

Dental Assisting National Board, Inc. (DANB)

Name Change Request

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

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



Measuring Dental Assisting Excellence®

Submit this form to:
DANB
Attn: Client Services
444 N. Michigan Ave., Suite 900
Chicago, IL 60611
Fax: 1-312-642-3550

Policy

In order to change a name on file with DANB, this completed form and acceptable documentation must be submitted to DANB. Please allow 2-3 business days for a name change request to be processed. Once a request with appropriate documentation has been processed, an email confirmation will be sent to the email address on file.

Name Change Documentation

Documentation being submitted (documentation must identify the current and previous name):

- Copy of marriage certificate
- Copy of divorce certificate
- Copy of court documents identifying the name change

Request a Name Change

Please complete all information. Please type or print with a pen.

DANB ID _____

Current Name _____
Last First MI

Previous Name _____
Last First MI

Home Address _____

City _____ State _____ Zip _____

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

Email _____

I hereby officially request to change my name as noted above.

Signature X _____ Date X _____