

# Request for a Duplicate Score Report



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-FOR-DANB 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, they 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) or Infection Control (ICE) exam passing status and the effective date(s) of Certification and/or RHS/ICE passing status by mail or phone to anyone on request, since these items are matters of public record and may be disclosed. Duplicate score reporting fees will be assessed if written verification is requested.

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 certificate(s) will be mailed to you. DANB does not fax or email electronic copies of exam certificates.

## Requesting a Duplicate Score Report

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

- Certified Dental Assistant (CDA)
- Certified Orthodontic Assistant (COA)
- Certified Dental Practice Management Administrator (CDPMA 1-For current/former DANB Certified Assistants)
- Certified Dental Practice Management Administrator (CDPMA 2-For non-DANB Certified assistants/office personnel)
- Orthodontic Assistant (OA) only
- General Chairside (GC) only
- Radiation Health & Safety (RHS) only
- Infection Control (ICE) only
- Arizona Coronal Polishing (AZCP)
- Maryland General Expanded Functions (MDG)
- Maryland General Orthodontic Expanded Functions (MDO)
- Missouri Basic (MOB)
- New Jersey Dental Radiation Technologist (NJDRT)
- New Jersey Expanded Duties General (NJXDG)
- New Mexico Expanded Functions Flouride (NMXF)
- New Mexico Expanded Functions Pit & Fissure Sealants (NMXP)
- New Mexico Expanded Function Coronal Polish (NMXC)
- New York Professional Dental Assisting (NYPDA)
- Oregon Basic (ORB)
- Oregon Expanded Functions General (ORXG)
- Oregon Expanded Functions Orthodontic (ORXO)

Date of Request \_\_\_\_\_ Date Exam(s) Taken \_\_\_\_\_ CE# \_\_\_\_\_

Name (print or type) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 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/Candidate's Name \_\_\_\_\_ CE# 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.