

## 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, 2022.

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



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

## 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 within 60 days of the missed appointment date. The new testing window will start immediately upon approval of the request.**

You can submit your request online by logging into your DANB account ([www.danb.org](http://www.danb.org)) and clicking on the name of the missed exam. Follow the prompts to submit the request and documentation. You may also submit this paper

form with required documentation. Failure to submit complete forms within the timeframe stated means that you must pay full exam fees.

Approved requests will receive a new 60-day testing window at no additional fee. If you do not schedule your exam, or if you miss your exam within your new 60 day window, you will be required to submit a new exam application and pay the full fee. Please allow up to 2-4 weeks to review.

Whether your request is denied, approved or additional information is needed, an email will be sent to the email address on file with DANB.

## Request to Receive a New Testing Window Due to an Emergency

Please indicate the name of the national or state DANB exam you missed: \_\_\_\_\_

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). Documentation must include a date.

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## 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](http://www.danb.org)).

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