



EXAM RESCORE REQUEST FORM

We employ extensive and rigorous quality control procedures to ensure the accuracy of exam results for all examinees. Although the possibility of an exam being incorrectly scored is extremely remote, we recognize that you may wish to have your exam rescored. In such case, use this form to request the rescore service and detail the specific reason why a scoring error is suspected.

Requests must be postmarked within six weeks of the official release of the exam results and must be accompanied by a \$250 check per exam made payable to the American Board of Anesthesiology.

- For written exams, we will verify the physician’s response to each question, compare those responses to the answer keys and recalculate the scaled score.
For the APPLIED Exam, we will check whether the numerical ratings from examiners were correctly converted to the exam result; no additional examiners will review your exam.

We will communicate results of the rescore to you within six weeks of receiving the request.

Rescore Request
The American Board of Anesthesiology
4200 Six Forks Rd, Suite 1100
Raleigh, NC 27609-2687

ABAID#: \_\_\_\_\_ Examinee’s Name: \_\_\_\_\_

Exam to be rescored: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

For APPLIED Exam requests: Which component(s) would you like rescored? (\$250 per component) \_\_\_\_\_ SOE \_\_\_\_\_ OSCE

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please place an “X” beside the method by which you would like to receive your results:

\_\_\_\_\_ Email \_\_\_\_\_ United States Postal Mail

Please indicate why you would like your exam rescored:

Three horizontal lines for providing the reason for the rescore request.