



Federation of State Medical Boards
Attn: Assessment Services
400 Fuller Wiser Rd
Euleess, TX 76039-3856
Email usmle@fsmb.org or spex@fsmb.org
Telephone (817) 868-4041 \ Fax (817) 868-4098

Name Change/Correction Authorization Form

To change or correct your name on your official Federation of State Medical Boards (FSMB) record, the FSMB requires this signed authorization form and evidence of the change/correction. The following document(s) must be submitted:

- Evidence that substantiates the name change (e.g., copy of the marriage certificate, divorce decree, or court order) AND;
Evidence to demonstrate that the new name is being used consistently. (e.g., copy of a non-expired, government issued form of identification bearing the new name, signature, and photograph).

Please complete this form (type or print) and mail, fax or email it to the above address with the required documentation. Telephone calls are not accepted for this purpose.

Please note: If the name on your government issued identification does not match your examination scheduling permit, you will not be permitted to take your exam.

Your name will not be changed in our records until we receive this form and the required documentation.

USMLE Identification # (if known) Date of Birth SSN (last 4) or National Identification #
Phone Number (Daytime) Phone Number (Secondary) Email Address

Current name on record:

Last Name First Name Middle Name

I request and authorize the FSMB to change/correct my name on the official record to:

Last Name First Name Middle Name

My name change/correction became effective on ___/___/___, for the following reason:

Marriage Divorce Other (please explain):

I certify that the information I am submitting is true and accurate, and I authorize the FSMB to update their records according to the information I have provided.

Signature: Date: ___/___/___