

*Program Director Update and/or New Program Reporting Form*



To better serve the oral healthcare profession, DANB likes to keep updated records of Program Director and/or New Program 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 Kate Slogoski, Coordinator, Testing and Measurement, at 312/642-3550 or mail to DANB, Attn: Kate Slogoski, 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 # (DANB will provide a school code if you do not yet have one) \_\_\_\_\_

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 Phone Number/Extension \_\_\_\_\_

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

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

_____	_____
_____	_____
_____	_____