

# NBME Online USMLE Application Screen Shots taken 8/21/2007

NBME Licensing Examination Services (NLES) website:

**National Board of Medical Examiners®**  
Licensing Examination Services

[Contact Us](#) [Help](#)

This website is for students and graduates of US and Canadian medical schools accredited by the Liaison Committee on Medical Education or the American Osteopathic Association. If you are a student or graduate of a medical school outside the US or Canada or are applying for USMLE Step 3, click [here](#).

Log in to this website to:

- Apply for USMLE Step 1, Step 2 CK and/or Step 2 CS.
- Print Scheduling Permit for Step 1, Step 2 CK and/or Step 2 CS
- Print Score Report for Step 1, Step 2 CK and/or Step 2 CS
- Request score documents, certificates and/or confirmation letters.
- Check the status of your registration and document request history.
- Schedule an appointment for Step 2 CS.
- Check and update your personal information (e.g., name, address).
- Print Step 1 and Step 2 CK Eligibility Period Extension Form.
- Print Score Recheck Form.

**LOG IN** [First-time user?](#)

USMLE ID:

Password:

[Privacy Policy](#)      Forgot your [USMLE ID](#) or [Password](#)?

**Note:** Use of the NBME Licensing Examination Services Website requires at least Internet Explorer Version 6.0 or Netscape Version 7.2 or Firefox Version 1.5. Best when viewed with screen resolution no smaller than 1024 x 768. Reviewing Score Report PDF documents requires at least Adobe Reader 7.0. ([More Info](#))

National Board of Medical Examiners®		
Licensing Examination Services		
Logged in as: <b>Applicant, Test</b>	USMLE ID#	<a href="#">Logout</a> <a href="#">Contact Us</a> <a href="#">Help</a>
<p style="margin: 0;"><b>Home</b> ▶</p> <hr/> <p><b>Registration</b></p> <ul style="list-style-type: none"> <li><a href="#">Apply for USMLE</a></li> <li><a href="#">Review and/or Reprint Application</a></li> <li><a href="#">Check Exam Status</a></li> <li><a href="#">Step 2 CS Scheduling</a></li> <li><a href="#">Register for Practice Exam</a></li> <li><a href="#">Step 1 and Step 2 CK Eligibility Period Extension Form</a></li> </ul> <p><b>Records</b></p> <ul style="list-style-type: none"> <li><a href="#">Request Duplicate Score Report</a></li> <li><a href="#">Request Documents</a></li> <li><a href="#">Review Document Request History</a></li> <li><a href="#">Review Exam History</a></li> <li><a href="#">Score Recheck Form for USMLE Step 1, Step 2 CK or Step 2 CS</a></li> </ul> <p><b>Personal Data</b></p> <ul style="list-style-type: none"> <li><a href="#">View Personal Info</a></li> <li><a href="#">Change Name</a></li> <li><a href="#">Change Contact Info</a></li> <li><a href="#">Change Password</a></li> </ul> <p><b>Links</b></p> <ul style="list-style-type: none"> <li><a href="#">NBME Website</a></li> <li><a href="#">USMLE Website</a></li> </ul> <p><a href="#">Privacy Policy</a></p>	<p style="text-align: center;"><b>Available Services</b></p> <p><a href="#">Apply for USMLE</a>      Submit an application for USMLE.</p> <p><a href="#">Review and/or Reprint Application</a>      Review and/or reprint previously submitted USMLE applications.</p> <p><a href="#">Check Exam Status</a>      Track the progress of your registration, starting with the date we receive your application and ending with your score report date.</p> <p><a href="#">Step 2 CS Scheduling</a>      View calendar of available Step 2 CS test dates. Registered applicants can use Step 2 CS Scheduling to schedule/reschedule/cancel a testing appointment, add/edit scheduling email notifications, and print the Confirmation Notice.</p> <p><a href="#">Register for Practice Exam</a>      Applicants with an active permit for Step 1 or Step 2CK can register for a practice test session at a test center. After registering and receiving a Practice Session Scheduling Permit, follow the instructions on the permit to schedule an appointment with Prometric.</p> <p><a href="#">Step 1 and Step 2 CK Eligibility Period Extension Form</a>      A form to print and send to the NBME to extend your eligibility period for Step 1 and Step 2 CK exams.</p> <p><a href="#">Request Duplicate Score Report</a>      Confirm/update your mailing address and request duplicate score report.</p> <p><a href="#">Request Documents</a>      Request your score documents, certificates and confirmation letters.</p> <p><a href="#">Review Document Request History</a>      View history and status of your document requests.</p> <p><a href="#">Review Exam History</a>      Review your testing history, including the dates and locations of your exams.</p> <p><a href="#">Score Recheck Form for USMLE Step 1, Step 2 CK or Step 2 CS</a>      A form to print and send to the NBME to have your Step 1, Step 2 CK or Step 2 CS score(s) rechecked.</p> <p><a href="#">View Personal Info</a>      Check the information we have in our records for you, e.g. your name, address. If the information is not current, links to forms or emails are provided for making the changes.</p> <p><a href="#">Change Name</a>      Change your name in NBME's records.</p> <p><a href="#">Change Contact Info</a>      Change address, phone number and email address.</p> <p><a href="#">Change Password</a>      Change your password for accessing this system.</p> <p><a href="#">NBME Website</a>      Visit the NBME website for comprehensive information on NBME programs and services.</p> <p><a href="#">USMLE Website</a>      Visit the USMLE website for comprehensive information on USMLE Steps 1, 2, and 3 and the most recent USMLE news.</p>	

## When applicants click the “Apply for USMLE” option, the following Application Instructions appear:

**You must read this section before completing your application.**

### Applying for Step 1, Step 2 Clinical Knowledge (Step 2 CK) or Step 2 Clinical Skills (Step 2 CS) Using the NBME Licensing Examination Services Website

You may use one online application to apply for Step 1, Step 2 CK and /or Step 2 CS at the same time. If you wish to exit the application before submitting it, your application will be saved for two weeks. After completing the online portion of the application, you will print out, complete and mail a two-part Certification of Identification and Authorization Form.

- The Certification of Identification section requires either an authorized medical school official (if you are currently enrolled in medical school) or a notary public (if you are a medical school graduate) to certify your identity. This certification form, implemented on December 8, 2004, is valid for five (5) years.
- The Applicant Authorization section asks you to certify your identity, to agree that your password and USMLE ID# should be treated by you as confidential, and any interaction using your password and USMLE ID# will be considered to be from you. It also gives you the option to authorize the NBME to accept your NBME on-line services password in lieu of your signature for purposes of processing all future online transactions with the NBME. This authorization does not expire.

In subsequent applications, you will submit only the online application form unless your name changes or your Certification of Identification expires. In these cases, you will be required to submit a new Certification of ID form.

Read the [USMLE Bulletin of Information](#) carefully before continuing. It contains information regarding eligibility requirements, exam content, eligibility periods, scheduling/rescheduling your exam, testing, scoring, and score reporting.

You can refer to the Bulletin at any point while completing the online application by clicking the link at the bottom of each page. You will be asked to agree to a statement certifying that you have read the current Bulletin before you submit your application.

### Eligibility Requirements

At the time you submit your application and when you take the exam, you must be officially enrolled in or a graduate of:

- A US or Canadian medical school program leading to the MD degree that is accredited by the Liaison Committee on Medical Education (LCME), or
- A US medical school program leading to the DO degree that is accredited by the American Osteopathic Association (AOA).

If your eligibility status changes after you submit your application, you must contact the NBME immediately at 215-590-9700.

### Application Materials

Application materials available on the [NBME website](#) include:

- *USMLE Bulletin of Information*
- *Disability Services Guidelines* for documenting test accommodations requests for Step 1, Step 2 CK, and Step 2 CS
- Tutorial and sample tests for Step 1, Step 2 CK, and Step 2 CS
- Videos and a General Information Booklet for Step 2 CS
- Description of Application Fees

## The Application Process

### **Online Application**

- Complete using proper upper and lower case for your name and address. Be careful to enter your correct email address.
- The application process for Step 1 and/or Step 2 CK requires you to select a three-month eligibility period, such as January-February-March or February-March-April, during which you plan to take the exam. If you apply for Step 2 CS, you will be assigned a 12-month eligibility period that begins on the date that your registration information is entered into the Step 2 CS scheduling system.
- Check the summary page for accuracy and print it for your records.
- Submit the application.
- Print, complete and mail the Certification of ID and Authorization Form as instructed below.
- Print and mail the Payment Form, as instructed, if you choose to pay by check or money order.

### **Certification of ID**

- Affix your photo in the designated space. Photos must be full-faced, current and at least 2" by 2".
- If you are enrolled in medical school, take the form to the school official authorized to sign USMLE applications. Your school official must sign in the designated section and affix the school seal partly upon your photo.
- If you are a medical school graduate, take the form and accompanying NBME Acknowledgement Form to a notary public / commissioner of oaths who must notarize (by signing and affixing the ink stamp) **both** forms in the designated sections. Note: if forms print on multiple pages, all pages must be notarized.

### **Applicant Authorization**

- Check the appropriate box and sign on the signature line.

### **Registration**

- NBME will
  - process your registration.
  - contact your medical school via a secure website to verify your eligibility.
  - notify you by email/letter about any problems and will resolve them when you respond.
  - issue you a Scheduling Permit when your registration is complete and notify you by email when it is available for you to access/print via this website.

### Scheduling a Test Date

- Follow the instructions on your Scheduling Permit.

### Exam day

- Go to the test center on your confirmed date as instructed on your Scheduling Permit.
- Present your Scheduling Permit and unexpired, government-issued form of identification that includes **both** your photo and signature, e.g., a driver's license or passport. Your name on the ID and permit must match **exactly**, with the exception that there may be no middle name, initial or suffix on one or the other or the presence of a middle name on one and middle initial on the other.

### Additional Requirements and Information

To avoid a delay in processing, your Certification of ID and Authorization Form must be complete, signed and certified as instructed and, if paying by check or money order, your fee and Payment Form must be submitted. Credit card payment, if approved, will be processed when you submit your online application. A receipt for credit card payment will be available for you to print.

The application fee is nonrefundable and is not transferable from one application to another. If you do not take the Step within your eligibility period and wish to take it in the future, you must reapply with a new application and fee. For Step 1 and Step 2 CK only, you may request a one-time-only extension through the next three-month period. A fee is charged for this service. The [Eligibility Period Extension Request Form](#) is available for you to print on this website.

If your name changes after you submit your application, select the Name Change link on this website to change your name on the NBME record. A new Certification of ID form will be required. Print, complete and mail according to the instructions on the form. Telephone and e-mail are not accepted for this purpose. Once NBME processes the name change, a revised Scheduling Permit will be issued to you. NBME will notify you by email when it is available for you to access via this website. **You must print and bring this revised Scheduling Permit in order to be admitted to the test center. Reminder: your name on your ID and on the revised permit must match exactly.** Name changes must be made no later than 7 business days before your testing appointment or you will not be able to test.

If your contact information changes after you submit your application, select the Change Contact Information link on this website. Telephone and email are not accepted for this purpose.

Check this box to certify that you have read the information above, are familiar with the contents and agree to abide by the policies and procedures described therein.

NEXT

CANCEL

The applicant must check the box and click “Next” to begin an application.

After agreeing to the Application Instructions, the applicant selects an exam (or exams) for which he/she wishes to apply. The applicant then proceeds through the online application, entering/verifying information and clicking the “Next” button to progress to each subsequent page.

**EXAMINATION(S):**

Please choose one or more exams shown below.

**Note:**

**The Step 2 CK component uses a multiple-choice format administered by computer to test clinical knowledge. The Step 2 CS component uses standardized patients to test the ability to gather information from patients, perform physical examinations and communicate findings to patients and colleagues.**

Step 1       Step 2 CK (Clinical Knowledge)       Step 2 CS (Clinical Skills)

When you begin an application, a reference ID will be assigned to it for tracking purposes. If you are continuing with an application that you have already started, but not submitted, enter your reference ID below to retrieve the unsubmitted application. Otherwise, leave this section blank.

REFERENCE ID:

NEXT

Exam(s): Step 1 and Step 2 CS

### Medical School Information

**Medical School:** Wisconsin - Medical College of Wisconsin

At the time you submit your application and when you take the exam, you must be officially enrolled in or a graduate of the medical school listed in this section. If the above school is incorrect, select the correct medical school from the drop-down list below. Verify/update the start date of your enrollment. Enter the date you received or the future date when you expect to receive the MD or DO degree.

Schools are listed in State/Province order

**Medical School:** Wisconsin - Medical College of Wisconsin

**Date Enrolled:** Month Year

**Date Medical Degree Expected/Conferred:** Month Year

**Medical Degree Expected/Conferred:**  MD  DO

**Are you participating in a combined MD/PhD program?**  Yes  No

For Step 1 and/or Step 2 CK, the following appears (the exam listed will be the appropriate Step):

#### Step 1

ELIGIBILITY PERIOD:

Select one three-month eligibility period from the drop-down list below. To allow time for processing, select a period that begins at least a few weeks after you plan to submit your completed application. It is recommended that you select an eligibility period starting with the month in which you plan to test, e.g., if you plan to test in June, select June 1 - August 31. You will be assigned to the period you select unless it violates retake policy as described in the USMLE Bulletin of Information. In this case, you will be assigned to the first three-month period for which you are eligible.  
**Note: Step 1 and Step 2 CK are not administered during the first two weeks of January or on major holidays.**

Step 1

REGION:

Select the region where you will take the exam from the drop-down list below. Note that there is an additional fee for testing outside of the United States and Canada.

Step 1 United States and Canada

For Step 2 CS, the following appears:

#### Step 2 CS (Clinical Skills)

The eligibility period for Step 2 CS is a twelve-month block of time during which you are able to take the exam. Please note that you do not choose your eligibility period for Step 2 CS. The eligibility period typically begins one day after your registration is completed.

NEXT

**Reference ID: UD57070**(Note your Reference ID for future correspondence.)

**Name:** Applicant, Test

**Exam(s):** Step 1 and Step 2 CS

**Name**

Below is your name as it appears on your NBME record. Your first name (given name) and last name(s) (surname/ family name) must match your name **exactly** as it appears on the ID you plan to present at the test center (an unexpired, government-issued form of identification that includes both your photo and signature, such as a current driver's license or passport). You must present this identification and your Scheduling Permit at the testing center to take the exam and your names must match.

First Name	<input type="text" value="Test"/>
Middle Name	<input type="text"/>
Last Name(s)	<input type="text" value="Applicant"/>
Suffix (e.g. Jr., III)	<input type="text"/>

If you changed your name or if your name is misspelled, please check the "Name Changed" box below. If your name changes after submitting your application, but prior to taking an exam, return to this website and complete the online Name Change form according to the instructions.

**Name Changed**

If the Name Changed Box is checked, the following appears:

**Name**

Enter your name as you wish it to appear on your NBME record in upper and lower case below. At the end of your application, click on the link to the Name Change Authorization Form and print it out. For **first-time** applicants only: your name change/correction will be accepted automatically, so you may by-pass the Name Change Authorization Form.

**First Name**

**Middle Name**

**Last Name(s)**

**Suffix (e.g. Jr., III)**

Below is your name on your NBME record.

**Name Changed**

**Previous First Name**

**Previous Middle Name**

**Previous Last Name**

**Previous Suffix**

My name change became effective on:    for the following reason:

- Marriage**
- Divorce**
- Other**

## Contact Information

Enter or update your current email address and mailing address using proper upper and lower case. Communications about your application and registration will be sent by email.

<b>Email Address</b>	<input type="text" value="rgillespie@nbme.org"/>
<b>Confirm Email Address</b>	<input type="text"/>
<b>Country</b>	<input type="text" value="United States including PR, VI, Guam"/>
<b>Address Line 1/ Apartment#</b>	<input type="text"/>
<b>Address Line 2</b>	<input type="text"/>
<b>Address Line 3</b>	<input type="text"/>
<b>Zip/Postal Code</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>Daytime Telephone No.</b>	<input type="text"/>

## Biographic Information

Enter or update your social security number (SSN) and/or national identification number (NIN) (dashes and/or spaces not required), date of birth, gender, and country of citizenship upon entering medical school. If you are entering an NIN, use the drop-down list below to select the country that assigned the number.

<b>US Social Security Number</b>	<input type="text"/>
<b>National ID Number</b>	<input type="text"/>
<b>Name of NIN-issuing Country</b>	<input type="text"/>
<b>Date of Birth:</b>	<input type="text" value="June"/> <input type="text" value="01"/> <input type="text" value="1970"/>
<b>Gender:</b>	<input type="radio"/> Male <input type="radio"/> Female
<b>Citizenship Upon Entering Medical School:</b>	<input type="text"/>

## Previous Medical School History

If you previously attended another medical school in the US or Canada, complete the following section. Use the drop-down lists below to select your previous school and the dates of attendance. If you attended another medical school outside of the US, you may leave this section blank.

<b>Previous Medical School</b>	<input type="text"/>
<b>Start Date</b>	<input type="text"/> <input type="text"/>
<b>End Date</b>	<input type="text"/> <input type="text"/>

NEXT

**Reference ID: UD57070**(Note your Reference ID for future correspondence.)

**Name:** Applicant, Test

**Exam(s):** Step 1 and Step 2 CS

**Test Accommodations**

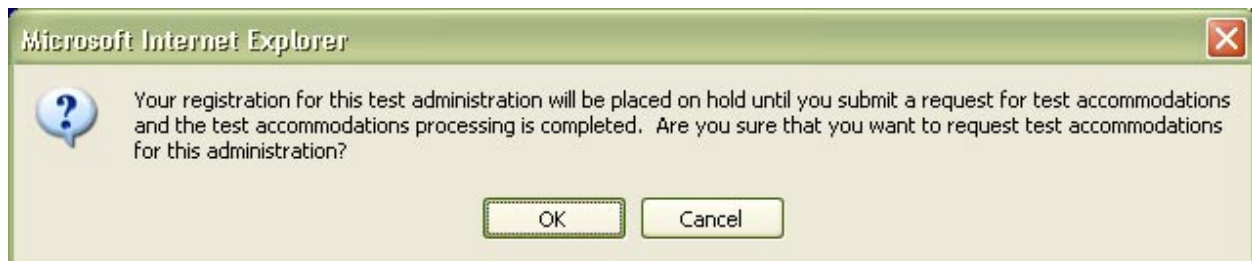
If you have a documented disability, are covered under the Americans with Disabilities Act (ADA), and wish to request test accommodations, please check the box next to the exam(s) for which you are applying and will be requesting the accommodation(s). Checking this box does not constitute an official request. You must also submit a completed questionnaire, along with appropriate documentation, as your official written request for test accommodations. For further instructions, refer to USMLE Test Accommodations at [http://www.usmle.org/Test\\_Accommodations/test\\_accommodations.html](http://www.usmle.org/Test_Accommodations/test_accommodations.html).

I have a documented disability covered under the Americans with Disabilities Act and am requesting test accommodations for this exam.

- Step 1**
- Step 2 CS (Clinical Skills)**

NEXT

If an exam is selected for Test Accommodations, the following appears:



**Reference ID: UD57070**(Note your Reference ID for future correspondence.)

**Name:** Applicant, Test

**Exam(s):** Step 1 and Step 2 CS

**Optional Information**

The following information is optional. We encourage you to provide this information which will be used for research purposes only. Your response is voluntary. The processing of your application will not be affected by your response to this section.

Select the option or options which best describe your racial/ethnic background.

- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Hispanic or Latino
- Black or African American
- White
- Other
- Do not wish to respond

Is English your native language?

- Yes
- No
- Do not wish to respond

NEXT

**Reference ID: UD57070**(Note your Reference ID for future correspondence.)

**Name:** Applicant, Test

**Exam(s):** Step 1 and Step 2 CS

### Payment Option

Select a payment option below.

- Master Card/Visa**
- Check/Money Order**

NEXT

**Reference ID: UD57070**(Note your Reference ID for future correspondence.)

**Name:** Applicant, Test

**Exam(s):** Step 1 and Step 2 CS

Below is a summary of your application. Please be sure that your name and address are appropriately in upper and lower case and that your email address is correct. To make a change, click on EDIT in the box where you wish to make the change. If you wish to change the exam itself (e.g. Step 1 to Step 2 CK), you must cancel this session and begin again.

To print this summary, click on File, Print above in your web browser. Exit your browser if you do not wish to submit an application at this time. Your data will be saved for two weeks. To return to your application, you will have to enter your Reference ID number (printed at the top of this page).

**Medical School Information**

EDIT

- **MEDICAL SCHOOL:**  
Date Enrolled: 08/2004  
Date Medical Degree Expected/Conferred: 05/2008  
Degree Expected/Conferred: MD  
Participating in a combined MD/PhD program: No
- **STEP 1:**  
Eligibility Period: October 1 - December 31, 2007  
Region: United States and Canada

**Biographic Information**

EDIT

- **NAME:**  
First Name: Test  
Middle Name:  
Last Name: Applicant  
Suffix (e.g. Jr., III):
- **CONTACT INFORMATION:**  
Address Line 1/ Apartment#: 100 Any St  
Address Line 2:  
Address Line 3:  
City State/ Province Zip/ Postal Code: Philadelphia, PA 19104  
Country: United States including PR, VI, Guam  
E-mail Address: none@nbme.org  
Daytime Phone: (215) 590-9700
- **US SOCIAL SECURITY AND NATIONAL IDENTIFICATION NUMBERS:**  
US Social Security Number: 000-00-0000  
National ID Number:  
Name of NIN Country:
- **DATE OF BIRTH:** 06/01/1970
- **GENDER:** Male
- **CITIZENSHIP UPON ENTERING MEDICAL SCHOOL:** United States including PR, VI, Guam
- **PREVIOUS MEDICAL SCHOOL:**  
Date Started:  
Date Ended:

### Test Accommodations Information

EDIT

- TEST ACCOMMODATIONS:

I have a documented disability covered under the Americans with Disabilities Act, and am requesting test accommodations for this exam:

Step 1: No  
Step 2 CS: No

### Optional Information

EDIT

- OPTIONAL:

Racial/Ethnic Background: Do not wish to respond  
Is English your native language? Yes

### Payment Information

EDIT

- PAYMENT OPTION:

Master Card/Visa

#### APPLICATION FEES:

Step 1 Fee:	\$470.00
Step 2 CS Fee:	\$1005.00
Total Fee:	<b>\$1475.00</b>

Click on SUBMIT to submit your application. Click on CANCEL to delete this application.

If you do not wish to submit your application at this time, note the Reference ID. You may exit this page and return to submit it later.

### APPLICANT CERTIFICATION

- I certify that I currently meet the USMLE eligibility requirements, i.e.,
  - I am officially enrolled in or a graduate of a US or Canadian medical school program leading to the MD degree that is accredited by the Liaison Committee on Medical Education (LCME), or a US medical school program leading to the DO degree that is accredited by the American Osteopathic Association (AOA); or
  - I am a graduate of an unaccredited medical school in the US or Canada and have been sponsored by a medical licensing authority to take USMLE Step 1 and 2.
  
- I certify that I have read the current *Bulletin of Information* and Application Instructions, am familiar with their contents, and agree to abide by the policies and procedures described therein.
  
- I certify that the information provided on this application is true and accurate.

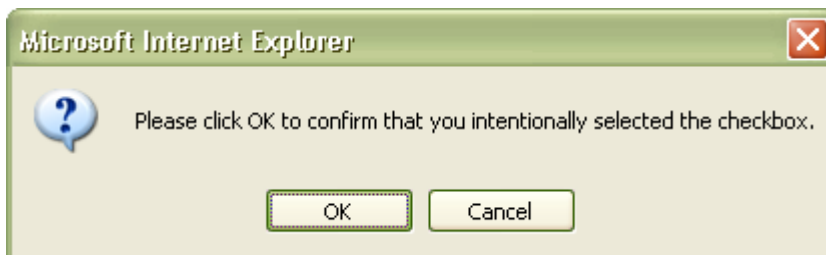
To indicate agreement, check box and press "SUBMIT".

SUBMIT

SAVE FOR LATER

CANCEL

After the applicant checks the Applicant Certification box and clicks SUBMIT, the following appears:



**Reference ID: UD57070**(Note your Reference ID for future correspondence.)

**Name:** Applicant, Test

**Exam(s):** Step 1 and Step 2 CS

**Payment Option**

You may change your payment option by selecting Check/Money Order at the bottom of the screen. To use the Master Card/Visa payment option, enter your credit card information below. For security purposes, we ask that you enter the Card Verification Code (CVC), a 3-digit number printed on the back of your credit card. To locate the CVC, turn the card over and look at the signature box. You will find either the entire 16-digit credit card number or just the last 4 digits, followed by the 3-digit CVC. Credit cards with billing addresses outside the United States cannot be processed without the Card Verification Code.

**Master Card/Visa**

**Card Number**

**Card Verification Code**

**Expiration Date** Month  Year

**Billing Address**

Review the name and address shown below. The name and address must match how they appear on your credit card statement exactly. Change the name and address, if different.

**First Name**

**Last Name**

**Address Line 1/ Apartment#**

**Address Line 2**

**Address Line 3**

**Zip/Postal Code**

**City**

**State/Province**

**Country**

**Check/Money Order**

**The fee is nonrefundable and credit card payment, if approved, will be processed when your application is submitted.** Fees are not transferable from one application to another. If you do not take the Step within your eligibility period and wish to take it in the future, you must reapply with a new application and fee, with one exception. For Step 1 and Step 2 CK, you may request a one-time-only extension through the next three-month period. A fee is charged for this service. Extensions are not available for Step 2 CS.

**I have read and understand the fee and payment information above and wish to submit the application at this time. (To indicate agreement and continue, check box and press "Process". Note: After pressing "Process", do not use your browser's "Back" button because it may cause errors with your payment.)**

**PROCESS**

**Reference ID: KP57130**(Note your Reference ID for future correspondence.)

**Your application has been submitted.**

**Name:** Applicant, Test

**Exam(s):** Step 1

Click on the link(s) below to print the form(s) required to complete your application. Complete and mail the form(s) as directed (see additional notes below). Your registration will be complete when your eligibility for USMLE has been verified and the form(s) and payment are processed.

[Certification of ID/Applicant Authorization](#)

[Payment Receipt](#)



VeriSign has routed, processed, and secured your payment information.

[More information about VeriSign](#)

**NOTE:**

- If a link for a *Certification of ID* form is above, the form **is required** to complete your registration. The form was implemented on 12/8/2004. A form affiliated with any application submitted prior to this date, while similar, is not the same as a *Certification of ID* form. A new *Certification of ID* is required if you changed your name.
- If a link for a *Certification of ID* is **not** above, it is **not required** to complete your application. The form is valid for 5 years from the date it is processed.
- If you previously submitted a *Certification of ID/ Applicant Authorization* and a link for an *Applicant Authorization* is above, the form **is required** to complete your registration. On your previous form, you either declined authorization, or did not select an authorization option.
- If this is your **first** USMLE application, any change to your name will be automatically accepted and you may **ignore** the link for a *Name Change Authorization Form* above. All subsequent name changes require a *Name Change Authorization Form* and supporting name change documentation.
- If you paid by credit card, a *Payment Receipt* is provided for your records and should not be submitted to NBME.

HOME

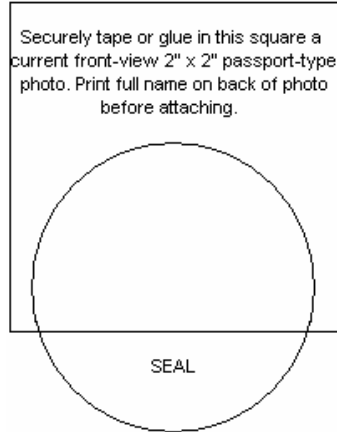
**Certification of Identification and Authorization Form for Enrolled Students:**

**CERTIFICATION OF IDENTIFICATION AND AUTHORIZATION FORM**  
**National Board of Medical Examiners® (NBME®)**  
**3750 Market Street, Philadelphia, PA 19104-3190 (215) 590-9700 webmail@nbme.org**

Document ID: **M0124112** Reference ID: **KP57130**  
Name: **Applicant, Test** USMLE ID:  
Email Address: **none@nbme.org** Date of Birth: **06/01/1970**  
Medical School: **Medical College of Wisconsin**

**Certification of Identification by Medical School Official**

When completed and submitted to the NBME, this section of the form will become a part of your NBME record and will be used to identify you when you apply to the NBME for a USMLE Step within the next 5 years.



The impression of the seal must be partly upon the photo.

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

School Official's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Agreement and Authorization for Processing Online Transactions**

- I certify that I am the individual named above, am represented in the attached photograph and that the signature below is my signature.
- I understand and agree that my password and USMLE ID# should be treated by me as confidential and that any communication or other interaction with the NBME using my password or USMLE ID# will be deemed to be communications or interactions conducted by me.
- I understand that my password and USMLE ID# will be used to identify me when I interact online with the NBME and that my response to one of the statements below will become part of my NBME record.

- Please choose one
- I authorize the NBME to accept my NBME online services password and USMLE ID# in lieu of my signature for purposes of processing any future transactions with the NBME including, for example, applications and requests for my score records. By selecting this option, I understand that I will be able to request future services through the NBME online system. I understand that once selected, this authorization will not expire except by written request.
  - I do not authorize the NBME to accept my NBME online services password and USMLE ID# in lieu of my signature for purposes of processing future transactions with the NBME. By selecting this option, I understand that I will submit signed authorizations for each online service request.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail this form to: NBME, Registration Office, 3750 Market Street, Philadelphia, PA 19104-3190.**

**Certification of Identification and Authorization Form (2-Pages) for Graduates:**

**CERTIFICATION OF IDENTIFICATION AND AUTHORIZATION FORM**  
**National Board of Medical Examiners® (NBME®)**  
**3750 Market Street, Philadelphia, PA 19104-3190 (215) 590-9700 webmail@nbme.org**

Document ID: **N0124113** Reference ID: **AU57280**  
Name: **Applicant, Test** USMLE ID:  
Email Address: **none@nbme.org** Date of Birth: **06/01/1970**  
Medical School: **Medical College of Wisconsin**

**Certification of Identification by Notary Public/Commissioner of Oaths**

When completed and submitted to the NBME, this section of the form will become a part of your NBME record and will be used to identify you when you apply to the NBME for a USMLE Step within the next 5 years.

Securely tape or glue in this square a current front-view 2" x 2" passport-type photo. Print full name on back of photo before attaching.

State/Province of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

I certify that on the date set forth below the individual named above did appear personally before me, and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph affixed hereto, (b) comparing the signature made in my presence on this form with the signature on his/her identifying document, and (c) comparing his/her physical appearance with the copy of the government-issued ID appearing on the attached NBME Acknowledgement form.  
The statements on this document are subscribed and sworn to before me by the individual on the \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Commissioner of Oaths Signature

\_\_\_\_\_  
Expiration Date

**Applicant Agreement and**  
**Authorization for Processing Online Transactions**

- I certify that I am the individual named above, am represented in the attached photograph and that the signature below is my signature.
- I understand and agree that my password and USMLE ID# should be treated by me as confidential and that any communication or other interaction with the NBME using my password or USMLE ID# will be deemed to be communications or interactions conducted by me.
- I understand that my password and USMLE ID# will be used to identify me when I interact online with the NBME and that my response to one of the statements below will become part of my NBME record.

- Please choose one
- I authorize the NBME to accept my NBME online services password and USMLE ID# in lieu of my signature for purposes of processing any future transactions with the NBME including, for example, applications and requests for my score records. By selecting this option, I understand that I will be able to request future services through the NBME online system. I understand that once selected, this authorization will not expire except by written request.
  - I do not authorize the NBME to accept my NBME online services password and USMLE ID# in lieu of my signature for purposes of processing future transactions with the NBME. By selecting this option, I understand that I will submit signed authorizations for each online service request.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail this form with your payment as instructed on the Fee Payment Form.**

**NBME ACKNOWLEDGEMENT**  
**National Board of Medical Examiners® (NBME®)**  
3750 Market Street, Philadelphia, PA 19104-3190 (215) 590-9700 [webmail@nbme.org](mailto:webmail@nbme.org)

State/Province of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Place a Government-Issued ID inside this space and make a copy of this form. Take the newly copied NBME Acknowledgement and the Certification of Identification and Authorization Form to a Notary Public/Commissioner of Oaths to have notarized.

On \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, \_\_\_\_\_, personally appeared  
(Name and Title of Officer (e.g. Jane Doe, Notary Public)

\_\_\_\_\_  
(Name of signer)

- Personally known to me
- Proved to me on the basis of satisfactory evidence

To be the person whose name is subscribed to the within Certification of Identification and Authorization Form and acknowledged to me that he/she is the same person referenced in the identification provided at the top of this page and he/she executed the same in his/her authorized capacity, and that by his/her signature on the Certification of Identification and Authorization Form the person upon behalf of which the person acted, executed the Certification of Identification and Authorization Form.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Notary Public)

**Description of Attached Document**  
Title: Certification of Identification and Authorization Form for NBME  
Document date: \_\_\_\_\_ Number of pages: \_\_\_\_\_  
Signer other than Named Above: \_\_\_\_\_

**Credit Card Payment Receipt:**

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)  
National Board of Medical Examiners® (NBME®) (215) 590-9700

**Credit Card Receipt of Payment Form**

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08/21/2007

\*Reference#: **KP57130**  
\*Name: **Applicant, Test**  
Medical School: **Medical College of Wisconsin**

USMLE ID: .....  
Date of Birth: **06/01/1970**

<b>FEE(S)</b>	
2007 Step 1 Exam Fee:	\$470.00
<b>*Total Fee(s):</b>	<b>\$470.00</b>

Payment Date:	08/21/2007
Payment Authorized:	\$470.00
Card Number:	xxxxxxxxxxxx1111
Bank Authorization:	495PNI

**Check / Money Order Payment Form:**

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)  
National Board of Medical Examiners® (NBME®) (215) 590-9700

**Payment Form**

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08/21/2007

\*Reference#: **AU57280**  
\*Name: **Applicant, Test**  
Medical School: **Medical College of Wisconsin**

USMLE ID:  
Date of Birth: **06/01/1970**

**FEE(S)**

2007 Step 2 CK Exam Fee: \$470.00

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**\*Total Fee(s): \$470.00**

**Write your name, Reference Number and exam(s) on your check. Mail this form and payment, made payable to the NBME in US currency, as follows:**

**Write your name, Reference Number and exam(s) on your check. Mail this form and payment, made payable to the NBME in US currency, as follows:**

via first-class mail to:

**or**

via express or overnight delivery service to:

National Board of Medical Examiners  
P.O. Box 48010  
Newark, NJ 07101-4810

National Board of Medical Examiners-48010  
c/o Image-Remit, Inc.  
205 North Center Drive  
Commerce Center - Suite 205  
North Brunswick, NJ 08902.

Name Change Authorization Form:



National Board of Medical Examiners® (NBME®)

Applicant Services
3750 Market Street, Philadelphia, PA 19104
Telephone (215) 590-9700

Name Change Authorization Form

To change your name on the official NBME record, the NBME requires a signed request and evidence that substantiates the change and shows that you are using your new name consistently. Copies of two documents are required. The following documents are acceptable:

- 1. A copy of your marriage certificate, divorce decree, or court order, certified as a true copy by the issuing authority or a notary public or commissioner of oaths, AND,
2. A copy of a non-expired, government issued document bearing your new name, signature and photograph (e.g., driver's license or passport)

Please sign and date this form and mail it to the above address with the required documentation. Telephone calls, faxes, or e-mails are not accepted for this purpose.

This form and the required documentation must be received at NBME no later than 7 business days before your testing appointment or it will not be processed. If you are currently scheduled for USMLE Step 1, Step 2 CK, or Step 2 CS, you may need to reschedule your appointment to allow time for processing the change and receipt of your updated scheduling permit.

YOUR NAME WILL NOT BE CHANGED IN OUR RECORDS UNTIL WE RECEIVE THIS FORM AND THE REQUIRED DOCUMENTATION.



USMLE Identification#:

Name Change#: 19999

Current Name on Record:

First Name: Test
Last Name: Applicant

I request and authorize the NBME to change my name on the official record to:

First Name: Testing
Last Name: Applicant

My name change became effective on: 08/01/2007 for the following reason: Other - Correction

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Review and/or Reprint Applications Page on NLES:

### Submitted Applications

Click the Reference ID below to review the summary of your application information. To reprint the forms associated with your application, click the link(s) found at the bottom of the summary page.

Reference Id	Exam	Created Date	Completed Date
<a href="#">AJ57280</a>	Step 2 CK	08/21/2007	08/21/2007
<a href="#">KP57130</a>	Step 1	08/21/2007	08/21/2007

Print a new [Certification of ID and Authorization Form](#) if notified by the NBME to replace an invalid form.

Please make sure the name on your Certification of Identification and Authorization form matches the name on your unexpired, government issued form of identification. If the names do not match, use the [Name Change](#) to submit the change online and print/submit the required paperwork.

If your medical school or the certification signer type (medical school official for enrolled students and notary/commissioner of oaths for graduates) is incorrect on your form, send an email to [USMLEReg@nbme.org](mailto:USMLEReg@nbme.org) including your name, USMLE ID, and the correct information.