

*Program Director Update Form* (for CODA-accredited programs only)



To better serve the oral healthcare profession, DANB likes to keep updated records of Program Director information. This helps us better communicate with you through newsletters and other forms of direct communication. Please take a moment to fill out this form and **fax to Kate Slogoski, Coordinator, Testing and Measurement, at 312/642-3550 or mail to DANB, Attn: Kate Slogoski, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611.** Thank you in advance for offering your valuable time and information.

**Program Director Update Information**

*Please Print Clearly*

School \_\_\_\_\_

DANB School ID # \_\_\_\_\_

Program Director Name \_\_\_\_\_

Title \_\_\_\_\_ Credentials \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

General Phone Number (for inquiries) \_\_\_\_\_

General Email Address \_\_\_\_\_

Program Director Phone Number/Extension \_\_\_\_\_

Program Director Email Address \_\_\_\_\_

Institution's Website Address \_\_\_\_\_

Alternate Contact in the event of Director's absence \_\_\_\_\_

Alternate Contact's Phone Number/Extension \_\_\_\_\_

Number of DANB CDA Candidate Guides needed annually (estimated) \_\_\_\_\_

Number of students annually enrolled in your dental assisting program (estimated) \_\_\_\_\_

To help DANB reach as many dental assisting educators as possible, please list the names and credentials of the instructors in your program:

_____	_____
_____	_____
_____	_____