

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 us better communicate with you through newsletters and other forms of direct communication. Please take a moment to fill out this form and **fax to Jane Hanson, Senior Coordinator, Testing at 312-642-3550 or mail to DANB, Attn: Jane Hanson, 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 Code _____

General Phone Number (for inquiries) _____

General Email Address _____

Program Director Phone Number/Extension _____

Program Director Email Address _____

Institution's Website Address _____

Alternate Contact in the event of Director's absence _____

Alternate Contact Phone Number/Extension _____

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

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

_____	_____
_____	_____
_____	_____