

Special Purpose EXamination (SPEX®)

GENERAL APPLICATION INSTRUCTIONS

ELIGIBILITY

SPEX is designed for physicians who hold or have held a valid, unrestricted medical license in a United States or Canadian jurisdiction. To be eligible for the SPEX you must meet all eligibility requirements established by the Federation of State Medical Boards (FSMB) and the state medical board for which the SPEX is being taken.

APPLICATION MATERIALS

Your application materials should include the SPEX Application, SPEX Information Bulletin, and these General Application Instructions. Be sure to read the SPEX Information Bulletin carefully before completing the application.

COMPLETING THE APPLICATION

Complete the application in its entirety, following the instructions provided for each item on the application. Code lists are included with the instructions.

Identification page: One 2" x 2" passport-type photo is required. Print your full name on the back of the photo and attach to the identification page. Complete the requested information, including your signature under the photo. The identification page must be notarized, and the notarization seal must fall partly on the photo and partly on the signature under the photo.

A photocopy of your medical license is required for all Board Sponsored and Self-Nominated applications.

TESTING ACCOMMODATIONS

The SPEX program provides reasonable accommodations for examinees with disabilities that are covered under the American with Disabilities Act (ADA). If you are a disabled individual covered under the ADA and require test accommodations, contact the FSMB for information regarding procedures and documentation requirements. This information is also available from the website at www.fsmb.org. In all cases, requests for testing accommodations must be made in writing before or at the time the SPEX application is submitted.

PAYMENT INSTRUCTIONS

The fee for SPEX is \$950, payable by check or money order to the FSMB. Payment must be submitted with the

application. \$284 of the SPEX application fee is non-refundable. *(Note: effective September 1, 2009, the SPEX exam fee will be \$1200.00 per administration, \$396 of which is non refundable. All applications received on or after September 1, 2009 must include the \$1200 fee amount.)*

APPLICATION MAILING INSTRUCTIONS

Mail your completed application and payment to:

Attn: Wholesale Lockbox
Federation of State Medical Boards
P.O. Box 970599
Dallas, TX 75397-0599

PROCESSING THE APPLICATION

Applications are processed by date of receipt at the FSMB offices. Allow approximately two to four weeks for processing once the FSMB receives your application. If your application will be sent to a medical licensing authority for pre-registration prior to forwarding to the FSMB, you are advised to consult the board for their current application processing time and add this to the FSMB's two-to-four week processing time.

SCHEDULING THE EXAMINATION

You will receive a Scheduling Permit with detailed information on how to schedule the exam at a Prometric Testing Center. SPEX is available across the nation throughout the year. You will have approximately 90 days in which to schedule and complete the SPEX. You must present your permit and an unexpired government-issued form of identification with your photograph and signature (such as a driver's license or passport) to be admitted to the testing center.

SCORES

Scores will be released approximately two to four weeks after the exam has been taken.

ADDRESS CHANGES

Correspondence regarding your application, scheduling information and scores will be directed to the address provided on your application. Therefore, it is essential that a correct address be provided and that appropriate changes be submitted in writing to: SPEX, FSMB, P.O. Box 619850, Dallas, TX 75261-9850.

Board Code List (Alphabetical)

001	Alabama	055	Guam	028	Nebraska	041	South Carolina
002	Alaska	012	Hawaii	029	Nevada	042	South Dakota
056	American Samoa	013	Idaho	030	New Hampshire	043	Tennessee
003	Arizona	014	Illinois	031	New Jersey	044	Texas
903	Arizona Osteo	015	Indiana	032	New Mexico	045	Utah
004	Arkansas	016	Iowa	033	New York	046	Vermont
005	California	017	Kansas	034	North Carolina	054	Virgin Islands, United States
905	California Osteo	018	Kentucky	035	North Dakota	047	Virginia
006	Colorado	019	Louisiana	086	Northern Mariana Islands	048	Washington
007	Connecticut	021	Maryland	036	Ohio	948	Washington Osteo
008	Delaware	022	Massachusetts	037	Oklahoma	049	West Virginia
009	District of Columbia	023	Michigan	038	Oregon	050	Wisconsin
010	Florida	024	Minnesota	039	Pennsylvania	051	Wyoming
910	Florida Osteo	025	Mississippi	053	Puerto Rico		
011	Georgia	026	Missouri	040	Rhode Island		
		027	Montana				

Country Code List (Alphabetical)

118	Afghanistan	101	Channel Islands	435	Guinea	650	Moldova
120	Albania	231	Chile	436	Guinea-Bissau	651	Monaco
125	Algeria	243	China	438	Guyana	652	Mongolia
056	American Samoa	108	Christmas Island	440	Haiti	653	Montenegro
127	Andorra	109	Cocos Islands	451	Honduras	654	Montserrat
128	Angola	264	Colombia	462	Hong Kong	655	Morocco
103	Anguilla	265	Comoros	473	Hungary	657	Mozambique
129	Antarctica	727	Congo	484	Iceland	209	Myanmar
130	Antigua & Barbuda	117	Cook Islands	495	India	658	Namibia
131	Antilles, Netherlands, Aruba, Bonaire, Curacao, St. Eusta, St. Maart	100	Corsica	506	Indonesia	659	Nauru
		270	Costa Rica	517	Iran	672	Nepal
		273	Croatia	528	Iraq	660	Netherlands
132	Argentina	275	Cuba	539	Ireland	665	Netherlands Antilles
138	Armenia	667	Curacao	102	Isle of Man	144	New Caledonia
107	Aruba	968	Cyprus	550	Israel	671	New Zealand
143	Australia	280	Cyprus (Greek)	561	Italy	890	Newer Calcedonia
154	Austria	281	Cyprus (Turkish)	563	Ivory Coast	682	Nicaragua
156	Azerbaijan	966	Czech Republic	566	Jamaica	688	Niger
111	Azores	286	Czechoslovakia	572	Japan	690	Nigeria
157	Bahamas	297	Denmark	575	Jordan	147	Niue
155	Bahrain	300	Djibouti	576	Kazakhstan	110	Norfolk Island
113	Balearic Islands	305	Dominica	577	Kenya	582	North Korea
160	Bangladesh	308	Dominican Republic	580	Kiribati	152	North Vietnam
162	Barbados	980	Dutch East Indies	969	Korea	952	North Yemen
164	Belarus	410	East Germany	584	Kuwait	949	Northern Ireland
090	Belau	319	Ecuador	587	Kyrgyz Republic	693	Norway
165	Belgium	915	Egypt	590	Laos	695	Oman
166	Belize	341	El Salvador	595	Latvia	088	Pacific Islands Trust Territory
169	Benin	946	England	605	Lebanon		
170	Benin	355	Equatorial Guinea	607	Lesotho	704	Pakistan
171	Bermuda	345	Eritrea	610	Liberia	560	Palestinian Authority
173	Bhutan	360	Estonia	613	Libya	715	Panama
176	Bolivia	366	Ethiopia	615	Liechtenstein	720	Papua New Guinea
668	Bonaire	367	Falkland Islands	616	Lithuania	726	Paraguay
178	Bosnia-Herzegovina	140	Faroe Islands	618	Luxembourg	737	Peru
180	Botswana	368	Fiji	619	Macao	748	Philippines
187	Brazil	374	Finland	621	Macedonia	105	Pitcairn Islands
115	British Antarctic Territory	396	France	620	Madagascar	759	Poland
970	British East Africa	398	French Guiana	112	Madeira Islands	770	Portugal
116	British Indian Ocean Territory	399	French Polynesia	622	Malawi	771	Portuguese Timor
		145	French Southern/Antarctic Territories	624	Malaysia	053	Puerto Rico
945	British Virgin Islands			623	Maldives	772	Qatar
191	Brunei	397	Gabon	625	Mali	773	Reunion
198	Bulgaria	402	Gambia	627	Malta	781	Romania
207	Burkina Faso	406	Georgia	086	Mariana Islands	148	Ross Dependency
211	Burundi	409	Germany	080	Marshall Islands	785	Russia
215	Cambodia	412	Ghana	630	Martinique	790	Rwanda
217	Cameroon	414	Gibraltar	632	Mauritania	573	Ryukyu Islands
098	Canada	418	Greece	634	Mauritius	662	Saba
114	Canary Islands	420	Greenland	141	Mayotte	663	Saint Eustatius
219	Cape Verde	422	Grenada	669	Media	793	Saint Helena & Dependencies
104	Cayman Islands	427	Guadeloupe	649	Mexico		
225	Central African Republic	055	Guam	082	Micronesia	661	Saint Kitts & Nevis
228	Chad	429	Guatemala	084	Midway Islands	306	Saint Lucia

666 Saint Maarten
 395 Saint Martin
 142 Saint Pierre and Miquelon
 794 Saint Vincent and The
 Grenadines
 798 San Marino
 796 Sao Tome and Principe
 797 Saudi Arabia
 947 Scotland
 820 Senegal
 821 Serbia
 822 Seychelles
 823 Sierra Leone
 496 Sikkim
 825 Singapore
 967 Slovak Republic
 826 Slovenia
 828 Solomon Islands
 830 Somalia

836 South Africa
 150 South Georgia
 583 South Korea
 151 South Sandwich Islands
 153 South Vietnam
 953 South Yemen
 847 Spain
 220 Sri Lanka
 848 Sudan
 850 Suriname
 855 Swaziland
 858 Sweden
 869 Switzerland
 875 Syria
 244 Taiwan
 882 Tajikistan
 880 Tanzania
 891 Thailand
 893 Togo

149 Tokelau
 892 Tonga
 894 Trinidad and Tobago
 895 Tunisia
 902 Turkey
 903 Turkmenistan
 106 Turks and Caicos Islands
 904 Tuvalu
 905 Uganda
 908 Ukraine
 916 United Arab Emirates
 914 United Arab Emirates,
 Former Trucial States,
 Trucial Oman
 917 United Kingdom
 924 Uruguay
 099 USA
 913 USSR
 928 Uzbekistan

930 Vanuatu
 932 Vatican City
 935 Venezuela
 941 Viet Nam
 054 Virgin Islands
 092 Wake Island
 948 Wales
 146 Wallis and Futuna
 411 West Germany
 158 Western Sahara
 795 Western Samoa
 951 Yemen
 957 Yugoslavia
 266 Zaire
 965 Zambia
 775 Zimbabwe

Allopathic (M.D.) Specialty Code List (Alphabetical)

01 Allergy & Immunology
 02 Anesthesiology
 03 Colon & Rectal Surgery
 04 Dermatology
 05 Emergency Medicine
 06 Family Practice
 07 Internal Medicine

08 Neurological Surgery
 09 Neurology
 10 Nuclear Medicine
 11 Obstetrics & Gynecology
 12 Ophthalmology
 13 Orthopedic Surgery
 14 Otolaryngology

15 Pathology
 16 Pediatrics
 Physical Medicine &
 17 Rehabilitation
 18 Plastic Surgery
 19 Preventative Medicine
 20 Psychiatry

21 Radiology
 22 Surgery
 23 Thoracic Surgery
 24 Urology
 42 Medical Genetics

Osteopathic (D.O.) Specialty Code List (Alphabetical)

25 Anesthesiology
 26 Dermatology
 27 Emergency Medicine
 28 General Practice
 29 Internal Medicine

30 Neurology & Psychiatry
 31 Nuclear Medicine
 32 Obstetrics & Gynecology
 33 Ophthalmology &
 Otorhinolaryngology

34 Orthopedic Surgery
 35 Pathology
 36 Pediatrics
 37 Preventative Medicine
 38 Proctology
 39 Radiology

40 Rehabilitation Medicine
 41 Surgery
 43 Allergy & Immunology
 44 Family Medicine

Special Purpose EXamination (SPEX)[®]

Application for SPEX

Refer to the Application Instructions when completing this form. Complete all pages and print in ink or type.

1. Method of Application

Check the appropriate box. Refer to the *SPEX Information Bulletin* "Methods of Application and Eligibility" for definitions of the methods of application. If Board-sponsored, FSMB must obtain approval from the indicated board.

Self-nominated Application

Check if you are taking the SPEX through the Federation of State Medical Boards.

Board-Sponsored Application

Indicate the state board for which you are taking the SPEX. Please refer to the instructions for state board codes.

Board Code

Name of state board

2. Name

Print your name exactly as it appears on the unexpired, government-issued identification you plan to present at the test center.

Last (Surname) and suffix

First and Middle names

If you have applied previously under another name for any examination listed in section 8 of this form, please provide that name.

Reason for Change: _____

If you have not notified us previously of your name change and want your name changed on the official SPEX record, you must provide a copy of legal documentation that verifies this change.

3. Date of Birth

Abbreviate months as: JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC.

Month Day Year

4. U.S. Social Security and National Identification Numbers

Enter your SS number and/or the official number assigned by your country if outside the U.S. See instructions for country codes.

U.S. Social Security Number

National Identification Number Country Code _____ Name of Country

5. Gender

Male Female

6. Citizenship upon entering Medical School

See instructions for country codes.

Country Code Name of Country

7. Medical Education

See instructions for country codes. **Graduation Date:** Abbreviate months as: JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC.

Medical School of Graduation _____

Country Code Country of Medical School

Graduation Date

Month Year

Degree: M.D. D.O. Other (specify) _____

8. Examination History and Identification Number

Indicate all the examinations that you have taken.

Examination

- FLEX
 USMLE Step 1, Step 2, or Step 3
 NBME Part I, Part II, or Part III
 ECFMG FMGEMS/NBME Part I or Part II/VQE
 SPEX

Identification Number (if known)

FLEX

USMLE

NBME

ECFMG

SPEX

9. Specialty

See instructions for specialty codes.

Specialty of current practice

Are you certified in this specialty by an ABMS or AOA-BOS -approved board? Yes No

Are you certified in another specialty by an ABMS or AOA-BOS -approved board? Yes No

If yes, give code(s) of other specialty(ies) a. b. c.

10. License(s) held

See instructions for state board codes. You must provide a photocopy of your medical license.

License Number _____ Board Code

License Number _____ Board Code

License Number _____ Board Code

11. Address

This address will be used for correspondence regarding registration for SPEX. Print your current mailing address.

If you provide an address outside the U.S., correspondence relating to SPEX may be significantly delayed. Provide a U.S. address, if possible.

If your address changes or is different for score reporting, see Instructions, "Address Changes." See Instructions for Country Code.

Address Line 1

Address Line 2

Address Line 3

City

State/Province

Country

Country Code

ZIP/Postal Code

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Daytime Telephone Number

E-mail address

12. Test Accommodations

I have a documented disability covered under the American with Disabilities Act and am requesting test accommodations. **(Checking this box does not constitute an official request. You must submit your request for test accommodations and accompanying documentation at the same time as this application. See Instructions, "Testing Accommodations.")**

13. Signature

Review the *SPEX Information Bulletin* before signing this statement.

I certify that I currently meet the SPEX eligibility requirements, that the information provided on this form is true and accurate. I also certify that I have read the current *SPEX Information Bulletin* and the application instructions, that I am familiar with their contents, and agree to abide by the policies and procedures described therein. I understand that I may be required to verify my eligibility for this examination, and I agree to pay any related fees.

Applicant Signature

Date

Provision of the following information is voluntary. The information will be used for research purposes only. You are encouraged to provide the information. The processing of your application will not be affected by your choice in this regard.

Select the option which best describes your race/ethnicity

1

American Indian/
Alaskan Native

2

Asian

3

Native Hawaiian or
other Pacific Islander

4

Hispanic or Latino

5

Black or African
American

6

White

7

Other

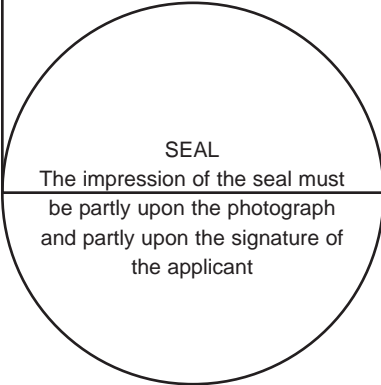
Is English your native language?

Yes

No

Special Purpose Examination IDENTIFICATION CARD

Securely affix in this square a current front-view, 2" x 2" photograph of head and shoulders, which should approximately fill the space. (Print full name on back of photograph before attaching.)



Name _____
(Please print or type) Last First Middle Initial

Date of Birth: ____/____/____ Gender: Male Female
Month Day Year

CERTIFICATION OF IDENTIFICATION Certification by Notary Public or Commissioner of Oaths is required.

State of _____

County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant with the photograph affixed hereto and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements in this document are subscribed and sworn to before me by the applicant on this ____ day of _____, ____.

Applicant Signature
By my signature above, I certify that all of the information provided on this form is true and accurate.

Notary Public Signature _____