

Dental Assisting National Board, Inc. (DANB)

Request to Receive a New Testing Window Due to an Emergency

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: _____

Policy

If an exam appointment is missed due to a documented, DANB-accepted emergency, you must submit your request and documentation for a new 60-day testing window (the new testing window will start immediately upon arrival of the request) within 60 days of the missed appointment date.

Approved requests will receive a new 60-day testing window at no additional fee.

If the emergency request is denied, you will receive an email with instructions on how to reschedule your testing window at a reduced rate.

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Please indicate the missed national or state exam: _____

Date of the Missed Exam: _____

Write a brief description explaining the nature of the emergency that prevented the candidate from taking a scheduled exam.

REQUIRED: Attach supporting documentation to this form (e.g., obituary notice, doctor's note, police report).

Blank lines for writing the description and attaching documentation.

Candidate Information

Name (print or type) _____ DANB ID _____

Last First MI

Name, if different, at time of exam application _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Phone Number(s): Office (____) _____ Cell or Home (____) _____

I hereby officially request a new testing window due to a personal emergency. Supporting documentation of the emergency must accompany this request. I hereby affirm that the information provided is 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 any 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).

Signature X _____ Date X _____