
UNITED STATES MEDICAL LICENSING EXAMINATION™(USMLE)™

2002 STEP 3 APPLICATION INSTRUCTIONS

The Federation of State Medical Boards of the United States, Inc. (FSMB)
Federation Place, 400 Fuller Wisner Road, Suite 300, Euless, Texas 76039-3855
Telephone: 817-868-4041 Fax: 817-868-4098
Web Site Address: <http://www.fsmb.org>

Use this application if you will take Step 3 between November 2001 and December 31, 2002.

APPLICATION MATERIALS

The application materials consist of the 2002 USMLE Step 3 Application Form and Instructions, and the Medical Licensing Authority Instruction Sheet(s). The 2002 USMLE CD containing an interactive tutorial, sample test questions and case simulations will be mailed to you upon receipt of your application. Important informational documents such as the *2002 USMLE Bulletin of Information* and *Step 3 Content Description and Sample Test Materials* are available at the Federation website—www.fsmb.org. **You should read carefully all application materials and the informational documents from the website before applying.**

Application must be made on the current, official form and a new application submitted each time you apply for Step 3. Information regarding USMLE eligibility requirements, examination content, testing conditions, scoring and score reporting appears in the *2002 USMLE Bulletin* located on the USMLE and Federation websites.

COMPLETING YOUR APPLICATION

Applications are processed by date of receipt at the Federation. Allow approximately 2 to 4 weeks for processing once the Federation receives your application. If your application will be sent to a medical licensing authority for pre-registration prior to forwarding to the FSMB, you are advised to consult the board for their current application processing time and add this to the FSMB's 2-4 week processing time. Provide a U.S. address on your application, if possible. Providing an address outside of the U.S. will significantly delay receipt of your Scheduling Permit. *NOTE: The name on your unexpired, government-issued photo identification that you are required to present at the test center must match exactly the name on your Step 3 application, which will be printed on your Scheduling Permit. Otherwise, you will not be allowed to sit for the exam.*

Follow the instructions provided on your application. Your signature on the USMLE application authorizes the release of previous examination history to the medical licensing authority to which you are applying to take Step 3. In addition, you may be required to request a transcript of scores to be sent to the medical licensing authority and be responsible for any related fees.

You must provide your application along with all required documents and fees as specified in the Medical Licensing Authority Instructions. All materials must be received at the Federation by September 2, 2002. Any registration still incomplete after September 2, 2002 will be cancelled. Although the Federation will attempt to notify you of incomplete documents, it is your responsibility to assure your application is complete. *NOTE: Providing a current email address on your application greatly assists communication to examinees.*

STEP 3 ELIGIBILITY REQUIREMENTS

Consult the *2002 USMLE Bulletin* (page 3) for the core USMLE requirements to sit Step 3. Some states impose additional requirements beyond these core criteria. Any state-specific eligibility requirements are listed in the individual Medical Licensing Authority Instructions on the Federation website at www.fsmb.org. If it is determined that you do not meet eligibility requirements at the time your application is received, your registration will be cancelled.

FEE

For specific fee information, see the Medical Licensing Authority instructions on the FSMB website. Enter the amount enclosed in Item 2. Make a check or money order payable to the FSMB in U.S. currency. Record your name, USMLE Identification Number and U.S. Social Security Number or National Identification Number on your check or money order. The USMLE Step 3 fee is nonrefundable and nontransferable from one eligibility period to another or from one application to another.

NAME OR ADDRESS CHANGES

Name and/or address changes require a written request with your signature. Send a signed letter to the Federation's mailing address; mark the envelope Attn: Name/Address Change or you may fax your written request with signature to 817-868-4098. Documentation of the name change should be included. If necessary, an addendum to your Scheduling Permit containing your new name will be sent to you. You must bring both your addendum and Scheduling Permit for entrance to the test center. *NOTE: The name on your unexpired, government-issued photo identification that you are required to present at the test center must match exactly the new name on your addendum.*

RECEIPT OF YOUR SCHEDULING PERMIT

Once your application is registered and eligibility status approved, a scheduling permit will be mailed to you at the address provided on your application. The Scheduling Permit includes your assigned eligibility period of approximately 90 days (90 days plus two additional weeks for processing and mail time), which begins immediately upon approval. The Permit contains other pertinent information and instructions as well. See pages 13-15 of the 2002 *USMLE Bulletin*.

If you do not receive your Permit or your name on the Permit does not match exactly to the name on your unexpired, government-issued photo identification that you are required to present at the test center, it is your responsibility to immediately contact FSMB at 817-868-4041 or usmle@fsmb.org. You will not be allowed to test without presenting your Scheduling Permit to the test proctors on each day of the examination.

REPLACING YOUR PERMIT

Loss of your Permit may require you to cancel your current test date and reschedule your appointment when you receive your replacement Permit. You may also incur a rescheduling fee. If there is insufficient time remaining in your eligibility period to reschedule, you risk forfeiting your fee.

If your Scheduling Permit is misplaced or destroyed, contact the Federation at 817/868-4041 to obtain a duplicate permit. You may request for a duplicate permit to go via first-class mail, express, or overnight carrier. The latter two methods require that you have either a Federal Express account or an acceptable credit card.

SCHEDULING YOUR EXAMINATION

Prometric schedules test dates on a first-come, first-served basis. **You are urged to schedule your appointment and test early in your eligibility period.** This will provide the greatest flexibility in the event you must reschedule your appointment. Consult the *USMLE Bulletin* (pages 13-14) for more detailed information on scheduling with Prometric.

ELIGIBILITY EXTENSIONS

Under most circumstances, a one-time 90-day extension of your eligibility period is possible. The Federation must re-verify your eligibility for Step 3 prior to providing the extension. For further details, including the fee for this service, consult the Federation website at www.fsmb.org.

REQUEST FOR TEST ACCOMMODATIONS

If you have a documented disability covered under the Americans with Disabilities Act (ADA) and require test accommodations, you must **submit a written request** each time you apply for Step 3 **and check Item 14 on your Step 3 application** to indicate that you are submitting a request for accommodations with supporting documentation.

For complete information on procedures and documentation, consult the *USMLE Request for Test Accommodations for Examinees with Disabilities*, available on the Federation website or through the FSMB Coordinator for Examination Services at 817-868-4041. If you have questions or inquiries regarding test accommodations you may email to exam@fsmb.org.

At the same time you send your Step 3 application to the entity processing the application (FSMB or the medical licensing authority), you must send your official request for accommodations and supporting documentation to:

Federation of State Medical Boards, Attn: Coordinator for Examination Services, 400 Fuller Wiser Road, Suite 300
Euless, TX 76039-3855

Your Step 3 application will remain incomplete until your official request and supporting documents are received and processed. To protect your confidentiality and to expedite the review process, **do not include your test accommodation request or documentation with your Step 3 application materials.** Note: You may not request test accommodations if your Step 3 application has already been processed and approved for registration.

Initial Request for Accommodations: If you have not received test accommodations for a previous USMLE Step, refer to the *Request for Test Accommodations* for information on how to provide complete documentation. Download and complete the **Questionnaire** form from the Federation website and provide supporting documentation. The completed questionnaire constitutes your official request.

Request for Subsequent Test Accommodations: If you received test accommodations for a previous USMLE Step, and would like the identical accommodations, print the **Step 3 Update** form for *Requesting Subsequent Test Accommodations* from the Federation website, or call the Coordinator for Examination Services at 817-868-4041. Complete the form and send it to the above address **at the same time** you send your Step 3 application. This form constitutes your official request. If you are requesting a change in accommodations, follow the instructions for initial requests above.

BOARD CODE LIST (ALPHABETICAL)

Use only for Item 1.

001 Alabama	012 Hawaii	026 Missouri	053 Puerto Rico
002 Alaska	013 Idaho	027 Montana	040 Rhode Island
003 Arizona	014 Illinois	028 Nebraska	041 South Carolina
903 Arizona Osteo	015 Indiana	029 Nevada	042 South Dakota
004 Arkansas	016 Iowa	030 New Hampshire	043 Tennessee
005 California	017 Kansas	031 New Jersey	044 Texas
905 California Osteo	018 Kentucky	032 New Mexico	045 Utah
006 Colorado	019 Louisiana	033 New York	046 Vermont
007 Connecticut	020 Maine	034 North Carolina	054 Virgin Islands, United States
008 Delaware	021 Maryland	035 North Dakota	047 Virginia
009 District of Columbia	022 Massachusetts	036 Ohio	048 Washington
010 Florida	023 Michigan	037 Oklahoma	948 Washington Osteo
011 Georgia	024 Minnesota	038 Oregon	049 West Virginia
055 Guam	025 Mississippi	039 Pennsylvania	050 Wisconsin
			051 Wyoming

COUNTRY CODE LIST (ALPHABETICAL)

118 Afghanistan	228 Chad	422 Grenada	630 Martinique
120 Albania	101 Channel Islands	427 Guadeloupe	632 Mauritania
125 Algeria	231 Chile	055 Guam	634 Mauritius
056 American Samoa	243 China	429 Guatemala	141 Mayotte
127 Andorra	108 Christmas Island	435 Guinea	669 Media
128 Angola	109 Cocos Islands	436 Guinea-Bissau	649 Mexico
103 Anguilla	264 Colombia	438 Guyana	082 Micronesia
129 Antarctica	265 Comoros	440 Haiti	084 Midway Islands
130 Antigua & Barbuda	727 Congo	451 Honduras	650 Moldova
131 Antilles, Netherlands, Aruba, Bonaire, Curacao, St Eusta, St Maart	117 Cook Islands	462 Hong Kong	651 Monaco
132 Argentina	100 Corsica	473 Hungary	652 Mongolia
138 Armenia	270 Costa Rica	484 Iceland	653 Montenegro
107 Aruba	273 Croatia	495 India	654 Montserrat
143 Australia	275 Cuba	506 Indonesia	655 Morocco
154 Austria	667 Curacao	517 Iran	657 Mozambique
156 Azerbaijan	968 Cyprus	528 Iraq	209 Myanmar
111 Azores	280 Cyprus (Greek)	539 Ireland	658 Namibia
157 Bahamas	281 Cyprus (Turkish)	102 Isle of Man	659 Nauru
155 Bahrain	966 Czech Republic	550 Israel	672 Nepal
113 Balearic Islands	286 Czechoslovakia	561 Italy	660 Netherlands
160 Bangladesh	297 Denmark	563 Ivory Coast	665 Netherlands Antilles
162 Barbados	300 Djibouti	566 Jamaica	144 New Caledonia
164 Belarus	305 Dominica	572 Japan	671 New Zealand
090 Belau	308 Dominican Republic	575 Jordan	890 Newer Calcedonia
165 Belgium	980 Dutch East Indies	576 Kazakhstan	682 Nicaragua
166 Belize	410 East Germany	577 Kenya	688 Niger
169 Benin	319 Ecuador	580 Kiribati	690 Nigeria
170 Benin	915 Egypt	969 Korea	147 Niue
171 Bermuda	341 El Salvador	584 Kuwait	110 Norfolk Island
173 Bhutan	946 England	587 Kyrgyz Republic	582 North Korea
176 Bolivia	355 Equatorial Guinea	590 Laos	152 North Vietnam
668 Bonaire	345 Eritrea	595 Latvia	952 North Yemen
178 Bosnia-Herzegovina	360 Estonia	605 Lebanon	949 Northern Ireland
180 Botswana	366 Ethiopia	607 Lesotho	693 Norway
187 Brazil	367 Falkland Islands	610 Liberia	697 Oman
115 British Antarctic Territory	140 Faroe Islands	613 Libya	695 Oman
970 British East Africa	368 Fiji	615 Liechtenstein	088 Pacific Islands Trust Territory
116 British Indian Ocean Territory	374 Finland	616 Lithuania	704 Pakistan
945 British Virgin Islands	396 France	618 Luxembourg	715 Panama
191 Brunei	398 French Guiana	619 Macao	720 Papua New Guinea
198 Bulgaria	399 French Polynesia	621 Macedonia	726 Paraguay
207 Burkina Faso	145 French Southern/Antarctic Territories	620 Madagascar	737 Peru
211 Burundi	397 Gabon	112 Madeira Islands	748 Philippines
215 Cambodia	402 Gambia	622 Malawi	105 Pitcairn Islands
217 Cameroon	406 Georgia	624 Malaysia	759 Poland
098 Canada	409 Germany	623 Maldives	770 Portugal
114 Canary Islands	412 Ghana	625 Mali	771 Portuguese Timor
219 Cape Verde	414 Gibraltar	627 Malta	053 Puerto Rico
104 Cayman Islands	418 Greece	086 Mariana Islands	772 Qatar
225 Central African Republic	420 Greenland	080 Marshall Islands	773 Reunion

COUNTRY CODE LIST (continued)

781 Romania	823 Sierra Leone	875 Syria	924 Uruguay
148 Ross Dependency	496 Sikkim	244 Taiwan	928 Uzbekistan
785 Russia	825 Singapore	882 Tajikistan	930 Vanuatu
790 Rwanda	967 Slovak Republic	880 Tanzania	932 Vatican City
573 Ryukyu Islands	826 Slovenia	891 Thailand	935 Venezuela
662 Saba	828 Solomon Islands	893 Togo	941 Viet Nam
663 Saint Eustatius	830 Somalia	149 Tokelau	054 Virgin Islands
793 Saint Helena & Dependencies	836 South Africa	892 Tonga	092 Wake Island
661 Saint Kitts & Nevis	150 South Georgia	894 Trinidad and Tobago	948 Wales
306 Saint Lucia	583 South Korea	895 Tunisia	146 Wallis and Futuna
666 Saint Maarten	151 South Sandwich Islands	902 Turkey	411 West Germany
395 Saint Martin	153 South Vietnam	903 Turkmenistan	158 Western Sahara
142 Saint Pierre and Miquelon	953 South Yemen	106 Turks and Caicos Islands	795 Western Samoa
794 Saint Vincent and The Grenadines	847 Spain	904 Tuvalu	951 Yemen
798 San Marino	220 Sri Lanka	099 USA	957 Yugoslavia
796 Sao Tome and Principe	000 Stateless	913 USSR	266 Zaire
797 Saudi Arabia	848 Sudan	905 Uganda	965 Zambia
947 Scotland	850 Suriname	908 Ukraine	775 Zimbabwe
820 Senegal	855 Swaziland	916 United Arab Emirates	
821 Serbia	858 Sweden	917 United Kingdom	
822 Seychelles	869 Switzerland	999 Unknown	

GRADUATE MEDICAL EDUCATION PROGRAM CODE LIST (ALPHABETICAL)

Use only for Item 9.

31 Anesthesiology	35 Neurology	28 Pediatrics	42 Radiology – Diagnostic
32 Dermatology	36 Nuclear Medicine	40 Physical Medicine & Rehabilitation	43 Radiology – Therapeutic
33 Emergency Medicine	23 Obstetrics/Gynecology	49 Plastic Surgery	19 Surgery
20 Family Practice	37 Ophthalmology	47 Preventive Medicine/ Public Health	14 Transitional
16 Internal Medicine	38 Orthopedic Surgery	41 Psychiatry	44 Urology
30 Medicine – Pediatrics	39 Otolaryngology		
34 Neurological Surgery	25 Pathology		

SPECIALTY CODE LIST (ALPHABETICAL)

Use only for Item 10.

01 Allergy & Immunology	42 Medical Genetics	14 Otolaryngology	20 Psychiatry
02 Anesthesiology	08 Neurological Surgery	15 Pathology	21 Radiology
03 Colon & Rectal Surgery	09 Neurology	16 Pediatrics	22 Surgery
04 Dermatology	10 Nuclear Medicine	17 Physical Medicine & Rehabilitation	23 Thoracic Surgery
05 Emergency Medicine	11 Obstetrics & Gynecology	18 Plastic Surgery	24 Urology
06 Family Practice	12 Ophthalmology	19 Preventative Medicine	
07 Internal Medicine	13 Orthopedic Surgery		

OSTEOPATHIC (DO) SPECIALTY CODES (ALPHABETICAL)

43 Allergy & Immunology	28 General Practice	33 Ophthalmology & Otorhinolaryngology	37 Preventative Medicine
25 Anesthesiology	29 Internal Medicine	34 Orthopedic Surgery	38 Proctology
26 Dermatology	30 Neurology & Psychiatry	35 Pathology	39 Radiology
27 Emergency Medicine	31 Nuclear Medicine	36 Pediatrics	40 Rehabilitation Medicine
44 Family Medicine	32 Obstetrics & Gynecology		41 Surgery

NAME _____

<p>10. SPECIALTY See Instructions for Specialty Code.</p>	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding-left: 10px;">Specialty Code</td> <td style="border: none; padding-left: 10px;">Name of Specialty or Planned Specialty</td> </tr> </table>			Specialty Code	Name of Specialty or Planned Specialty																															
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<p>11. EXAMINATION IDENTIFICATION NUMBERS Indicate the examinations for which you have applied.</p>	<p>Identification Number (If Known)</p> <p>ECFMG <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p> <p>FLEX <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p> <p>NBME <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p> <p>USMLE <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">-</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">-</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">-</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p>																										-					-			-	
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<p>12. USMLE PASSED Record the administration date of each examination passed and the number of attempts. Date Passed – Indicate month as shown: Jan-01; Feb-02; Mar-03; Apr-04; May-05; Jun-06; Jul-07; Aug-08; Sep-09; Oct-10; Nov-11; Dec-12</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Examination</th> <th style="text-align: left; border-bottom: 1px solid black;">Date Passed</th> <th style="text-align: left; border-bottom: 1px solid black;"># of Attempts</th> </tr> </thead> <tbody> <tr> <td style="border: none;">USMLE Step 1</td> <td style="border: none;"> <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> </td> <td style="border: none;"> <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> </td> </tr> <tr> <td style="border: none;">USMLE Step 2</td> <td style="border: none;"> <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> </td> <td style="border: none;"> <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> </td> </tr> </tbody> </table>	Examination	Date Passed	# of Attempts	USMLE Step 1	<table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>									<table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>			USMLE Step 2	<table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>									<table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
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<p>13. ADDRESS This address will be used for correspondence regarding registration for Step 3. Print your current mailing address.</p> <p>If you provide an address outside the U.S., correspondence relating to Step 3 may be significantly delayed. Provide a U.S. address, if possible.</p> <p>If your address changes or is different for score reporting, see Instructions, "Change of Address."</p> <p>See Instructions for Country Code.</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">Address Line 1</td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">Address Line 2</td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">Address Line 3</td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">City</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">State/Province</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">Country</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">Country Code</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">ZIP/Postal Code</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">Daytime Telephone Number</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; padding-left: 5px;">E-mail Address</td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td></tr> </table>		Address Line 1		Address Line 2		Address Line 3		City		State/Province		Country		Country Code		ZIP/Postal Code		Daytime Telephone Number		E-mail Address															
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Daytime Telephone Number																																				
E-mail Address																																				
<p>14. TEST ACCOMMODATIONS Check this box if you are requesting test accommodations.</p>	<p><input type="checkbox"/> I have a documented disability covered under the American with Disabilities Act and am requesting test accommodations. (Checking this box does not constitute an official request. You must submit your request for test accommodations and accompanying documentation at the same time as this application. See Instructions, "Applying for Test Accommodations.")</p>																																			
<p>15. DATA RELEASE Release of Step 3 Data</p>	<p><input type="checkbox"/> The NBME reports USMLE total scores to LCME- and AOA-accredited medical schools for their students and graduates. This data is used by the schools to monitor the outcome of their educational process and as part of ongoing quality improvement activities.</p> <p><input type="checkbox"/> Only a total score is provided. If you do not wish to have your Step 3 score reported to your medical school of graduation, please check the box provided to the left.</p>																																			
<p>16. SIGNATURE Review the <i>Bulletin</i> of Information before signing this statement.</p> <p>Note: If your application is not complete, signed and notarized as instructed, your registration will be delayed.</p>	<p>I certify that I currently meet the Step 3 eligibility requirements, that the information provided on this form is true and accurate, and that I have provided all required documentation. I also certify that I have read the 2002 USMLE Bulletin of Information and the application instructions, that I am familiar with their contents, 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 to verify my eligibility and, if a USMLE transcript is required by that authority, I agree to pay the applicable transcript fee. I agree that my Step 3 score may be released to the medical licensing authority for which I am taking Step 3.</p> <p>Applicant Signature _____ Date ____ / ____ / ____ MO DY YR</p>																																			

Provision of the following information is voluntary. The information will be used for research purposes only. You are encouraged to provide the information. The processing of your application will not be affected by your choice in this regard.

Select the 1 option which best describes your racial/ethnic background.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic	Black (not of Hispanic Origin)	White (not of Hispanic Origin)	Other

Is English your native language? Yes No

UNITED STATES MEDICAL LICENSING EXAMINATION™
2002 STEP 3 APPLICATION

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USMLE IDENTIFICATION NO.

Securely tape or glue in this square a current front-view 2" x 2" passport-type photo. (Print full name on back of photo before attaching.)



Type or print in uppercase block letters. Use black ink only.

Name _____
Last First Middle

S.S./N.I. Number _____ Date of Birth ____ / ____ / ____ Gender Male Female
Month Day Year

Licensing authority for which Step 3 is being taken _____

CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required.

Applicant Signature
By my signature above, I certify that all of the information provided on this form is true and accurate.

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 applicant's 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 _____, _____.

Notary Public Signature _____

Expiration Date ____ / ____ / ____
Month Day Year