



## Certification Renewal Notice

Please check the box indicating the number of certifications you hold.

**If you submit your renewal after your expiration date,  
within your three-month grace period, add the \$20 late fee:**

Number of certifications	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NELDA	<input type="checkbox"/> Late fee
Required credits	12	18	6	
Renewal fee	\$75	\$90	\$50	\$20

Please contact DANB at [recertification@danb.org](mailto:recertification@danb.org) if you hold more than 2 certifications.

First Name

Last Name

Email

DANB ID

## Background Information Questions

Failure to answer these questions will result in your renewal being incomplete.

- |   |  |  |
|---|--|--|
| <p>1. Have you been convicted of a felony since your last renewal or DANB national exam application or are you currently serving any sentences for a felony conviction?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>2. Have you been disciplined by a regulatory board, certifying agency or examination agency or education institution since your last renewal?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>3. Have you been declared mentally incompetent by a court of law since your last renewal?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
|---|--|--|

## Signature and Date

*I hereby affirm that my answers to all questions are true and correct. I have met all recertification eligibility requirements and will comply with all DANB policies and procedures. I have obtained and am able to provide proof of having earned the required Continuing Dental Education (CDE) credits (for the renewal period specified) and a current, DANB-accepted, hands-on CPR, BLS or ACLS certificate. I further affirm that I have read and understood the Application Statements contained on this notice, and I intend to be legally bound by it. I understand that the fee(s) is not refundable under any circumstances.*

Signature

Date

## Payment

**Check/money order:** Mail to DANB at 444 N. Michigan Ave., Suite 900, Chicago, IL 60611

**Credit card:** Email to [financefax@danb.org](mailto:financefax@danb.org) or renew online

Amount to be charged (add \$20 late fee if in grace period): \$ \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

To renew online with a credit card:

1. Visit <https://online.danb.org/danbssa/>
2. Log in to your DANB account
3. Click on "Renew Here" under Notifications to start your renewal

By signing, the cardholder acknowledges intent for the candidate to renew their DANB certification in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

## BACKGROUND INFORMATION POLICY AND QUESTIONS

The Dental Assisting National Board (DANB) is committed to promoting public safety by providing credentialing services to the dental community. To take DANB exams and earn DANB credentials, candidates should embody professional values that are in the best interest of patients.

Responses to the Background Information Questions (BIQs) allow DANB to make informed decisions regarding our credentials and ultimately the safety of our stakeholders. Requiring answers to the BIQs supports DANB's mission by removing or restricting the use of credentials to those who exhibit behavior inconsistent with DANB's Code of Professional Conduct.

National exam, certification renewal, certification reinstatement, and emeritus applications contain three BIQs that exam candidates and certificants ("DANB Individuals") are required to answer. Failure to answer the questions will result in the application being returned as incomplete. DANB Individuals must submit documentation, with their completed application, related to each affirmative response. DANB will review the documentation related to each affirmative response and make a case-by-case determination as to the candidate's eligibility to test, to earn certification or recertify. Dependent on specific disclosures made, DANB reserves the right to bring individuals for review under DANB's Disciplinary Policy & Procedures.

Note: Any person being held on criminal charges or serving a sentence of confinement (e.g., prison, jail, home detention, or any equivalent mode of confinement) for any offense, must be fully released from confinement before applying for and/or taking a DANB exam or before renewing or reinstating DANB certification.

**BIQ 1** Is your answer "yes" to either of the following?

- Since you last renewed your certification or applied for a DANB national certification or component exam, have you been convicted of, or pled guilty or no contest to, a felony or any crime punishable by confinement in a state or federal prison for any length of time?
- Are you currently serving a sentence of confinement, home detention, parole, probation, or other court-ordered supervision, or are you subject to a reporting requirement (e.g., sex offender or violent offender registry) in connection with any felony conviction?

*It is not necessary to report misdemeanor convictions. If you are uncertain whether a conviction was for a felony or a misdemeanor, you must mark "Yes."*

**BIQ 2** Since you last renewed your certification or applied for a DANB national certification or component exam, have you been the subject of any of the following?

- Suspension, revocation or voluntary surrender of your dental assisting license, registration or other state-recognized dental assisting credential?
- Suspension, revocation or voluntary surrender of a license, registration or other state-recognized credential in any profession?
- Loss of authorization to practice dental assisting or any profession as an employee of the federal government?
- Loss of authorization to practice dental assisting or any profession in a jurisdiction that does not require registration, licensure or other recognized employment credential?
- Disciplinary action by a professional regulatory board, certifying or exam agency, or other professional body?
- Investigation by or dismissal from an educational institution or employer for cheating, violating an educational institution's or other organization's code of conduct or similar document, or any other ethical violation?

**BIQ 3** Since you last renewed your certification or applied for a DANB national certification or component exam, have you been declared mentally incompetent by a court of law?

## DOCUMENTATION REQUIRED IF A CERTIFICANT ANSWERS “YES”

Documentation must be submitted with the completed application.

### Step 1 — Personal Statement

The applicant must attach a signed and dated personal statement describing the circumstances surrounding each occurrence, the offense or reason for the conviction or disciplinary action, the date of the adverse action, the penalties imposed, and the dates when penalties for each occurrence were or will be completed.

### Step 2 — Supporting Documentation

The applicant must also provide official documentation related to each occurrence, including but not limited to:

**BIQ 1** For felony convictions, judgment of conviction, sentencing order and termination of probation order, if applicable, and any other documentation deemed necessary by DANB.

**BIQ 2** For regulatory, credentialing or educational disciplinary action an official statement from the disciplining agency or educational institution describing the offense and penalties imposed (e.g., consent order, decision) and, if applicable, providing evidence of completion or expiration of all penalties, including reinstatement of license or credential.

**BIQ 3** For a court declaration of mental incompetence, official copies of all relevant court orders and related documents.

## RENEWAL STATEMENTS

I hereby apply to the Dental Assisting National Board, Inc. (DANB) for issuance to me of a certificate, in accordance with and subject to the procedures and regulations of DANB. Under penalty of perjury, I declare that the information provided on this Renewal Notice is true. I have read and agree to the requirements and conditions set forth in the DANB [Recertification Requirements](http://www.danb.org) ([www.danb.org](http://www.danb.org)) and *DANB's Code of Professional Conduct* ([www.danb.org](http://www.danb.org)). I agree to denial of certification and to forfeiture and return to DANB of any certificate granted me by DANB in the event that any of the answers or statements made by me on this notice are false or in the event that I violate any DANB rules or regulations. I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my credentials or professional standing.

## RELEASE OF CERTIFICANT INFORMATION

I understand DANB may provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence, and any state-specific certificates administered by DANB on behalf of a state regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any of the DANB-administered credentials listed above and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address and phone number to third parties (including but not limited to official DANB affiliates; potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. (I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.)

I understand that by providing my email address to DANB, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my email address to any other third party without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of [DANB.org](http://www.danb.org), located at [www.danb.org](http://www.danb.org).