



# Group Testing Request

This form will be accepted through Dec. 31, 2024.

Contact DANB with any questions at 1-800-367-3262 or email [docreview@danb.org](mailto:docreview@danb.org).

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

Email to: [financefax@danb.org](mailto: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.

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.

Note regarding the Radiation Health and Safety (RHS) exam administered in Spanish: Groups taking the RHS exam must take the exam in the same language. Either all candidates in one group must take the English exam, or all candidates must take the Spanish exam. Please contact [docreview@danb.org](mailto:docreview@danb.org) if you have questions about this.

## Group Testing Checklist

When applying for an exam, candidates are responsible for understanding and complying with the policies and procedures in the [Candidate Handbook](https://www.danb.org/exams/forms-and-policies), available at <https://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 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](http://www.danb.org) for documentation requirements.
- Has full payment been included?

**Please allow 2–4 weeks for processing.**

## Group Contact Information

Name \_\_\_\_\_

School/Office \_\_\_\_\_

Email\* \_\_\_\_\_

DANB Program Code \_\_\_\_\_ Phone \_\_\_\_\_

Phone Numbers Office \_\_\_\_\_ Cell or Home \_\_\_\_\_

\*Once the exam appointments are scheduled, 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.



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## Group Testing Request

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](http://www.vue.com/danb) for available locations.

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_  
City State City State

Request group testing date (Specific times may NOT be requested\*):

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 \_\_\_\_\_
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- 24 \_\_\_\_\_