## Federation of State Medical Boards (FSMB) Name Change/Correction Authorization Form

## Instructions:

- 1. Complete this form; and
- 2. Provide documents to support the change/correction; and
- 3. For name changes, proof that you are using the name consistently.

## Acceptable documents:

- Drivers license
- Passport (including the pages with your photograph and the expiration date)
- Birth certificate
- Court order
- Marriage or divorce certificate
- U.S. Naturalization Certificate
- U.S. Resident Alien Card

## Important information:

- You will not be permitted to take your exam if the name on your permit and the name on the identification you bring to the test center do not match EXACTLY.
- If you change your name while you are registered for an exam (but before sitting for the exam), a revised scheduling permit reflecting this change will be issued. We will email you when your revised scheduling permit is available. You must present the revised scheduling permit (and matching identification) at the test center.
- Name changes/corrections must be received and processed by FSMB no later than seven business days before your scheduled testing date or you will not be able to test.

USMLE, ECFMG, SPEX or Federation ID (if known):		
Date of Birth:		
Email:		
Phone:		
Current name on record:		
LAST Name	FIRST Name	Middle Name
I request and authorize the FSMB to change/correct my name to:		
LAST Name	FIRST Name	Middle Name
I certify that the information I am submitting is true and accurate, and I authorize the FSMB to update their records according to the information I have provided here.		
Signature:		Date:

Complete this form (type or print in ink) and return, along with appropriate documentation, to:

- usmle@fsmb.org (for USMLE Step 3)
- spex@fsmb.org (for SPEX)
- transcripts@fsmb.org (for transcripts