

**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  
Notary Seal

My Commission Expires: \_\_\_\_\_