



**AUSOMA**

## Request for NBME Clinical Science Shelf Exam

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AUSOMA Student ID: \_\_\_\_\_ AUSOMA Email: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Gender:      Female      Male

When is the student taking the Shelf Exam? \_\_\_\_\_

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

Please select core rotation to be tested:

*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.*

Location of Prometric Testing Center: \_\_\_\_\_

*For Testing Accommodations, including extra time, please contact the Registrar's Office prior to submitting this form at [registrar@ausoma.org](mailto:registrar@ausoma.org).*

*Do you require extra testing time?      Yes      No*

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

-----*For Office Use Only*-----

Payment Cleared by Finance Date:

NBME Order Date: