

# Request to Cancel a Written Exam



This form must be completed by candidates who **need to cancel a written exam**. 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 1-800-FOR-DANB, ext. 452 with any questions. Fax this form to DANB, Attn: Testing Department at 312-642-3550 or mail to:

DANB  
Attn: Testing Department  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

## DANB's Policy on Cancelling a Written Exam

If a candidate applies for a written exam and wishes to cancel the scheduled exam, they must submit this form so that it is **received by DANB (via mail or fax) at least two weeks before the exam date 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 Scheduled Written Exam

Scheduled date and location of the exam to be cancelled \_\_\_\_\_

**Please check which of the following state exams you are requesting to cancel.**

### New Mexico\*

- New Mexico Expanded Functions Fluoride (NMXF)
- New Mexico Expanded Functions Pit & Fissure Sealants (NMXP)
- New Mexico Expanded Functions Coronal Polish (NMXC)

\*Candidates who cancel one New Mexico exam are not eligible for a refund. Refunds will be given only to candidates who cancel two or three New Mexico exams simultaneously.

### Oregon

- Oregon Basic (ORB)
- Oregon Expanded Functions General (ORXG)
- Oregon Expanded Functions Orthodontic (ORXO)

## 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 written exam.

***I understand that I will receive a refund minus the \$35 cancellation fee and \$50 nonrefundable application fee, in addition to a surcharge to cover the cost of notifying the site examiner of this change, provided that I have met all of the qualifying conditions stated in the DANB Cancellation Policy above.***

Signature \_\_\_\_\_ Date \_\_\_\_\_