

**SPECIAL PURPOSE EXAMINATION (SPEX®)
CERTIFICATION OF IDENTITY (CID)**

THIS IS NOT AN APPLICATION FOR SPEX.

You must also submit a SPEX application and fees in order for FSMB to complete your SPEX registration.

This CID is valid for SPEX applications submitted within five years from the date of notarization. If you need to reapply for or retake SPEX within that time period, it is not necessary to submit a new CID.

ATTACH PHOTO HERE

Place a current front view
2"x2" color or passport-
quality photo.

If you mail your CID,
please print your full name
on the back of the photo
before attaching (so we can
identify you if the photo
falls off).

SPEX ID (if known): _____

(Type or print in uppercase letters)

Name: _____
Last First Middle

Date of Birth: _____

Email: _____

Phone: _____

I certify that I am the individual named above, represented in the attached photograph and that the signature below is my signature. I certify that I meet the eligibility requirements for Step 3 and that the information on this form is true and accurate. I also certify that I have read the most current version of the USMLE Bulletin of Information and all relevant instructions for this or any subsequent Step 3 application, that I am familiar with the contents of the Bulletin and agree to abide by the policies and procedures described therein.

SPEX Applicant Signature: _____

We will accept an electronic/digital signature, but it must reflect your "wet" or actual signature. That is, if electronic/digital, it cannot be a typed signature. If you are not able to electronically sign your CID in a manner that reflects your actual signature, you must also submit a copy of your driver's license or passport so that we will have a copy of your signature on file, should we need to use it later for identification purposes.

Certification of Identification by a Notary Public/Commissioner of Oaths is Required

This form must be signed by a notary public/commissioner of oaths. The notary must either be in English or have an English translation attached.

I certify that on the date set forth below the individual names above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing his/her signature made in my presence on the form with the signature on his/her identifying document.

(if applicable) State of: _____

(if applicable) County of: _____

Date of Notarization: _____

Notary Signature: _____

Commission Expiration Date: _____

The notary commission expiration date must be current and legible.

If no expiration date, such as 'lifetime', an explanation must be provided.

Notary Stamp or
Seal Here

(Remote/electronic
notarization is accepted.)

If you are in California, the notary may attach a California All-Purpose Acknowledgment form to this document.

Complete and email to:

spex@fsmb.org

**Your scanned/electronic copy must show your
photograph in color.**

A black & white copy of your photo will not be accepted.

Revised: August 2020

If you are unable to email your
completed CID to us, please contact us at
spex@fsmb.org