

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

Request to Reschedule a PDEP Deadline or Retest PDEP



Renewing Dental Assisting Excellence

This form is for use by candidates who would like:

- to extend a PDEP deadline (original answer sheet must be attached) OR
to retake the exam using the new answer sheet provided by DANB (new answer sheet must be attached)

Any questions, contact Chris McManus at 1-800-FOR-DANB ext. 429. Fax this form to DANB, Attn: Chris McManus at 312-642-8507 or mail to DANB, Attn: Chris McManus, 444 N. Michigan Ave., Chicago, IL 60611.

Request to Reschedule a PDEP Deadline

Check Box Here

I hereby officially request that my PDEP deadline be extended. I understand a \$35 non-refundable rescheduling fee is required. My payment information is detailed below.

PDEP Deadline Date (stamped on your Welcome Letter) _____

To reschedule a PDEP deadline, you must submit your completed, original answer sheet, this form and a \$35 non-refundable rescheduling fee. If any of these components are missing, your extension request will be considered incomplete, your answers will not be scored and DANB will retain the \$35 rescheduling fee.

Request to Retest a PDEP Exam

Check Box Here

I have already participated in PDEP and failed to pass the exam. I hereby officially request to retake the PDEP exam. I understand a \$35 non-refundable retesting fee is required. My payment information is detailed below.

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

Certificant Information

PDEP Identification Number (located on your Welcome Letter) _____

DANB Certification Number _____ Social Security # _____ - _____ - _____

Name (print or type) _____

Name, if different, at time of exam application _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ Signature _____

Select Payment Option

Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB

3307

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Authorization: Allows DANB to charge your credit card account. Please complete all information.

Credit Card Number _____ Expiration Date ____ / ____ Amount \$ _____

Cardholder's Name _____ Cardholder's Signature _____

Cardholder's Billing Address _____

City/State/Zip _____ 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.