

Request to Reschedule an Exam Eligibility Window



This form must be completed by candidates who **need to reschedule an exam eligibility window**. Contact Katy Hotsenpiller with any questions at 1-800-367-3262, ext. 452. Fax this form to DANB, Attn: Katy Hotsenpiller, at 312-642-3550 or mail to:

DANB
Attn: Katy Hotsenpiller
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

DANB's Policy on Rescheduling an Exam Eligibility Window

If a candidate cannot schedule or reschedule an exam before the end of his/her 60-day eligibility window and would like to reschedule the exam window for a fee of \$35, he/she must complete both steps below:

STEP 1: If an exam appointment has been scheduled, the candidate **must** cancel his/her appointment with Pearson VUE at least 24 hours before the scheduled exam time. You can cancel an exam appointment online by visiting Pearson VUE's website, www.vue.com/danb or by calling Pearson VUE's toll-free hot line

1-800-525-2586 during normal business hours. Failure to cancel a scheduled exam will result in forfeiture of the full application/exam fees, and the application is null and void.

STEP 2: Mail or fax this form to DANB along with a \$35 rescheduling fee so that it is received by DANB up to 60 days after the end of the 60-day eligibility window.

Check the following national or state exams to be rescheduled.

DANB National Exams

- Certified Dental Assistant (CDA)
- Certified Orthodontic Assistant (COA)
- Certified Preventive Functions Dental Assistant (CPFDA)
- Orthodontic Assistant (OA) only
- General Chairside (GC) only
- Radiation Health and Safety (RHS) only
- Infection Control (ICE) only
- Radiation Health and Safety/Infection Control (RHS/ICE)
- 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 only (ORB)
- Oregon Expanded Functions General only (ORXG)
- Oregon Expanded Functions Orthodontic only (ORXO)
- Oregon Basic **AND** Oregon Expanded Functions General (ORBXG)
- Oregon Basic **AND** Oregon Expanded Functions Orthodontic (ORBXO)
- Washington State Jurisprudence (WSJ)
- Washington State Restorative Exam (WARE)

For Office Use Only:

Exam ID: _____

Exam Type: _____

Candidate Information

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 that my 60-day eligibility window be rescheduled. I understand that if this exam completes the requirements to CDA or COA Certification, I attest to holding a current DANB-accepted CPR card. **I understand a \$35 rescheduling fee is required.**

Signature X _____ Date X _____

Select Payment Option

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

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

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

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 X _____

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.