

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

**High School Program Reporting and Update Form**

This 2016 form will be accepted through Dec. 31, 2018.

To be listed as a DANB-accepted dental assisting program for NELDA certification, a high school dental assisting program must meet the following requirements:

1. Be located within a high school that is recognized in the U.S. education system
2. Encompass at least one semester of dental assisting curriculum, not a one- or two-semester survey of health occupations

Please allow 1-2 weeks for review and processing. Contact DANB with any questions at 1-800-367-3262.

Submit this form to:

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

**Program Information**

Please print clearly.

School \_\_\_\_\_

DANB Program Code (DANB will provide a program code if you do not yet have one.) \_\_\_\_\_

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

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

Department \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Alternate Contact Email \_\_\_\_\_

Alternate Contact Phone Number/Extension (\_\_\_\_\_) \_\_\_\_\_

Please fill out the information below.

Number of DANB National Entry Level Dental Assistant (NELDA) Application Packets needed annually \_\_\_\_\_

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

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

**Instructor Name**

**Email Address**

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