

REQUEST FOR WAIVER OF RESCHEDULING/CANCELLATION FEE



Please review the [Registration and Scheduling](#) section of the COMLEX-USA Bulletin of Information before submitting this form.

CURRENT INFORMATION

Date:

NBOME ID#:

First Name:

Last Name:

Daytime Phone Number:

Email:

Date of Test Cancellation:

Rescheduled Test Date (if applicable):

Check which COMLEX-USA Examination was canceled/rescheduled:

Level 1

Level 2-CE

Level 2-PE

Level 3

Reason for Fee Waiver Request:

(Be specific. Include pertinent details.)

List of Attached Third Party Documentation:

(i.e., airline documentation regarding flight issues, hospital or doctor's office documentation regarding emergent health issue, report from news agency regarding inclement travel conditions, etc.)

PLEASE COMPLETE THIS FORM AND RETURN TO NBOME CLIENT SERVICES: clientservices@nbome.org