

Dental Assisting National Board, Inc. (DANB)

Program Director Update and/or New Program Reporting

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

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 _____ DANBCredentials _____

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 DANB Certified Dental Assistant (CDA) 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

