



ALL SAINTS UNIVERSITY

School of Medicine

DOMINICA CAMPUS

Hillsborough St. Roseau, Commonwealth of Dominica
Tel: 1.767.440.5220 Fax: 1.767.440.5219
www.allsaintsuniversity.org

January 2024 Campus NBME Registration

Terms and Conditions

This registration is for the exam taking place on campus on **January 10, 2024**. It is not interchangeable with registration for exams taking place remotely or during exam windows not mentioned here. Once the NBME roster is uploaded with your registration, no changes can be made and no fees will be refunded. Should any registrant decide not to sit for their exam after the roster is uploaded, all associated fees (\$200USD) will continue to be their responsibility. The University will not incur fees on behalf of students.

To register, submit both sides of this form and attach your receipt to the last page. Save all pages as one pdf document and title your document "**Surname, First Initial – January 2024 Campus Registration**." Attach your document directly to your e-mail and do not include external links, images, or word documents. Email your completed form to

examinations@allsaintsuniversity.org with the emails' subject as "**Surname, First Initial – January 2024 Registration**." Registration forms are not accepted via regular mail, fax, or in person. Please be advised that registrations emailed multiple times, forms that have been redistributed by students, incomplete registrations, and late registrations will not be processed.

I, _____, have read and agree to the Terms and Conditions herein.

Signature: _____ Date _____

January 2024 Registration Procedures

The information provided on this form will be used to create a roster that will be submitted to NBME on **January 03, 2024**. Forms not received by **1:00 pm EST on January 02, 2024** will not be processed. Once the roster has been uploaded, you will be eligible to sit for the exam taking on campus. Please, report to the library by **7:45 am on January 10, 2024**, with your student identification card and form of government-issued identification (e.g., passport) in order to write the exam.

January 2024 Self-Assessment Score Report Submission

As per the school's policy, the students are required to take the NBME-Self-Assessment (CCSSA for the CCSE candidates and CBSSA for the CBSE candidates) and demonstrate a minimum score of 75% in the self-assessment to be qualified for the NBME exam.

Accordingly, your registration will be contingent upon the submission of your NBME self-assessment score report to the examination department. The deadline for the submission of your CBSSA/CCSA score report is **January 02, 2024**. Please, note that reports submitted after **January 02, 2024** will not be considered, and your registration will be automatically canceled without any prior notice.



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January 2024 Registration Payment

Enclose your receipt from the Accounts Department to the end of this Registration. Forms without a receipt from the Accounts Department (e.g., campus or PayPal receipts) will not be processed. Your payment of \$200.00 USD for CBSE/CCSE, or \$150.00 USD for Clinical Shelf Examinations can be made through our website via [PayPal](#).

January 2024 Campus NBME Registration

In order to register for the **January 2024** NBME please provide the following information. If any information provided is incorrect, you will be unable to finish the registration process with the University.

- Which examination will you be sitting for?
Comprehensive Basic Sciences (CBSE) _____
Comprehensive Clinical Sciences (CCSE) _____
Clinical Core Subject* _____ *Please indicate subject: _____
 - Where will you be writing this examination?
City: _____ Country: _____
 - Provide the following identifying information. All information must match your government issued documents.
Surname: _____ Given Name: _____
Middle Name: _____ Date of Birth (M/D/Y): _____
Gender: _____ Student ID Number: _____
Phone Number: _____ E-mail Address: _____
- Signature: _____ Date: _____

January 2024 NBME Cancellation

If you wish to cancel the above registration, please fill out the following section. Applicable fees will be carried over to future registrations if cancellation is received by 1:00 PM EST on **January 02, 2024**. Cancellations received after the deadline will not be processed.

Surname: _____ Given Name: _____
Exam Date: _____ Exam Name: _____
Reason for Cancellation: _____

Signature: _____ Date: _____