



Request for Hand Score of Exam Results

This form will be accepted through Dec. 31, 2023.

This form must be completed by candidates interested in having an exam hand scored. Contact DANB with any questions at 1-800-367-3262.

Mail to: DANB
Attn: Finance
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Email to: financefax@danb.org
(Do NOT submit twice or you will be charged twice.)

Policy

To request a hand score of an exam, the candidate must submit this form with a nonrefundable \$75 fee for each exam so that the form and payment are received by DANB (by mail/email) up to 7 calendar days after the exam appointment, which is the date the preliminary exam results are released to the candidate, or the request will be denied. Results of a hand score are completed within 10 days of receipt of a request. If the hand score results in a reversal of the fail status, the \$75 fee will be refunded to the payer.

If a candidate believes his/her scores were not properly recorded or wishes to appeal DANB policies relative to eligibility, administrative or exam content/scoring issues, they may submit a [Request for Reconsideration form](#) to DANB's Chief Executive Officer.

Candidate Information

Indicate which exam you would like DANB to hand score _____

Date exam taken _____

Name _____ DANB ID _____

Name, if different, at time of application) _____

Email (required) _____

Home Address _____ City _____ State _____ Zip _____

Phone Numbers Office _____ Cell or Home _____

I hereby officially request that my exam(s) administered by DANB listed above be hand scored. **I understand the \$75 fee required for each exam requested is nonrefundable.**

Signature X _____ Date X _____

Payment Information

Candidate's Name _____

Hand Score Fee
3409

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 _____ CW _____ 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.