

Michigan Department of Community Health  
**Board of Medicine**  
 P.O. Box 30192  
 Lansing, MI 48909  
 (517) 335-0918

DCH/LMD-050 (09/04)

Board Use Only

**APPLICATION FOR USMLE STEP 3 EXAMINATION**

Authority: Public Act 368 of 1978, as amended

**Type or Print Only**

**I AM APPLYING FOR THE FOLLOWING:**

USMLE Step 3 Examination Fee: \$50.00 71-4301-25

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I. D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you previously taken USMLE Step 3 in Michigan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you previously taken USMLE Step 3 in another State? If yes, Please list state(s) and date of exam.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you now or have you ever held an educational limited license in the State of Michigan? If yes, please give license number below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ELIGIBILITY**

To be eligible to take USMLE step 3, you must establish BOTH of the following:

- a) That you have passed USMLE Step 1 and USMLE Step 2 and
- b) That you have completed not less than six months of postgraduate clinical training in a program approved by board.

**INSTRUCTIONS TO APPLICANT**

It is your responsibility to assure that the following two documents are provided to this office directly from their sources:

- 1) USMLE Step 1 and USMLE Step 2 examination scores from the Federation of State Medical Boards and
- 2) Certification of completion of at least six months postgraduate clinical training on the enclosed form from your Program Director

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.