address:
	City, State, Zip Code:
	Daytime Phone Number:
	Email Address:
SIGNATURE / DATE:	Signature: _____ Date: _____

Mail your completed form and fee via first-class mail or overnight delivery to the address at the top of this form.

Please allow up to four weeks for processing after receipt of request at FSMB's offices.