

NBME Registration Form

Send this completed form *with ID* via EMAIL to nbme@umlub.pl

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): _____

Student of: (check one) Medical Univ. of: Lublin Other _____ Date of Birth: (mm/dd/yyyy) _____

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

Check ONE of the exam options below:

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

For exam proctored at Kingsbrook Jewish Medical Center (You cannot sign up for both exams on a single form)

_____ Basic Science Comprehensive Exam for USMLE Step 1

- You must pay the amount of **\$56.00***, and submit confirmation/proof of payment for NBME Step 1.

_____ Clinical Science Comprehensive Exam for USMLE Step 2

- You must pay the amount of **\$56.00***, and submit 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 pay the amount of **\$56.00***, and submit confirmation/proof of payment for NBME Step 1.

_____ Clinical Science Comprehensive Exam for USMLE Step 2

- You must pay the amount of **\$56.00***, and submit 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 that is listed on the university website

What location are you planning on taking your NBME examination? _____
Either at a Kingsbrook or at the University in Poland

Student Signature

Today's Date (mm/dd/yyyy)

You will not be registered for the NBME until all of the requirements as listed in the rules and regulations have been met. If you have not been issued a permit and come to the examination, then you will not be permitted to take the examination.

This completed form *with ID* will be accepted via EMAIL ONLY (nbme@umlub.pl)

Payments by check must be sent to: Hope Medical Institute, 11835 Rock Landing Drive, Newport News, Virginia-23606

If you are in Poland, provide the registration form, ID and payment to the Dean's Office via e-mail

(Confirmation of payment must be sent to HMI), but if paying by credit card – contact Hope Medical Institute.