

Dental Assisting National Board, Inc. (DANB)

Request a New Testing Window

This form will be accepted through Dec. 31, 2019.



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
Do NOT submit twice or you will be charged twice.

For Office Use Only:

Exam ID: _____

Exam Type: _____

Policy

If you cannot schedule or reschedule an exam appointment before the end of your original 60-day testing window, you may request a new 60-day testing window **only one time**. If you do not take the exam within the new testing window, a current exam application with any required documentation and full fees must be submitted. Any testing window received at a reduced fee is not eligible for a refund.

Request to Receive a New Testing Window

To request a new testing window, you must complete the following steps:

1. Access your exam application within your online DANB account and click on the name of the exam to be scheduled, **AND**
2. Cancel existing exam appointment at least 24 hours before the scheduled exam start time, **AND**
3. Submit request and \$60 fee for a new 60-day testing window (the new testing window will start immediately upon successful submission of the request) within 60 days after the end of the original testing window.

Failure to cancel an exam appointment will result in forfeiture of the full exam fee, and the application is null and void.

You may request a new testing window only one time. After the first request for a new testing window, a current exam application with any required documentation and full fees must be submitted.

Indicate the national or state exam(s) a new window is being requested for: _____

Please note: A nonrefundable processing fee is required for each exam for which a new testing window is being requested.

Candidate Information

Name _____ DANB ID _____

Email _____

Home Address _____ City _____ State _____ Zip _____

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

I hereby officially request a new 60-day testing window for the next available testing window. I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB policies and procedures. I understand that if this exam complete(s) the requirements to earn DANB certification, I attest to holding current DANB-accepted, hands-on CPR, BLS or ACLS certification. I understand that if I must now answer "Yes" to any of the Background Information questions I previously answered "No" to on my original exam application, I will inform DANB and submit the required documentation (these questions can be found in the exam application packet or online at www.danb.org). **I understand a \$60 nonrefundable processing fee per exam is required.**

Signature X _____ Date X _____

Payment Information

Candidate's Name _____

Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)

Fee: \$60
3407-10

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.