



Dental Assisting National Board

### 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:**

<b>Number of certifications</b>	<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	<input type="text"/>	Last Name	<input type="text"/>
Email	<input type="text"/>	DANB ID	<input type="text"/>

### Background Information Questions

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

- |   |   |   |
|---|---|---|
| <p>A. Have you been convicted of a felony since your last renewal or DANB national exam application or are you currently serving any sentences for felony convictions?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p> | <p>B. 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>C. 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 and of having maintained (for the renewal period specified) a 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	<input type="text"/>	Date	<input type="text"/>
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### Payment

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

**Credit card:** Fax to (312) 642-8507 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, please follow these steps:

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

By signing, the cardholder acknowledges intent for the candidate to reinstate his/her 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.

Visit danb.org to:

- Log into your account to update your contact information
- Learn how COVID-19 affects renewal requirements
- Download complete recertification requirements
- Find out about reinstatement requirements
- Submit a name change request

#### BACKGROUND INFORMATION POLICY AND QUESTIONS

A. Since you last renewed your certification or applied for a DANB national certification exam or national 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 reporting requirement (e.g., sex offender or violent offender registry) in connection with a 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."*

B. Since you last renewed your certification or applied for a DANB national certification exam or national 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 or any other ethical violation?

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

If a certificant answers "yes" to any of the questions, he/she must submit appropriate documentation. Please refer to *DANB's Background Information Policy* ([www.danb.org](http://www.danb.org)) concerning appropriate documentation. DANB will make a determination, in consultation with legal counsel, on a case-by-case basis. Dependent on specific disclosures, DANB reserves the right to bring individuals for review under *DANB's Disciplinary Policy & Procedures*.

### 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 Reinstatement Renewal Notice is true. I have read and agree to the requirements and conditions set forth in the DANB *Recertification Requirements* ([www.danb.org](http://www.danb.org)) and the *DANB 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 competency, 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, located at [www.danb.org](http://www.danb.org).