



TOR VERGATA
UNIVERSITY OF ROME



**International
Medical
School**

APPLICATION FOR PARTICIPATION – USMLE CALL

To the attention of the President of the

Single-Cycle Master’s Degree Programme in “Medicine and Surgery”

at the University of Rome “Tor Vergata”, Prof. L. Sarmati

The student, making use of the right to self-certification pursuant to Articles 46 and 47 of Presidential Decree no. 445 of 28 December 2000, declares to be enrolled in the Single-Cycle Master’s Degree Programme in “Medicine and Surgery” at the University of Rome “Tor Vergata”, to have never incurred any disciplinary sanctions and to have never received any criminal convictions;

First name: Last name:

Place of birth: Date of birth:/...../.....

Telephone number: Email:

Student ID no. IBAN:

The student declares to be enrolled in the 5th year

The student declares to have:

taken **USMLE Step 1**, on/..../.... (certificate of passing attached)

obtained an **ECFMG certification**, approved through the Certification of Identification Form, on/..../.... (certificate attached)

The student declares not to:

receive scholarships and/or other benefits aimed at supporting the Right to Education granted by other public or private bodies/entities which, by their nature, are declared incompatible with scholarships, research grants or other contributions provided by the University for the academic year 2025/26.

The student declares to have obtained no. of CFUs:

Documentation certifying the selection requirements is attached.

Date/...../..... Signature

This form must be sent in **PDF format** to the following email address: **romiti@med.uniroma2.it**, specifying in the subject line: **“Application for Participation – USMLE Call”**