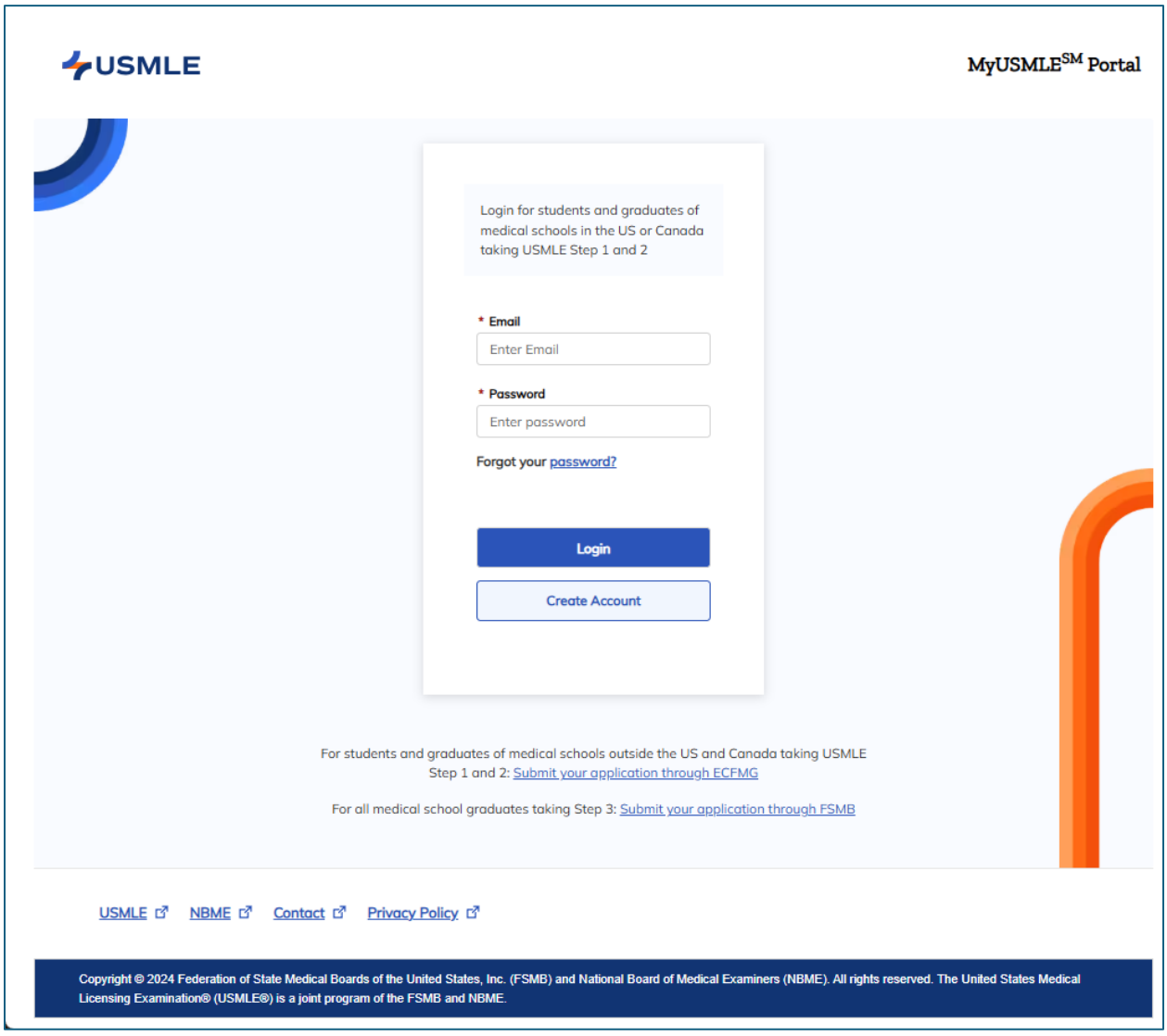
MyUSMLE℠ Portal

USMLE Application Process

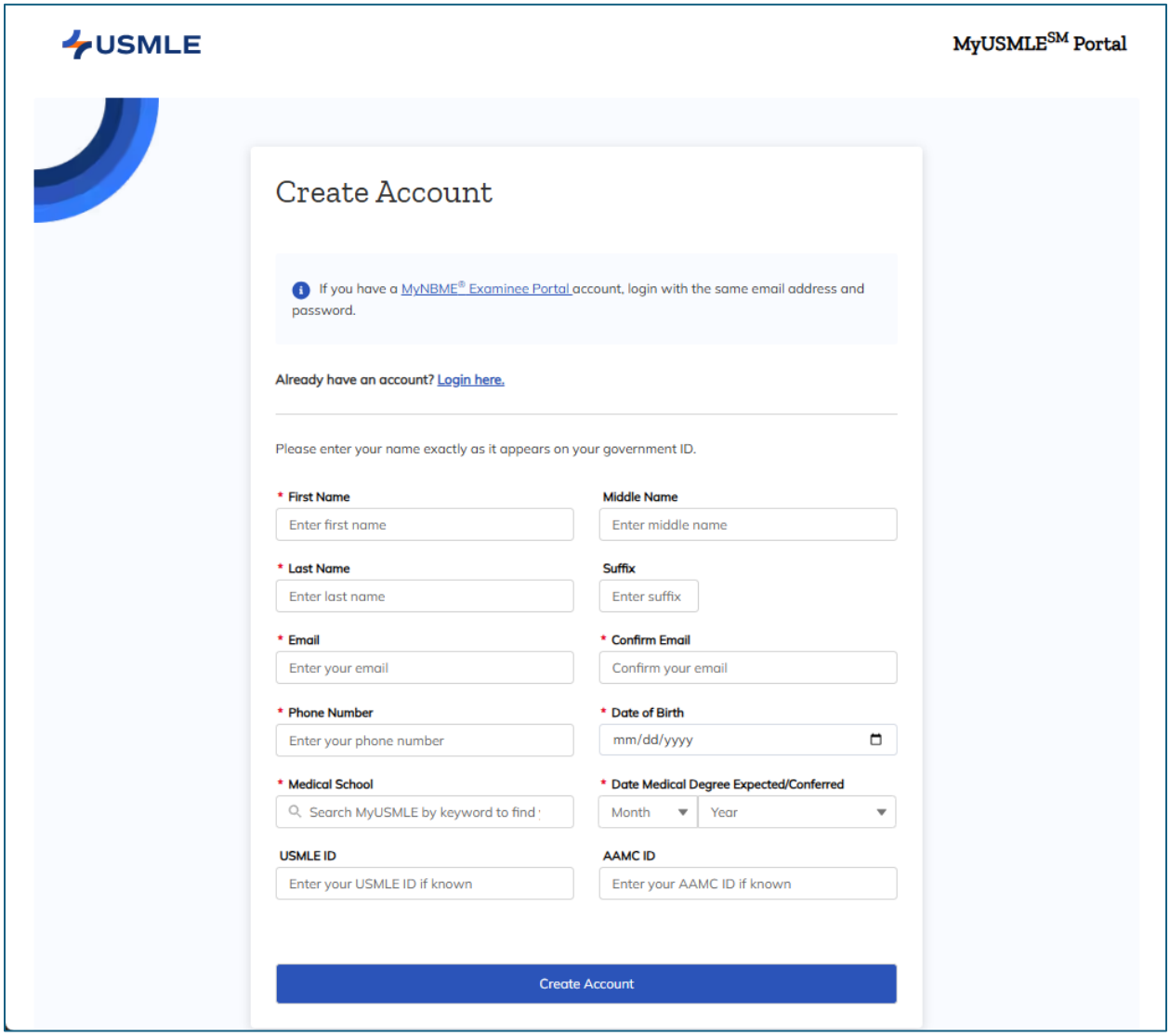
Screen Shots Effective 3/10/2025

Portal for Students and Graduates of LCME and COCA Accredited Medical Schools:



First-Time User Create Account Page:

*__Note__ – Students with MyNBME Examinee Portal accounts for NBME Self-Assessments and/or NBME Subject Examinations should "Login" with their existing username and password.

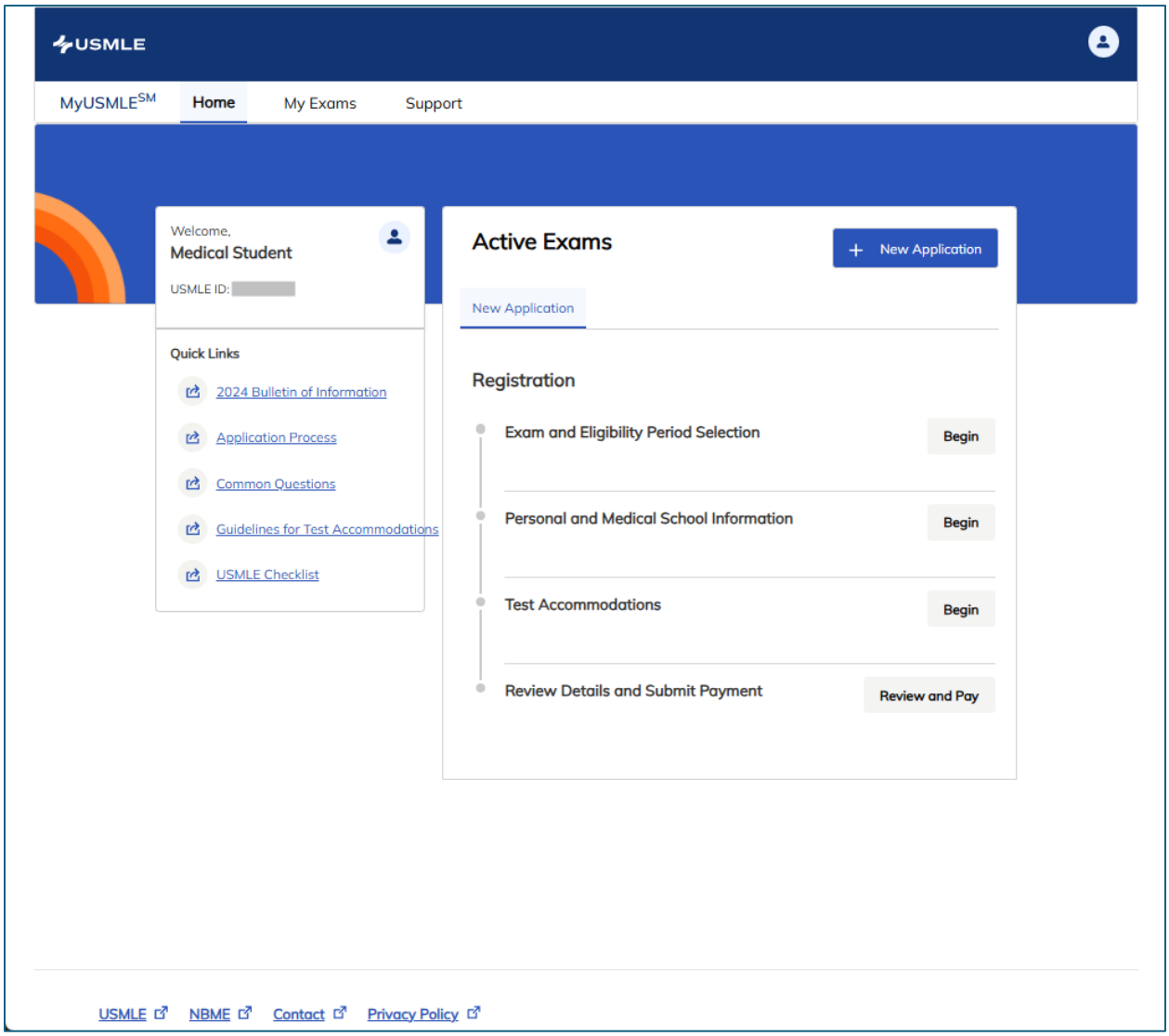


After successful new account creation, the student will receive an email from the USMLE Community with a link to set up their password.

*See **APPENDIX** for additional First-Time User account set-up screens

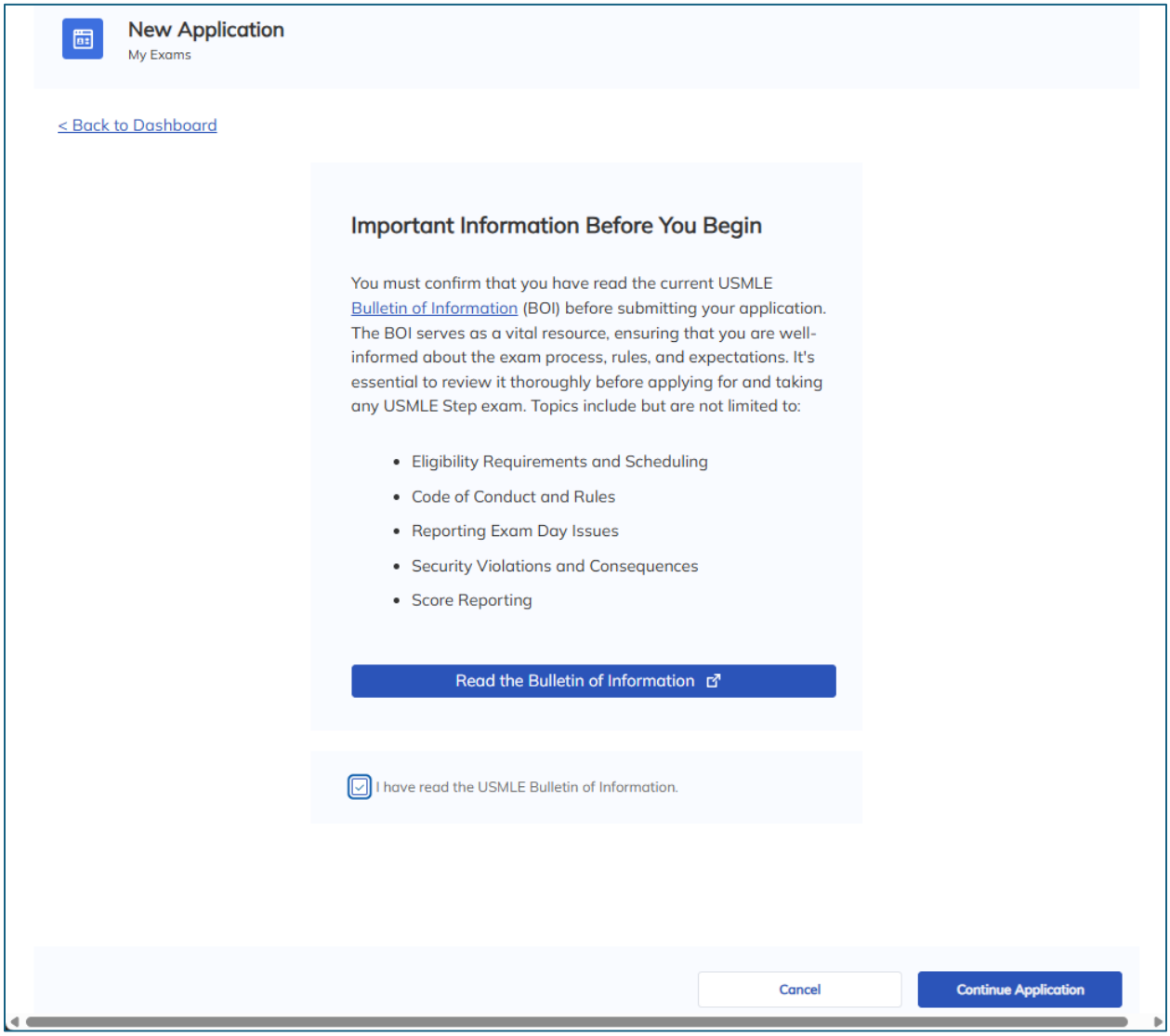
MyUSMLE Portal Home Page

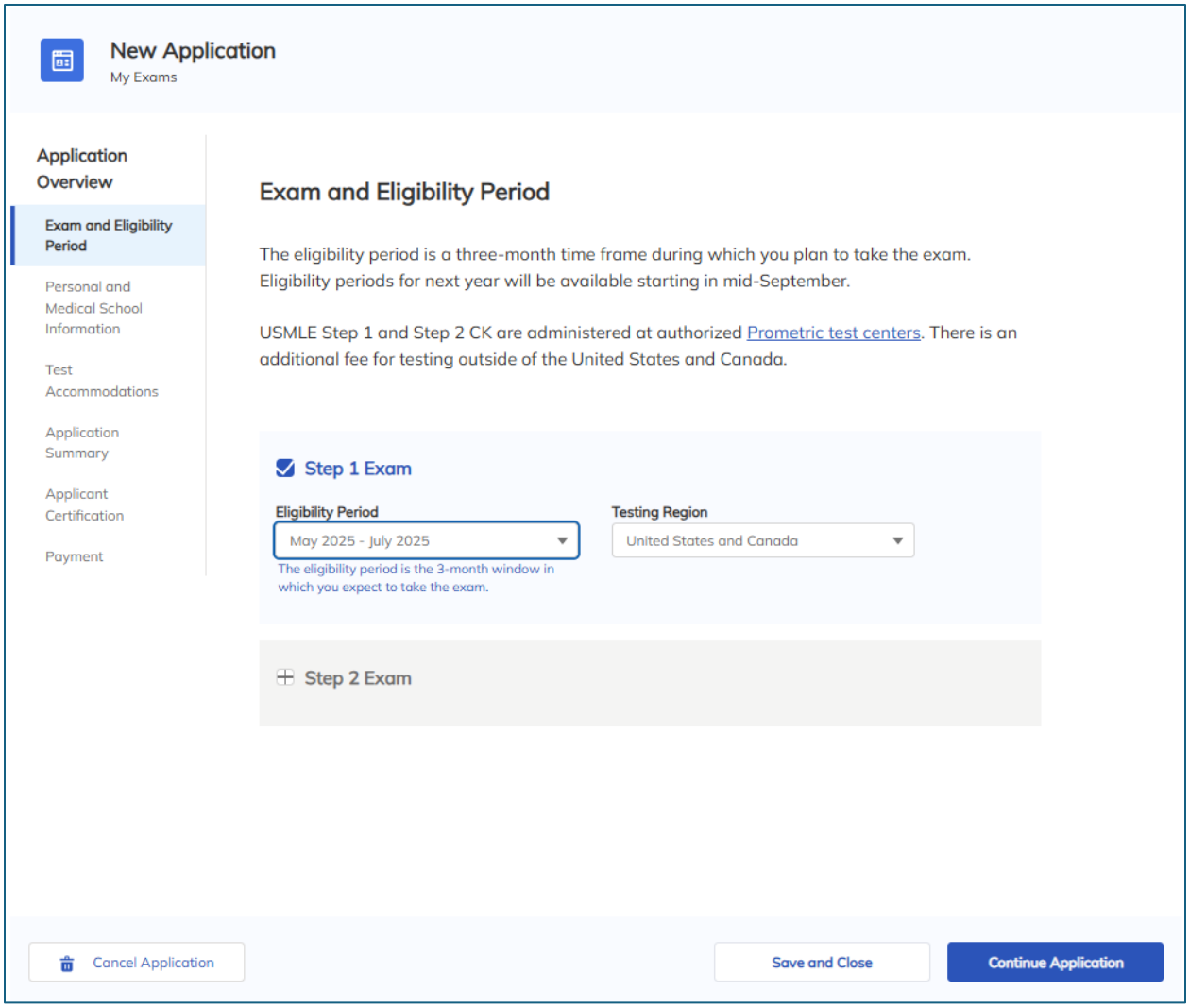
To apply for a USMLE exam, the student should click the “New Application” button:

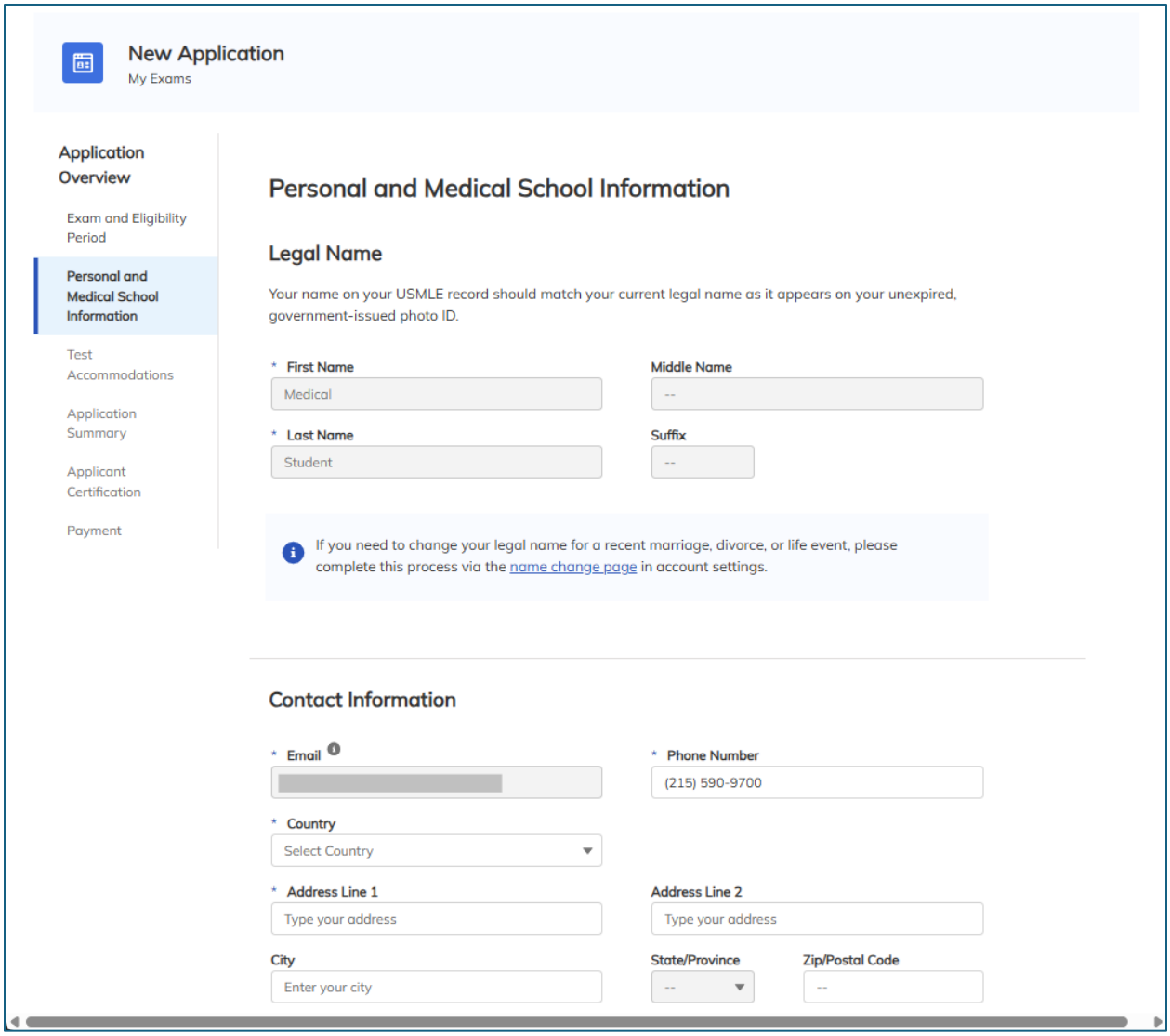


The USMLE Application

***REQUIRED READING:** Students need to read the USMLE Bulletin of Information **before** they proceed to apply to take a USMLE exam:




New Application
My Exams
Application Overview
Exam and Eligibility Period
Personal and Medical School Information
Test Accommodations
Application Summary
Applicant Certification
Payment
Exam and Eligibility Period
The eligibility period is a three-month time frame during which you plan to take the exam. Eligibility periods for next year will be available starting in mid-September.
USMLE Step 1 and Step 2 CK are administered at authorized Prometric test centers. There is an additional fee for testing outside of the United States and Canada.
Step 1 Exam
Eligibility Period
May 2025 - July 2025
The eligibility period is the 3-month window in which you expect to take the exam.
Testing Region
United States and Canada
Step 2 Exam
Cancel Application
Save and Close
Continue Application


New Application
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Payment
Personal and Medical School Information
Legal Name
Your name on your USMLE record should match your current legal name as it appears on your unexpired, government-issued photo ID.
* First Name
Medical
Middle Name
--
* Last Name
Student
Suffix
--
If you need to change your legal name for a recent marriage, divorce, or life event, please complete this process via the name change page in account settings.
Contact Information
* Email
* Phone Number
(215) 590-9700
* Country
Select Country
* Address Line 1
Type your address
Address Line 2
Type your address
City
Enter your city
State/Province
--
Zip/Postal Code
--

Biographic Information

* Date of Birth

01/01/2000

* Last Four Digits of SSN or NIN

xxxx

Medical School Information

* Medical School

U Pennsylvania Perelman School of Med

* Citizenship Upon Entering Medical School

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* Date Enrolled

Month | Year

* Expected Degree Date

May | 2028

* Degree

- MD
- DO

Voluntary Information

The USMLE program collects demographic information to conduct vital analyses evaluating exam fairness that inform decisions and actions supporting an equitable experience for all examinees. In addition, this data may be used by the USMLE program or made available to third parties for research and other purposes, as appropriate. Demographic information supports medical education research into important Diversity, Equity, and Inclusion (DEI) issues and helps ensure proper representation of the diverse population the NBME serves. The data will be confidential in all instances, and individual examinees will not be identifiable in any publication. This information will only be used for lawful purposes.

Select the option which best describes your gender:

- Female (F)
- Male (M)
- Prefer not to respond

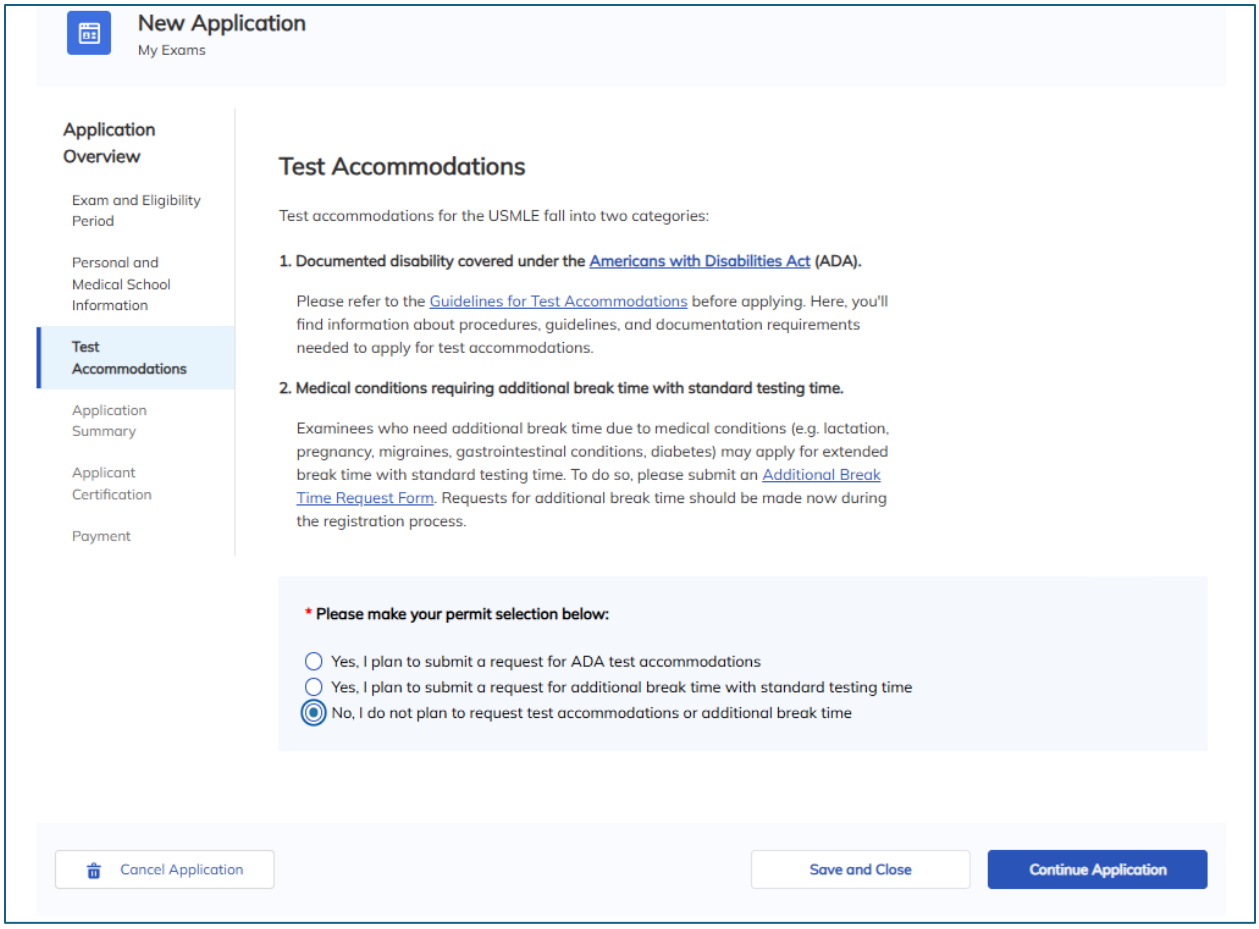
Select the option(s) which best describe your racial/ethnic background:

- American Indian/Alaska Native/Indigenous
- Asian
- Native Hawaiian/Other Pacific Islander
- Hispanic/Latino/Latina/Latine
- Black or African American
- White/Caucasian
- Prefer to self describe
- Prefer not to respond

Is English your native language?

- Yes
- No
- Prefer not to respond

Cancel Application | Save and Close | Continue Application


New Application
My Exams
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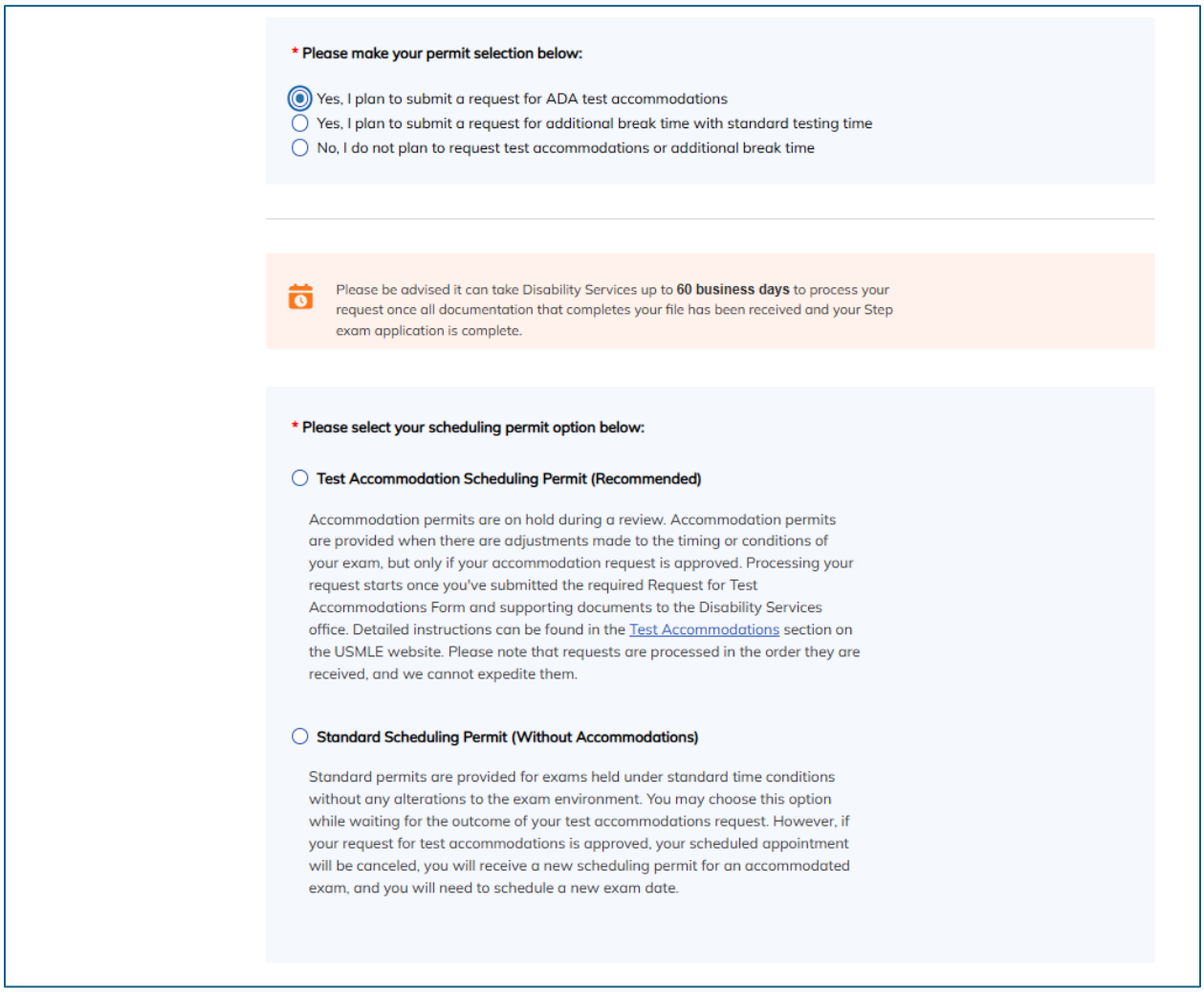
Payment
Test Accommodations
Test accommodations for the USMLE fall into two categories:
1. Documented disability covered under the Americans with Disabilities Act (ADA).
Please refer to the Guidelines for Test Accommodations before applying. Here, you'll find information about procedures, guidelines, and documentation requirements needed to apply for test accommodations.
2. Medical conditions requiring additional break time with standard testing time.
Examinees who need additional break time due to medical conditions (e.g. lactation, pregnancy, migraines, gastrointestinal conditions, diabetes) may apply for extended break time with standard testing time. To do so, please submit an Additional Break Time Request Form. Requests for additional break time should be made now during the registration process.
* Please make your permit selection below:
Yes, I plan to submit a request for ADA test accommodations
Yes, I plan to submit a request for additional break time with standard testing time
No, I do not plan to request test accommodations or additional break time
Cancel Application
Save and Close
Continue Application

Test Accommodations Options

If the student plans to submit a request for ADA test accommodations:



* Please make your permit selection below:

- (●) Yes, I plan to submit a request for ADA test accommodations
- ( ) Yes, I plan to submit a request for additional break time with standard testing time
- ( ) No, I do not plan to request test accommodations or additional break time

Please be advised it can take Disability Services up to **60 business days** to process your request once all documentation that completes your file has been received and your Step exam application is complete.

* Please select your scheduling permit option below:

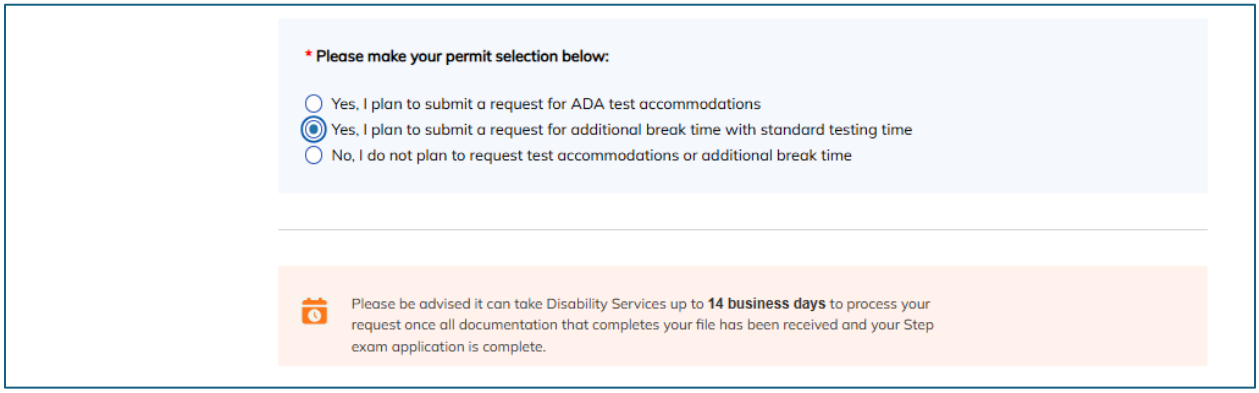
( ) **Test Accommodation Scheduling Permit (Recommended)**

Accommodation permits are on hold during a review. Accommodation permits are provided when there are adjustments made to the timing or conditions of your exam, but only if your accommodation request is approved. Processing your request starts once you've submitted the required Request for Test Accommodations Form and supporting documents to the Disability Services office. Detailed instructions can be found in the Test Accommodations section on the USMLE website. Please note that requests are processed in the order they are received, and we cannot expedite them.

( ) **Standard Scheduling Permit (Without Accommodations)**

Standard permits are provided for exams held under standard time conditions without any alterations to the exam environment. You may choose this option while waiting for the outcome of your test accommodations request. However, if your request for test accommodations is approved, your scheduled appointment will be canceled, you will receive a new scheduling permit for an accommodated exam, and you will need to schedule a new exam date.

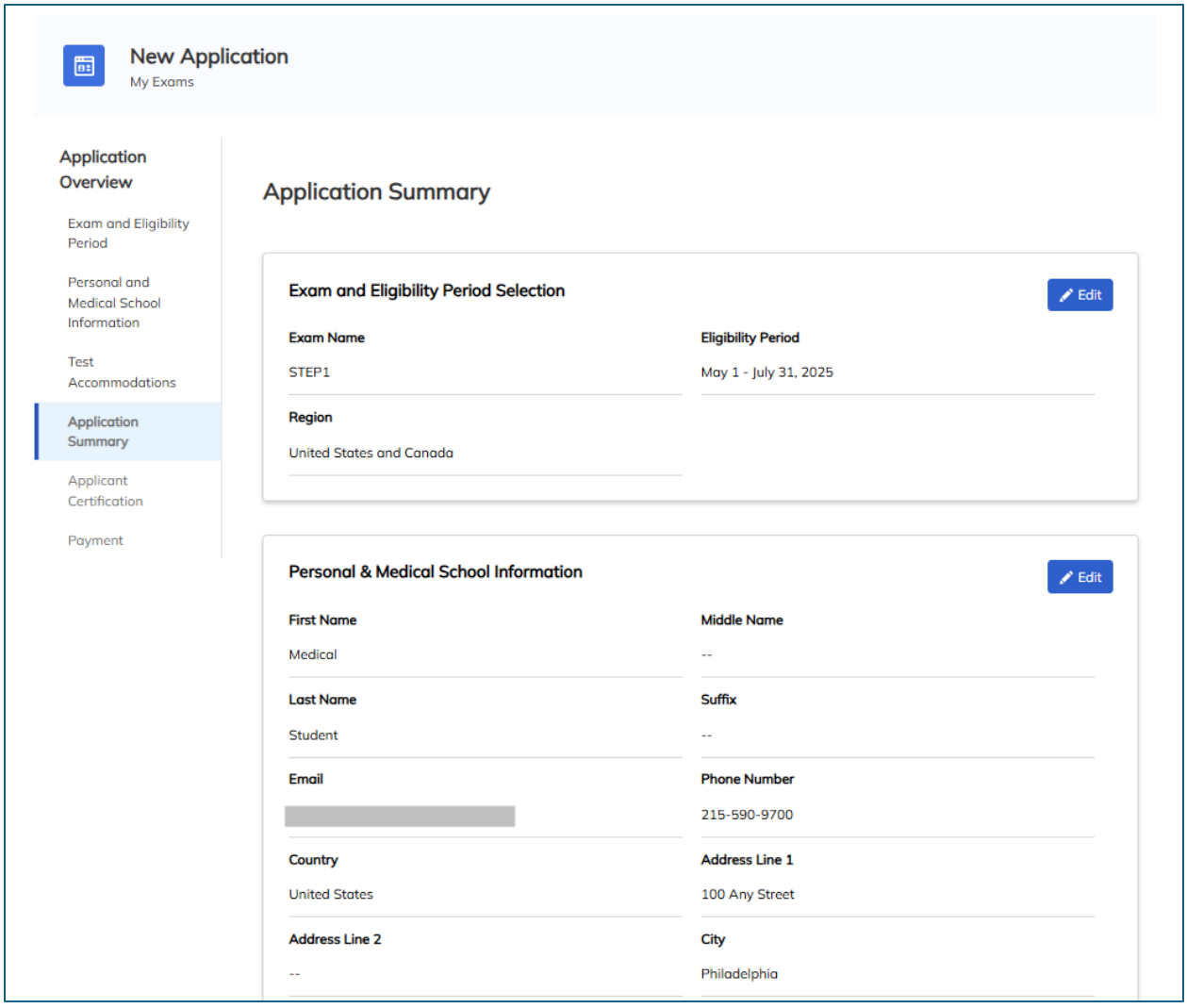
If the student plans to submit a request for additional break time with standard testing time:



* Please make your permit selection below:

- ( ) Yes, I plan to submit a request for ADA test accommodations
- (●) Yes, I plan to submit a request for additional break time with standard testing time
- ( ) No, I do not plan to request test accommodations or additional break time

Please be advised it can take Disability Services up to **14 business days** to process your request once all documentation that completes your file has been received and your Step exam application is complete.


New Application
My Exams
Application Overview
Exam and Eligibility Period
Personal and Medical School Information
Test Accommodations
Application Summary
Applicant Certification
Payment
Application Summary
Exam and Eligibility Period Selection
Edit
Exam Name
STEP1
Eligibility Period
May 1 - July 31, 2025
Region
United States and Canada
Personal & Medical School Information
Edit
First Name
Medical
Middle Name
--
Last Name
Student
Suffix
--
Email
Phone Number
215-590-9700
Country
United States
Address Line 1
100 Any Street
Address Line 2
--
City
Philadelphia

State/Province

PA

Zip/Postal Code

19104

Date of Birth

01/01/2000

Last Four Digits of Social Security Number

1111

Medical School

U Pennsylvania Perelman School of Med

Citizenship upon Entering Medical School

United States including PR

Date Enrolled

08/2023

Expected Degree Date

05/2028

Degree

MD

Gender

Prefer not to respond

Racial/Ethic Background

Prefer not to respond

Is English your Native Language?

Yes

Ethnicity Description

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Test Accommodations Selection

Edit

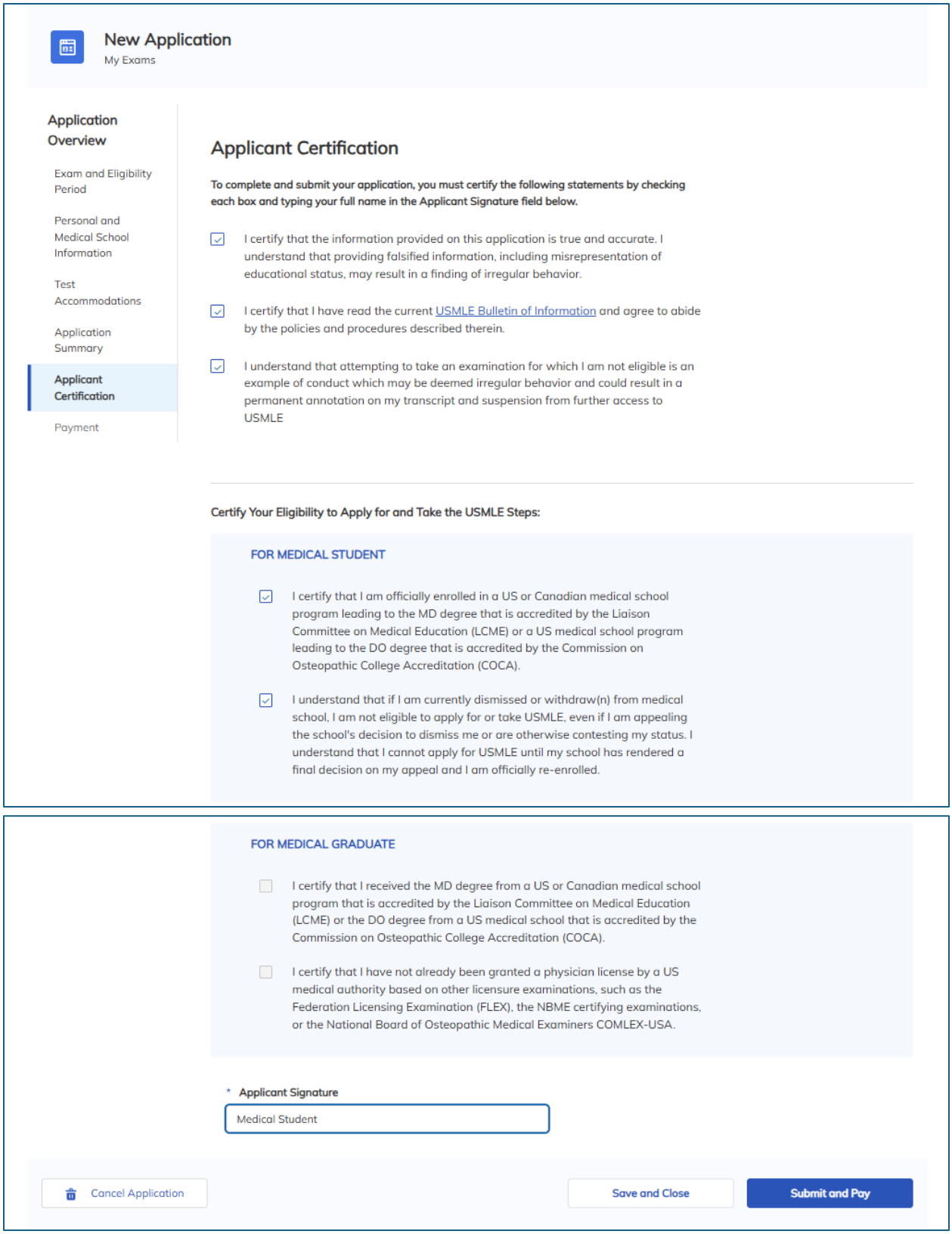
Permit Selection

No, I do not plan to request test accommodations or additional break time

Cancel Application

Save and Close

Continue Application


New Application
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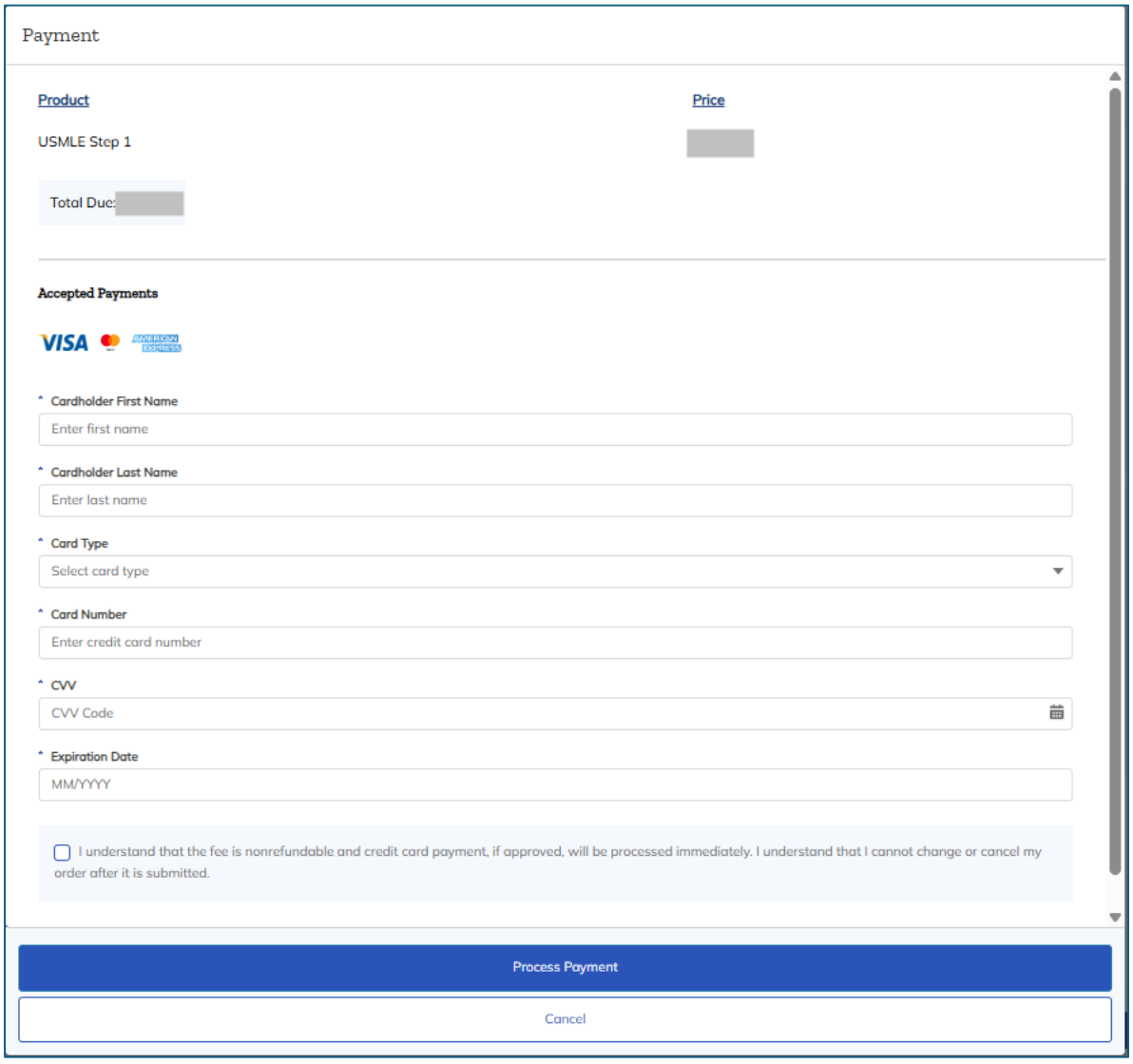
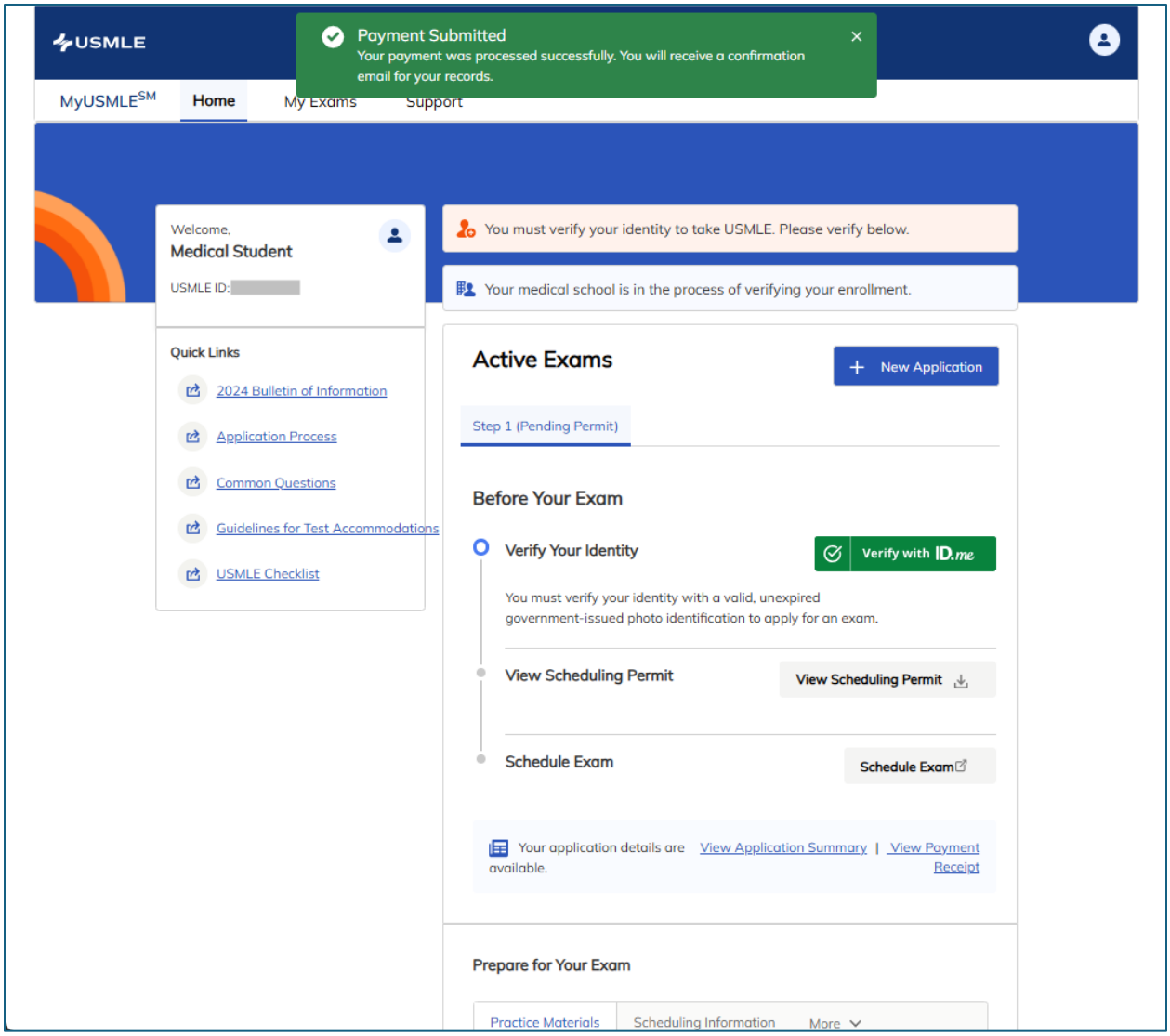
Application Overview
Exam and Eligibility Period
Personal and Medical School Information
Test Accommodations
Application Summary
Applicant Certification
Payment
Applicant Certification
To complete and submit your application, you must certify the following statements by checking each box and typing your full name in the Applicant Signature field below.
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.
I certify that I have read the current USMLE Bulletin of Information and agree to abide by the policies and procedures described therein.
I understand that attempting to take an examination for which I am not eligible is an example of conduct which may be deemed irregular behavior and could result in a permanent annotation on my transcript and suspension from further access to USMLE
Certify Your Eligibility to Apply for and Take the USMLE Steps:
FOR MEDICAL STUDENT
I certify that I am officially enrolled in 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 Commission on Osteopathic College Accreditation (COCA).
I understand that if I am currently dismissed or withdraw(n) from medical school, I am not eligible to apply for or take USMLE, even if I am appealing the school's decision to dismiss me or are otherwise contesting my status. I understand that I cannot apply for USMLE until my school has rendered a final decision on my appeal and I am officially re-enrolled.
FOR MEDICAL GRADUATE
I certify that I received the MD degree from a US or Canadian medical school program that is accredited by the Liaison Committee on Medical Education (LCME) or the DO degree from a US medical school that is accredited by the Commission on Osteopathic College Accreditation (COCA).
I certify that 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.
* Applicant Signature
Medical Student
Cancel Application
Save and Close
Submit and Pay

Payment Screen:

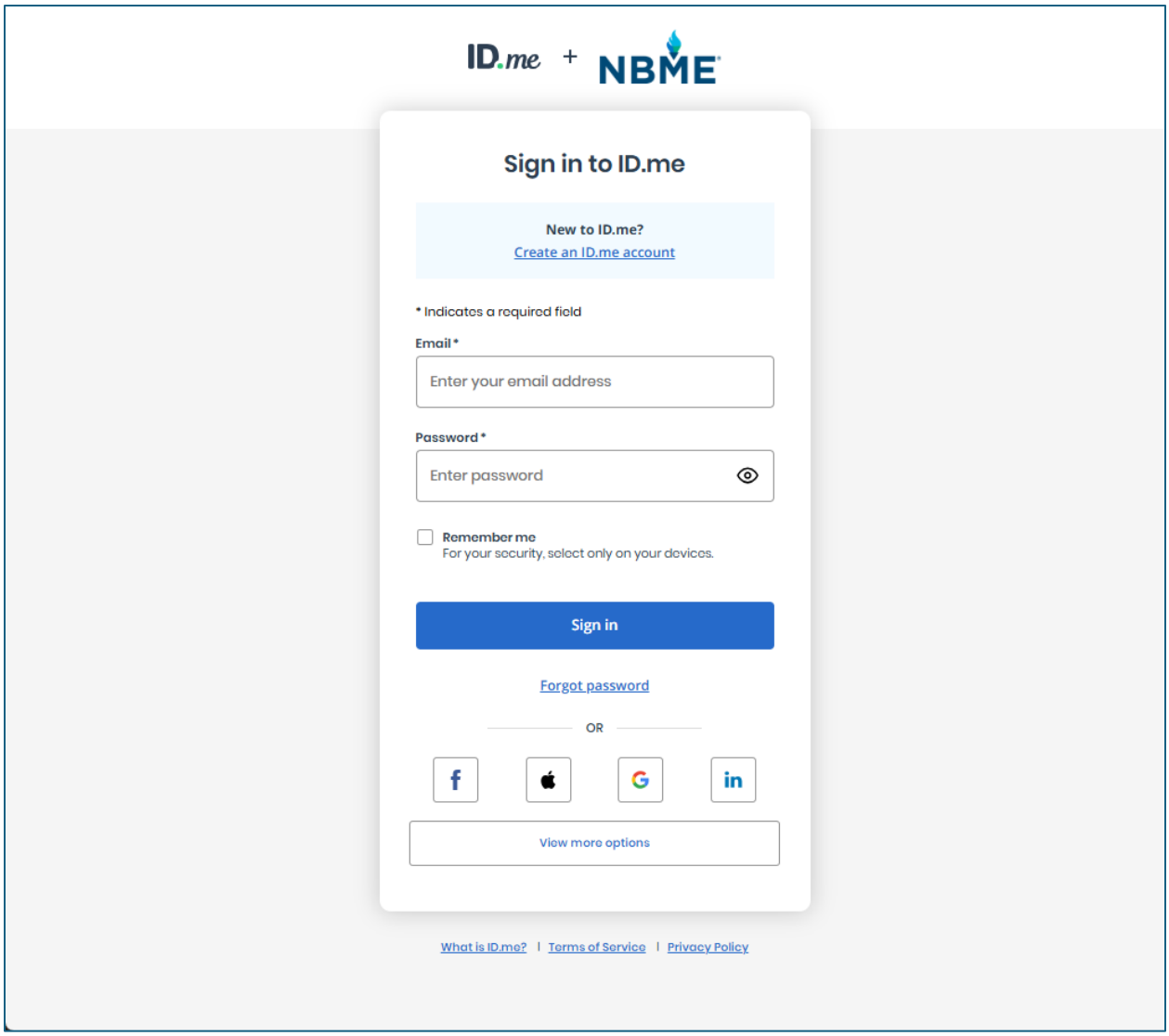
*NOTE - current USMLE registration fees are available on the NBME Website at:
https://www.nbme.org/examinees/united-states-medical-licensing-exam-usmle#exam-fees




USMLE
Payment Submitted
Your payment was processed successfully. You will receive a confirmation email for your records.
MyUSMLE℠
Home
My Exams
Support
Welcome,
Medical Student
USMLE ID:
You must verify your identity to take USMLE. Please verify below.
Your medical school is in the process of verifying your enrollment.
Quick Links
2024 Bulletin of Information
Application Process
Common Questions
Guidelines for Test Accommodations
USMLE Checklist
Active Exams
New Application
Step 1 (Pending Permit)
Before Your Exam
Verify Your Identity
Verify with ID.me
You must verify your identity with a valid, unexpired government-issued photo identification to apply for an exam.
View Scheduling Permit
View Scheduling Permit
Schedule Exam
Schedule Exam
Your application details are available.
View Application Summary
View Payment Receipt
Prepare for Your Exam
Practice Materials
Scheduling Information
More

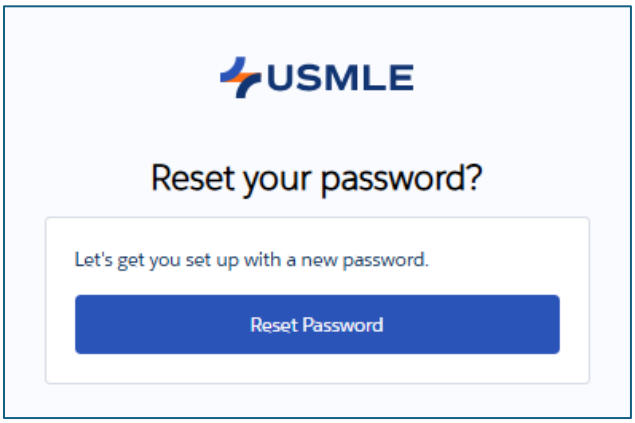
Identity Verification

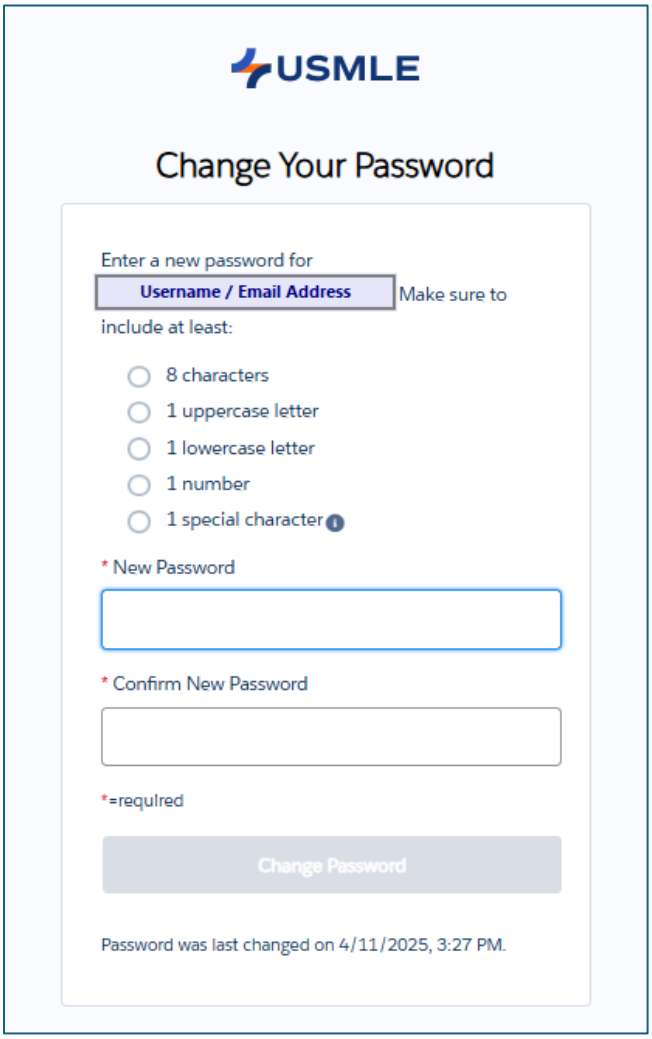
The MyUSMLE Portal uses ID.me, a secure login that helps students easily prove their identity while keeping their data secure. This replaces the Certification of Identification Form and is required for first-time applicants and examinees with expired identity verification.



APPENDIX

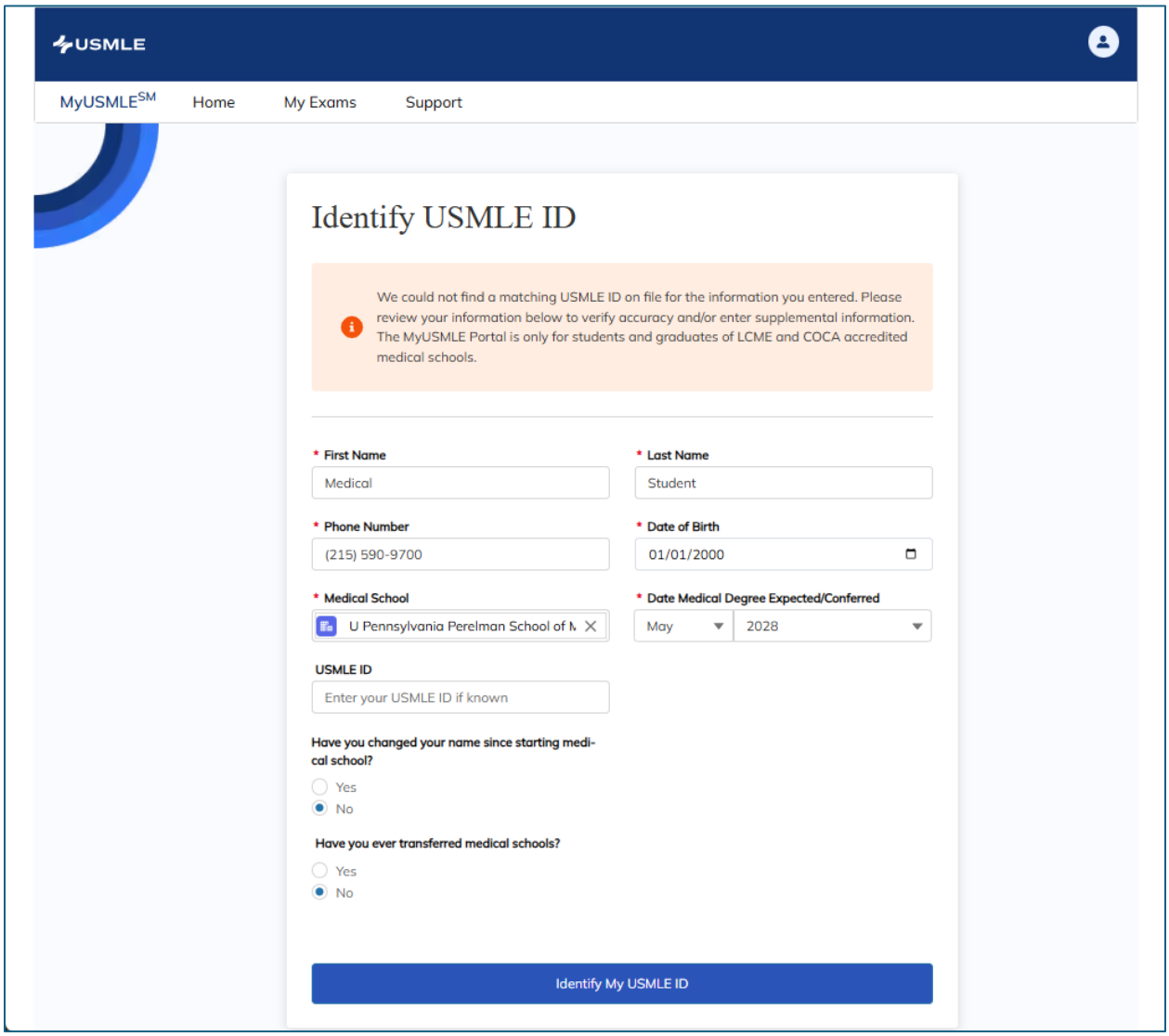
First-Time User – Password Set Up:

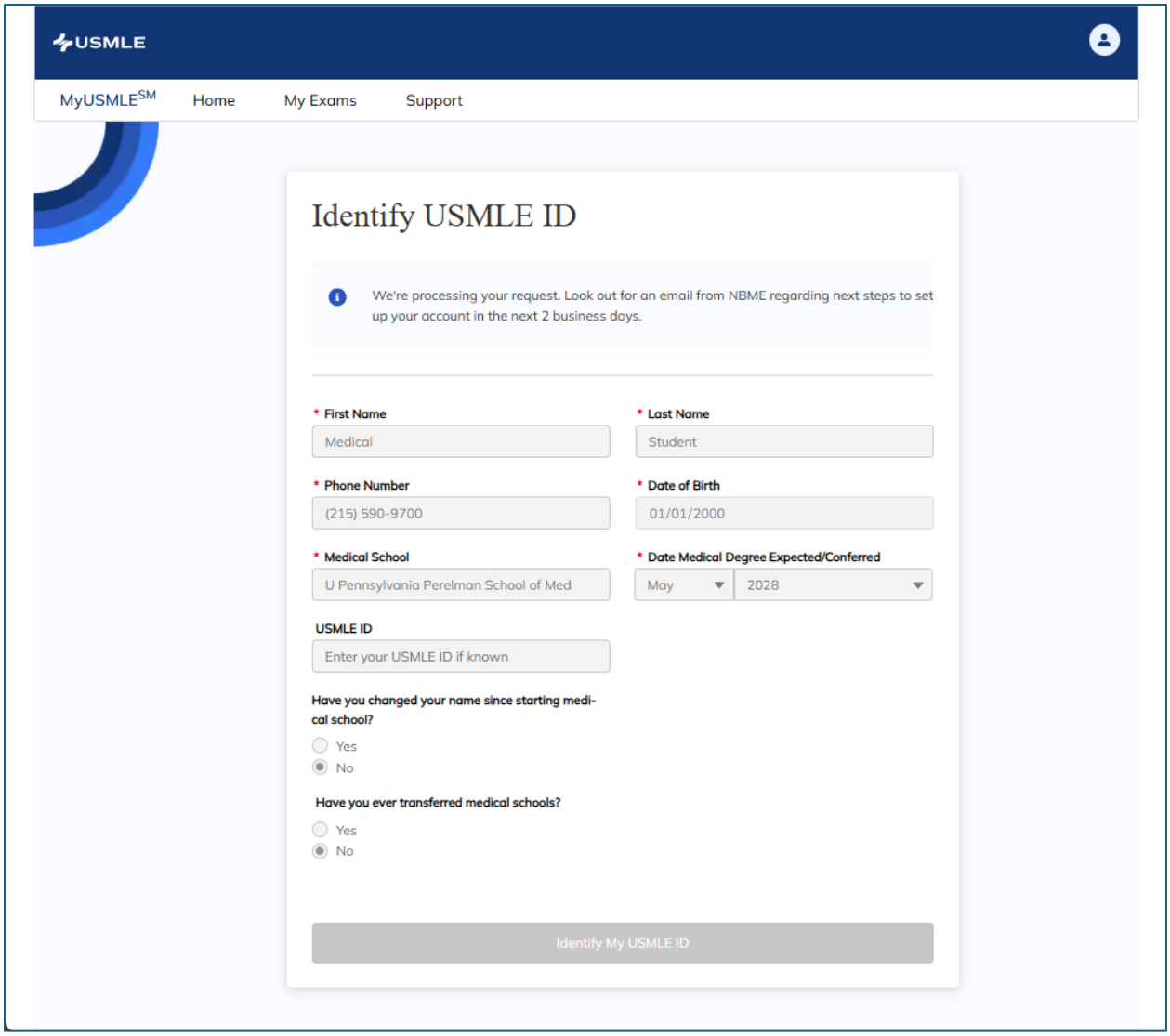




For students without a pre-assigned USMLE ID:

Students must have a USMLE ID to access services on the MyUSMLE Portal




USMLE
MyUSMLE℠
Home
My Exams
Support
Identify USMLE ID
We're processing your request. Look out for an email from NBME regarding next steps to set up your account in the next 2 business days.
* First Name
Medical
* Last Name
Student
* Phone Number
(215) 590-9700
* Date of Birth
01/01/2000
* Medical School
U Pennsylvania Perelman School of Med
* Date Medical Degree Expected/Conferred
May
2028
USMLE ID
Enter your USMLE ID if known
Have you changed your name since starting medical school?
Yes
No
Have you ever transferred medical schools?
Yes
No
Identify My USMLE ID