

Dental Assisting National Board, Inc. (DANB)

Request a New Testing Window

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: 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 your exam appointment before the end of your original 60-day testing window, you may request a new 60-day testing window one time. If you do not take the exam in the new testing window, a current exam application with any required documentation and full fees must be submitted. Please note that 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, complete the following:

Step 1: Cancel the exam appointment: Appointments must be cancelled with Pearson VUE at least 24 hours before the scheduled exam start time. Cancel online at www.vue.com/danb, or by calling Pearson VUE's toll-free hotline at 1-800-525-2586 during normal business hours. Failure to cancel a scheduled exam appointment will result in forfeiture of the full application/exam fees, and the application is null and void.

Step 2: Submit this completed form and \$60 fee by mail or fax within 60 days of the end of your original testing window.

Step 3: Receive a new Test Admission Notice from DANB. Your Test Admission Notice will be available to download through your online account and will also be mailed to you.

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 (____) _____ Home (____) _____ Cell (____) _____

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 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.

Fee: \$60
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