

Request for a Duplicate Score Report



Measuring Dental Assisting Excellence®

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

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

DANB's Policy on Duplicate Score Reports

If an individual has taken any exam administered by DANB (national DANB Certification exams, component exams or State exams) and would like a duplicate score report, he or she must submit this form along with the appropriate duplicate score report fee. \$25 is required for each score report for exams taken within the last five years. Exam scores older than five years are not available.

status or Radiation Health and Safety (RHS), Infection Control (ICE), Coronal Polishing (CP), Sealants (SE), Topical Anesthetic (TA), Topical Fluoride (TF) exam passing status and the effective date(s) of Certification and/or passing status by mail or phone to anyone on request, since these items are matters of public record and may be disclosed.

Exam scores will not be released to employers or any other individuals, except on written request of the candidate, unless required by state regulatory agencies. DANB will verify Certification

The duplicate score report(s) will be mailed to you. DANB does not fax or e-mail electronic copies of exam score reports.

Requesting a Duplicate Score Report

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

- Certified Dental Assistant (CDA)
- Certified Orthodontic Assistant (COA)
- Certified Preventive Functions Dental Assistant (CPFDA)
- Certified Dental Practice Management Administrator (CDPMA)
- Orthodontic Assistant (OA) only
- General Chairside (GC) only
- 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
- Maryland General Expanded Functions (MDG)
- Maryland General Orthodontic Expanded Functions (MDO)
- Missouri Basic (MOB)
- New Jersey Expanded Duties General (NJXDG)
- New York Professional Dental Assisting (NYPDA)
- Oregon Basic (ORB)
- Oregon Expanded Functions General (ORXG)
- Oregon Expanded Functions Orthodontic (ORXO)
- Washington State Restorative Exam (WARE)

Date of Request _____ 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 score report of the following exam results. ***I understand that a duplicate score report fee of \$25 is required for each score report requested.***

Signature _____ Date _____

Select Payment Option

Certificant's 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 Score Report
3408-10

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.