

**Attestation of Medical Education for the
Georgia Composite State Board of Medical Examiners**

This form must be completed and submitted to the Federation of State Medical Boards along with the USMLE Step 3 application. Mail this form along with the Step 3 application and PGT form to:

Federation of State Medical Boards
Attn: Exam Dept
PO Box 619850
Dallas, TX 75261-9850

Please print legibly

This is to certify that I, _____,

USMLE ID # _____, a graduate of

_____ in
Name of college or university

_____, located in _____, _____ has successfully
Year City Country

completed a program of medicine leading to a medical doctor degree or the medical doctor equivalent. This degree program is from a medical school listed in the World Health Organization (WHO) directory at the date of my graduation. This degree program included:

1. A minimum of two (2) years of pre-medical training, and
2. At least 130 weeks of instruction.

I hereby swear or affirm that the information I have provided is true and complete. I understand that the provision of false or misleading information relating to my qualifications for examination may be the cause for the denial of any current or subsequent applications for examinations, licensure or post-graduate training permit for the Georgia Composite State Board of Medical Examiners.

Applicant's Signature

Date

Sworn and subscribed before me this _____ day of _____, _____.
day month year

Notary Public Signature

Notary Stamp or Seal

My Commission Expires: _____