

Program Director Update Form (for CODA-accredited programs only)



To better serve the oral healthcare profession, DANB likes to keep updated records of Program Director information. This helps us better communicate with you through newsletters and other forms of direct communication. Please take a moment to fill out this form and **fax to Jane Hanson, Senior Coordinator, Testing at 312-642-3550 or mail to DANB, Attn: Jane Hanson, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611.** Thank you in advance for offering your valuable time and information.

Program Director Update Information

Please Print Clearly

School _____

DANB School ID # _____

Program Director Name _____

Title _____ Credentials _____

Department _____

Address _____

City _____ State _____ Zip Code _____

General Phone Number (for inquiries) _____

General Email Address _____

Program Director Phone Number/Extension _____

Program Director Email Address _____

Institution's Website Address _____

Alternate Contact in the event of Director's absence _____

Alternate Contact's Phone Number/Extension _____

Number of DANB CDA Candidate Guides needed annually (estimated) _____

Number of students annually enrolled in your dental assisting program (estimated) _____

To help DANB reach as many dental assisting educators as possible, please list the names and credentials of the instructors in your program:

_____	_____
_____	_____
_____	_____