

NB Group Testing Request

This form will be accepted through Dec. 31, 2025.

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

Mail to: DANB Email to: financefax@danb.org

(Do NOT submit twice or you will be charged twice.)

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

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.

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 if you have questions about this.

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 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 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

School/Office

DANB Program Code

Email*

Dental Assisting National Board • 444 N. Michigan Ave., Suite 900 • Chicago, IL 60611 • www.danb.org

Phone



Group Testing Request

Number of ex	am applications (must be seve	n or more)			
Exam type (n	nust be same exam type)				
Requested F	Pearson VUE test center locat	ion (DANB cannot gu	arantee availability at sp	pecific test centers):	
	Y	/isit www.vue.com/da	nb for available location	S.	
1st Choice			2nd Choice		
	City	State	2nd Choice	City	State
Request arou	ip testing date (Specific times o	r times of day may NC)T be requested*) Thre	e different date options are	e required:
	(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)
		Candida	ate Names		
Please list all	candidates below. Any candida			roup.	
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