

Request to Cancel a Clinical Exam



This form must be completed by candidates who need to cancel a clinical exam application or exam appointment. If an exam appointment is being cancelled in order to reschedule another, then a rescheduling form should be submitted to DANB and not this form. Contact Dorie Bridgeman with any questions at 1-800-FOR-DANB, ext. 451. Fax this form to DANB, Attn: Dorie Bridgeman at 312-642-3550 or mail to:

DANB
Attn: Dorie Bridgeman
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

DANB's Policy on Cancelling a Clinical Exam

If a candidate applies for a clinical exam and wishes to cancel, they must submit this form so that it is received by DANB (via mail or fax) at least two weeks before the exam date in order to receive a refund. DANB will then issue a refund minus a \$35 cancellation fee and a \$50 nonrefundable application fee

(a total of \$85 retained by DANB). If a candidate applies for, but does not show up for, the exam or if this form is not received at least two weeks before the exam date, the candidate forfeits the full application/exam fees and the application is null and void. The candidate must reapply.

Request to Cancel a Clinical Exam

Scheduled date and location of the exam to be cancelled:

Please check which of the following clinical exams you are requesting to cancel

- Arizona Radiation Proficiency (AZ RAD)
- Oregon Radiation Proficiency (OR RAD)

Candidate Information

Name (print or type) _____ SSN _____ - _____ - _____

Name, if different, at time of exam application _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone Number(s): Office (____) _____ Home (____) _____ Cell (____) _____ Fax (____) _____

I hereby officially request the cancellation of my scheduled clinical exam.
I understand that I will receive a refund minus the \$35 cancellation fee and \$50 nonrefundable application fee, provided that I have met all of the qualifying conditions stated in the DANB Cancellation Policy above.

Signature _____ Date _____