

USMLE STEP 3
CERTIFICATION OF POST-GRADUATE TRAINING FORM

This section is to be completed by the **applicant** and forwarded directly to the Program Director. It facilitates processing when the PGT form accompanies the Step 3 application. PGT form(s) dated more than 45 days before receipt of the application are not considered current and will not be accepted. (Do not alter this document, if altered this document will not be accepted)

(PLEASE PRINT)

USMLE ID # _____ Step 3 State Board _____ Date of Birth _____

Physician Name _____ SS#(optional) _____
(PLEASE PRINT- Last Name, First Name, Middle Name)

Hospital Name _____
(complete name of hospital or university – do not abbreviate)

Address _____
(complete address of hospital or university)

City _____ State _____ Telephone _____

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

X _____
Signature Date

This section must be completed by the Program Director, signed, notarized, and forwarded to the FSMB at the above address, by 9/3/10 for the 2010 USMLE Step 3. Original signatures and notary stamp or notary seal required.

I certify that the physician named above is serving / has served _____ months / years in their _____
(CIRCLE ONE) (CIRCLE ONE) (PGY-Year)

of post-graduate training at the hospital or university named above. Accredited by one of the following associations:

(please check one)

- ACGME - Accreditation Council for Graduate Medical Education AOA - American Osteopathic Association
 RCP - Royal College of Physicians CMA - Canadian Medical Association
 RCPC - Royal College of Physicians and Surgeons of Canada CFPC - College of Family Physicians of Canada
 Other - _____

Date post-graduate training began / will begin: _____ / _____ / _____
(CIRCLE ONE) MONTH DAY YEAR

Date post-graduate training was / will be completed: _____ / _____ / _____
(CIRCLE ONE) MONTH DAY YEAR

Please evaluate applicant's competence and conduct during the program: (Use additional paper as necessary.)

Have there been any unusual circumstances during this applicant's participation in the program? Please answer questions below, if YES, please explain: (Use additional paper as necessary.)

Did the applicant ever take a leave(s) of absence or break(s) from your program?	Yes	No
Was applicant ever placed on probation?	Yes	No
Was applicant ever disciplined or placed under investigation?	Yes	No
Were there any negative reports filed against applicant?	Yes	No
Were there any limitations or special requirements imposed on applicant, i.e., academic, incompetence, disciplinary problems or for any other reason?	Yes	No

X _____
Signature of Program Director PRINT- Full Name of Program Director

**Notary Stamp
or Notary Seal
Here**

Sworn to and subscribed before me on this the _____ day of _____, _____.
Day Month Year

X _____
Signature of Notary Public Date Commission Expires