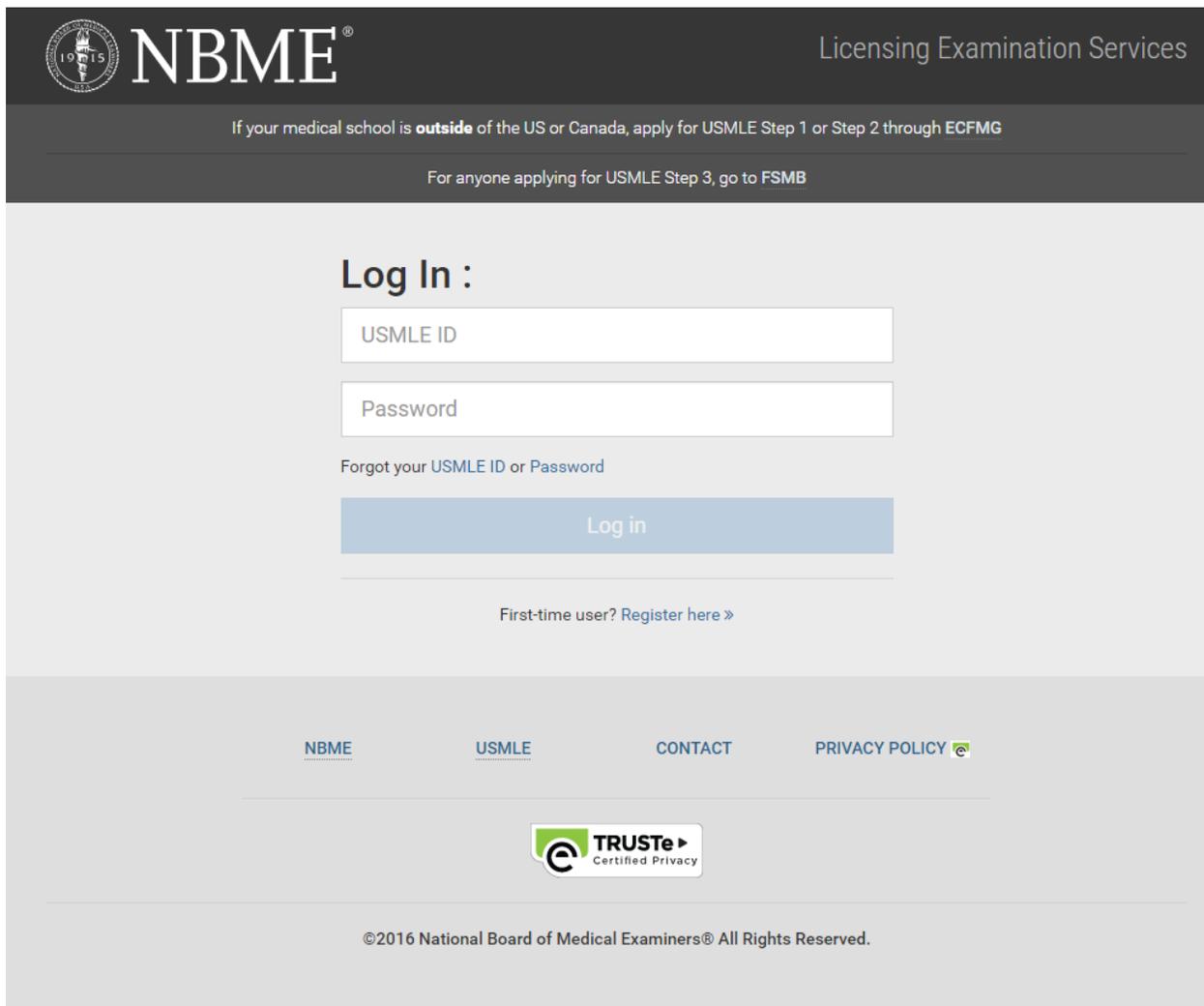


NBME Online USMLE Application

Screen Shots Effective 6/9/2016

NLES (NBME Licensing Examination Services website):



The screenshot shows the login page for the NBME Licensing Examination Services website. At the top left is the NBME logo, which includes a circular seal with the year 1915 and the text 'NATIONAL BOARD OF MEDICAL EXAMINERS'. To the right of the logo is the text 'NBME®'. Further right, in the top right corner, is the text 'Licensing Examination Services'. Below the logo and text, there are two lines of instructional text: 'If your medical school is **outside** of the US or Canada, apply for USMLE Step 1 or Step 2 through ECFMG' and 'For anyone applying for USMLE Step 3, go to FSMB'. The main content area is titled 'Log In :'. It contains two input fields: 'USMLE ID' and 'Password'. Below these fields is a link that says 'Forgot your USMLE ID or Password'. A blue 'Log in' button is positioned below the link. At the bottom of the login section, there is a link that says 'First-time user? Register here >'. The footer of the page contains four links: 'NBME', 'USMLE', 'CONTACT', and 'PRIVACY POLICY' with a small icon. Below the links is a 'TRUSTe Certified Privacy' logo. At the very bottom, there is a copyright notice: '©2016 National Board of Medical Examiners® All Rights Reserved.'

First-Time User Page:

 **NBME**[®] Licensing Examination Services

If your medical school is **outside** of the US or Canada, apply for USMLE Step 1 or Step 2 through **ECFMG**

For anyone applying for USMLE Step 3, go to **FSMB**

First Name*

Middle Name

Last Name*

Suffix

Email*

Date of Birth*

Medical School*

Schools are listed in State/Province order

Graduation Year*

Last 4 digits of SS# or SIN#

Please enter if known:

USMLE ID

AAMC ID

NBME ID

[NBME](#) [USMLE](#) [CONTACT](#) [PRIVACY POLICY](#) 



©2016 National Board of Medical Examiners® All Rights Reserved.

Welcome Page for Logged-in Users:

The screenshot shows the top navigation bar of the NBME website. On the left is the NBME logo, which includes a circular emblem with the year 1925 and the text 'NBME'. To the right of the logo are links for 'Applicant, Sample' with a gear icon, 'USMLE ID:', and a 'Logout' link. Below the logo are four menu items: 'EXAMS', 'RECORDS', 'ACCOUNT', and 'CONTACT', each with a downward arrow. The main content area has a header for 'Licensing Examination Services' and a breadcrumb trail 'EXAMS > EXAM HISTORY'. A yellow banner below the header contains a 'Welcome' message: 'Welcome: To start a new application for USMLE Step 1, Step 2 CK or Step 2 CS, click the New button below.' Below this banner is a large, light gray square button with the word 'NEW' in bold black letters and a plus sign icon. At the bottom of the page, there is a footer with links for 'NBME', 'USMLE', 'CONTACT', and 'PRIVACY POLICY' with a small icon. Below these links is a 'TRUSTe Certified Privacy' logo. At the very bottom, the copyright notice reads: '©2016 National Board of Medical Examiners® All Rights Reserved.'

When applicants click the “NEW” button:

The screenshot shows the top of the NBME website. On the left is the NBME logo with the year 1925. To the right of the logo are the links 'Applicant, Sample' with a gear icon, 'USMLE ID:', and 'Logout'. Below the logo is a navigation menu with 'EXAMS', 'RECORDS', 'ACCOUNT', and 'CONTACT'. Underneath the menu is a banner for 'Licensing Examination Services' with 'EXAMS > NEW APPLICATION' in large text. A progress bar at the bottom left shows '0%'.

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 you are dismissed or withdraw(n) from medical school, you are not eligible for USMLE, even if you are appealing the school's decision to dismiss you or otherwise contesting your status. Submitting an application when you are not officially enrolled in or a graduate of the medical school listed on your application may result in a determination of irregular behavior. For more information about irregular behavior and its consequences, review the USMLE Bulletin of Information.

If your eligibility status changes after you submit your application, you must contact the NBME immediately by email at USMLEReg@nbme.org or by calling (215) 590-9700.

*Previously Licensed Physicians - If you have already been granted a license by a US medical licensing authority based on previous licensure examinations, such as the Federation Licensing Examination (FLEX) or the NBME certifying examinations, you are not eligible to take the USMLE.

Application Materials

- [USMLE Bulletin of Information](#)
- [Biometric Enabled Check-In](#)
- [Guidelines to Request Test Accommodations](#)
- [Content Descriptions and Practice Materials](#)
- [Description of Examination Fees](#)

Read the USMLE Bulletin of Information carefully before continuing. You will be required to certify that you have read the current Bulletin before you submit your application.

Appointment Availability:

- [Step 1 and Step 2 CK Seat Availability at Prometric](#)
- [Step 2 CS Test Date Availability](#)

*Please note that if a seat is available today, there is no guarantee that it will still be available when you receive your scheduling permit and are ready to schedule.

Cancel

Next

The Application Process

→ registration...

- Complete and Submit the online application
- If applicable Print, Complete and Mail:
 - [Certification of ID](#)
 - [Authorization Form](#)
- Make Payment - the fee is nonrefundable and nontransferable

→ after that...

- NBME will add your name to a roster for your medical school to verify your eligibility.
- NBME will notify you by email about the progress of your registration.
- NBME will issue a scheduling permit after your registration status is complete.

→ then scheduling...

Follow the instructions on your scheduling permit. Print your appointment confirmation notice after scheduling.

→ and finally exam day!

Confirm your appointment one week in advance and arrive at the test center at the time specified on your confirmation notice.

Present your scheduling permit and an unexpired, government-issued form of identification that includes both your photo and signature, e.g., a driver's license, passport, or military ID.

Exam & Eligibility Period Selection

Please choose one or more exams shown below.

 STEP 1

Select the three-month eligibility period in which you plan to take the exam.

September 1, 2016 - November 30, 2016

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

United States and Canada

 STEP 2CK (CLINICAL KNOWLEDGE) **STEP 2CS (CLINICAL SKILLS)**

You will be assigned a 12-month eligibility period, typically starting the day after your registration status becomes complete.

Next

[USMLE Bulletin of Information](#)

Notes:

Eligibility periods for next year will become available in mid-September.

Step 1 and Step 2 CK are not administered during the first two weeks of January or on major holidays.

Scheduling permits will be issued no more than six months before your eligibility period start date.

If you do not take the exam 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.

Medical School Information

Medical School Date Enrolled Date Medical Degree Expected/Conferred Medical Degree Expected/Conferred MD DOAre you participating in a combined MD/PhD program? Yes No[USMLE Bulletin of Information](#)

Notes:

You must be officially enrolled in or a graduate of the medical school listed in this section.

Verify/Update your medical school campus and the start date of your enrollment. Enter the date you received or expect to receive the MD or DO degree.

Name

Your name on your NBME record should match your current legal name as it appears on your unexpired, government-issued form of identification that includes both your photo and signature, such as a driver's license, passport, or military ID.

First Name

Last Name

Name Change or Correction Change Name

Contact Information

Email*

Confirm Email*

Country*

Address Line 1*

Address Line 2

Address Line 3

City*

State/Province*

Zip/Postal Code*

Daytime Telephone No.*

Biographic Information

Either a social security number (SSN) and/or national identification number (NIN) is required. If you are entering an NIN, use the drop-down list below to select the country that assigned the number.

US Social Security Number*

National ID Number*

Name of NIN-issuing Country

Date of Birth*

Gender Male Female

Citizenship Upon Entering Medical School*

Previous

Next

Notes:

You must present your unexpired, government-issued form of ID and your scheduling permit at the test center to take the exam – your names must match exactly. The only acceptable differences are variations in capitalization; the presence of a middle name, middle initial or suffix on one document and its absence on the other; or the presence of a middle name on one and middle initial on the other.

NBME obtains names for first-time applicants enrolled in LCME-accredited medical school programs in the US from the AAMC shortly after matriculation. As such, your name may be old (i.e., your maiden name), misspelled, or truncated and must be corrected.

If you have two or more last names on your government-issued ID, all of your last names should be entered in the "Last Name" field.

If the applicant's name is incorrect or has changed, he/she should select the "Change Name" box:

Name

Your name on your NBME record should match your current legal name as it appears on your unexpired, government-issued form of identification that includes both your photo and signature, such as a driver's license, passport, or military ID.

Current First Name

Current Last Name

Name Change or Correction Change Name

First Name*

Middle Name

Last Name*

Suffix

My name change became effective on*

Reason*

Notes:

You must present your unexpired, government-issued form of ID and your scheduling permit at the test center to take the exam – your names must match exactly. The only acceptable differences are variations in capitalization; the presence of a middle name, middle initial or suffix on one document and its absence on the other; or the presence of a middle name on one and middle initial on the other.

NBME obtains names for first-time applicants enrolled in LCME-accredited medical school programs in the US from the AAMC shortly after matriculation. As such, your name may be old (i.e., your maiden name), misspelled, or truncated and must be corrected.

If you have two or more last names on your government-issued ID, all of your last names should be entered in the "Last Name" field.

Test Accommodations

IF YOU HAVE:

- a documented disability covered under the Americans with Disabilities Act (ADA) and wish to request test accommodations; or
- a medical condition and wish to request additional break time/standard testing time

YOU MUST:

- Check the box next to the exam(s) for which you are applying in order to temporarily place your registration and scheduling permit **on hold**.
- After completing your registration, visit www.usmle.org for forms and instructions to submit your formal request to NBME's Disability Services.

I have a documented medical condition, or a documented disability covered under the ADA, and intend to submit a formal request to Disability Services for **Step1**

I have a documented medical condition, or a documented disability covered under the ADA, and intend to submit a formal request to Disability Services for **Step 2 CS (Clinical Skills)**

[Previous](#)[Next](#)

USMLE Bulletin of Information

Notes:

- Checking this box **does not** constitute an official request for test accommodations.
- You must also submit the appropriate USMLE Request form along with adequate supporting documentation to the office of Disability Services.
- Request forms and detailed instructions are available in the [Test Accommodations section on the USMLE website](#).

If an exam is selected for Test Accommodations, the applicant must confirm the selection:

You indicated that you have a documented medical condition, or a documented disability covered under the ADA.

Be aware that you will not receive a scheduling permit until you submit a formal request to Disability Services and a decision has been reached about your request.

Type 'CONFIRM' to confirm your agreement.

Please type 'CONFIRM' in all caps

[CANCEL](#)[CONTINUE](#)

Demographic Information (optional)

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

[Previous](#)[Next](#)[USMLE Bulletin of Information](#)

Notes:

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.

Application Summary

Examination(s) [EDIT](#)

If you wish to change the exam(s) listed below, you must [cancel](#) this application and begin again.

Step 1

Eligibility Period **September 1 - November 30, 2016**

Region **United States and Canada**

Step 2CS

Medical School Information [EDIT](#)

Medical School	[REDACTED]
Date Enrolled	08/2015
Date Medical Degree Expected/Conferred	05/2019
Degree Expected/Conferred	MD
Participating in a combined MD/PhD program	No

Personal Information [EDIT](#)

Name

First Name **Sample**

Last Name **Applicant**

Contact Information

Email	[REDACTED]
Address Line 1	[REDACTED]
City, State/Province Zip/Postal Code	[REDACTED]
Country	[REDACTED]
Telephone No.	[REDACTED]

Biographic Information

US Social Security Number	[REDACTED]
Date of Birth	[REDACTED]
Gender	[REDACTED]
Citizenship Upon Entering Medical School	[REDACTED]

Notes:

Review the summary of your application. To make a change, click on EDIT in the section where you wish to make the change.

Test Accommodations

[EDIT](#)

I have a documented medical condition, or a documented disability covered under the ADA, and intend to submit a formal request to Disability Services for test accommodations for this exam administration

Step 1	Yes
Step 2 CS	No

Optional Information

[EDIT](#)

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

Application Fees

Step 1	\$
Step 2CS	\$
Total Due:	\$

***NOTE: Current application fees are available at:**
<http://www.nbme.org/students/examfees.html>

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.

- I have not already been granted a license by a US medical authority based on previous licensure examinations, such as the Federation Licensing Examination (FLEX) or the NBME certifying examinations.

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. I understand that providing falsified information, including misrepresentation of educational status, may result in a finding of irregular behavior.

If you do not wish to submit your application at this time, you may exit this page and return to submit it later. Your unsubmitted application will remain online for two weeks.

Save For Later

Cancel

Submit

USMLE Bulletin of Information

***NOTE: If the applicant chooses "Save For Later," the un-submitted application will be stored on the website for two weeks.**

The applicant must check each certification statement checkbox to enable the "Submit" button. After submitting, the applicant must confirm the selection/submission:

CONFIRMATION

I agree with the Applicant Certification statements and wish to submit my application at this time.

Type 'CONFIRM' to confirm your agreement.
Please type 'CONFIRM' in all caps

CANCEL CONTINUE

Payment Type

Payment Method Master Card/Visa Check/Money Order

Note:

If you select the Check/Money Order payment method, you need to mail your payment. Electronic checks are not accepted.

Master Card/Visa

Card Number *

Security Code *

Expiration Date *

Billing Address

First Name *

Last Name*

Country*

Address Line 1*

Address Line 2

Address Line 3

City*

State/Province*

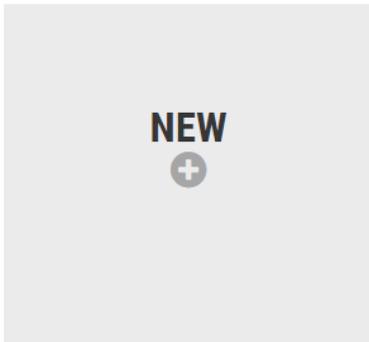
Zip/Postal Code *

I understand that the fee is nonrefundable and credit card payment, if approved, will be processed immediately. I understand that I cannot change or cancel my order after it is submitted.



Action Required: Cert of ID/Applicant Authorization required. Complete and mail your form to complete registration. See Instructions.

Your USMLE Application has been submitted. Additional actions, if any are required to complete the registration process, are listed above.



Instructions for completing the Certification of Identification and Authorization Form:

Certification of ID

All first-time applicants are required to submit a Certification of Identification and Authorization Form. The Certification of Identification is valid for five (5) years, unless you change your name.

- Affix your photo in the designated space. The photo must clearly show your full face, be current and approximately 2" by 2". A color photo is preferred, but not required. Passport photos are not required.
STUDENTS: Take the form to the school official authorized to sign USMLE ID forms. Your school official must sign and affix the school seal partly upon your photo.
GRADUATES: Take the form and accompanying NBME Acknowledgement Form to a notary public who must notarize (by signing and affixing the ink stamp) both forms in the designated sections.

Applicant Authorization

The Applicant Authorization 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 online services password in lieu of your signature for purposes of processing all future online transactions with the NBME. This authorization does not expire.

- Select an authorization option and sign on the signature line.

PRINT

CLOSE

Certification of Identification and Authorization Form for enrolled STUDENTS:

CERTIFICATION OF IDENTIFICATION AND AUTHORIZATION FORM

National Board of Medical Examiners® (NBME®)

Document ID:
Name:
Email Address:
Medical School:
-

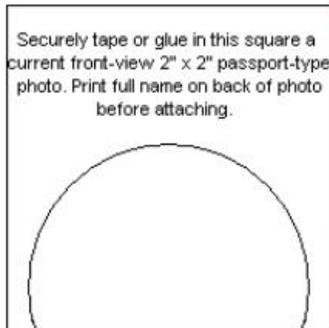


Reference ID:
USMLE ID:
Date of Birth:



Certification of Identification by Authorized 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.



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.

Name of Authorized School Official: _____

Title: _____

Signature: _____ Date: _____



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



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, such as requests for my USMLE transcript when it becomes available. 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, Applicant Services, 3750 Market Street, Philadelphia, PA 19104-3190.

If you have any questions, please contact USMLEReg@nbme.org or call (215) 590-9700.