

# Request to Reschedule a Computer Exam Eligibility Window



This form must be completed by candidates who **need to reschedule an exam eligibility window**. Contact Jane Hanson with any questions at 1-800-FOR-DANB ext. 452. Fax this form to DANB, Attn: Jane Hanson at 312-642-3550 or mail to:

DANB  
Attn: Jane Hanson  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

## DANB's Policy on Rescheduling a Computerized Exam Eligibility Window

If a candidate cannot schedule or reschedule a computerized exam before the end of their 60-day eligibility window and would like to reschedule their exam window for a fee of \$35, they **must complete ALL OF THE FOLLOWING STEPS:**

**STEP 1:** If an exam appointment has been scheduled, the candidate **must** contact Pearson VUE at their toll-free hotline (1-800-525-2586, not the test site phone number) **to cancel at**

**least two business days before the scheduled appointment.** Failure to cancel a scheduled exam will result in forfeiture of the full application/exam fees and the application is null and void.

**STEP 2:** Mail or fax this form to DANB along with a \$35 rescheduling fee so that it is received by DANB up to 60 days after the end of the 60-day eligibility window.

## Request to Reschedule a Computerized Format Exam Eligibility Window

Please check which of the following national or state exams you are requesting to reschedule.

DANB National Exams	DANB State Exams	
<input type="checkbox"/> Certified Dental Assistant (CDA) <input type="checkbox"/> Certified Orthodontic Assistant (COA) <input type="checkbox"/> Orthodontic Assistant (OA) only <input type="checkbox"/> General Chairside (GC) only <input type="checkbox"/> Radiation Health & Safety (RHS) only <input type="checkbox"/> Infection Control (ICE) only <input type="checkbox"/> RHS/ICE Exam	<input type="checkbox"/> Arizona Coronal Polishing (AZCP) <input type="checkbox"/> Delaware Dental Radiologic Technology (DDRT) <input type="checkbox"/> Maryland General Exp. Functions (MDG) <input type="checkbox"/> Maryland General Orthodontic Exp. Functions (MDO) <input type="checkbox"/> Missouri Basic (MOB) <input type="checkbox"/> New Jersey Dental Radiation Technologist (NJDRRT) <input type="checkbox"/> New Jersey Exp. Duties General (NJXDG) <input type="checkbox"/> New York Professional Dental Assisting (NYPDA)	<input type="checkbox"/> Oregon Basic only (ORB) <input type="checkbox"/> Oregon Expanded Functions General only (ORXG) <input type="checkbox"/> Oregon Expanded Functions Orthodontic only (ORXO) <input type="checkbox"/> Oregon Basic <b>AND</b> Oregon Expanded Functions General (ORBXG) <input type="checkbox"/> Oregon Basic <b>AND</b> Oregon Expanded Functions Orthodontic (ORBXO) <input type="checkbox"/> Washington State Jurisprudence (WSJ) <input type="checkbox"/> Washington State Restorative Exam (WARE)

Please check one of the following:  I cancelled my exam appointment by calling Pearson VUE at 1-800-525-2586  
 I did not yet make an exam appointment with Pearson VUE

### Candidate Information

Name (print or type) \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name, if different, at time of exam application \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number(s): Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

I hereby officially request that my 60-day eligibility window be rescheduled.

**I understand a \$35 rescheduling fee is required.**

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

### Select Payment Option

Candidate's Name (print or type) \_\_\_\_\_ Candidate's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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