

### IMPORTANT NOTICE

Before you send in your Part III registration form, please contact the State Board in the state in which you would like to be licensed. Your eligibility will be determined by the state once you satisfy the state's requirements. Prometric can only release your Authorization to Test (ATT) upon approval of the State Board.



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

### Test Dates and Deadlines

**June 3, 2009**

**(Prometric Registration Deadline: April 24, 2009)**

**December 2, 2009**

**(Prometric Registration Deadline: October 23, 2009)**

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.**

**The following State Boards will notify Prometric that you have made formal application for licensure 30 days prior to the examination:**

British Columbia	Hawaii	Michigan	Ohio
Connecticut	Maine	New Mexico	Pennsylvania
District of Columbia	Maryland	North Dakota	South Dakota

1. 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.)
2. 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.
3. Prometric will verify: (A) Receipt of a Doctor of Podiatric Medicine (DPM) degree; and (B) that you have made formal application for licensure in one of the participating state boards.
4. **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: \_\_\_\_\_

5. Read the statement of certification and sign the registration form at the bottom indicating that you received your DPM and confirming that you understand the confidentiality and conduct agreement.

**Mailing Address:**

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

