Dental Assisting National Board, Inc.® (DANB®)

Request to Reschedule a Clinical Exam Date or Test Site

This form must be completed by candidates who need to reschedule a clinical exam. Contact Dorie Bridgeman with any questions at 1-800-FOR-DANB ext. 451. Fax this form to DANB, Attn: Dorie Bridgeman at 312-642-3550 or mail to:

DANB
Attn: Dorie Bridgeman
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

DANB's Policy on Rescheduling a Clinical Exam

If a candidate applies for a clinical exam and would like to reschedule to the next available test administration or to another test site, they must submit this form along with a $35 rescheduling fee so that it is received by DANB (via mail or fax) at least two weeks before the clinical exam date for which the candidate originally applied. The rescheduling fee of $35 must accompany the request.

Request to Reschedule to the Next Available Clinical Examination Date

Scheduled Site ______________________ Requested Rescheduled Site ______________________

Scheduled Date of my Examination ______________________ Requested Reschedule Date ______________________

Please check which of the following clinical examination you are requesting to reschedule.

❑ Arizona Radiation Proficiency (AZ RAD)

Candidate Information

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

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 that my scheduled clinical examination date be rescheduled.
I understand a $35 rescheduling fee is required.

Signature ______________________ Date ______________________

Select Payment Option

Candidate's Name (print or type) ______________________ Candidate's SSN _____ - _____ - _____

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

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

3710

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. Futhermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB. 05/10