

Dental Assisting National Board, Inc. (DANB)

Request a New Testing Window

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

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

For Office Use Only:

Exam ID: \_\_\_\_\_
Exam Type: \_\_\_\_\_

Do NOT submit twice or you will be charged twice.

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 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

Step 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 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 US dollars)

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount: \$ \_\_\_\_\_

CreditCardNumber \_\_\_\_\_ CVV \_\_\_\_\_ ExpirationDate \_\_\_\_/\_\_\_\_

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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