



American Association of Oral and Maxillofacial Surgeons

Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery®

National Board of Medical Examiners Comprehensive Basic Science Examination OMS Applicants Registration Form

Examination Date: Saturday, Aug. 17, 2019

Registration Deadline: April 15, 2019

Fee: \$300.00

Please Print or Type

US Citizen? Yes No

Please note: The first and last name on your registration application must exactly match the name on your photo-bearing, government issued identification in order to sit for the CBSE at the Prometric Testing Center on exam day.

Registrant First Name	Middle	Last Name	Suffix
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Gender

Date of Birth (MM/DD/YYYY)

Home Address	City	State	Zip Code
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Phone Number	Email Address
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Name of Dental School

Education Beginning Date (MM/DD/YYYY)	Graduation Date (MM/DD/YYYY)	Degree
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Payment Method

Check: \$ _____ enclosed (Checks should be made payable to AAOMS.)

Credit Card: MasterCard Visa Discover

Cardholder Name

Credit Card Number

Security Code	Expiration Date	Signature
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Credit Card Billing Address	City	State	Zip Code
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*Payments are non-refundable after April 15, 2019 and must be made in US dollars.
Payment in full must be received by April 15, 2019.*

Please complete and mail this registration form along with remittance to:
American Association of Oral and Maxillofacial Surgeons
Attention: John London
9700 W. Bryn Mawr Avenue
Rosemont, Illinois 60018-5701

Phone 800-822-6637 • Fax 847-678-6279

Visit aaoms.org/nbme for more information.