



Dental Assisting National Board

# Certification Renewal Notice for those who hold CDIPC and/or DISIPC certifications ONLY

Please check the box indicating the certifications you hold.

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

Certifications	<input type="checkbox"/> CDIPC	<input type="checkbox"/> DISIPC	<input type="checkbox"/> CDIPC and DISIPC	<input type="checkbox"/> Late fee
Required credits	6	6	12	
Renewal fee	\$50	\$50	\$75	\$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 \_\_\_\_\_

## 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. 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ CW \_\_\_\_\_

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 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
- Download complete recertification requirements
- Find out about reinstatement requirements
- Submit a name change request

**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).