

**Request Form to Extend the USMLE Step 3 Eligibility Period**  
The Federation of State Medical Boards (FSMB) ~ 817-868-4041 ~ [usmle@fsmb.org](mailto:usmle@fsmb.org)

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

USMLE ID# \_\_\_\_\_ Current Eligibility Period End Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# (optional) or National ID# \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**\*\*PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY\*\***

**All of the above fields must be completed in order to process this request.**

1. Applicants requesting an eligibility period extension must mail this form with the \$65 processing fee in the form of a personal check or money order (payable to FSMB) to one of the addresses below. It is recommended that you send the form and fee by traceable means; however, you should understand that this can delay the processing of your request a day or two.
2. The Eligibility Period Extension Request Form can be received at **any** time during your current eligibility period but **must be received in our office with the processing fee no later than 10 days after the expiration of the original eligibility period's end date. (No exceptions)**
3. At the time of the extension request, the FSMB will verify that the physician meets all USMLE and state medical board eligibility requirements. This includes any time limits and/or any post graduate training requirements for Step 3.
  - a. If you registered for Step 3 with [Colorado](#), [Hawaii](#), [Indiana](#), [Iowa](#), [Kentucky](#), [Minnesota](#), [New Hampshire](#), [North Dakota](#), [Oregon](#), [Pennsylvania](#) or [Washington \(Allopathic\)](#), you may need to submit a new PGT form. Each of these states requires a minimum PGT prior to sitting Step 3. If you registered for one of these states and met their PGT requirement by virtue of being currently enrolled in a program rather than having completed the minimum months of PGT, you must complete a [new PGT form](#) and submit it along with this request form and fee. All three items must be received in order to process your request.
4. If you have a scheduled testing appointment during your original eligibility period and need to reschedule the appointment for an extended eligibility period, you must cancel or reschedule with Prometric. Requesting an extension of your eligibility period does **not** cancel a scheduled appointment. A fee may be charged if you change your appointment, depending upon how much notice you provide when making the change. See the appointment change fee schedule posted on the USMLE and FSMB websites at [www.usmle.org](http://www.usmle.org) or [www.fsmb.org](http://www.fsmb.org) for detailed information.
5. The processing fee accompanying this form is **non-refundable**.
6. **Mail this Form, PGT re-verification form (if applicable) and the fee to one of the following addresses:**

<p><i>Via <b>First Class</b> US Postal Service <b>ONLY</b></i> <i>Without tracking or signature required services:</i></p> <p>Attn: Wholesale Lockbox Exam Dept/Extension Request Federation of State Medical Boards P O Box 970172 Dallas, TX 75397-0172</p>	<p><i>Via <b>express tracking services</b> for</i> <i>FedEx, Airborne, UPS or US Postal Service <b>ONLY:</b></i></p> <p>Attn: Exam Dept/Extension Request Federation of State Medical Boards Suite 300 400 Fuller Wisser Road Eules, TX 76039 <i>No Saturday or Sunday deliveries accepted</i></p>
---	--

I certify that I currently meet USMLE Step 3 and state medical board eligibility requirements and that the information provided on this form is true and accurate. I also certify that I have read the current *USMLE Bulletin of Information*, am familiar with its contents, and agree to abide by the policies and procedures described therein. I understand that I will receive a one-time-only 90-day extension of my eligibility period (per application) upon approval from the FSMB and that I will not be granted a further extension.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**USMLE STEP 3  
RE-VERIFICATION OF POST-GRADUATE TRAINING FOR EXTENSION OF ELIGIBILITY**

**Important: If you applied for USMLE Step 3 for any of the following states (Colorado, Hawaii, Indiana, Iowa, Kentucky, Minnesota, New Hampshire, North Dakota, Oregon, Pennsylvania, or Washington Medical), you should submit this completed form, along with your "Step 3 Eligibility Period Extension Request Form" and fee. This is required if you met the post-graduate training requirement by virtue of being currently enrolled in a program rather than the specified minimum number of months training.**

*Applicant completes this section.*  
**(PLEASE PRINT)**

USMLE ID # \_\_\_\_\_ Step 3 State Board \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician Name \_\_\_\_\_  
(PLEASE PRINT- Last Name, First Name, Middle Name)

Hospital Name \_\_\_\_\_  
(complete name of hospital or university)

City \_\_\_\_\_ State \_\_\_\_\_ Ph# \_\_\_\_\_

*I hereby authorize the release of all pertinent information, favorable or otherwise, to FSMB.*

X \_\_\_\_\_  
Signature Date

***This section is to be completed by the Program Director. Applicant should forward both this form and the "Eligibility Period Extension Request Form" and fee to the lockbox address on the request form.***

I certify that the physician named above remains a member in good standing of this residency program. \_\_\_\_\_ YES \_\_\_\_\_ NO  
Use the space below if additional comments are necessary.

\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Program Director \_\_\_\_\_ Email Address \_\_\_\_\_ Ph# \_\_\_\_\_

X \_\_\_\_\_  
Signature of Program Director Date