

**UNITED STATES MEDICAL LICENSING EXAMINATION®
STEP 3 APPLICATION
CERTIFICATION OF IDENTITY**

NOTE: You must also submit your Step 3 application and fees in order for FSMB to complete your Step 3 registration.

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. When completed and submitted to the FSMB, this form becomes part of your USMLE records and will be used to identify you when you interact with the FSMB.

This Certification of Identity is valid for USMLE Step 3 applications submitted within five years from the date of your signature. If you need to reapply for or retake Step 3 within that time period, it is not necessary to submit a new CID.

<p style="text-align: center;">ATTACH PHOTO HERE</p> <p>Securely tape or glue in this square a current front view 2"x2" color or passport quality photo.</p> <p>(Print your full name and USMLE id number on the back of the photo before attaching.)</p>	<p>USMLE ID: _____</p> <p>Type or print in uppercase letters</p> <p>Name: _____</p> <table style="width: 100%; border-top: 1px solid black; border-bottom: 1px solid black;"><tr><td style="width: 33%; text-align: center;">Last</td><td style="width: 33%; text-align: center;">First</td><td style="width: 33%; text-align: center;">Middle</td></tr></table> <p>SSN(last 4): _____ Date of Birth: _____</p> <p>Email: _____</p> <p>Daytime telephone: _____</p>	Last	First	Middle
Last	First	Middle		

I certify that I am the individual named above, 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.

Applicant Signature _____

Certification of Identification
Certification by a Notary Public is required

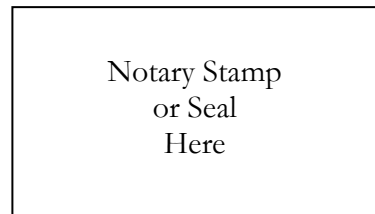
State of _____ County of _____

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.

Date of Notarization: _____

Notary Public 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.***

If you are in California, the notary may attach a 7UJZfbJUAL-Purpose Acknowledgment form to this document.

Please complete and mail this Certification of Identity form to:

Federation of State Medical Boards
Attn: Assessment Services
400 Fuller Wiser Road
Euless, TX 76039-3856