



Request for NBME Comprehensive Clinical Science Exam (CCSE)

Last Name: _____ First Name: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Gender: Female Male

AUSOMA Student ID Number: _____

AUSOMA Email Address: _____

Graduation Year: _____

When is the student taking the CCSE? _____

(NOTE: Order needs to be placed a minimum of 30 calendar days prior to test date. The minimum testing window is seven days.)

Location of Testing Center: _____

Prometric Testing Centers: You will use the worldwide network of Prometric testing centers for administration of this exam. When testing at Prometric, examinees will receive a scheduling permit to make an appointment to take the exam at a Prometric Testing Center of your choice.

Test Accommodations: Students with **special needs** may request accommodations including additional exam time through the Registrar's Office registrar@ausoma.org

Do you require extra testing time? Yes No

Student Signature:

Date:

*****DO NOT WRITE BELOW THIS LINE*****

Payment Cleared by Finance Date:

NBME Order Date: