



Request a New Testing Window

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

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

Email to: financefax@danb.org

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

Policy

If you cannot schedule or reschedule an exam appointment before the end of your original 60-day testing window, you may request a new 60-day testing window only one time. If you do not take the exam within the new testing window, a current exam application with any required documentation and full fees must be submitted. Any testing window received at a reduced fee is not eligible for a refund. **This request needs to be submitted within 60 days after the end of the original testing window.**

How to Request a New Testing Window

Also see step-by-step instructions within [this document](#).

1. Access your exam application within your online DANB account and click on the name of the exam to be scheduled, **AND**
2. **Cancel existing exam appointment at least 24 hours before the scheduled exam start time for in-person exams and any point up until the start time of your exam appointment for online proctored exams. To cancel your appointment, follow the prompts to "Schedule" your exam.** You will be redirected to your Pearson VUE dashboard. Select your exam and click "Cancel" appointment on the right-hand side of your Authorization Details page. Once your appointment is canceled, you will receive an email confirmation from Pearson VUE, **AND**
3. Submit request and \$60 fee for a new 60-day testing window by submitting this form within 60 days after the end of the original testing window. DANB will process the request within 2–4 weeks, and you will receive an email once your request is completed.

Failure to cancel an appointment and/or submit complete forms within the timeframe stated requires you to pay full exam fees.

Please note: A nonrefundable processing fee is required for each exam for which a new testing window is being requested.

Candidate Information

Indicate the national or state exam(s) a new window is being requested for: _____

Name _____ DANB ID _____

Email (required) _____

Home Address _____ City _____ State _____ Zip _____

Phone Numbers Office _____ Cell or Home _____

I hereby officially request a new 60-day testing window for the next available testing window. I will comply with all DANB policies and procedures. I understand that if I must now answer "Yes" to any of the Background Information questions, I will inform DANB and submit the required documentation (these questions can be found online at www.danb.org). I understand the required \$60 processing fee per exam is nonrefundable.

Signature X _____ Date X _____

Payment Information

Candidate's Name _____

Fee: \$60
3407-10

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

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.