

Dental Assisting National Board, Inc. (DANB)

DANB Group Testing

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

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

Submit *Group Testing Request* form, completed exam applications, required documentation and full payment to:



Measuring Dental Assisting Excellence®

DANB
Attn: Group Testing
444 N. Michigan Ave., Suite 900
Chicago, IL 60611
Fax: 1-312-642-3550

Do not submit twice or you will be charged twice

Policy

Group testing is available for groups of six or more candidates who are applying to take the same DANB-administered exam.

Requests for group testing must be submitted at least four weeks before the requested testing date(s).

Group testing exam appointments will be scheduled on the same day at the same test center. The exam appointment start times will vary depending on the test center availability and the test center hours of operation. Typical exam appointments will be scheduled between 8:00 a.m. and 6:00 p.m.

When arranging group testing please keep in mind that only scheduled exam candidates will be allowed in the Pearson VUE test centers.

As a reminder, **the exam is confidential**. Any individual who removes or attempts to remove testing related materials from the test center, or who attempts to memorize, distribute or otherwise misuse an exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of DANB, will be subject to legal action.

Group Testing Checklist

- Is the *Group Testing Request* form completed in full?
- Are all of the exam candidates listed on the *Group Testing Request* form?
- Did all the candidates complete an exam application in full and include any required documentation?
- Has full payment been included?

Please allow 2-3 weeks for processing.

Group Contact Information

Name _____

School/Office _____

DANB Program Code _____ Phone (_____) _____

Email* _____

*Once the exam appointments are scheduled, an email will be sent to the group testing contact with the specific testing information. The group testing contact is responsible for notifying each candidate of their finalized exam date, time and location. Any candidates who do not test as scheduled will need to reapply with additional documentation and payment.

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Group Testing Request

Number of exam applications (must be six or more) _____

Exam type (must be same exam type) _____

Requested Pearson VUE test center location (DANB cannot guarantee availability at specific test centers):
Visit www.vue.com/danb for available locations

1st Choice _____ 2nd Choice _____
City State City State

Request group testing date (Specific times may NOT be requested*):

1st Choice _____ 2nd Choice _____ 3rd Choice _____
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Candidate Name

Please list all candidates below. Any candidates not listed will not be scheduled with the group.

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