

DANB's Policy and Procedures For Appeal of Clinical Exam Results



Candidates who have taken either the Arizona Clinical Radiologic Proficiency Exam or the Oregon Clinical Radiologic Proficiency Exam may request an appeal of clinical exam results if:

- A) The candidate believes his/her clinical exam was not properly evaluated, or
- B) The candidate believes a non-standard testing condition or irregular circumstance contributed to a failing score on the exam, or
- C) The candidate wishes to appeal a policy or procedure not related to scoring.

See below for more details.

Request for Reevaluation of Examination Radiographs

If a candidate believes that his or her clinical examination was not properly evaluated and would like to request a reevaluation, he or she must submit a Request for an Appeal of Clinical Examination Results form along with a clinical appeal fee of \$25.00 so that it is received by DANB (via mail or fax) within 30 days after the official score date printed on the score report. A candidate may also request an appeal by sending an appeal letter and a Clinical Appeal Fee of \$25.00 to DANB's Executive Director. In completing the request form or letter, the candidate should indicate that he or she is requesting a reevaluation of his or her clinical examination results. It is not necessary to send a copy of the examination radiographs.

Upon receipt of a request for reevaluation of examination radiographs, DANB will submit the examination radiographs on file for reevaluation.

Results of the reevaluation are typically completed within 30 days of receipt of the request for an appeal. DANB will notify the individual in writing of the results of the reevaluation. The pass/fail result of the reevaluation is final and is not subject to further appeal.

Appeal Related to Non-Standard Test Conditions or Irregular Circumstance

If a candidate received a failing score on a clinical examination and believes that non-standard testing conditions or other irregular circumstances contributed to the failure, or if a candidate wants to appeal a DANB clinical examination policy or procedure not related to scoring, he or she may submit an appeal using the Request for an Appeal of Clinical Examination Results form, along with a clinical appeal fee of \$25.00. A candidate may also request an appeal by sending an appeal letter and a Clinical Appeal Fee of \$25.00 to DANB's Executive Director. In completing the request form or letter, the candidate should indicate that he or she is requesting an appeal on the grounds that a non-standard testing condition or other irregular circumstance contributed to the failing score on the examination, or that he or she is requesting an appeal of a DANB clinical examination policy or procedure not related to scoring. In this event, DANB will not reevaluate the examination results, but will only investigate the situation described by the candidate submitting the appeal.

Appeals based on problematic or inadequate examination facilities will be considered only if a written complaint related to the problematic occurrence was submitted to DANB within one week of the test date, as described in Form B of the Arizona Clinical Radiologic Proficiency Exam application.

DANB shall notify the individual in writing of the action taken pursuant to the appeal, including the reasons therefor, within 30 calendar days after receipt of the request for reconsideration. The decision of DANB is final and is not subject to further appeal.

Dental Assisting National Board, Inc. (DANB®)

Request For Appeal of Clinical Exam Results



This form may be completed by individuals **requesting an appeal of the results of a clinical examination administered by the Dental Assisting National Board, Inc.** The current policy for appeals of clinical examination results is detailed on page 2. Contact Jane Hanson with any questions at 1-800-FOR-DANB, ext. 450. Please provide a statement in the space below and attach any supporting documentation to this request form. Fax this form and attachments, along with your payment information, to DANB, Attn: Cynthia Durley/DANB Executive Director, at 312-642-8507 or mail to:

DANB
Attn: Cynthia Durley/Executive Director
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Request for Appeal - Clinical Exam

Candidate Number: _____

Exam Type:

Date of Examination: _____

- Arizona Clinical Radiologic Proficiency Exam (3717)
- Oregon Clinical Radiologic Proficiency Exam (3817)

Reason for Appeal (check one):

- I am requesting a reevaluation of clinical examination results, because I believe the examination films submitted are of diagnostic quality.
- I am appealing on the grounds that a non-standard testing condition or other irregular circumstance contributed to my failing score on the examination.
- I am appealing a DANB clinical examination policy or procedure not related to scoring.

Please briefly include rationale for your Appeal here: _____

Attach any other supporting documentation that you would like DANB to consider to this completed form.

I hereby attest that the above information is true. _____
Candidate/Certificant Signature Date

Personal Information

Name (print or type) _____ Soc. Sec. No. _____ - _____ - _____

Prior Name(s) _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____ Cellular Phone Number [optional] (_____) _____

Payment

- Check/Money Order (payable to the Dental Assisting National Board, Inc. or DANB)
- Credit Card Authorization: Allows DANB to charge your credit card account. Please complete all information.

Credit Card # _____ Expiration Date ____/____/____ Amount \$25.00

Cardholder's Name _____ Cardholder's Signature **X** _____

Cardholder's Billing Address _____

City _____ State _____ Zip _____ Phone Number _____

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.