

AFFIDAVIT for the State of Wyoming

(Must be attached to certified copy of medical school diploma)

I, _____, _____
(First name, middle initial, last name) (USMLE ID#)

of _____ in _____.
(Address) (City) (State)

do hereby depose and affirm that I am the person identified and named on the attached diploma; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation; that said attached diploma is a true and accurate representation of an original medical school diploma awarded me from

(Name of medical school)

Furthermore, I acknowledge by my signature below that any misleading information or invalid verification by me will result in disapproval to sit for the USMLE Step 3 and ineligibility or revocation of licensure in the state of Wyoming.

(Applicant's Signature)

Witnessed by me this _____ day of _____, 20_____.
Day Month Year

(Attested by)

Legal Seal

Return this form to:
Federation of State Medical Boards
Attn: Exam Services
P. O. Box 619850
Dallas, TX 75261-9850
(817) 868-4041