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In the spaces below, give an accurate record of your educational preparation. **Be sure to complete items A-E for each school.** Please print. List diploma or degree titles in original language and translate. If no diploma or degree, indicate number of credits earned. Attach additional sheets if necessary.

A. NAME OF SCHOOLS ATTENDED AND LOCATIONS	B. NUMBER OF YEARS ATTENDED	C. ATTENDANCE		D. TITLE OF DIPLOMA OR DEGREE OBTAINED (INDICATE YEAR OBTAINED)	E. IF NO DIPLOMA OR DEGREE, INDICATE NUMBER OF CREDITS EARNED
		Entrance Date	Leaving Date		
<p><i>High School or Secondary School</i></p> <p>_____</p> <p>School Name A</p> <p>_____</p> <p>City _____ State/Country</p>	B	<p>_____ / _____</p> <p>mo yr C</p> <p>_____ / _____</p> <p>mo yr</p>	D	E	
<p><i>Postsecondary Preprofessional School(s) (Exclusive of Medical School)</i></p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City _____ State/Country A</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City _____ State/Country</p>	B	<p>_____ / _____</p> <p>mo yr C</p> <p>_____ / _____</p> <p>mo yr</p>	D	E	
<p><i>Medical Education (Professional, list all medical schools attended)</i></p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City _____ State/Country A</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>City _____ State/Country</p>	B	<p>_____ / _____</p> <p>mo yr C</p> <p>_____ / _____</p> <p>mo yr</p>	D	E	

If you completed clinical clerkships in a country other than where your medical school is located, give the dates and location of these clerkships. Attach additional sheets if necessary.

Inclusive Clerkship Dates	Clinical Area	Name of Health Care Facility And Address	Medical School with which Clerkship Affiliated and Address

16 Are you licensed or have you ever been licensed as a physician in any other state or country? Yes No
 If **yes**, list each jurisdiction. If appropriate, you must also submit a Form 3A or 3B. See pages 14 - 15.

State or Country	Date License Issued	Number	Basis of Licensure			Any Limitations on License
			Examination (Date passed)	Endorsement	Other	

17 **Complete this section only if you are a graduate of a program not registered by New York State or LCME or AOA accredited.**
 Have you completed all portions of the examination requirements for ECFMG certification? Yes No
 Do you currently hold a valid ECFMG certificate? Yes No
Please complete and forward the ECFMG form.

18 Are you applying for licensure on the basis of a Fifth Pathway program? Yes No
 If Yes, list name and location of medical school or hospital and the inclusive dates of attendance.

Name and Location of Medical School or Hospital	Inclusive Dates of Attendance

19 List in English, all specialty qualifications you have earned. (i.e., Board Specialty Certification or Diplomate Certificate)

Name of Qualifications	Name and location of organization issuing credential

20 I will be applying for USMLE Step 3
 OR
 I have successfully completed the examination combination indicated below:

EXAMINATION COMBINATIONS

<input type="checkbox"/> USMLE Steps 1, 2, and 3	<input type="checkbox"/> USMLE Step 1, NBME Part II, and USMLE Step 3
<input type="checkbox"/> FLEX Parts I, II, and III	<input type="checkbox"/> USMLE Steps 1 and 2 and NBME Part III
<input type="checkbox"/> FLEX Components I and II	<input type="checkbox"/> USMLE Step 1, NBME Part II, and FLEX Component II
<input type="checkbox"/> NBME Parts I, II, and III	<input type="checkbox"/> NBME Part I, USMLE Step 2, and FLEX Component II
<input type="checkbox"/> NBME Parts I and II and USMLE Step 3	<input type="checkbox"/> USMLE Steps 1 and 2 and FLEX Component II
<input type="checkbox"/> NBME Part I, USMLE Step 2 and NBME Part III	<input type="checkbox"/> NBME Parts I and II and FLEX Component II
<input type="checkbox"/> NBME Part I, and USMLE Steps 2 and 3	<input type="checkbox"/> FLEX Component I and USMLE Step 3
<input type="checkbox"/> USMLE Step 1, and NBME Parts II and III	<input type="checkbox"/> NBOME Parts I, II, and III
	<input type="checkbox"/> Other: _____

Date examination sequence was completed _____

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GENDER AND ETHNICITY: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

GENDER: Male Female

ETHNICITY: White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American

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STUDENT LOAN DISCLOSURE:

The State Education Department is required* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

- (a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation? Yes No
- (b) If you have such a loan(s), is any part in default? Yes No

*New York State Education Law, section 6501-a

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CHILD SUPPORT OBLIGATION:

Everyone applying for or renewing a professional license, permit, or registration must file a written statement that, as of the date of the filing, he or she is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver's licenses.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A I am not under an obligation to pay child support;

OR

B I am under an obligation to pay child support *and* (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

*New York State General Obligations Law, section 3-503

27 EDUCATION REVIEW

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes No Please initial: _____

28 PHOTOGRAPH REQUIREMENT:



Date of photo: _____

29 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.