



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

May 2025 NBME Registration

Terms and Conditions

This registration is for **Prometric Center** only and is not interchangeable with registration for exams taking place on campus or during exam windows not mentioned here. Once the NBME roster is uploaded on **April 08, 2025**, 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 costs (\$200.00) 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 – May 2025 Prometric 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 – May 2025 Prometric 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: _____

May 2025 Registration Procedures

The information provided on this form will be used to create a roster that will be submitted to NBME on **April 08, 2025**. *Forms not received by 1:00 PM EST on April 07, 2025, will not be processed.* Once the roster has been uploaded, NBME will e-mail you a scheduling permit to the email address provided in this registration form. Their e-mail will arrive between **April 10 -12, 2025**. The details contained in the scheduling permit will enable you to register directly through Prometric's website for exam dates within **May 9 to 17**. Students are free to pick any location, time, and date offered during Prometric registration.

May 2025 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 **April 07, 2025**. Please, note that reports submitted after



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April 07, 2025 will not be considered, and your registration will be automatically canceled without any prior notice.

May 2025 Registration Payment

Enclose your receipt from the Accounts Department to the end of this Registration. **Forms without a receipt from the Accounts Department will not be processed.** Your payment of \$200.00 USD can be made through our website via [PayPal](#).

May 2025 Prometric NBME Registration

To register for the **May 2025** NBME, please provide the following information. If any information provided is incorrect, you will be unable to finish the registration process with Prometric and will not be permitted into the Prometric Center. All Saints University is not responsible for the accuracy of the information provided.

1. Which examination will you be sitting for?

Comprehensive Basic Sciences (CBSE)
Comprehensive Clinical Sciences (CCSE)

Clinical Core Subject*

*Please indicate subject: _____

2. Where will you be writing this examination?

City: _____

Country: _____

3. Provide the following identifying information. All information must match your government-issued documents.

Surname: _____

Gender: _____

Given Name: _____

Student ID Number: _____

Middle Name: _____

Phone Number: _____

Date of Birth (M/D/Y): _____

E-mail Address: _____

4. Please indicate whether you require accommodation for this exam and the nature of the accommodation. All accommodation requests/requirements must be submitted alongside medical documentation.

Signature: _____ Date: _____



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May 2025 Prometric 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 **April 07, 2025**. Cancellations received after the deadline will not be processed.

Surname: _____

Exam Date: _____

Given Name: _____

Exam Name: _____

Reason for Cancellation: _____

Signature: _____ Date: _____

