

Request to Cancel an Exam



This form must be completed by candidates who do not wish to take the DANB exam for which they applied. 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

Exam Cancellation Policy

If a candidate has submitted an application for an exam and does not wish to make an appointment or reschedule the 60-day eligibility window, he/she must submit this form so that it is **received by DANB (via mail or fax) at least two business days before the end of his/her eligibility window in order to receive a refund.** DANB will then issue a refund minus the \$35 cancellation fee and \$50 nonrefundable application fee (a total of \$85 retained by DANB).

If a candidate has already scheduled an exam appointment and wishes to cancel the appointment, but does not wish to reschedule the exam or eligibility window, he/she **must complete ALL OF THE FOLLOWING STEPS** in order to receive a refund:

STEP 1: Cancel the exam appointment with Pearson VUE at least 24 hours before the scheduled exam time. Pearson VUE's website, www.vue.com/danb, is available 24 hours a day, 7 days a week to cancel appointments, or call VUE's toll-free hot line (1-800-525-2586) during normal business hours. Failure to cancel a scheduled exam will result in forfeiture of the full application/exam fees, and the application is null and void.

STEP 2: Submit this request form so that it is received by DANB (via mail or fax) **at least two business days before the end of the 60-day eligibility window.** DANB will then issue a refund minus the \$35 cancellation fee and \$50 nonrefundable application fee (a total of \$85 retained by DANB).

Request to Cancel an Exam

- Please check one of the following: I cancelled my exam appointment with Pearson VUE.
 I did not yet make an exam appointment with Pearson VUE

End date of my exam eligibility window: _____

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

DANB National Exams

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

State-Specific Exams

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

Reason for Canceling Exam

- No longer required to take the exam
- Leaving the dental assisting profession
- Moving
- No time to take the exam
- Need more time to prepare
- Other _____

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 the cancellation of my computerized exam.
I understand that I will receive a refund minus the \$35 cancellation fee and \$50 nonrefundable application fee (a total of \$85 retained by DANB), provided that I have met all of the qualifying conditions stated in the DANB Cancellation Policy above.

Signature _____ Date _____