



## USMLE Step 3 Application Form

### for applicants currently enrolled in a Kansas Postgraduate Program

The applicant should complete the top section. The program director should complete the bottom section and return directly to the Kansas State Board of Healing Arts.

The undersigned hereby submits this application to the Kansas State Board of Healing Arts requesting permission to sit for USMLE Step 3.

Physician Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Kansas Postgraduate Permit Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

Dates of Postgraduate Training: \_\_\_\_\_ / \_\_\_\_\_  
Began Ending

Signature: \_\_\_\_\_  
Program Director

Date: \_\_\_\_\_