

NBME® EXAMINATION HISTORY RELEASE

Required only for Verification of NBME Part I, II and III Examinations

The Federation Credentials Verification Service (FCVS) is responsible for obtaining verification of your examination history according to the requirements of the medical licensing authority(ies) where you are having your Physician Information Profile sent. In the case of the National Board of Medical Examiners (NBME), medical licensing authorities have the option of requiring either or both of two types of examination verification: 1) an endorsement of your National Board certification; or 2) a Record of Scores.

NBME Endorsement of Certification

The NBME Endorsement of Certification (only for NBME diplomates) will show the following:

- Your most recent passing scores for the NBME Part I, II and III upon which your certification is based
- Complete examination history for any USMLE Steps upon which certification is based
- Your diplomate status and certificate number

NBME Record of Scores

The NBME Record of Scores will show a complete examination history, indicating the date and score for all NBME Part I, II and/or III attempts, and, if you have met licensing examination requirements through a combination of NBME Parts and USMLE Steps, indicating the date and score for all USMLE Step 1, 2 and/or 3 attempts.

To facilitate this request, the NBME requires that you complete the following release:

To the National Board of Medical Examiners:

I, _____ hereby request the National Board of Medical

(Type/Print your complete name)

Examiners (NBME) to comply with the written request accompanying this release made by the Federation Credentials Verification Service (FCVS) on my behalf. If applicable pursuant to the accompanying request, I authorize the NBME, its staff and/or representatives to forward my Endorsement of Certification directly to FCVS. Furthermore, if applicable pursuant to the accompanying request, I authorize the NBME, its staff and/or representatives, to provide directly to FCVS a complete examination history in the form of a Record of Scores, whether or not such information is favorable or unfavorable. I hereby release from any and all liability the NBME, its staff and/or representatives, for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. I also acknowledge that a photocopy or facsimile of this authorization shall be valid as the original and shall be valid from the date signed.

Signature

Date

Printed Name (First, Middle, Last)

Please provide your current address (optional):

Medical School

Current Mailing Address

Year of Graduation

NBME Identification Number (if known)

City

State

ZIP