

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

# Request to Reschedule a PDEP Deadline or Retest PDEP

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



Measuring Dental Assisting Excellence®

Submit this form to:

DANB  
Attn: PDEP  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611  
Fax: 1-312-642-8507

Do NOT submit twice or you will be charged twice.

## Request to Reschedule a PDEP Deadline

To reschedule a PDEP deadline, you must submit your completed original answer sheet, this form and a \$35 nonrefundable rescheduling fee. If any of these components are missing, your extension request will be considered incomplete, your exam will not be scored and DANB will retain the \$35 rescheduling fee. A deadline may be extended up to one year after the initial PDEP deadline ends.

- I hereby officially request that my **PDEP deadline be extended**. I understand a \$35 nonrefundable rescheduling fee is required.

## Request to Retake a PDEP Exam

To retake a PDEP exam, you must submit your completed new answer sheet, this form and a \$35 nonrefundable retaking fee. If any of these components are missing, your request to retake the exam will be considered incomplete, your exam will not be scored and DANB will retain the \$35 retake fee.

- I have already participated in PDEP and failed the exam. I hereby officially request to **retake the PDEP exam**. I understand a \$35 nonrefundable retaking fee is required.

## Certificant Information

PDEP Identification Number \_\_\_\_\_ Cert. # \_\_\_\_\_  
(located on your PDEP welcome letter)

Name (print or type) \_\_\_\_\_  
Last First MI

Prior Name (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

## Payment Information

Certificant's Name \_\_\_\_\_

- Check/Money Order payable to DANB (must include certificant's name and be in US dollars)

- Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount: \$ 35.00

3307

Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature X \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.

DANB • 444 N. Michigan Ave., Suite 900 • Chicago, IL 60611 • 1-800-367-3262 • Fax: 1-312-642-8507 • danbmail@danb.org • www.danb.org