

NBME Registration Form

Please make sure you are registering in accordance to the deadline posted on the university website.

If it is beyond the deadline, your registration will not be accepted.

Review the rules posted on the University website about cancelations or no shows!

Student Full Name (including middle initial): _____

Date of Birth: (mm/dd/yyyy) _____

E-mail address (For registration and to send permit): _____

Check ONE of the exam options below:

For Prometric Test Centers (You cannot sign up for both exams on a single form)

_____ Basic Science Comprehensive Exam for USMLE Step 1

- You must enclose either a check in the amount of **\$146.00***, or confirmation/proof of payment for NBME Step 1.

_____ Clinical Science Comprehensive Exam for USMLE Step 2

- You must enclose either a check in the amount of **\$146.00***, or confirmation/proof of payment for NBME Step 2.

For exams administered at the University in Poland (You cannot sign up for both exams on a single form)

You must submit a clear photocopy of a valid government issued ID along with this registration form.

_____ Basic Science Comprehensive Exam for USMLE Step 1

- You must enclose either a check in the amount of **\$55.00***, or confirmation/proof of payment for NBME Step 1.

_____ Clinical Science Comprehensive Exam for USMLE Step 2

- You must enclose either a check in the amount of **\$55.00***, or confirmation/proof of payment for NBME Step 2.

**NOTE: The cost of exams is subject to change without notice. If you decide to cancel once you have registered, you will not receive credit for the examination fee and you may be charged a cancelation fee.*

What is the date you plan on taking your NBME examination? _____

Must be a date (Poland) or period of dates (Prometric) that is listed on the university website

What location are you planning on taking your NBME examination? _____

Either at a Prometric Test Center or at the University in Poland

I agree that my personal and academic data available in the university records may be fully processed for the purpose of NBME registration through MyNBME Services Portal operated by National Board of Medical Examiners, 3750 Market Street, Philadelphia, PA 19104-3102, USA.

I agree that the score I obtain in this exam will be downloaded from MyNBME Services Portal by a University registrar and forwarded to my attention.

I acknowledge Rules & Regulations posted on https://smk.sum.edu.pl/wp-content/uploads/2019/07/NBME-rules_July-2019.pdf

Student Signature

Today's Date (mm/dd/yyyy)

Please submit this registration form and confirmation of payment to the Dean's Office of the Faculty of Medical Sciences in Katowice at kmagiera@sum.edu.pl