



USMLE STEP 1 GUARANTEE REIMBURSEMENT FORM

Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068 Phone: (847) 375 0543 • Fax: (847) 298 2375 • Web: www.sjasm.org • Email: Records@mail.sjasm.org

INSTRUCTIONS

At Saint James, we strive to provide a superior education for our medical students and prepare them for passing the USMLE Step 1 examination. **As support of this effort, we provide a GUARANTEE that you will pass the USMLE STEP 1 exam on the first attempt after successfully passing the NBME Comprehensive Exam or the school will pay for a review program of your choice, up to \$5000.**

Reimbursement will be made in the form of a credit towards tuition.

Must Meet the Following Eligibility Requirements:

- Currently enrolled with Saint James School of Medicine (all start dates are eligible)
- Completed the NBME Comprehensive Basic Science Exam (CBSE) through SJSM
 - Self-assessments and exams taken outside of the SJSM test administration will not be accepted
- Passed the NBME CBSE based on the school standard at time of exam
- Attempted and failed the USMLE Step 1 **AFTER** passing the NBME CBSE

What to Do After Failing Step 1:

- Register for the USMLE Step 1 review program of your choice
- Make any required payment out of pocket
- Complete review course in its entirety
- Submit this form with required documentation

SEND COMPLETED FORM TO: *Via Fax:* (847) 298 2375 • *Via Email:* Records@mail.sjasm.org

Via Mail: Human Resource Development Services Inc., 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

TO BE FILLED OUT BY STUDENT

Current Campus: Anguilla St. Vincent Bonaire Student ID#: _____

First Name: _____ Last Name: _____

NBME Comprehensive Basic Science Exam Date: _____ Score: _____

USMLE Step 1 Date: _____ Score: _____

Required Documentation:

- Receipt of payment for USMLE Step 1 review program
- Documentation of completion

I am currently enrolled at SJSM and I wish to be reimbursed up to \$5000 for a review program of my choice. I have completed and passed the NBME CBSE. I have attempted and failed the USMLE Step 1, and have completed a review course in its entirety. I understand the reimbursement will only be made in the form of a credit towards tuition. The credit carries no cash value and is non-refundable.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Denied

Registrar's Office: _____ Date: _____

Finance Department: _____ Date: _____