**Consent to Release USMLE/COMLEX Step 2 & 3 Scores**

In an effort to assist family medicine residency programs in establishing individual education plans for their resident physicians, the American Board of Family Medicine (ABFM) and the Association of Family Medicine Residency Directors (AFMRD) are working to develop an improved predictive model for passing the ABFM Certification Exam.

Predictive tables have long been used by residency directors and faculty to identify resident physicians who may have a higher probability for not achieving a passing score on the certification exam compared to their peers. Most of these tables involve a resident’s individual scores on the annual In-training Exam (ITE) when compared to aggregate data of prior test takers. The ABFM believes these tables could be enhanced with additional data on each individual resident, specifically their scores on the USMLE/COMLEX Step 2 and 3 exams. In order for the ABFM to collect sufficient data to build the tables they would need resident physicians to permit their scores to be reported to the ABFM.

Currently, residency directors must submit demographic, educational and clinical data to the ABFM utilizing the Residency Training Management System (RTMS). The ABFM would like to add a data field that includes your USMLE/COMLEX Step 2 and 3 scores as well. Your individual data would only be visible to your program, which already has access to this data. Any data published from this information would be in a de-identified and aggregate format and only in the form of predictive tables.

While consent to release this information to the ABFM is voluntary, it serves only for the betterment of your residency program and to your individual training. Your residency director believes this information would be valuable to both you and your program and asks for your assistance in this process.

*\_\_\_\_\_ I have read the information contained in this document and grant permission to my residency program to release my USMLE/COMLEX Step 2 and Step 3 scores to the ABFM utilizing the RTMS. I understand that my personal information will not be shared and can only be used by the ABFM to create de-identified, aggregate data.*

 *\_\_\_\_\_ I do not give permission to release my USMLE/COMLEX Step 2 and Step 3 scores.*

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**Printed Name Date**

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**Signature**