

**UNITED STATES MEDICAL LICENSING EXAMINATION® (USMLE®)
CERTIFICATION OF IDENTITY (CID)**

- **THIS IS NOT AN APPLICATION FOR STEP 3.**
- **You must also submit a Step 3 application and fees in order for FSMB to complete your Step 3 registration.**
- **This CID is valid for Step 3 applications submitted within five years from the date of notarization. If you need to reapply for Step 3 within that time period, it is not necessary to submit a new CID.**

ATTACH PHOTO HERE

Photo must be:

- current
- front view
- color
- passport-quality

Your photo must also be in color on the scanned/electronic copy or it will NOT be accepted and you will have to submit a new CID.

USMLE/ECFMG ID: _____

(Type or print in uppercase letters)

Name: _____
Last First Middle

Date of Birth: _____

Email: _____

Phone: _____

I certify that I am the individual named above and represented in the attached photograph and that the signature below is my signature. I certify that I meet the eligibility requirements for Step 3 and that the information on this form is true and accurate. I also certify that I have read the most current version of the USMLE Bulletin of Information and all relevant instructions for this or any subsequent Step 3 application, that I am familiar with the contents of the Bulletin and agree to abide by the policies and procedures described therein.

Step 3 Applicant Signature: _____
(using the Latin alphabet)

We will accept an electronic/digital signature, but it must reflect your "wet" or actual signature. It cannot be a typed signature. If you are not able to electronically sign your name in a manner that reflects your actual signature, you must also submit a copy of your driver's license or passport so that we will have a copy of your signature on file, should we need to use it later for identification purposes.

Certification of Identification by a Notary Public/Commissioner of Oaths is Required

This form must be signed by a notary public/commissioner of oaths. The notary must either be in English or have an English translation attached.

I certify that on the date set forth below the individual names above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing his/her signature made in my presence on the form with the signature on his/her identifying document.

(if applicable) State of: _____

(if applicable) County of: _____

Date of Notarization: _____

Notary Signature: _____

Commission Expiration Date: _____

The notary commission expiration date must be current and legible.

If no expiration date, such as 'lifetime', an explanation must be provided.

Notary Stamp or
Seal Here

(Remote/electronic
notarization is accepted.)

California notaries may attach a California All-Purpose Acknowledgment form to this document.

- You must also complete & submit a Step 3 application.
- A black & white copy of your photo will NOT be accepted.
- CID's with missing or incorrect information will not be accepted.

Complete and email to:

usmle@fsmb.org

Revised: January 2021

If you are unable to email your completed CID, please contact us at usmle@fsmb.org