

Request for an Additional Attempt at USMLE or COMLEX-USA

Name: _____

Date of Birth: _____

Address: _____

Seeking an additional attempt at:

☐ USMLE Step 1

☐ COMLEX-USA Level 1

☐ Other

☐ USMLE Step 2-CK

☐ COMLEX-USA Level 2-CE

☐ USMLE Step 3

☐ COMLEX-USA Level 3

USMLE or COMLEX-USA Examinee ID number: _____

Connection to Georgia (grew up here, family lives here, went to school here, etc.):

Signature: _____ Date: _____

Submit this completed form to the Georgia Composite Medical Board at medbd@dch.ga.gov.

****For the Georgia Composite Medical Board to consider this request, it must have a copy of the exam transcript sent directly from the Federation of State Medical Boards or the National Board of Osteopathic Medical Examiners. Please contact the respective entity and request that your exam transcript be sent to the GCMB.****