

# Dental Assisting National Board, Inc. (DANB)

## Request for Hand Scoring of Exam Results

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

This form must be completed by candidates interested in **having an exam hand scored**. Contact DANB with any questions at 1-800-367-3262, ext. 444. Submit this form to:



Measuring Dental Assisting Excellence®

DANB

Attn: Kate Slagoski

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Fax: 1-312-642-3550

Do NOT submit twice or you will be charged twice.

### Policy

If a candidate is interested in having an exam scored by hand, he/she must submit this form with a nonrefundable \$75 hand scoring fee so that it is **received by DANB (by mail/fax) within 30 days after the original scored date printed on the official exam results or certificate received**. Results of the hand scoring of the exam are typically completed within 30 days of receipt of a request. If the pass/fail status is reversed as a result of the hand scoring, the \$75 fee will be refunded to the candidate. Requests for hand scoring of an exam will not be honored after 30 days from the original scoring date.

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 Executive Director. Call 1-800-367-3262 to request a form or a copy of the DANB Appeals Policy. 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](http://www.danb.org).

### Request Hand Scoring of Exam Results

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

#### DANB National Exams

- Orthodontic Assisting
- General Chairside Assisting
- Radiation Health and Safety
- Infection Control
- Coronal Polish
- Sealants
- Topical Anesthetic
- Topical Fluoride
- Anatomy, Morphology and Physiology
- Impressions
- Temporaries
- Isolation

#### DANB State Exams

- Maryland General Dental Assisting Expanded Functions
- Maryland Orthodontic Assisting Expanded Functions
- Missouri Basic Dental Assisting Skills
- New Jersey Expanded Duties General
- New York Infection Control
- New York Professional Dental Assisting
- New York Radiology
- Oregon Basic Dental Assisting
- Oregon Expanded Functions General Dental Assisting
- Oregon Expanded Functions Orthodontic Assisting
- Washington State Jurisprudence
- Washington State Restorative Exam

### Candidate Information

DANB ID \_\_\_\_\_ Date Exam(s) Taken \_\_\_\_\_

Name (print or type) \_\_\_\_\_  
Last First MI

Name, if different, at time of exam application \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

Signature  \_\_\_\_\_ Date  \_\_\_\_\_

### 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  \_\_\_\_\_

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.