

Dental Assisting National Board, Inc. (DANB®)

Request to Reschedule a PDEP Deadline or Retest PDEP



This form is for use by candidates who would like:

- to extend a PDEP deadline (original answer sheet must be attached) OR
to retake the exam using the new answer sheet provided by DANB (new answer sheet must be attached)

Contact Chris McManus with any questions at 1-800-367-3262 ext. 429. Fax this form to DANB, Attn: Chris McManus at 312-642-8507 or mail to DANB, Attn: Chris McManus, 444 N. Michigan Ave., Chicago, IL 60611.

Request to Reschedule a PDEP Deadline

Please check the appropriate box below to Reschedule a PDEP Deadline OR Retest a PDEP Exam.

Empty checkbox

I hereby officially request that my PDEP deadline be extended. I understand a \$35 non-refundable rescheduling fee is required. My payment information is detailed below.

PDEP Deadline Date (stamped on your Welcome Letter)

To reschedule a PDEP deadline, you must submit your completed original answer sheet, this form and a \$35 non-refundable rescheduling fee. If any of these components are missing, your extension request will be considered incomplete, your answers will not be scored and DANB will retain the \$35 rescheduling fee.

Request to Retest a PDEP Exam

Empty checkbox

I have already participated in PDEP and failed to pass the exam. I hereby officially request to retake the PDEP exam. I understand a \$35 non-refundable retesting fee is required. My payment information is detailed below.

To retest a PDEP exam, you must submit your completed new answer sheet, this form and a \$35 non-refundable retesting fee. If any of these components are missing, your request to retest will be considered incomplete, your answers will not be scored and DANB will retain the \$35 retesting fee.

Certificant Information

Form fields for Certificant Information: PDEP Identification Number, Cert. #, SSN, Name, Address, City, State, Zip, Phone Number, Signature

Select Payment Option

Form fields for Select Payment Option: Candidate's Name, SSN, Payment method checkboxes (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS), Credit Card Authorization, Credit Card Number, Expiration Date, Amount, Cardholder's Name, Cardholder's Signature, Cardholder's Billing Address, City/State/Zip, Phone Number

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By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.