



**Federation Credentials Verification Service  
FCVS**

**USMLE Step 3 Completion Request**

**Instructions  
and  
Forms**

Version 1.0

# General Information

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The Federation Credentials Verification Service (FCVS) is operated by the Federation of State Medical Boards of the United States, Inc. (Federation), a national non-profit organization that provides services for state medical and osteopathic licensing authorities. FCVS was developed to provide a centralized, uniform process for medical licensing authorities—as well as private, governmental and commercial entities—to obtain a verified, primary source record of a physician’s “core” medical credentials.

This USMLE Step 3 Completion request is specifically designed for physicians who have previously established a USMLE Step 3 Commencement file and are now requesting to have a Physician Information Profile (Profile) forwarded to a state licensing authority or entity of their choice. If you have **not** had your credentials verified previously by FCVS, you must request an initial application packet.

This Packet will authorize FCVS to prepare and forward your Profile to the entity of your choice. This Profile will contain FCVS-certified copies of documents obtained directly from your source institutions in the following categories:

- Identity
- Medical Education
- Graduate Medical Education
- Examination History (state licensing authorities only unless otherwise requested)
- Confirmation of ECFMG Certification (if applicable and for state licensing authorities only unless otherwise requested)
- Board Action History

Please refer to the following pages for instructions on completing the appropriate form(s) and submitting the appropriate fees. As always, if you have questions regarding your file, or need assistance with completing this packet, please do not hesitate to contact our toll-free customer service number at:

1-888-ASK-FCVS  
(1-888-275-3287)

**Note: FCVS does not issue medical licenses. This function is performed only by state licensing authorities. Furthermore, licensing authorities will require the verification of other information and credentials you possess in addition to those verified by FCVS.**

## Glossary of Acronyms Used Within the Packet

ECFMG:	Educational Commission for Foreign Medical Graduates
FCVS:	Federation Credentials Verification Service
LMCC:	Licentiate of the Medical Council of Canada
NBME:	National Board of Medical Examiners
NBOME:	National Board of Osteopathic Medical Examiners
FLEX:	Federation Licensing Examination
SPEX:	Special Purpose Examination
USMLE:	United States Medical Licensing Examination

# Instructions for Completing the Step 3 Request Form

Read these instructions and those throughout the packet carefully. Failure to submit the required form(s) and/or fee will result in processing delays. All of the information provided herein is subject to change.

## I. Complete the USMLE Step 3 Completion Request Form

The Step 3 Completion Request Form must be completed to update information contained in your Profile and to designate the medical licensing authority or other entity to which you want your Profile sent. Follow the instructions as they appear in the left-hand column of the Form. Please feel free to make a copy(ies) of this form if you need additional space. If you have other information to communicate to FCVS, please write/type on a separate 8½" x 11" sheet of white, unlined paper and attach it to the Form.

## II. Fees

Please follow these instructions to complete Section 15, "Fee Calculation" of the Form. To avoid processing delays due to incorrect fees, please call FCVS' toll-free customer support line if you have questions. Credentials Inquiry Specialists will assist you with calculating your fees.

### A. Examination Score Transcripts

FCVS does not permanently store examination score transcripts; therefore, we must once again obtain an original transcript(s) for your Profile. You must base this fee on your complete licensure examination history (as you reported in your initial FCVS application). Each organization that provides FCVS with examination score transcript has a unique fee structure. Do not request transcripts on your own behalf. FCVS will not accept, substitute, or waive surcharges for any transcript requested by applicants. Transcripts are required for state licensing authorities only. Do not include transcript surcharges for other entities (i.e., hospitals, medical societies, etc.).

#### 1. USMLE Steps 1, 2 and 3 Pre-1985 FLEX

#### FLEX Component 1 and 2 SPEX

The Federation issues an examination history report for each of the above examinations (each transcript includes a complete report of all of the above examinations). The fee for up to 2 transcripts is \$50. FCVS does not duplicate these transcripts. You must submit the appropriate fee for each Profile being forwarded.

Those who have taken a USMLE "Step" in combination with an NBME "Part" should only submit surcharges for the NBME transcript (see NBME Part I, II and III below). The NBME transcript reports all USMLE Step history.

#### 2. NBME Part I, II and III

FCVS obtains verification of your NBME examination history according to the requirements of the entity receiving your Profile. Medical licensing authorities have the option of requiring either of two "types" of NBME examination verification. Please locate the state(s) listed below to determine which NBME examination fee you should include with your application.

- |  |   |
|--|---|
| 1) NBME Endorsement of Certification ..... | AZ, CA, OH and MD   |
| 2) NBME Record of Scores .....             | All other medical licensing authorities and entities that accept FCVS documents |

NBME Endorsement of Certification and/or the NBME Record of Scores is \$50 for up to five (5) transcripts and \$5 for each additional transcript requested at the same time. FCVS does not duplicate NBME transcripts. You must submit the appropriate fee for each Profile being forwarded.

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## II. Fees (continued)

### B. Examination Score Transcripts (continued)

#### 3. National Board of Osteopathic Medical Examiners (NBOME)

NBOME transcripts are \$50. FCVS does not duplicate NBOME transcripts. You must submit the appropriate fee for each Profile being forwarded.

#### 4. Licentiate of the Medical Council of Canada (LMCC)

The Medical Council of Canada (MCC) provides FCVS with a statement confirming your registration as a Licentiate of the Medical Council of Canada as well as the scores received on the Council's examinations. FCVS collects \$95 to offset MCC fees (and exchange rates) for this service. FCVS has been given permission to store and reproduce this verification and therefore requires that you submit this fee only one time with your application.

#### 5. State Board Examinations (some states do not apply)

Each medical licensing authority has a different fee for their respective examination transcript. If you have taken a state board examination, please call FCVS' toll-free number for the appropriate amount.

**Note: State board examinations were developed and administered specifically by medical licensing authorities. Some states do not apply. Do not confuse these examinations with national licensing examinations such as the FLEX, NBME, NBOME or USMLE.**

### C. ECFMG Certification

If you are certified by the ECFMG, FCVS will obtain written confirmation of your certification directly from ECFMG. ECFMG charges a \$25 fee for this confirmation. FCVS does not duplicate documents provided by the ECFMG. You must submit the \$25 fee for each Profile being forwarded.

### Other Fee Information

#### Recipient Designation Change Fee

If you change the recipient of your Profile while your Subsequent Request is still pending, you will be assessed a \$15 change fee, plus applicable surcharges necessary to obtain new examination history transcripts. To change your recipient designation, contact our toll-free customer support line to receive a Designation Change Form.

#### Insufficient Funds

Checks returned for insufficient funds will be assessed a \$25 fee. Processing of your application will be suspended until a cashier's check or money order covering the original application fee plus the \$25 fee is received.

#### Payment

Make your check or money order payable in U.S. dollars to Federation Credentials Verification Service. Do not send cash with your application.

#### Cancellation Policy

A significant portion of application processing occurs immediately after applications are received; therefore, requests for cancellations must be submitted in writing within five business days from the date FCVS receives your application. In all cases of cancellation, a \$25 processing fee will be deducted. No refunds will be granted after five business days.

#### Overpayment

FCVS will send you a letter notifying you of a credit balance (overpayment) on your account at the time your Profile is forwarded. You must submit a written request (with address verification) to receive this refund. Refunds on credit balances will not be issued until your Profile(s) has been forwarded.

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### III. Submitting Your Step 3 Completion Request Materials

All forms and required fees must be forwarded to FCVS via the United States Postal Service. Hand carried materials, or materials received through any other carrier, will be returned to sender. Detach the Step 3 Completion Request Form from this packet, staple your payment to the front of the Form and mail to the address below.

These materials must be mailed via standard U.S. Postal Service (not Express, Certified or Overnight) to the P.O. Box listed below. Mail received at the Federation's Fuller Wiser Road address will be delayed by at least 5 business days and will be assessed a \$15.00 handling fee.

<p style="text-align: center;"><b>Federation Credentials Verification Service</b> <b>P.O. Box 970900</b> <b>Dallas, TX 75397-0900</b></p>
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*Do NOT send these materials to the Federation of State Medical Boards' Fuller Wiser Road address.*

### IV. Time Expectations to Process your Step 3 Completion Request

FCVS endeavors to process your Subsequent Request as quickly as possible. Average processing time for Subsequent Requests can vary with the complexity of the file. Please note that any updates to the physician file (i.e. additional training or completion of training that was previously in progress) will require additional processing time. Profiles with additional verification require additional time to process. In order to expedite processing, we ask that you wait at least two weeks before inquiring about the status of your request.

### V. Common Questions about Step 3 Completion Requests

*If you have "stored" all of my original documents, why does it take additional time to process my request?*

FCVS has stored all documents related to your identity, medical education and graduate medical education training (plus applicable translations, if necessary). These documents are permanently stored in your FCVS file and do not require re-verification. Data reported on examination score transcripts and Confirmation of ECFMG Certification is considered proprietary by the issuing organizations; therefore FCVS is specifically prohibited from storing and/or duplicating these documents. Additional time (and surcharges) are required for FCVS to obtain original documents from these institutions. In addition, any updates to the physician file (i.e. additional training or completion of training that was previously in progress) will require additional processing time.

*I already had my examination transcripts forwarded to the medical board. Will you waive this fee?*

No. FCVS policy is to initiate and receive all verification requests directly from the primary source. We will not waive or substitute components of the Physician Information Profile (or applicable fees) under any circumstances.

*All of my information is the same since my initial request. Do I still need to complete the entire Form?*

Yes. If all of your information is the same, simply check the box "No Changes" in the applicable section.

## Federation Credentials Verification Service USMLE Step 3 Completion Request Form

*Refer to the instructions in the left-hand column when completing these forms. Type or block print only. Do not use felt-tip pens.*

<p><b>1. FCVS Packet ID Number</b></p>	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <p style="font-size: 8px; margin: 0;">FCVS Packet ID Number</p> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <p style="font-size: 8px; margin: 0;">U.S. Social Security Number</p> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <p style="font-size: 8px; margin: 0;">Note: Packet ID Numbers can be four or five digit numbers. You can find your packet ID number on any correspondence received from FCVS.</p> </div> </div>
<p><b>2. Name</b></p> <p style="font-size: 8px;">Report the name under which you submitted your original FCVS application</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Last Name (Surname) and Generational Suffix</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">First and Middle Name(s)</p>
<p><b>3. Name Change</b></p> <p style="font-size: 8px;">If you have changed your name, list your current name in this section.</p> <p><input type="checkbox"/> Check here if not applicable.</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Last Name (Surname) and Generational Suffix</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">First and Middle Name(s)</p> <p style="font-size: 8px; margin: 0;">Required Documentation: You must submit a certified copy of a document which explains this name change or an Explanation of Alternate Form (see page 6).</p>
<p><b>4. Mailing Address Change</b></p> <p style="font-size: 8px;">If you have changed your mailing address, list your new address in this section.</p> <p><input type="checkbox"/> Check here if not applicable.</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Address Line 1</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Address Line 2</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 40%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">City <span style="float: right;">State/Province</span></p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">Country <span style="margin-left: 100px;">ZIP/Postal Code</span></p>
<p><b>5. Permanent Address Change</b></p> <p style="font-size: 8px;">If you have changed your permanent address, list your new address in this section.</p> <p><input type="checkbox"/> Check here if same as mailing address</p> <p><input type="checkbox"/> Check here if not applicable.</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Address Line 1</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Address Line 2</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 40%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">City <span style="float: right;">State/Province</span></p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">Country <span style="margin-left: 100px;">ZIP/Postal Code</span></p>
<p><b>6. Telephone Number Change</b></p> <p style="font-size: 8px;">List any new telephone numbers (U.S./Canadian numbers only).</p> <p><input type="checkbox"/> Check here if not applicable.</p>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="font-size: 8px; margin: 0;">Ext. _____</div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">Business Phone <span style="float: right;">Business Fax</span></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">Home Phone <span style="float: right;">Other (e.g. pager)</span></p>
<p><b>7. E-mail Address(es)</b></p> <p style="font-size: 8px;">List a primary and secondary e-mail addresses, if available.</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Primary E-mail Address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Secondary E-mail Address (if available)</p>

**8. State Licensure**

List all active and inactive or expired professional license you have held.

Include additional information on a separate 8.5" x 11" sheet of paper.

\*Type of licenses are M.D., D.O., D.D.S., P.A., etc.

**Active Licenses**

State	Type	Number	Original Date of Issue	Expiration Date

State	Type	Number	Original Date of Issue	Expiration Date

State	Type	Number	Original Date of Issue	Expiration Date

**Inactive or Expired Licenses**

State	Type	Number	Original Date of Issue	Expiration Date

State	Type	Number	Original Date of Issue	Expiration Date

**9. Specialty Certification**

Please list your current certification status.

Include additional information on a separate 8.5" x 11" sheet of paper.

**Specialty** \_\_\_\_\_

Board Certified? Yes  No  If no, are you qualified to sit for the examination? Yes  No

Board Name \_\_\_\_\_

Initial Certification Date \_\_\_\_\_ Date of Most Recent Certification \_\_\_\_\_

Date Qualified \_\_\_\_\_ Qualification Expires \_\_\_\_\_

**(Sub) Specialty**

Board Certified? Yes  No  If no, are you qualified to sit for the examination? Yes  No

Board Name \_\_\_\_\_

Initial Certification Date \_\_\_\_\_ Date of Most Recent Certification \_\_\_\_\_

Date Qualified \_\_\_\_\_ Qualification Expires \_\_\_\_\_

**(Sub) Specialty**

Board Certified? Yes  No  If no, are you qualified to sit for the examination? Yes  No

Board Name \_\_\_\_\_

Initial Certification Date \_\_\_\_\_ Date of Most Recent Certification \_\_\_\_\_

Date Qualified \_\_\_\_\_ Qualification Expires \_\_\_\_\_

**10. Controlled Substance Registration**

List your current DEA and State Registration Number(s)

Include additional information on a separate 8.5" x 11" sheet of paper.

Federal DEA Number	Date Issued	Expiration Date

State Controlled Substances Registration Number	Date Issued	Expiration Date	State

State Controlled Substances Registration Number	Date Issued	Expiration Date	State

State Controlled Substances Registration Number	Date Issued	Expiration Date	State

**11. Graduate Medical Education**

List all of the graduate medical education programs you attended in chronological order. Use one page per institution. You must make a photocopy(ies) of this page to report more than two institutions.

**IMPORTANT**

Report incomplete training levels (years) separate from those that were successfully completed.

If your training level (year) is currently in progress, indicate the EXPECTED completion date in the "To" field.

Report internships, residencies, fellowships and research programs separately.

Use one section per department.

Use one (1) page per institution. This page represents \_\_\_\_ of \_\_\_\_ institution(s).


Complete name of hospitals where training was conducted (do not abbreviate).


Complete name of affiliated university or college (do not abbreviate).

--

Address line 1

--

Address line 2

--

--

City

State/Province

--

--

--

Country

ZIP/Postal Code

Training level: \_\_\_\_\_  
(e.g. 1, 2, 3, etc.)

- Internship
- Residency
- Chief Resident
- Fellowship
- Research

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Specialty/subspecialty

From: 

--

--

 To: 

--

--

Successfully Completed?  
 Yes  No  In progress

Training level: \_\_\_\_\_  
(e.g. 1, 2, 3, etc.)

- Internship
- Residency
- Chief Resident
- Fellowship
- Research

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Specialty/subspecialty

From: 

--

--

 To: 

--

--

Successfully Completed?  
 Yes  No  In progress

Training level: \_\_\_\_\_  
(e.g. 1, 2, 3, etc.)

- Internship
- Residency
- Chief Resident
- Fellowship
- Research

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Specialty/subspecialty

From: 

--

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 To: 

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--

Successfully Completed?  
 Yes  No  In progress

Training level: \_\_\_\_\_  
(e.g. 1, 2, 3, etc.)

- Internship
- Residency
- Chief Resident
- Fellowship
- Research

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Specialty/subspecialty

From: 

--

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 To: 

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Successfully Completed?  
 Yes  No  In progress

Unusual Circumstances (circle Yes or No):

- Did you take a leave(s) of absence or break(s) from your medical education? Yes    No
- Were you ever placed on probation? Yes    No
- Were you ever disciplined or placed under investigation? Yes    No
- Were any negative reports for behavioral reasons ever filed by instructors? Yes    No
- Were any limitations or special requirements imposed on you because of academic incompetence, disciplinary problems, or for any other reason? Yes    No

Please explain any "yes" responses from above:

**12. Examinations Taken Since Last Profile was Completed**

Provide the most recent examination date and the total number of attempts for each examination listed you have taken for purposes of state medical licensure.

Examination	Most recent attempt		No. of attempts	Pass/Fail/Unknown	State board sponsor
	Month	Year			
LMCC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NBOME COMLEX-USA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USMLE Step 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** Although you are reporting only recent examinations, you must submit surcharges based upon your complete examination history. See section II: Fees, "Examination Score Transcripts" (page 3) for more information.

**13. Recipient Designation**

You must designate each professional licensing board, hospital, or other credentialing entity where you want your Profile sent.

Addresses are not required for state medical boards.

You may indicate additional commercial recipients on a separate 8.5" x 11" sheet of paper.

I wish to forward my Physician Information Profile to the following state medical board(s):

- |          |           |
|----------|-----------|
| 1) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 10) _____ |

I wish to forward my Physician Information Profile to the following commercial entity or hospital:

<input type="text"/>
<input type="text"/>

Complete name of recipient (do not abbreviate)

<input type="text"/>
<input type="text"/>

Contact (individual to whom your Profile will be addressed)

<input type="text"/>
----------------------

Address line 1

<input type="text"/>
----------------------

Address line 2

<input type="text"/>
----------------------

City

State/Province

<input type="text"/>
----------------------

<input type="text"/>
----------------------

<input type="text"/>
----------------------

Country (U.S. or Canada only)

ZIP/Postal Code

Telephone Number:

**Purpose for use** (not required if your Profile is being sent to a state medical board):

Hospital privileges       Employment purposes       Personal copy

Other use: \_\_\_\_\_

**14. Third-party Authorization**

Your FCVS file is confidential.

If you intend to have any person other than yourself communicate with FCVS about your application, you must complete this section.

I will be the only individual to inquire about my FCVS application.

I authorize the following individual to inquire about my FCVS application (see below).

<input type="text"/>
----------------------

Last name (surname) and suffix

<input type="text"/>
----------------------

First name

Relationship

Telephone number

By completing this section, you authorize FCVS to discuss the status of your FCVS application with the above-named individual. Specific information regarding qualitative aspects of your credentials (i.e. grades, examination scores, evaluations, etc.) will not be released under any circumstances.

**15. Fee Calculation**

To avoid processing delays, please refer to page 3 of the instructions (Fees).

If you are uncertain about any aspect of fee calculation, call 1-888-ASK-FCVS for assistance.

Refunds for overpayment will be initiated at the time your Profile is completed.

Method of payment  Check  Money Order

Check/Money Order# \_\_\_\_\_

Name on Check: \_\_\_\_\_

**A. Completion Request Fee**

1 Profile no charge .....

\_\_\_\_\_ Additional Profiles x \$60.00 each .....

**B. Examination Score Transcript Fee**

1. USMLE Steps 1, 2 and 3 Pre-1985 FLEX

FLEX Components 1 & 2 SPEX

\_\_\_\_\_ transcripts x \$55.00 (1-2) .....

2. NBME Transcripts (NBME Parts I, II and III)

\_\_\_\_\_ transcripts x \$50.00 (1-5)

\_\_\_\_\_ transcripts x \$5.00 (each additional) .....

3. NBOME

\_\_\_\_\_ transcripts x \$50.00 .....

4. Licentiate of Medical Council of Canada (LMCC) \$95.00

.....

5. State Board Examinations (Indicate Board(s): \_\_\_\_\_)

\_\_\_\_\_ transcripts x \$ \_\_\_\_\_

\_\_\_\_\_ transcripts x \$ \_\_\_\_\_ .....

**C. ECFMG Certification Confirmation Fee**

\_\_\_\_\_ confirmation(s) x \$25.00 .....

**Total Fee Submitted:** .....

**16. Signature**

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE USMLE STEP 3 REQUEST FORM" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize every person, hospital, clinic, government agency (local, state, federal or foreign), institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, or true and correct copies of documents or records.

I hereby release, discharge and hold harmless the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, records or documents of any and all liability. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this Form to any entity at my request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Explanation of Alternate Name Form

Use this form to explain the use of any name(s) not supported by the identity document(s) submitted with your application. Do not write on the back of this form. If additional space is required, please make a photocopy(ies). Be certain to sign the form in the space provided at the bottom of the page.

<p><b>Documented Name</b></p> <p>The name reported here must be the name on your identity document.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="font-size: small;">Last Name (Surname) and Generational Suffix</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="font-size: small;">First and Middle Name(s)</td> </tr> </table>		Last Name (Surname) and Generational Suffix		First and Middle Name(s)				
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