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

## Instructions:

- 1. Complete this form; and
- 2. You must provide us with either a current driver's license or passport AND at least one of the following -
- Birth certificate
- Court order
- Marriage or divorce certificate
- U.S. Naturalization Certificate
- U.S. Resident Alien Card

## Important information for SPEX examinees:

- 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:		<u> </u>
Email:		
Current name on recor		
		_
LAST Name	FIRST Name	Middle Name
I request and authorize	e the FSMB to change/correct my na	ame to:
	-	
LAST Name	FIRST Name	Middle Name
,	ion I am submitting is true and accurate information I have provided here.	te, and I authorize the FSMB to update their
Signature:		Date:

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

- spex@fsmb.org (for SPEX examinees)
- transcripts@fsmb.org (for transcript requests)