UNITED STATES MEDICAL LICENSING EXAMINATION® (USMLE)
STEP 3 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 registration.

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

ATTACH PHOTO HERE

Securely tape or glue a current front view 2"x2" color or passport-quality photo.

Print your full name and USMLE/ECFMG ID on the back of the photo before attaching (so we can identify you if the photo falls off.)

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, 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.

USMLE Step 3 Applicant Signature:____

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

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

Please complete and mail to:
Federation of State Medical Boards
Attn: Assessment Services
400 Fuller Wiser Road
Euless, TX 76039-3856

Revised: April 2019