Complete this form ONLY if:

You are a graduate of an LCME-accredited medical school in the U.S. or Canada.

You have passed NBME Parts I, II and III or a combination of NBME Parts and Steps 1, 2 or 3 of the United States Medical Licensing Examination (USMLE) administered by the NBME.

If you have taken FLEX, all three Steps of USMLE, or need a Step 1 and 2 transcript for your Step 3 application, contact the Federation of State Medical Boards at (817) 868-4000.

Foreign Medical Graduates who need a transcript of NBME or USMLE scores should contact the Educational Commission for Foreign Medical Graduates (ECFMG) at (215) 386-5900.

Osteopathic Physicians who need osteopathic board scores should contact the National Board of Osteopathic Medical Examiners at (312) 635-9955.

The endorsement of certification is provided only to state medical licensing authorities for purposes of licensure and shows your NBME scores or your combination of NBME and USMLE scores.

1. Complete the form below as directed.

2. Enclose the appropriate fee ($50 in US currency for the first five endorsements and $5 for each additional endorsement requested at the same time). Make your check or money order payable to the National Board of Medical Examiners. Your fee must accompany this form.

3. Send the form and fee to: NBME, P.O. Box 48014, Newark, NJ 07101-4814. Send overnight delivery requests to: National Board of Medical Examiners - 48014, c/o Image-Remit, Inc., 205 North Center Drive, Commerce Center - Suite 205, North Brunswick, NJ 08902.

State(s) to Which Endorsement(s) Should be Sent

1. ____________________________

2. ____________________________

3. ____________________________

State(s) to Which Endorsement(s) Should be Sent

4. ____________________________

5. ____________________________

TOTAL FEE ENCLOSED: $____________

ALLOW AT LEAST TWO WEEKS FOR PROCESSING.
Requests are processed in the order in which they are received. You will be notified by mail when your endorsement has been sent.

Address and Biographic Information
(Please type or print clearly in uppercase block letters. Use black ink only.)

Provide as much information as possible. If you do not know your Identification Number, do not call the NBME. The other biographic information is sufficient to process your request.

* Social Security or Canadian Insurance Number

* Date of Birth

Medical School (Do not use this form if you graduated from an osteopathic or foreign medical school)

Year of Graduation

Previous Name

June 2003

Your Full Name:

Last

First

Middle

Identification (Certificate) Number

Your Address: ____________________________

City ____________________________ State ______ Zip Code ______

Signature: ____________________________ Telephone no.: ____________________________

Date: ____________________________ E-Mail: ____________________________