

## Dental Assisting National Board, Inc. (DANB)

# Cancel a Testing Window

This form will be accepted through Dec. 31, 2022.



Contact DANB with any questions at 1-800-367-3262 or email [docreview@danb.org](mailto:docreview@danb.org).

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 before the end of your 60-day testing eligibility window:

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 for in-person exams and any point up until the start time of your exam appointment for online proctored exams. To cancel your appointment, follow the prompts to "Schedule" your exam. You will be redirected to your Pearson VUE dashboard. Select your exam and click "Cancel" appointment on the right-hand side of your Authorization**

**Details page. Once your appointment is canceled, you will receive an email confirmation from Pearson VUE, AND**

3. Submit request to cancel the testing window before the end of the 60-day testing window online or by submitting this form.

Once approved, DANB will issue a refund minus the \$40 cancellation fee and \$75 nonrefundable application fee (a total of \$115 retained by DANB) within 30 days. All refunds will be issued to the payer.

If you have requested a new testing window for this exam at a reduced fee or due to an emergency, you are not eligible to cancel your testing window. You can only cancel your original testing window.

## 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 (required): \_\_\_\_\_

## Candidate Information

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

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

Email (required) \_\_\_\_\_

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 \_\_\_\_\_