

Program Director Update and/or New Program Reporting Form



To better serve the oral healthcare profession, DANB likes to keep updated records of Program Director and/or New Program information. This helps DANB better communicate with you through newsletters and other forms of direct communication. Please take a moment to fill out this form and **fax to Katy Hotsenpiller, Senior Coordinator, Testing at 312-642-3550 or mail to DANB, Attn: Katy Hotsenpiller, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611.** Thank you in advance for offering your valuable time and information.

Program Director Update Information

Please Print Clearly.

School \_\_\_\_\_

DANB School ID # (DANB will provide a school code if you do not yet have one.) \_\_\_\_\_

Program Director Name \_\_\_\_\_

Title \_\_\_\_\_ Credentials \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

General Phone Number (for inquiries) (\_\_\_\_\_) \_\_\_\_\_

General E-mail \_\_\_\_\_

Program Director Phone Number/Extension (\_\_\_\_\_) \_\_\_\_\_

Program Director Email \_\_\_\_\_

Institution's Website \_\_\_\_\_

Alternate Contact in the event of Director's absence \_\_\_\_\_

Alternate Contact Email \_\_\_\_\_

Alternate Contact Phone Number/Extension (\_\_\_\_\_) \_\_\_\_\_

Number of DANB CDA Applications Packets needed annually (estimated) \_\_\_\_\_

Number of students annually enrolled in your dental assisting program (estimated) \_\_\_\_\_

To help DANB reach as many dental assisting educators as possible, please list the names, credentials and email addresses of the instructors in your program:

**Instructor Name**

**Email Address**

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