

APPLICATION FOR USMLE STEP 3 EXAMINATION

Authority: Public Act 368 of 1978, as amended

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

USMLE Step 3 Examination Fee: \$50.00 71-4301-25

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)	Michigan Health Professional Permanent I.D./License Number and Expiration Date	

Check the appropriate answer to each of the following questions.

1. Have you previously taken USMLE Step 3 in Michigan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you previously taken USMLE Step 3 in another State? If yes, Please list state(s) and date of exam.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State: _____ Date: _____		
State: _____ Date: _____		
3. Do you now or have you ever held an educational limited license in the State of Michigan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ELIGIBILITY

To be eligible to take USMLE step 3, you must establish BOTH of the following:

- a) That you have passed USMLE Step 1 and USMLE Step 2 and
- b) That you have completed not less than six months of postgraduate clinical training in a program approved by board.

INSTRUCTIONS TO APPLICANT

It is your responsibility to assure that the following two documents are provided to this office directly from their sources:

- 1) USMLE Step 1 and USMLE Step 2 examination scores from the Federation of State Medical Boards and
- 2) Certification of completion of at least six months postgraduate clinical training on the enclosed form from your Program Director

**CERTIFICATION OF POSTGRADUATE TRAINING
 FOR USMLE EXAMINATION**

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, you will be ineligible to sit for the exam

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your legal name exactly as it appears on your application. For Section II, send this form to be completed by the Director of Medical Education where you completed your postgraduate training. This certification must be submitted directly to the Michigan Board of Medicine by the Director of Medical Education.

SECTION I - APPLICATION INFORMATION

First Name	Middle Name	Last Name
Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	

Signature of Applicant	Date
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APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DIRECTOR OF MEDICAL EDUCATION FOR COMPLETION OF SECTION II.

Name

TO BE COMPLETED BY THE DIRECTOR OF MEDICAL EDUCATION**INSTRUCTIONS FOR COMPLETING SECTION II:**

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine

at the address shown on Page 1 of this form.

SECTION II - CERTIFICATION OF POSTGRADUATE TRAINING

Name of Hospital

Street Address of Hospital

City, State and ZIP Code

I certify that _____, a graduate of the
(Applicant's Name)

_____ medical school, has successfully completed postgraduate
clinical training offered by the hospital named above from _____, to _____,
Month/Day/Year Month/Day/Year

in the clinical area of _____.

Is this training program accredited by the ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, or by the National Joint Committee on Accreditation of Preregistration Physician Training programs of the Canadian Medical Association?

Yes No

Signature of Director of Medical Education

Date of Signature

Print or Type Name of Director of Medical Education

(S E A L)

If hospital has no seal, please indicate

NOTE: This form may not be completed and submitted to the Board office prior to the completion of the required 6 months of post graduate training. In order to be made eligible for the USMLE examination, the required training must be completed and verified by the established deadline date.