

**DISTRICT OF COLUMBIA
2012 USMLE STEP 3 FEE FORM**

Examinee's name and "D.C." must be clearly printed on the front of the personal check, cashier's check or money order.

****SEND ONLY THE PROPERLY COMPLETED STEP 3 APPLICATION, DOCUMENTS AND PHOTO ID PAGE TO THE DC BOARD****

This fee form and fee ONLY should be sent to the Federation of State Medical Boards at the address below. Attach this form to your personal check, cashier's check or money order for \$745.00, made payable to "USMLE" and mail via first class mail only to:

Federation of State Medical Boards
Attn: Wholesale Lockbox
P.O. Box 970172
Dallas, Texas 75397-0172

Please Note: The USMLE Step 3 maintains a "No Refund" policy.

Please Print Legibly or Type:

NAME (Last, First, Middle)		/ / DATE OF BIRTH (month/day/year)
SOCIAL SECURITY NUMBER(optional) NATIONAL ID NUMBER (if applicable)		GENDER M OR F (circle one)
MEDICAL SCHOOL NAME	DEGREE	GRADUATION DATE
USMLE ID NUMBER		PHONE NUMBER (with AREA CODE)
ADDRESS (Street Address)		(Apt, Suite or Unit Number)
(City, State, Zip Code)		EMAIL ADDRESS (required)