

\*\*\*\*\*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.

<<LETTERHEAD>>

Date \_\_\_\_\_

Examinee: \_\_\_\_\_ Examine 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 verify that all attempts made by the student are recorded below. 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
_____	_____	_____	(____)
_____	_____	_____	(____)
_____	_____	_____	(____)

*Clinical Skills (CS)/Performance Evaluation (PE)*

Test Date	Pass/Fail
_____	_____
_____	_____

SIGNATURE BLOCK  
School Representative