

NBME Online USMLE Application

Screen Shots Effective 9/7/2023

NBME Licensing Exam Services website (NLES):

The screenshot shows the NBME Licensing Exam Services website. At the top, there is a dark blue header with the USMLE logo on the left and the text "NBME Licensing Exam Services" on the right. Below the header, there are two light blue boxes with 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 features a white box titled "Login or Register" with input fields for "USMLE ID" and "Password", a "Log in" button, and a link for "First-time user? Register here >". Below the main content, there is a footer with the USMLE logo, links for "USMLE", "NBME", "Contact", and "Privacy Policy", and a TRUSTe Certified Privacy logo. At the very bottom, there is a small copyright notice: "©2023 National Board of Medical Examiners® All Rights Reserved."

First-Time User – USMLE ID Request:

NBME Licensing Exam Services

To access your exam records or apply for USMLE, you need a USMLE ID# and password. To obtain your USMLE ID# and password, enter the requested information. Enter your current legal name exactly as it appears on your unexpired, government-issued form of identification, such as a driver's license, passport, or military ID. You will receive your USMLE ID # and password via email **within one business day**.

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

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After successful submission, the applicant will receive an email with their USMLE ID and a temporary password to login to the website.

*See APPENDIX for additional First-Time User account set-up screens

Hi, Test Student USMLE ID: 55555555 Logout
Exams Transcripts Account

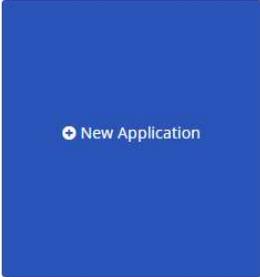
EXAMS

EXAM HISTORY



Welcome: To start a new application for USMLE Step 1 or Step 2 CK, click the New button below.

Welcome! To start a new application from USMLE Step 1 or Step 2 CK, click the "New Application" button below.



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Hi Test Student USMLE ID: 55555555 Logout

USMLE Exams Transcripts Account

EXAMS

NEW APPLICATION

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 physician license by a US medical licensing authority based on other licensure examinations, such as the Federation Licensing Examination (FLEX), the NBME certifying examinations, or the National Board of Osteopathic Medical Examiners COMLEX-USA, you may not be 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](#)

*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

1. 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

2. 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.

3. Then scheduling...

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

4. 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.

EXAMS

NEW APPLICATION



10%

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.

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.** STEP 2CK (Clinical Knowledge)

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 on major holidays.

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

If you are unable to test within your eligibility period, you may request a one-time-only, contiguous three-month extension; a fee is charged for this service. Your request and fee must be submitted no later than one month after your eligibility period expires.

If you do not take the examination within your original or extended eligibility period, you will need to reapply by submitting a new application and fee. Fees are nonrefundable and nontransferable.

EXAMS

NEW APPLICATION



20%

Medical School Information

Medical School

Date Enrolled

Date Medical Degree Expected/Conferred

Medical Degree Expected/Conferred

 MD DO

Are you participating in a combined MD/PhD program?

 Yes No

Previous

Next

[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.



EXAMS

NEW APPLICATION



40%

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*

Required

Daytime Telephone No.*

Country*

Address Line 1*

Address Line 2

Address Line 3

City*

State/Province*

Zip/Postal Code*

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

Gender

 Male Female

Date of Birth*

Citizenship Upon Entering Medical School*

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.

Previous

Next

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

USMLE

Hi Test Student USMLE ID: 55555555 Logout

Exams Transcripts Account

EXAMS

NEW APPLICATION

40%

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*

Month Day Year

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.

EXAMS

NEW APPLICATION



70%

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**

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 the applicant checks the box 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 'PERMIT HOLD' to confirm your agreement.

Please type 'PERMIT HOLD' in all caps

CANCEL

CONTINUE

EXAMS

NEW APPLICATION



85%

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.

EXAMS

NEW APPLICATION



95%

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	March 1 - May 31, 2024
Region	United States and Canada

Notes:

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

Medical School Information EDIT

Medical School	Test School
Date Enrolled	08/2021
Date Medical Degree Expected/Conferred	05/2025
Degree Expected/Conferred	MD
Participating in a combined MD/PhD program	No

Personal Information EDIT

Name

First Name	Test
Last Name	Student

Contact Information

Email	test@test.com
Address Line 1	100 Any St
City, State/Province Zip/Postal Code	Philadelphia, PA 19104
Country	United States including PR, VI, Guam
Telephone No.	(222) 456-7890

Biographic Information

US Social Security Number	XXX-XX-1111
Date of Birth	06/01/1999
Gender	Male
Citizenship Upon Entering Medical School	United States including PR, VI, Guam

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	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	\$
Total Due:	\$

***NOTE: Current application fees are available on the NBME website at:**

<https://www.nbme.org/examinees/united-states-medical-licensing-exam-usmle#exam-fees>

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 physician license by a US medical authority based on other licensure examinations, such as the Federation Licensing Examination (FLEX), the NBME certifying examinations, or the National Board of Osteopathic Medical Examiners COMLEX-USA.

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

EXAMS

NEW APPLICATION



99%

Payment Type

Payment Method

 Master Card/Visa/American Express 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/American Express

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.

EXAMS

EXAM HISTORY



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

Welcome! To start a new application from USMLE Step 1 or Step 2 CK, click the "New Application" button below.

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

[➤ New Application](#)

USMLE STEP 1

Registration:

[⊕ Pending](#)

[See Full Details](#)

Certification of ID

All first-time applicants are required to submit a Certification of Identification and Authorization Form (CIF). The CIF 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 CIFs. Your school official must complete the designated section to certify your identity. The school may send your completed form directly to NBME by email or you may send the completed paper form by mail.
- **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
- Handwrite your signature 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:

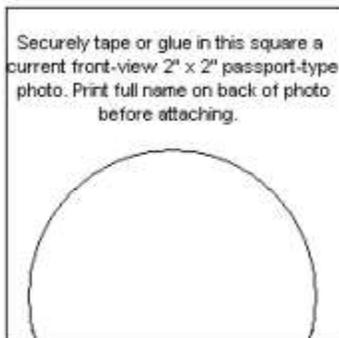
SAMPLE

Reference ID:
USMLE ID:
Date of Birth:

SAMPLE

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, 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 Handwritten Signature _____ Date _____

Mail this form to: NBME, Customer Operations Management, 3750 Market Street, Philadelphia, PA 19104-3190.

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

CERTIFICATION OF IDENTIFICATION AND AUTHORIZATION FORM

National Board of Medical Examiners[®] (NBME[®])

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

SAMPLE

Reference ID:
USMLE ID:
Date of Birth:

SAMPLE

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.

Securely tape or glue in this square a current front-view 2" x 2" passport-type photo. Print full name on back of photo before attaching.

State/Province of _____)
) SS.
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.

SAMPLE

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.

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.

Please choose one

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 Handwritten Signature _____ Date _____

Mail this form to: NBME, Customer Operations Management, 3750 Market Street, Philadelphia, PA 19104-3190.

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

APPENDIX

First-Time User - Change Password:

NBME Licensing Exam Services

You have logged in using an NBME temporary password. Please change your password below.

Current Password*

New Password*

Note: A password must be 8-25 characters, is limited to letters and numbers, and must contain at least one letter and one number.

Confirm New Password*



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[Privacy Policy](#)



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Set Security Questions

Please select and answer four different questions that we can use to identify you in the event you forget your password.

Question #1*	<input type="text"/>
Answer	<input type="text"/>
Question #2*	<input type="text"/>
Answer	<input type="text"/>
Question #3*	<input type="text"/>
Answer	<input type="text"/>
Question #4*	<input type="text"/>
Answer	<input type="text"/>
<input type="button" value="Cancel"/>	<input type="button" value="Submit"/>



[USMLE](#)

[NBME](#)

[Contact](#)

[Privacy Policy](#)



The screenshot shows the USMLE website interface. At the top, the USMLE logo is on the left, and user information (Hi Test Student, USMLE ID: 55555555, Logout) is on the right. Below the logo are navigation links for Exams, Transcripts, and Account. The main heading is 'EXAM HISTORY'. A green message box states: 'Welcome: To start a new application for USMLE Step 1 or Step 2 CK, click the New button below.' Below this, another message says: 'Welcome! To start a new application from USMLE Step 1 or Step 2 CK, click the "New Application" button below.' A green confirmation message reads: 'You have successfully changed your password and setup identifying questions.' A large blue button with a plus icon and the text 'New Application' is prominently displayed.

USMLE

Hi Test Student USMLE ID: 55555555 Logout

Exams Transcripts Account

EXAMS

EXAM HISTORY

Welcome: To start a new application for USMLE Step 1 or Step 2 CK, click the New button below.

Welcome! To start a new application from USMLE Step 1 or Step 2 CK, click the "New Application" button below.

✓ You have successfully changed your password and setup identifying questions.

+ New Application

Hi Test Student USMLE ID: 55555555 Logout

USMLE Exams Transcripts Account

EXAMS

USMLE STEP 1

APPLY

ELIGIBILITY PERIOD
03/01/2024 - 05/31/2024
REGISTRATION STATUS

SCHEDULE

SCHEDULING IS NOT AVAILABLE

PREPARE

Practice Materials

Self-Assessment

SCORE

SCORE REPORT IS NOT AVAILABLE

ASSOCIATED DOCUMENTS

Application	Review/Print
Payment Receipt	Review/Print
Certification of ID	Review/Print

USMLE USMLE NBME Contact Privacy Policy

TRUSTe Certified Privacy Powered by TrustArc

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Hi Test Student USMLE ID: 55555555 Logout

Exams Transcripts Account

EXAMS

USMLE STEP 1

APPLY

ELIGIBILITY PERIOD
06/01/2023 - 08/31/2023

REGISTRATION STATUS
Complete

[Extend Eligibility Period](#)

SCHEDULE

TEST DATE
08/02/2023 (SCHEDULED)

CONFIRMATION NO.
0000000000000000

LOCATION
Philadelphia, PA

PREPARE

SCORE

SCORE REPORT IS NOT AVAILABLE

REGISTRATION STATUS: Complete

- Verified Enrollment Complete
- Certification of ID Complete
- Applicant Authorization Complete
- Payment Complete

ASSOCIATED DOCUMENTS

- Application Review/Print
- Payment Receipt Review/Print

USMLE NBME Contact Privacy Policy

TRUSTe Certified Privacy Powered by TrustArc

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