

Dental Assisting National Board

DANB

Request for a Duplicate Certificate

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

Submit this form to:

DANB
444 N. Michigan Ave.,
Suite 900
Chicago, IL 60611
Fax: 1-312-642-8507

Do NOT submit twice or you will be charged twice.

Policy

To request a duplicate DANB-issued certificate you must submit this completed form and \$50 fee (**for each certificate requested**) to DANB. Duplicate certificate(s) will be mailed within 2–4 weeks. DANB does not fax or email copies of certificates. *Please note that Oregon credentials are listed on one certificate. Only one fee of \$50 is required for all Oregon credentials.*

A *Candidate/Certificant Request for Credential Verification* form may be submitted with a \$10 fee if you are not eligible to receive a duplicate certificate.

Your certificate will be printed with the name DANB currently has on file. If your name has changed and you would like your certificate printed with your updated name, please log into your DANB account (www.danb.org), and submit the Name Change Request online, or submit the *Name Change Request* form with required documentation.

Duplicate Certificate Request

Which certificates (s) are you requesting? (Required) _____

DANB ID or Certification Number _____

Name (Please print clearly) _____

Prior name (if applicable) _____ Email (required) _____

Home Address _____

City _____ State _____ Zip _____

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

Signature X _____ Date X _____

I hereby officially request a duplicate copy of the certificate(s) selected above. ***I understand the \$50 duplicate certificate fee required for each certificate requested is nonrefundable.***

Payment Information

Candidate/Certificant Name _____

Check/Money Order payable to DANB (must include candidate's name and be in US dollars)

Request for a
Duplicate Certificate
3408-11

Credit Card Authorization (Visa, MasterCard, Discover & American Express accepted): Amount: \$ _____

Credit Card Number _____ CVV _____ Expiration Date ____/____

Cardholder's Name _____ Cardholder's Signature X _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number _____

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.