Dental Assisting National Board, Inc. (DANB)

Request for Reconsideration (Level 1 Appeal)

This form will be accepted through Dec. 31, 2018.

Contact DANB with any questions at 1-800-367-3262.

Measuring Dental Assisting Excellenc

Submit this form to:
DANB
Attn: Cynthia Durley, Executive Director
444 N. Michigan Ave., Suite 900
Chicago, IL 60611
Fax: 312-642-8507
Do NOT fax/mail twice or you will be charged twice.

Policy

If a candidate/certificant wishes to appeal a DANB decision regarding certification or recertification, he/she may submit a *Request for Reconsideration* form, supporting documentation and a $50 nonrefundable appeal fee to DANB's Executive Director within 30 days of the date on the DANB correspondence that prompts the candidate/certificant to appeal (e.g., date on the letter indicating the candidate's application was incomplete, date on letter indicating certificant's failure on recertification audit). Requests for a reduction or waiver of an exam-related fee, such as a processing or rescheduling fee, must be received within 30 calendar days of the last day of the testing window for an exam. *DANB's Appeal Policy and Procedures* document governing appeals is available at www.danb.org.

Request for Reconsideration

Please state rationale for the appeal or attach a statement separately:

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Attach any other supporting documentation that you would like DANB to consider.

Candidate/Certificant Information

DANB Cert. # (if applicable) _____

Candidate/Certificant Name _____DANB ID_____

Address_____City_____State_____Zip_____

Phone Number: (____) _____ Email _____

I hereby officially request reconsideration of a decision from DANB. **I understand a $50 nonrefundable appeal fee is required.** Supporting documentation of the appeal must accompany the request. I hereby affirm the information provided is true and correct.

Signature X_____ Date X_____

Payment Information

Candidate/Certificant Name_____ Cert. # or SSN_____

Appeal Fee
$50 (3417)

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

☐ Credit Card Authorization (Visa, MasterCard, Discover & American Express accepted): Amount $50.00

Credit Card Number _____CVV _____ Expiration Date _____/_____

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.