NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS, INC.

COMVEX – USA

COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE PURPOSE EXAMINATION FOR THE UNITED STATES OF AMERICA

Examination Application
Examination Fee: $750.00

INSTRUCTIONS

1) All COMVEX-USA examinees MUST obtain approval from a state medical board prior to application.
2) Examinees MUST complete the application form and return it to the NBOME with the examination fee.
3) Examinees will be scheduled after notification by the NBOME.
4) Please allow ten (10) business days for application processing before contacting the NBOME office

Please type or print all information on the application and submit to Candidate Services at the NBOME office, 8765 West Higgins Road, Suite 200, Chicago, IL 60631-4174.

Please check one: ___ Initial COMVEX-USA examination ___ Retake COMVEX-USA examination

NBOME ID *(if known)*: _____Social Security Number: _____

Name: _____
(As on photo ID) Last First Middle

Date of Birth: _____
Month/Day/Year

Mailing Address: _____
Street

_____
City State/Zip Code

Email Address: _____

Day Phone No: (____)_____ Evening Phone No: (____)_____

I hereby agree to the general condition set forth in the Bulletin of Information for COMVEX-USA, and the policies and procedures related to the COMVEX-USA examination, specifically those concerning test administration, payment of fees, and reporting of scores. I agree to maintain in strict confidence the test items included in the COMVEX-USA examination. I certify that I am the person who will take the test at the center and whose name and address appear on the application.

Examinee Signature: _____ Date: _____

Licensing Authority Approving COMVEX-USA: _____
(State Medical Board)

Contact Person: _____ Contact Phone No: (____)_____

Signature: _____ Email: _____