

Certification of Pre-Medical Education for the  
New Jersey State Board of Medical Examiners

This is to certify that I, \_\_\_\_\_, \_\_\_\_\_ of  
Name USMLE #

\_\_\_\_\_  
 (print your address)

took, passed and received credit for a minimum of sixty (60) post-secondary, college or university level credit hours prior to commencing my medical education. I further certify that during my pre-medical education, I passed at least one three-credit course in each of the following: Biology, Chemistry, and Physics.

List all pre-medical schools attended, dates of enrollment (from initial enrollment to completion), and the total number of credit hours earned at school listed. Identify at which pre-medical school you completed the required courses in biology, chemistry and physics.

List all pre-med, post-secondary colleges or universities attended	Dates enrolled at each school	Dates of completion	Total credit hours earned	Indicate school where the following were passed: BIO    CHEM    PHYSIC
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify that I have carefully read the above certification and that the information I have provided is true and complete. I understand that the premedical education attested to by me is a statutory required prerequisite to qualify for examination for the state of New Jersey. I understand that the provision of false or misleading information relating to my qualifications for examination under New Jersey law may be the cause for the denial of further applications for examinations, licensure or post-graduate training permit.

\_\_\_\_\_  
 Applicant's Signature

Sworn and subscribed to before me on this date: \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
 Signature and Seal of Notary Public

Commission Expiration Date\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Mail this form to:  
 FSMB  
 Attn: Exam Services  
 P.O. Box 619850  
 Dallas, TX 75261-9850

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