



**National Board of Podiatric Medical Examiners
Part III – Registration Instructions**

Test Dates and Deadlines

June 2, 2010
(Prometric Registration Deadline: May 5, 2010)

December 1, 2010
(Prometric Registration Deadline: October 22, 2010)

It is very important that your registration form be completed carefully and accurately. The information you provide on this form will be used by Prometric to determine your eligibility for the examination and to mail your Authorization to Test (ATT). Type or print clearly all information requested except signatures. Enter all information in the appropriate box. Prometric will not be responsible if your ATT is delayed because you failed to maintain a current address with Prometric.

Candidates should send this registration form, transcript and fee to Prometric (at the address below) no later than the registration deadlines listed above.

Prometric will determine final eligibility for candidates from the following states:			
Alabama	Indiana	Nebraska	South Carolina
Arkansas	Iowa	Nevada	Texas
Arizona	Kansas	New Hampshire	Utah
California	Louisiana	New York	Virginia
Colorado	Minnesota	North Carolina	Washington
Delaware	Missouri	Oregon	West Virginia
Georgia	Montana	Rhode Island	Wisconsin

- The registration fee is \$900. Send only a certified check, cashier’s check, or money order payable to the National Board of Podiatric Medical Examiners (NBPME). Personal checks will not be accepted and will be returned; a \$25 service fee will be charged. (If your registration is incomplete, it will be returned along with your fee.)
- Enter all information requested. Information regarding Social Security number, ethnic group, and gender are all optional. However, your Social Security number will be used as a secondary check in matching registration information and scores. The compiled information is for aggregate statistical purposes only; no names or individual scores will be identified with the data. It is for the exclusive use of the NBPME.
- Prometric will verify: (A) That you have passed the Parts I and II examinations; and (B) Receipt of a Doctor of Podiatric Medicine (DPM) degree.
- Certification of the College Dean or Registrar (Dean or Registrar to sign and date).**
If the person named on this registration form has not received his or her DPM but is in the final term of his or her fourth year and will graduate prior to the Part III examination administration, certification of the College Dean or Registrar will be accepted. NBPME reserves the right to cancel a registration form for Part III if the Dean/Registrar notifies the NBPME that coursework necessary for graduation was not passed for this examination.

Dean or Registrar’s Signature: _____ Date: _____

- Read the statement of certification and sign the registration form at the bottom indicating that you have passed Parts I and II, received your DPM, and confirming that you understand the confidentiality and conduct agreement.

Mailing Address:

Prometric/NBPME
1260 Energy Lane
St. Paul, MN 55108

