

Dental Assisting National Board, Inc. (DANB)

Request for Hand Scoring of Exam Results

This form will be accepted through Dec. 31, 2022.

This form must be completed by candidates interested in **having an exam hand scored**. Contact DANB with any questions at 1-800-367-3262. Submit this form to:

DANB

Attn: Exam Development

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Fax: 1-312-642-3550

Do NOT submit twice or you will be charged twice.



Measuring Dental Assisting Excellence®

Policy

To request a hand score of an exam, the candidate must submit this form with a nonrefundable \$75 fee for each exam so that the form and payment are received by DANB (by mail/fax) up to 7 calendar days after the exam appointment, which is the date the preliminary exam results are released to the candidate, or the request will be denied. Results of a hand score are completed within 10 days of receipt of a request. If the hand score results in a reversal of the fail status, the \$75 fee will be refunded to the payer.

If a candidate believes his/her scores were not properly recorded or wishes to appeal DANB policies relative to eligibility, administrative or exam content/scoring issues, he/she may submit a *Request for Reconsideration* form to DANB's Chief Executive Officer. A downloadable version of the *Request for an Appeal* form and the DANB Appeals Policy are also available on the DANB website at www.danb.org.

Request Hand Scoring of Exam Results

Please list which of the exams you would like DANB to hand score.

DANB National Exams

DANB National Exam you are requesting _____

DANB State Exams

DANB State Exam you are requesting _____

Candidate Information

DANB ID _____ Date Exam(s) Taken _____

Name (print or type) _____
Last First MI

Name, if different, at time of exam application _____ Email (required) _____

Home Address _____ City _____ State _____ Zip _____

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

I hereby officially request that my exam(s) administered by DANB listed above be hand scored. ***I understand the \$75 fee required for each exam requested is nonrefundable.***

Signature X _____ Date X _____

Payment Information

Candidate's 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: \$ _____

Hand Score Fee
3409

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.