

Dental Assisting National Board, Inc. (DANB)

Program Performance Report Request

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



Measuring Dental Assisting Excellence®

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

Instructions

- Step 1:** Complete all fields on the form. Only exam information from the previous five years is available for reporting.
- Step 2:** If earlier reports did not reflect particular students from your program whom you believe should have been included, please attach a list of students' names **and** Social Security numbers.
- Step 3:** **Submit this form by fax or mail.** DANB cannot accept telephone requests.

Program performance reports will be sent by the preferred delivery method selected below within 3-4 business days of receipt. Contact DANB with any questions at 1-800-367-3262.

Request Details

Please print clearly. All fields are required.

Program Director Name _____

School Name _____

DANB Program Code _____

Report Request(s):

Note: Future dates may not be requested; all requests will be processed within 3-4 business days of receipt.

Start Date: ____/____/____ End Date: ____/____/____

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Start Date: ____/____/____ End Date: ____/____/____

Preferred Delivery Method (the report will be sent to the Program Director on record with DANB):

Mail Fax Email

This form must be signed and dated by the Program Director on record with DANB or the request will not be honored. If this information needs to be updated, please submit a completed Program Director Update request form.

Program Director Signature X _____ Date X _____