



ALL SAINTS UNIVERSITY

School of Medicine

New Montrose, Kingstown, St. Vincent and the Grenadines

Tel: 1-866-602-9555 | www.allsaintsusvg.org

April 2026 NBME Registration

April 2026 Prometric NBME Registration

This registration is for NBME exam conducted within **April 1-14, 2026**. Please, note that 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 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 – April 2026 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@aussom.org with the emails' subject as "**Surname, First Initial – April 2026 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 _____



ALL SAINTS UNIVERSITY

School of Medicine

New Montrose, Kingstown, St. Vincent and the Grenadines

Tel: 1-866-602-9555 | www.allsaintsusvg.org

April 2026 Registration Procedures

The information provided on this form will be used to create a roster that will be submitted to NBME. *Forms not received by 1:00 PM EST on **February 27, 2026**, 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 on **March 3-5, 2026**. The details contained in the scheduling permit will enable you to register directly through Prometric's website for exam dates within **April 1-14, 2026**. Students are free to pick any location, time, and date offered during Prometric registration.

April 2026 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/CCSSA score report is **February 27, 2026**. Please, note that reports submitted after **February 27, 2026** will not be considered, and your registration will be automatically canceled without any prior notice.

April 2026 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.

April 2026 NBME Registration

To register for the **April 2026** 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. Saints Vincent 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: _____



ALL SAINTS UNIVERSITY

School of Medicine

New Montrose, Kingstown, St. Vincent and the Grenadines
Where will you be writing this exam from?
Tel: 1-866-602-9555 | www.allsaintsusvg.org

City: _____ Country: _____

*It is the student's responsibility to ensure the information provided is accurate.

3. 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: _____

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: _____

April 2025 Registration 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 on **February 27, 2026**. Cancellations received after the deadline will not be processed.

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

Signature: _____ Date: _____