

*****SCORE REPORT TEMPLATE*****

1. Must be completed by medical school official (e.g., registrar, dean)
2. Must include entire testing history including all failed attempts.

<<INSTITUTION LETTERHEAD>>

Date _____

Examinee: _____ USMLE/NBOME ID: _____

Results for NBME/NBOME licensing exam scores taken by this examinee (and for which results have been reported to date) are shown below. I have documented all known attempts made by the student. Where numeric scores are reported, the recommended minimum passing score ("MP") at the time the exam was taken is shown in parentheses.

USMLE STEP 1/COMLEX LEVEL 1

Test Date	Pass/Fail	Score	MP
_____	_____	_____	(____)
_____	_____	_____	(____)
_____	_____	_____	(____)

USMLE STEP 2/COMLEX LEVEL 2

Clinical Knowledge (CK)/Cognitive Evaluation (CE)

Test Date	Pass/Fail	Score	MP
_____	_____	_____	(____)
_____	_____	_____	(____)
_____	_____	_____	(____)

SIGNATURE BLOCK
School Representative