

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO  
GRADUATE MEDICAL EDUCATION  
Standard Policy and/or Procedure

**TITLE:** USMLE Step 3 / COMLEX Level 3 Policy

**APPROVED:** 5/18/2000

**REVISED:** 10/16/2000; 6/16/06; 3/29/10; 8/7/15; 2/19/18; 5/7/2020

**EFFECTIVE DATE:** 5/18/2000; 10/16/2000; 6/16/06; 3/29/10; 8/7/15; 2/19/18; 5/7/2020

**PURPOSE:** The intention of the sponsoring institution is that residents/fellows become eligible for licensure before completion of their training.

**POLICY STATEMENT:** The Sponsoring Institution (SI), through the Graduate Medical Education Committee (GMEC), is committed to assuring that the Sponsoring Institution monitors compliance by requiring passage of Step 3 prior to offering a PGY-3 Resident Contract/Agreement.

**PROCEDURE:**

1. USMLE Step 3 or COMLEX Level 3, as applicable must be taken and passed prior to March 1 or 4 months prior to the completion of the PGY-2 year. If a passing score is not recorded for a trainee by this date, a new Graduate Medical Education Agreement of Appointment may NOT be offered to the trainee. However, the trainee will be required to fulfill the terms of his/her current agreement. The program must notify the resident, in writing, that contract renewal is contingent upon passage of Step 3 or Level 3.
2. If a passing score is recorded subsequent to March 1 and prior to June 30 of the PGY-2 year or for off-cycle residents prior to the end of current PGY-2 agreement, a new agreement may be offered to the trainee at the discretion of the Program Director if the program has not already filled the position.
3. The requirement of passage of the respective Step 3 or Level 3 examination also applies to any trainee joining a program at a level higher than the PGY-2 year or a fellowship program applicant.
4. Effective January 2020, an **official USMLE/COMLEX Transcript of Scores** will be required from each trainee. Transcripts should be sent to:

**Texas Tech University Health Sciences Center El Paso (TTUHSCEP)**  
**137 Rick Francis St.**  
**MSC 21008**  
**El Paso, TX 79905**  
**Attention: Office of Graduate Medical Education**

**Physician In-Training Acknowledgement:**

I, \_\_\_\_\_ acknowledge that I have read and understand the content in the USMLE Step 3/COMLEX Level 3 Policy provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reference:** Texas Medical Board (<http://www.tmb.state.tx.us/>)