

UNITED STATES MEDICAL LICENSING EXAMINATION®
2013/2014 STEP 3 APPLICATION
CERTIFICATION OF IDENTITY

This form must be signed by a notary public/commissioner of oaths. When completed and submitted to the Federation, this form becomes part of your USMLE record and will be used to identify you when you interact with the Federation if you need to re-apply for the Step 3.

This Certification of Identity is valid for this and any subsequent Step 3 applications submitted to the Federation within a period of five years from the date of the applicant's signature. If you do not sit for this administration of Step 3 or must retake Step 3, it is not necessary to submit another Certification of Identity as long as this form is on file with the Federation of State Medical Boards and has not expired.

ATTACH PHOTO HERE

Securely tape or glue in this square a current front view 2" x 2" color or passport quality photo.

(Print your full name on back of photo before attaching)

USMLE ID: _____

Type or print in uppercase letters.

Name:

Last First Middle

SSN: _____ Date of Birth: _____
(Month/Day/Year)

Gender: _____

State Licensing Authority for which Step 3 is being taken:

I certify that I am the individual named above, represented in the attached photograph and that the signature below is my signature. I certify that I meet the eligibility requirements for Step 3 and that the information on this form is true and accurate. I also certify that I have read the most current version of the USMLE Bulletin of Information and all relevant instructions for this or any subsequent Step 3 application, that I am familiar with the contents of the Bulletin and agree to abide by the policies and procedures described therein. I authorize the release of my USMLE history to the medical licensing authority for which I am taking Step 3 and agree that my subsequent Step 3 score may also be released to the medical licensing authority.

Applicant Signature _____

CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required.

State of _____ County of _____

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicants signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this (Day) _____, of (Month) _____, (Year) _____.

Notary Public Signature _____

Commission Expiration Date* (Month) _____ / (Day) _____ / (Year) _____

** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.*



Please complete and mail this photo/ID page to:

Notary Stamp Here

Federation of State Medical Boards
Attn: Assessment Services
400 Fuller Wisser Rd., Suite 300
Euless, TX 76039-3856