

# **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 confirmation/proof of payment for NBME Step 1 in the amount of **151 USD\***

\_\_\_\_\_ Clinical Science Comprehensive Exam for USMLE Step 2

- You must enclose confirmation/proof of payment for NBME Step 2 in the amount of **151 USD\***

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

\_\_\_\_\_ Basic Science Comprehensive Exam for USMLE Step 1

- You must enclose confirmation/proof of payment for NBME Step 1 in the amount of **61 USD\***

\_\_\_\_\_ Clinical Science Comprehensive Exam for USMLE Step 2

- You must enclose confirmation/proof of payment for NBME Step 2 in the amount of **61 USD\***

*\*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 cancellation 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/nbme-examinations/>

\_\_\_\_\_  
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](mailto:kmagiera@sum.edu.pl)*