

# NBME Online USMLE Application

## Screen Shots Effective 9/7/2023

NBME Licensing Exam Services website (NLES):

The screenshot shows the login or register page of the NBME Licensing Exam Services website. The page has a dark blue header with the USMLE logo on the left and "NBME Licensing Exam Services" on the right. Below the header, there are two informational boxes: one for users outside the US or Canada applying through ECFMG, and another for users applying for USMLE Step 3 through FSMB. The main content area features a "Login or Register" form with fields for "USMLE ID" and "Password", and links for "Forgot your USMLE ID or Password?" and "Log in". At the bottom of the form, there is a link for "First-time user? Register here >". The footer contains the USMLE logo, navigation links for "USMLE", "NBME", "Contact", and "Privacy Policy", and a TRUSTe Certified Privacy logo.

If your medical school is **outside** of the US or Canada, apply for USMLE Step 1 or Step 2 through [ECFMG](#)

For anyone applying for USMLE Step 3, go to [FSMB](#)

**Login or Register**

USMLE ID

Password

[Forgot your USMLE ID or Password?](#)

[Log in](#)

[First-time user? Register here >](#)

[USMLE](#) [NBME](#) [Contact](#) [Privacy Policy](#)

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## First-Time User – USMLE ID Request:

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**

**USMLE** [USMLE](#) [NBME](#) [Contact](#) [Privacy Policy](#)

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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

Welcome Page for Logged-in Users:

The screenshot shows the USMLE Exam History page. At the top, there is a dark blue header bar with the USMLE logo on the left, and user information on the right: "Hi Test Student", "USMLE ID: 55555555", and "Logout". Below the header are three navigation links: "Exams", "Transcripts", and "Account". A small illustration of five people is located in the top right corner.

The main content area has a light blue header "EXAMS" and a large title "EXAM HISTORY". Below the title is a green-bordered box containing the text: "Welcome: To start a new application for USMLE Step 1 or Step 2 CK, click the New button below." Underneath this box, another "Welcome" message appears: "Welcome! To start a new application from USMLE Step 1 or Step 2 CK, click the "New Application" button below." A large blue button labeled "New Application" with a white plus sign is centered on the page.

At the bottom of the page, there is a footer bar with the USMLE logo on the left, and links for "USMLE", "NBME", "Contact", and "Privacy Policy" on the right. To the right of these links is a "TRUSTe Certified Privacy" logo, which includes the TrustArc logo and the text "Powered by TrustArc".

A small note at the bottom left of the footer bar states: "©2023 National Board of Medical Examiners® All Rights Reserved."

When applicants click the “New Application” button:

Hi Test Student USMLE ID: 55555555 Logout

Exams Transcripts Account

EXAMS NEW APPLICATION

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## 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](mailto: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.

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## 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.

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## 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

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#### 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.

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#### 3. Then scheduling...

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

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#### 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 &amp; 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.**

 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

## 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.

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## 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

## 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.

## 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\*

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

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](http://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

## 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](#).

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## 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](#)



Hi Test Student USMLE ID: 55555555 Logout

Exams ▾

Transcripts ▾

Account ▾

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

#### 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.

Is English your native language?

- Yes
- No
- Do not wish to respond

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[USMLE Bulletin of Information](#)



[USMLE](#)

[NBME](#)

[Contact](#)

[Privacy Policy](#)



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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 \*

<input type="text"/> Month	<input type="text"/> Year
----------------------------	---------------------------

## Billing Address

First Name \*

Last Name\*

Country\*

 United States including PR, VI, Guam

Address Line 1\*

Address Line 2

Address Line 3

City\*

 Philadelphia

State/Province\*

 PA

Zip/Postal Code \*

 19104

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 ▾

Transcripts ▾

Account ▾

EXAMS

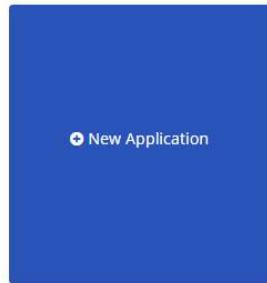
## EXAM HISTORY



**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.



### USMLE STEP 1

Registration:

Pending

[See Full Details](#)



[USMLE](#) ▾

[NBME](#) ▾

[Contact](#) ▾

[Privacy Policy](#) ▾



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## Instructions for completing the Certification of Identification and Authorization Form:

### 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:

Reference ID:  
USMLE ID:  
Date of Birth:

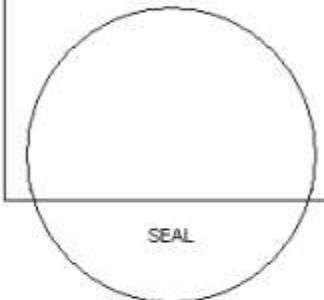
SAMPLE

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.

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.



The impression of the seal must be partly upon the photo.

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: \_\_\_\_\_

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](mailto: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:**

Reference ID:

USMLE ID:

Date of Birth:

**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.

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.

**NBME ACKNOWLEDGEMENT**  
National Board of Medical Examiners® (NBME®)

State/Province of \_\_\_\_\_ )  
                                ) SS.  
County of \_\_\_\_\_ )

SAMPLE

Please place an unexpired, government-issued photo ID, such as a driver's license, passport, or military ID, inside this space and make a copy of this form. Take the newly copied NBME Acknowledgement and the Certification of Identification and Authorization Form to a Notary Public to be notarized. Both forms must contain the Notary Public's signature and seal.

On this, the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within Certification of Identification and Authorization Form, and acknowledged that he/she is the same person referenced in the identification provided at the top of this page and he/she executed the same in his/her authorized capacity, and that by his/her signature on the Certification of Identification and Authorization Form the person upon behalf of which the person acted, executed the Certification of Identification and Authorization Form. In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_

Notary Public

SAMPLE

**Description of Attached Document**

Title: **Certification of Identification and Authorization Form for NBME**

Document date: \_\_\_\_\_ Number of pages: \_\_\_\_\_

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:

 **USMLE** 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\***

[Cancel](#) [Submit](#)

 [USMLE](#) [NBME](#) [Contact](#) [Privacy Policy](#)

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**First-Time User - Security Question Set-Up:**

 USMLE

NBME Licensing Exam Services

## 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"/>

 USMLE  NBME  Contact 

 TRUSTe  
Certified Privacy  
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**First-Time User - Welcome Page & Account Set-up Confirmation:**

The screenshot shows the USMLE Exam History page. At the top, there is a dark blue header bar with the USMLE logo on the left, and navigation links for 'Exams', 'Transcripts', and 'Account' on the right. The main content area has a light blue background. On the left, under the heading 'EXAMS', is a large blue button labeled '+ New Application'. To the right of this button is a green success message box containing the text: '✓ You have successfully changed your password and setup identifying questions.' Above the message box, a text box contains the instruction: 'Welcome: To start a new application for USMLE Step 1 or Step 2 CK, click the New button below.' Below the message box, another text box contains the instruction: 'Welcome! To start a new application from USMLE Step 1 or Step 2 CK, click the "New Application" button below.' In the top right corner of the main content area, there is a small illustration of five diverse people walking together.

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

## Full Details Screen for Pending Registration:

Hi Test Student USMLE ID: 55555555 Logout

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 NBME Contact Privacy Policy

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## Full Details Screen for Complete Registration (eligible to request Eligibility Period Extension):

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** [USMLE](#) [NBME](#) [Contact](#) [Privacy Policy](#)

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