

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™) STEP 3

Attn: Supervisor of Examination Services
Federation of State Medical Boards (FSMB)
400 Fuller Wisser Road, Suite 300, Euless, TX 76039
817-868-4041 ~ www.fsmb.org ~ exam@fsmb.org

Certification of Prior Medical School Test Accommodations
for Previous Test Accommodations Provided by a **Medical School**

To be completed by a medical school official responsible for student disability services. Please type or print.

Applicant Name: (last) _____ (first) _____ (M.I.) _____

Date of Birth: _____ **Social Security Number:** _____

USMLE ID# (if known): _____ - _____ - _____ - _____

Type of Examination: _____ **Date:** _____

1. I, _____, hold the position of _____
Name Title

2. I certify that _____ has officially approved and provided
Name of Institution/school
the following test accommodations for the above applicant beginning on _____.
Date(Month/Year)

Accommodation(s) provided _____

Reason for provision of accommodation(s):

Signature of medical school official: _____ **Date:** _____

Telephone Number

E-mail address

Mail this form to the **address above** Attn: **Supervisor of Examination Services** or Fax to (817) 868-4098.