

Dental Assisting National Board, Inc. (DANB)

Request for Duplicate Exam Results

This form will be accepted through Dec. 31, 2020.



Measuring Dental Assisting Excellence®

Contact DANB with any questions at 1-800-367-3262 or email danbmail@danb.org.

Submit this form to:

DANB

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Fax: 1-312-642-8507

Do NOT submit twice or you will be charged twice.

Policy

To request a duplicate DANB-administered exam result you must submit this completed form and \$50 fee (for each exam result requested) to DANB. Duplicate exam results will be mailed within 2-4 weeks. DANB does not fax or email copies of exam results.

Exam results will not be released to employers or any other individuals, except on written verification request of the candidate, unless required by state regulatory agencies. DANB will verify any credentials earned, and any state-specific certificates administered by DANB on behalf of a state regulatory body by mail or phone to anyone on request, since these items are matters of public record and may be disclosed.

Exam results older than five years are not available.

Duplicate Exam Result Request

Which duplicate national or state exam result are you requesting? _____

Name (print or type) _____

Last

First

MI

Prior Name (if applicable) _____

Email (required) _____

Home Address _____ City _____ State _____ Zip _____

Phone Numbers: Office (____) _____ Home or Cell (____) _____

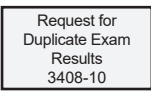
I hereby officially request duplicate exam results for the following exam(s) listed above. I understand a nonrefundable duplicate exam result fee of \$50 is required for each exam result requested.

Signature X _____ Date X _____

Payment

Candidate/Certificant Name _____

- Check/Money Order payable to DANB (must include candidate's name and be in US dollars)
Credit Card Authorization (Visa, MasterCard, Discover & American Express accepted): Amount: \$ _____



Credit Card Number _____ CVV _____ Expiration Date ____/____/____

Cardholder's Name _____ Cardholder's Signature X _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number _____

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.