

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, 2018.

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 a candidate experiences a personal emergency and is not able to take an exam on the scheduled date or cancel the existing appointment through Pearson VUE with at least 24 hours notice, he/she must submit this completed form explaining the nature of the emergency that prevented him/her from taking a scheduled exam, including documents supporting the emergency claim. The request

form and documentation must be received by DANB within 60 days of the scheduled exam date. (Call 1-800-367-3262 with any questions about what constitutes an emergency and appropriate supporting documentation.) Approved requests will receive the next available 60-day testing window at no additional fee.

Request to Receive a New Testing Window Due to an Emergency

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 emergency 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 (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_