



American Board of Family Medicine, Inc.

Process for Requesting Rescores for Additional Qualifications

ABFM employs many quality control procedures to ensure that all examinations are scored accurately. The quality control process is very extensive and is largely the reason that it takes so long to provide candidates with their results. Although the possibility of an examination being incorrectly scored is extremely remote, ABFM recognizes that some candidates may feel that an error has occurred. In such cases, the candidate has the right to request that the examination be re-scored.

This review is not a review of the content of the items, or a reconsideration of what the correct answer should be. It is also not a reconsideration of the passing standard or of the acceptability of the testing conditions. The rescore process does not release item content. You will **not** be permitted to review examination items. This review is limited to verifying (1) that the responses that were scored were indeed made by the candidate and (2) that the scoring process correctly transformed the candidate's responses into a scaled score.

Candidates who wish to request a rescore must send the request in writing — detailing the specific reason a scoring error is suspected. **Requests must be postmarked within 14 days of the official release of the score reports and must be accompanied by a check for the appropriate amount, made payable to the American Board of Family Medicine.** The administering board will verify the candidate's responses to each question, compare those responses to the answer key, and recalculate the candidate's scaled score. Typically, candidates will be informed of ABFM's finding within 30 days of the cut-off date for accepting rescore requests, and approximately 60 days after the cut-off date for all other administering boards.

Requests should be sent to: **ABFM, 1648 McGrathiana Pkwy., Suite 550, Lexington, KY 40511**
ATTN: Rescore Manager

ABFM ID#: _____ **Date:** _____

Candidate's Name: _____

Address: _____

***Email:** _____

*Please note that examinees from other boards should make rescore requests through their board, not directly to ABFM.

Examination: (Circle one)

- Geriatrics- \$250
- Hospice and Palliative Care- \$250
- Sleep Medicine- \$250
- Sports Medicine- \$200
- Pain Medicine- \$250
- Designation of Focuses Practice in Hospital Medicine- \$250

Please indicate why you would like your exam rescored

() My score is too low to be credible.

() The results of my score report are not self-consistent. Please explain.

Check included*: Yes No (Circle one)

make payable to the
American Board of Family Medicine

() Other. Please explain

For Family Medicine Certification Examination rescore requests, please use the Family Medicine Certification Examination rescore request form located on the ABFM website.