

## Dental Assisting National Board



# Request for Duplicate Exam Results

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

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

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-administered exam result you must submit this completed form and \$50 fee (for each exam result requested) to DANB. Duplicate exam results will be mailed within 2–4 weeks. DANB does not fax or email copies of exam results.

**Exam results older than five years are not available.**

Exam results will not be released to employers or any other individuals, except on written verification request of the candidate, unless required by state regulatory agencies. DANB will verify any credentials earned, and any state-specific certificates administered by DANB on behalf of a state regulatory body by mail or phone to anyone on request, since these items are matters of public record and may be disclosed.

### Duplicate Exam Result Request

Which duplicate national or state exam result are you requesting? **\*(Required)**

Name (print or type) \_\_\_\_\_

Last

First

MI

Prior Name (if applicable) \_\_\_\_\_ Email (required) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Office (\_\_\_\_) \_\_\_\_\_ Home or Cell (\_\_\_\_) \_\_\_\_\_

I hereby officially request duplicate exam results for the exam(s) listed above. ***I understand the \$50 fee required for each exam result requested is nonrefundable.***

Signature X \_\_\_\_\_ Date X \_\_\_\_\_

### Payment

Candidate/Certificant Name \_\_\_\_\_

- Check/Money Order payable to DANB (must include candidate's name and be in US dollars)  
 Credit Card Authorization (Visa, MasterCard, Discover & American Express accepted): Amount: \$ \_\_\_\_\_

Request for  
Duplicate Exam  
Results  
3408-10

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.