First-Time User Page:
Welcome Page for Logged-in Users:

Welcome: To start a new application for USMLE Step 1, Step 2 CK or Step 2 CS, click the New button below.
When applicants click the “NEW” button:

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If you are dismissed or withdrawn from medical school, you are not eligible for USMLE, even if you are appealing the school's decision to dismiss you or otherwise contesting your status.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.

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.

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.

USMLE Bulletin of Information
Medical School Information

Medical School

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

Previous Next

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: Sample
Last Name: Applicant
Name Change or Correction: [ ] Change Name

Contact Information
Email*: 
Confirm Email*: 
Country*: United States including PR, VI, Guam
Address Line 1*
Address Line 2
Address Line 3
City*
State/Province*
Zip/Postal Code*
Daytime Telephone No.*: Eg 1234567890

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*: (123-45-6789 or 1234567890)
National ID Number*
Name of NIN-issuing Country:
Date of Birth*

Gender: [ ] Male [ ] Female
Citizenship Upon Entering Medical School*: United States including PR, VI, Guam

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:
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 Step 1

☐ 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)

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

CONTINUE  CANCEL
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

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)
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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical School</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date Enrolled</td>
<td>08/2015</td>
</tr>
<tr>
<td>Date Medical Degree Expected/Conferred</td>
<td>05/2019</td>
</tr>
<tr>
<td>Degree Expected/Conferred</td>
<td>MD</td>
</tr>
<tr>
<td>Participating in a combined MD/PhD program</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Personal Information

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

Billing Address

First Name *
Sample

Last Name *
Applicant

Country *
United States including PR, VI, Guam

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.

Process

USMLE Bulletin of Information
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.
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.

SAMPLE

Applicant Agreement and
Authorization for Processing Online Transactions

- I certify that I am the individual named above, as 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.

☐ 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) 599-9700.
CERTIFICATION OF IDENTIFICATION AND AUTHORIZATION FORM
National Board of Medical Examiners® (NBME®)

Document ID: ____________________________
Reference ID: ____________________________
Name: __________________________________
USMLE ID: ______________________________
Email Address: __________________________
Date of Birth: ____________________________
Medical School: __________________________

Certification of Identification by Notary Public

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.

State/Province of ________________________
County of ______________________________
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 _________, 20_____.

WITNESS my hand and official seal.

Notary Public ____________________________
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, 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 with your payment as instructed on the Fee Payment Form.
If you have any questions, please contact USLMEReg@nbme.org or call (215) 590-9700.
Certification of Identification and Authorization Form for GRADUATES (Page 2 of 2):

NBME ACKNOWLEDGEMENT

National Board of Medical Examiners® (NBME®)

State/Province of_________________________ )
County of_____________________________ )
SS.

Please place an unexpired, government-issued photo ID, such as a driver's license, passport, or military 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 to be notarized. Both forms must contain the Notary Public's signature and seal.

On this, the ___ day of__________, 20__, before me a notary public, the undersigned officer, personally appeared ____________________________, known to me or 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 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. In witness hereof, I hereunto set 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: ____________

Mail this form with your payment as instructed on the Fee Payment Form.
If you have any questions, please contact USMLEReg@nbme.org or call (215) 599-9700.