



National Board of Medical Examiners Comprehensive Basic Science Examination OMS Applicants Registration Form

Examination Date: July 19, 2025

Registration Deadline: April 30, 2024

Fee: \$400

All registrations received after April 30, 2024, will be assessed a \$100 late fee. No registrations will be accepted after May 31, 2025.

Note: The first and last name on your registration form must exactly match the name on your valid photo-bearing, government-issued identification in order to sit for the CBSE at the Prometric Testing Center on exam day.

For ADA accommodations, contact advancededucation@aaoms.org within one week of registering for the exam.

Registrant

Please print or type.

Have you previously registered for this exam? No Yes

Have you taken this exam six times? No Yes

Registrant First Name Middle Last Name Suffix

Home Address City State ZIP Code

Phone Number Email Address

Name of Dental School

Education Beginning Date (MM/YYYY) Expected Graduation Date (MM/YYYY)

Anticipated Degree BDS DDS DMD

Date of Birth (MM/DD/YYYY)

Gender Female Male

U.S. Citizen? Yes No

Payment Information

Check: \$ _____ enclosed (Checks must be made payable to AAOMS.)

Credit Card: American Express Discover MasterCard Visa

Credit Card Number Security Code Expiration Date

Cardholder Name Signature

Credit Card Billing Address City State ZIP Code

Cancellation Policy: To withdraw from the July examination, email a cancellation request to advancededucation@aaoms.org by June 1, 2025. A processing fee of \$75 per registrant will be charged for cancellations received by June 1, 2025. Cancellations received after June 1 are not eligible for a refund. No refunds will be provided to absentees.

Payment of Fees

Return your registration form with payment in U.S. dollars as follows:

- Completed credit card information or check (made payable to AAOMS) can be mailed to:
American Association of Oral and Maxillofacial Surgeons
Attention: Registration
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701
- If paying by credit card, submit by secure fax to AAOMS at 847-678-6279.

Visit AAOMS.org/NBME for more information.