

Dental Assisting National Board, Inc. (DANB)

Request to Cancel a Written Exam



This form must be completed by candidates who **need to cancel a written exam**. If an exam appointment is being cancelled in order to *reschedule* another, then a *rescheduling* form should be submitted to DANB and not this form. Please call 1-800-367-3262, ext. 452, with any questions. Fax this form to DANB, Attn: Testing Department, at 312-642-3550 or mail to:

DANB
Attn: Testing Department
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

DANB's Policy on Cancelling a Written Exam

If a candidate applies for a written exam and wishes to cancel the scheduled exam, he/she must submit this form so that it is **received by DANB (via mail/ fax) at least two weeks before the exam date to receive a refund**. DANB will then issue a refund minus a \$35 cancellation fee and a \$50 nonrefundable

application fee (a total of \$85 retained by DANB). If a candidate applies for, but does not show up for, the exam **or** if this form is not received at least two weeks before the exam date, the candidate forfeits the full application/exam fees and the application is null and void. The candidate must reapply.

Request to Cancel a Scheduled Written Exam

Scheduled date and location of the exam to be cancelled _____

Please check which of the following state exams you are requesting to cancel.

New Mexico*

- New Mexico Expanded Functions Fluoride (NMXF)
- New Mexico Expanded Functions Pit & Fissure Sealants (NMXP)
- New Mexico Expanded Functions Coronal Polish (NMXC)

*Candidates who cancel one New Mexico exam are not eligible for a refund. Refunds will be given only to candidates who cancel two or three New Mexico exams simultaneously.

Candidate Information

Name (print or type) _____ SSN _____ - _____ - _____

Name, if different, at time of exam application _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone Number(s): Office(_____) _____ Home(_____) _____ Cell(_____) _____ Fax(_____) _____

I hereby officially request the cancellation of my scheduled written exam(s).
I understand that I will receive a refund minus the \$35 cancellation fee and \$50 nonrefundable application fee, in addition to a surcharge to cover the cost of notifying the site examiner of this change, provided that I have met all of the qualifying conditions stated in the DANB Cancellation Policy above.

Signature _____ Date _____