

Request to Reschedule an Exam Due to an Emergency



This form must be completed by candidates who **need to reschedule an exam due to a personal emergency**. Contact Katy Hotsenpiller with any questions at 1-800-367-3262, ext. 452. Fax this form to DANB Attn: Katy Hotsenpiller at 312-642-3550 or mail to:

DANB
Attn: Katy Hotsenpiller
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

DANB's Policy on Rescheduling an Exam Due to an Emergency

If a candidate experiences a personal emergency and is not able to take an exam on the scheduled date, **he/she must** submit a *Request to Reschedule Due to an Emergency* form explaining the nature of the emergency that prevented him/her from taking a scheduled exam, including documents supporting the emergency claim. The request form **must be received by DANB (via mail/fax) within 30**

days of the scheduled exam date. (Call 1-800-367-3262 x 452 with any questions about what constitutes an emergency and appropriate supporting documentation.) Approved requests will be rescheduled at no additional fee and you will automatically be assigned to the next exam eligibility window.

Request to Reschedule an Exam Due to an Emergency

Please check which of the following national or state exams you need to reschedule.

DANB National Exams

- Certified Dental Assistant (CDA)
- Certified Orthodontic Assistant (COA)
- Certified Preventive Functions Dental Assistant (CPFDA)
- Orthodontic Assisting only (OA)
- General Chairside Assisting only (GC)
- Radiation Health and Safety only (RHS)
- Infection Control only (ICE)
- Radiation Health and Safety/Infection Control (RHS/ICE)
- Coronal Polishing (CP) only
- Topical Anesthetic (TA) only
- Topical Fluoride (TF) only
- Sealants (SE) only

DANB State Exams (cont.)

- Maryland General Orthodontic Expanded Functions (MDO)
- Missouri Basic (MOB)
- Oregon Basic (ORB)
- Oregon Expanded Functions General (ORXG)
- Oregon Expanded Functions Orthodontic (ORXO)
- Oregon Basic **AND** Oregon Expanded Functions General (ORBXG)
- Oregon Basic **AND** Oregon Expanded Functions Orthodontic (ORBXO)
- New Jersey Expanded Duties - General (NJXDG)
- New York Professional Dental Assisting (NYPDA)
- Washington State Jurisprudence (WSJ)
- Washington State Restorative Exam (WARE)

DANB State Exams

- Delaware Dental Radiologic Technology (DDRT)
- Maryland General Expanded Functions (MDG)

Scheduled Date of Examination (_____)

You will automatically be assigned to the next exam eligibility window.

For Office Use Only:

Exam ID: _____

Exam Type: _____

Please write a brief description in the space provided explaining the nature of the emergency that prevented the candidate from taking an exam...

IN ADDITION TO attaching the supporting documentation to this form (i.e. obituary notice, doctor's note, etc.).

Candidate Information

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

Name, if different, at time of exam application _____ Email _____

Address _____ City _____ State _____ Zip _____

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

I hereby officially request that my scheduled DANB examination date be rescheduled due to an emergency. **Emergency documentation must accompany this request.** I understand that if this exam completes the requirements to earn CDA or COA Certification, I attest to holding a current DANB-accepted CPR card.

Signature X _____ Date X _____ 12/11