

Request for a Duplicate Certificate



This form must be completed by individuals **requesting a duplicate certificate for any of the DANB-administered exams listed below.** Contact Stephanie Hondras at 1-800-367-3262, ext. 411, with any questions. Fax this form to DANB at 312-642-8507 or mail to:

DANB
Finance Dept.
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

DANB's Policy on Duplicate Certificates

If an individual has taken any exam administered by DANB (national DANB Certification exams, component exams or State exams) and would like a duplicate certificate, **he/she may submit this form along with a \$25 duplicate certificate fee to DANB at any time.** (*Exception: Since Oregon credentials are all printed on one certificate, a fee of \$25 is assessed whether ordering one, two or three credentials.*) Certificants who have earned the DANB CDA or COA exams may purchase individual RHS and/or ICE certificates (if they passed these component exams) or duplicate credential certificates. Due to the addition of the ICE component to the CDA and COA exams, for candidates who have allowed their certification to lapse, a CDA duplicate certificate may only be requested if the certification was earned on 6/1/93 or later

and the COA duplicate certificate may only be requested if the certification was earned on 6/1/94 or later. A Request for Credential Verification may be submitted for a \$10 fee if the candidate is not eligible to receive a CDA or COA certificate. Any of the state exams administered by DANB (listed below) may also be purchased.

Because DANB provides several opportunities for candidates to correct errors, there is a \$25 fee for any reprint of a certificate due to a spelling error. The duplicate certificate(s) will be mailed to Certificants. DANB does not fax or e-mail electronic copies of exam certificates.

If you live or work in Arizona and have passed the DANB RHS exam, you may use this form to request an Arizona Radiology Proficiency certificate.

Requesting a Duplicate Certificate

Please check the following national or state exams for which you would like a duplicate certificate.

- Certified Dental Assistant (CDA)
- Certified Orthodontic Assistant (COA)
- Certified Preventive Functions Dental Assistant (CPFDA)
- Certified Dental Practice Management Administrator (CDPMA)
- Certified Oral and Maxillofacial Surgery Assistant (COMSA)
- Radiation Health and Safety (RHS) only
- Infection Control (ICE) only
- Coronal Polishing (CP) only
- Sealants (SE) only
- Topical Anesthetic (TA) only
- Topical Fluoride (TF) only
- Arizona Coronal Polishing (AZCP)
- Oregon Expanded Functions Dental Assistant (OR EFDA)
- Oregon Expanded Functions Orthodontic Dental Assistant (OR EFODA)
- Oregon Radiation Proficiency Exam (OR RAD)
- Arizona Radiation Proficiency (AZ RAD)

Date Exam(s) Taken _____ Cert. # _____

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

Name, if different, at time of exam application _____ Email _____

Address _____ City _____ State _____ Zip _____

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

I hereby officially request a duplicate copy of the Certificate(s). **I understand a \$25 duplicate certificate fee is required for each credential requested, with the exception of Oregon (see above).**

Signature _____ Date _____

Select Payment Option

Candidate/Certificant Name _____ Cert. # or SSN _____

Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Request for a
Duplicate Certificate
3408-11

Credit Card Authorization: Allows DANB to charge your credit card account. Please complete all information.

Credit Card Number _____ Expiration Date ____/____/____ Amount \$ _____

Cardholder's Name _____ Cardholder's Signature _____

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.