

Dental Assisting National Board



Name Change Request

This form will be accepted through Dec. 31, 2022.

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

Submit this form to:
DANB

Attn: Document Review
444 N. Michigan Ave., Suite 900
Chicago, IL 60611
Fax: 1-312-642-3550

Policy

In order to change your name on file with DANB, you may submit the Name Change Request by logging into your online DANB account (www.danb.org), or you may submit this form with required documentation.

Requests submitted online will be processed within 2-3 business days. Paper requests will be processed within 2 weeks. Once a request with appropriate documentation has been processed, or if additional information is needed, an email will be sent to your email address on file.

Name Change Documentation

Documentation being submitted (**documentation must identify the current and previous name**):

- Copy of marriage certificate
- Copy of divorce certificate
- Copy of court documents identifying the name change

Please submit copies of your documentation. Original documents will not be returned.

Request a Name Change

Please complete all information. Please type or print with a pen.

DANB ID _____

Current Name _____
Last First MI

Previous Name _____
Last First MI

Home Address _____

City _____ State _____ Zip _____

Phone Numbers: Office (____) _____ Cell or Home (____) _____

Email (required) _____

I hereby officially request to change my name as noted above.

Signature X _____ Date X _____