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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3750 Market Street
Philadelphia, PA 19104-3190

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

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