

What to Do (USMLE STEP 3)

TO PROTECT YOUR CONFIDENTIALITY, ALWAYS SEND YOUR REQUEST AND DOCUMENTATION TOGETHER TO THE ADDRESS BELOW.

Do not include these materials with your examination application.

Address all STEP 3 test accommodation requests and inquiries to:

Coordinator of Special Examination Services
Federation of State Medical Boards
Federation Place
400 Fuller Wisser Road, Suite 300
Euless, Texas 76039
(817) 868-4041

Test Accommodations

Test accommodations include but are not limited to the following:

- Assistance with keyboard tasks
- Audio rendition
- Extended testing time
- Extra break time
- Enlarged text

Score Reporting

USMLE policy requires annotation of score reports and transcripts for Step administrations for which test accommodations were used. Score recipients who inquire about the annotation will be provided with information about the nature of the test accommodation only.

How to Submit a Request for Test Accommodations

If you have a documented disability covered under the Americans with Disabilities Act (ADA) and require test accommodations, you must notify the Federation of State Medical Boards (FSMB) in writing each time you apply for Step 3.

New Requests

What to do: Submit a completed questionnaire and accompanying documentation to the above address at the same time you send your Step 3 examination application to the address shown in the registration materials.

Subsequent Requests for Test Accommodations

What to do: If you received test accommodations for a previous USMLE Step and would like the identical accommodations, please follow these steps:

- Print the following **Step 3 Update** form from this CD-ROM page or call 817-868-4041 to obtain a copy.
- Complete and mail the form to the **address above** at the same time you mail your Step 3 examination application to the address shown in the registration materials. This form constitutes your official notification.
- If you are requesting a change in accommodations, follow the instructions for “New Requests” above.

You may also access the FSMB Website at www.fsmb.org for the same information and forms.

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™) STEP 3

1-800-USMLE-XM or 817-868-4041

Questionnaire for USMLE STEP 3 Applicants
Requesting Test Accommodation

(Submitting this form constitutes your official request)

You must provide supporting documentation verifying your disability. The documentation must be from a qualified professional. Mail your completed questionnaire and documentation to:

Coordinator of Special Examination Services, Federation of State Medical Boards, 400 Fuller Wiser Road, Suite 300, Euless, Texas 76039.

Mail your examination application to the address shown in the registration materials at the same time you mail your request for test accommodations to the address above.

Please type or print.

1. a. Accommodations are requested for the USMLE Step 3 examination in the year _____.

b. State/province/territory to which you are currently applying to take Step 3: _____

2. Name: _____
Last First Middle Initial

3. Gender: Male Female 4. Date of Birth _____

5. SS# _____ 6. USMLE # _____
(if known)

7. Address: _____
Street

City State/Province Zip / Postal Code

Country () Area Code Daytime Telephone Number

e-mail Address

8. Medical School of Graduation _____

Country of Medical School _____

9. Nature of the Disability:

- Hearing Disability Psychiatric Disability
 Learning Disability Visual Disability
 Physical Disability Other _____

10. In order to document your need for accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing your disability and its impact on your daily life and educational functioning. Do not confine your comments to standardized test performance; rather discuss your overall functioning.

11. How long ago was your disability first professionally diagnosed?

- less than 1 year 1-2 years 2-4 years 5 or more years

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UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™) STEP 3
Administered to U.S./Canadian and foreign Medical School Graduates by
the Federation of State Medical Boards (FSMB)
400 Fuller Wisser Road, Suite 300, Eules, TX 76039
1-800-USMLE-XM or 817-868-4041

Certification of Prior Test Accommodations

for Previous Test Accommodations

Provided by a Medical School

To be completed by an official responsible for student disability services. Please type or print.

Applicant Name: (last) _____ (first) _____

USMLE ID#: _____-_____-_____-_____-_____-_____

Type of Examination: _____ **Date** _____

1. I, _____, hold the position of _____.

Name

Title

2. I certify that _____ has officially approved and provided

Name of Institution

the following test accommodations for the above applicant beginning on _____.

Date (Month/Year)

Accommodation(s) provided _____

Reason for provision of accommodation(s) _____

Signature _____ **Date** _____

(_____) _____

Telephone Number

