

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

***Dental Assisting Program Reporting and/or Update Form***

This form will be accepted through Dec. 31, 2019.

Please fill out and submit this form to be added to DANB's list of dental assisting programs or to provide DANB with the updated Program Director and Instructor names and information. By providing DANB with this information, your dental assisting program and the Instructors listed will be added to DANB's database of dental assisting programs.

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

Submit this form to:  
DANB  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611  
Email: [kswitzer@danb.org](mailto:kswitzer@danb.org)  
Fax: 1-312-642-1475

**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 \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number/Extension (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

Title \_\_\_\_\_

Phone Number/Extension (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Please fill out the information below.**

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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*By submitting this form, you are consenting to receive email and mailings from DANB and its official affiliates related to DANB policies, news and related products or services affecting the dental assisting profession. DANB will not share your information with any other third party without your consent. You can request removal from DANB's email list by clicking on the "unsubscribe" link at the bottom of DANB emails.*