

Request for Hand Scoring of Exam Results



This form must be completed by candidates interested in **having an exam hand scored**. Contact Kate Slagoski with any questions at 1-800-367-3262, ext. 444. Fax this form to DANB, Attn: Kate Slagoski, at 312-642-3550 or mail to:

DANB
Attn: Kate Slagoski
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

DANB's Policy on Hand Scoring of Exam Results

If a candidate is interested in having an exam scored by hand, they must submit this form along with a \$25 hand scoring fee so that it is **received by DANB (via mail/fax) within 30 days after the official score date printed on the score report or certificate received**. Results of the hand scoring of the exam are typically completed within 21 days of receipt of a request. If the pass/fail status is reversed as a result of the hand scoring, the \$25 fee will be refunded to the candidate. Requests for hand scoring of an exam will not be honored after 30 days from the official score date.

The hand scoring fee of \$25 must accompany the request. If a candidate believes his/her scores were not properly recorded or needs to appeal DANB policies relative to eligibility, administrative or exam content/scoring issues, he/she may submit a *Request for an Appeal* form to DANB's Executive Director. Call 1-800-367-3262 to request a form or a copy of the DANB Appeals Policy. A downloadable version of the *Request for an Appeal* form and the DANB Appeals Policy are also available on the DANB website at www.danb.org.

Requesting Hand Scoring of Exam Results

Please check which of the following national or state exams you would like DANB to hand score.

DANB National Exams

- Orthodontic Assistant (OA) only
- General Chairside (GC) only
- Radiation Health & Safety (RHS) only
- Infection Control (ICE) only
- Coronal Polishing (CP) only
- Sealants (SE) only
- Topical Anesthetic (TA) only
- Topical Fluoride (TF) only

DANB State Exams

- Delaware Dental Radiologic Technology (DDRT)
- 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)
- Oregon Radiation Proficiency Exam (OR RAD)
- Washington State Jurisprudence (WSJ)
- Washington State Restorative Exam (WARE)

Candidate Information

SSN _____ - _____ - _____ Date Exam(s) Taken _____

Name (print or type) _____

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

Address _____ City _____ State _____ Zip _____

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

I hereby officially request that my exam(s) administered by DANB listed below be hand scored. ***I understand a \$25 hand scoring fee is required for each exam requested.***

Signature _____ Date _____

Select Payment Option

Candidate's Name _____ SSN _____ - _____ - _____

- VISA MASTERCARD DISCOVER AMERICAN EXPRESS Check/Money Order payable to DANB

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.