

Dental Assisting National Board, Inc. (DANB)

Cancel a Testing Window

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

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

Policy

If you do not wish to take the DANB exam for which you applied and would like to request a partial refund; you must complete the following steps:

- 1. Access your online DANB account and click on the name of the exam to be canceled, **AND**
- 2. Cancel existing exam appointment at least 24 hours before the scheduled exam start time, **AND**

- 3. Submit request to cancel the testing window before the end of the 60-day testing window.

Once approved, DANB will issue a refund minus the \$40 cancellation fee and \$75 nonrefundable processing fee (a total of \$115 retained by DANB). All refunds will be issued to the payer.

Reason for Canceling Testing Window

- No longer required to take the exam
- Leaving the dental assisting profession
- Moving
- No time to take the exam
- Need more time to prepare
- Other \_\_\_\_\_

Indicate the national or state exam you wish to cancel: \_\_\_\_\_

Candidate Information

Name (print or type) \_\_\_\_\_ DANB ID \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

I hereby officially request the cancellation of my testing window.  
***I understand I will receive a refund minus the \$40 cancellation fee and \$75 nonrefundable application fee (a total of \$115 retained by DANB), provided that I have met all of the qualifying conditions stated in the Cancellation Policy above.***

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