



Group Testing Request

This form will be accepted through Dec. 31, 2026.

Contact DANB with any questions at 1-800-367-3262 or email docreview@danb.org.

Mail to: DANB
Attn: Group Testing
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Email to: financefax@danb.org
(Do NOT submit twice or you will be charged twice.)

Policy

Group testing is available for groups of seven or more candidates who are applying to take the same DANB-administered exam.

Requests for group testing must be submitted at least six weeks before the requested testing date(s). Applications may take 2–4 weeks to process. **To ensure efficient processing, we strongly recommend that each candidate creates a DANB account online (www.danb.org) before this group testing form is submitted. This helps to ensure that DANB has complete and accurate candidate information.**

Group testing exam appointments will be scheduled on the same day at the same test center. The exam appointment start times will vary depending on the test center availability and the test center hours of operation. Typical exam appointments will be scheduled between 8:00 a.m. and 6:00 p.m. Each candidate in the group may be scheduled to test at different times. DANB will email the group testing contact listed on this form once the group is scheduled. Each candidate will receive an appointment confirmation email from Pearson VUE.

When arranging group testing, please keep in mind that only scheduled exam candidates will be allowed in the Pearson VUE test centers.

As a reminder, **the exam is confidential**. Any individual who removes or attempts to remove testing related materials from the test center, or who attempts to memorize, distribute or otherwise misuse an exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of DANB, will be subject to legal action. Any candidate or certificant who engages in improper behavior also will be subject to disciplinary action by DANB, which may include denial or revocation of certification or recertification.

Groups taking an exam together must all take the exam in the same language. Please contact docreview@danb.org if you have questions.

Additionally, candidates requesting accommodations with their exam cannot be scheduled with a group and must be scheduled individually.

Once payment is processed, we will review the applications within 2–4 weeks and will contact you by email if anything further is needed. If all applications are complete, then DANB will work with Pearson VUE to schedule the appointments. An email will be sent to the group testing contact with the specific testing information. The group testing contact is responsible for notifying each candidate of their finalized exam date, time, and location. Any candidates who do not test as scheduled will need to reapply with additional documentation and payment.

Group Testing Checklist

When applying for an exam, candidates are responsible for understanding and complying with the policies and procedures in the [Candidate Handbook](#), available at www.danb.org/exams/forms-and-policies.

- Is the DANB Group Testing form completed in full?
- Are all of the exam candidates listed on the DANB Group Testing form?
- Did each candidate create an online DANB account? This is not required, but strongly encouraged for efficient processing.
- Did all the candidates complete an exam application in full and include any required documentation? Please refer to the appropriate exam application packet at www.danb.org for documentation requirements.
- Has full payment been included?

Group Contact Information

Name _____

School/Office _____ DANB Program Code _____

Email* _____ Phone _____



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Number of exam applications (must be seven or more) _____

Exam type (must be same exam type) _____

Requested Pearson VUE test center location (DANB cannot guarantee availability at specific test centers):

Visit www.vue.com/danb for available locations.

1st Choice _____ 2nd Choice _____
City _____ State _____ City _____ State _____

Request group testing date (Specific times or times of day may NOT be requested*). Three different date options are required:

1st Choice _____ 2nd Choice _____ 3rd Choice _____
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Candidate Names

Please list all candidates below. Any candidates not listed will not be scheduled with the group.

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____