



# Exam Language Switch Request Form

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

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

Email to: [docreview@danb.org](mailto:docreview@danb.org)

## Exam Language Switch Instructions

Select DANB exams are offered in English and Spanish. You may request to switch your exam language **one time only** by submitting this form within 60 days after the end of your current 60-day testing window.

### IF YOU HAVE AN EXISTING EXAM APPOINTMENT

- Before submitting this form, you must cancel the appointment at least 24 hours before the scheduled exam start time for in-person exams and any point until the start time of your exam appointment for online proctored exams.
- To cancel an appointment, log in to your DANB account, click the name of the exam to be canceled on your DANB dashboard, then 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.
- Once you receive confirmation that your appointment has been canceled, mail or email this form to DANB.
- Failure to cancel an appointment and/or submit this completed form within the timeframe stated means that you must pay full exam fees to switch the language of your exam.

Once this request is received by DANB, it will be processed within 1-2 weeks. DANB will contact you by email if we need additional information. Once approved, you will be notified by email of your new 60-day testing window and when you can schedule your new appointment.

## Exam Language Switch Information

Please indicate the name of the exam:

RHS       ICE       RHS/ICE       ORXG       ORXO

Please indicate the exam language switch you would like to make.

Switch from Spanish **to English**

Switch from English **to Spanish**

## Candidate Information

Name \_\_\_\_\_

Email \_\_\_\_\_

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

Phone Number \_\_\_\_\_

***I hereby officially request to switch the language of my exam as indicated above on this form. I will comply with all DANB policies and procedures. I understand that I can only make this request one time and will be required to pay the full exam fee if I wish to switch the language of my exam more than once. I further understand that failure to cancel an exam appointment and/or submit this completed form within the timeframe stated means I must pay the full exam fee to switch the language of my exam.***

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