

Dental Assisting National Board, Inc. (DANB)

Cancel a Testing Window

This form will be accepted through Dec. 31, 2018.

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 a candidate does not wish to take the DANB exam for which he/she applied the candidate must complete the following steps:

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 1: Cancel the exam appointment: If an exam appointment has been scheduled, the candidate **must** cancel his/her appointment with Pearson VUE at least 24 hours before the scheduled exam start time. An exam appointment can be canceled online by visiting Pearson VUE's website, www.vue.com/danb, or by calling Pearson VUE's toll-free hotline at 1-800-525-2586 during normal business hours.

Step 2: Request to cancel the 60-day testing window: Mail or fax the form so that it is received by DANB before the end of the 60-day testing window. DANB will issue a refund minus the \$40 cancellation fee and \$75 nonrefundable application fee (a total of \$115 retained by DANB). DANB will issue the refund 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 (____) _____ Home (____) _____ Cell (____) _____

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 _____