

Request to Reschedule an Exam Due to an Emergency



FOR COMPUTERIZED, CLINICAL, OR WRITTEN FORMAT EXAMS

This form must be completed by candidates who **need to reschedule an exam due to a personal emergency**. 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 an Exam Due to an Emergency

If a candidate experiences a personal emergency and is not able to take a computerized, clinical **or** written format exam, **they must** submit a *Request to Reschedule Due to an Emergency* form explaining the nature of the emergency that prevented them from taking a scheduled exam, including documents supporting the emergency claim. The request form **must be received by DANB (via mail or fax) within 30 days of the scheduled exam date**

or exam window. (Call 1-800-FOR-DANB with any questions about what constitutes an emergency and appropriate supporting documentation.) Approved requests will be rescheduled at no additional fee. *If you are rescheduling a computerized exam, you will automatically be assigned to the next exam eligibility window. If you are rescheduling a written or clinical exam, you will automatically be assigned to the next test administration.*

Request to Reschedule an Exam Due to an Emergency

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

DANB National Exams

- Certified Dental Assistant (CDA)
- Certified Orthodontic Assistant (COA)
- Orthodontic Assisting only (OA)
- General Chairside Assisting only (GC)
- Radiation Health and Safety only (RHS)
- Infection Control only (ICE)
- RHS/ICE Exam

DANB State Exams

- Arizona Coronal Polishing (AZCP)
- Arizona Clinical Radiologic Proficiency (AZCL)
- Delaware Dental Radiologic Technology (DDRT)
- Maryland General Expanded Functions (MDG)
- Maryland General Orthodontic Expanded Functions (MDO)

DANB State Exams (cont.)

- Missouri Basic (MOB)
- Oregon Basic (ORB)
- Oregon Expanded Functions General (ORXG)
- Oregon Expanded Functions Orthodontic (ORXO)
- New Mexico Expanded Functions Fluoride (NMXF)
- New Mexico Expanded Functions Pit & Fissure Sealants (NMXP)
- New Mexico Expanded Functions Coronal Polish (NMXC)
- New Jersey Expanded Duties-General (NJXDG)
- New Jersey Dental Radiation Technologist (NJDRT)
- New York Professional Dental Assisting (NYPDA)
- Washington State Jurisprudence (WSJ)

-----Check one-----

Scheduled Date of Examination (_____) Computer Written Clinical

If you are rescheduling a computerized exam, you will automatically be assigned to the next exam eligibility window. If you are rescheduling a written or clinical exam, you will automatically be assigned to the next test administration.

Please write a brief description in the space provided explaining the nature of the emergency that prevented the candidate from taking an exam... ➡

IN ADDITION TO attaching the supporting documentation to this form (i.e.: obituary notice, doctor's note, etc.).

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 scheduled DANB examination date be rescheduled due to an emergency. **Emergency documentation must accompany this request.** Call 1-800-FOR DANB ext. 452, if you have any questions about what constitutes an emergency.

Signature _____ Date _____