



Examination Application

Examination Fee: \$750.00

INSTRUCTIONS

1. All COMVEX candidates MUST obtain approval from a state medical board prior to submitting the application.
2. The candidate MUST complete the application form and return it to the NBOME with the examination fee.
3. The candidate will be notified by the NBOME to schedule an appointment.
4. Please allow up to ten (10) business days for application processing before contacting the NBOME office.

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

Please check one:

NBOME ID#: *(if known)*

Initial COMVEX examination

Retake COMVEX examination

Name: *(as shown on photo ID, Last, First, Middle)*

Date of birth: *(Month/Day/Year)*

Email address:

Medical school:

Graduation year:

Mailing address:

Street

City, State, Zip Code

Day phone number:

Evening phone number:

I hereby agree to the general condition set forth in the Bulletin of Information for COMVEX, and the policies and procedures related to the COMVEX examination, specifically those concerning test administration, payment of fees, and reporting of scores. I agree to maintain in strict confidence the examination items included in the COMVEX 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.

Candidate signature:

Date:

Licensing authority requesting COMVEX: *(State Medical Board)*

Contact person: *(State Medical Board)*

Contact phone number:

Signature:

Email address: