



# ALL SAINTS UNIVERSITY

## School of Medicine

New Montrose, Kingstown, St. Vincent and the Grenadines

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

### March 2026 Campus NBME Registration

#### Terms and Conditions

This registration is for the exam taking place on campus on **March 19, 2026**. 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 (\$200 USD) 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 – March 2026 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@ausom.org** with the emails' subject as "**Surname, First Initial – March 2026 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 \_\_\_\_\_

#### March 2026 Registration Procedures

The information provided on this form will be used to create a roster. Forms not received by **1:00 PM EST on March 10, 2026**, will not be processed. Once the roster has been uploaded, you will be eligible to sit for the exam taking place at our campus. Please, report to the library by **7:45 AM on March 19, 2026**, with your student identification card and form of government-issued identification (e.g., passport) in order to write the exam.

#### March 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 **March 10, 2026**. Please, note that reports submitted after **March 10, 2026** will not be considered, and your registration will be automatically canceled without any prior notice.



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### March 2026 Registration Payment

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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.

In order to register for the **March 2026** NBME please provide the following information. If any information provided is incorrect, you will be unable to finish the registration process with the University.

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: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_  
Gender: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### March 2026 NBME Cancellation

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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 March 10, 2026**. Cancellations received after the deadline will not be processed.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Exam Date: \_\_\_\_\_ Exam Name: \_\_\_\_\_  
Reason for Cancellation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_