## Register online at AAOMS.org/NBME

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

Examination Date: Feb. 8, 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		
Registration Deadline: Nov. 30, 2024	identification in order to sit for t			
Fee: \$400	Center on exam day.			
All registrations received after Nov. 30, 2024, will be assessed a \$100 late fee. No registrations will be accepted after Dec. 31, 2024.				
Registrant	Have you previously register	Have you previously registered for this exam? $\square$ No $\square$ Yes		
Please print or type.	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 Gra	aduation Date (MM/YYYY)			
Anticipated Degree BDS DDS DMD				
Date of Birth (MM/DD/YYYY)			-	
Gender	U.S. Citizen?	No		
Payment Information				
Check:   \$ enclosed (Checks must	be made payable to AAOMS.)			
Credit Card: American Express Discover Ma	asterCard			
Credit Card Number	Security Code Expi	ration Date	_	
Cardholder Name	Signature			
Credit Card Billing Address	City	State ZIP Code	-	

**Cancellation Policy:** To withdraw from the February examination, email a cancellation request to advancededucation@aaoms.org by Jan. 3, 2025. A processing fee of \$75 per registrant will be charged for cancellations received by Jan. 3, 2025. Cancellations received after Jan. 3 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.