

Request to Notarize a Certificate



This form must be completed by individuals **requesting a notarized certificate for any of the DANB-administered exams listed below.** Contact Stephanie Hondras with any questions at 1-800-367-3262, ext. 411. This form should come with a renewal or can be faxed to DANB, Attn: Stephanie Hondras, at 312-642-8507 or mailed to:

DANB
Attn: Stephanie Hondras
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

DANB's Policy on Notarized Certificates

An individual who has earned DANB Certification or has taken any DANB exam may request that a copy of the certificate be notarized. He/she must submit this form and pay the appropriate fees.

A \$10 notarization fee will be required for individuals who submit this form before their exams or before their renewal certificates are printed.

A \$35 fee (\$10 notarization fee + \$25 duplicate certificate fee) will be required for individuals who submit this form after their original certificates have been printed and mailed.

A \$10 notarization fee will be required for individuals who mail their certificates, along with a written request form, to DANB to be notarized.

Requesting a Notarized Certificate

Please check which of the following certificates you wish to have notarized.

- | | |
|---|---|
| <input type="checkbox"/> Certified Dental Assistant (CDA) | <input type="checkbox"/> Topical Anesthetic (TA) only |
| <input type="checkbox"/> Certified Orthodontic Assistant (COA) | <input type="checkbox"/> Topical Fluoride (TF) only |
| <input type="checkbox"/> Certified Preventive Functions Dental Assistant (CPFDA) | <input type="checkbox"/> Arizona Coronal Polishing (AZCP) |
| <input type="checkbox"/> Certified Dental Practice Management Administrator (CDPMA) | <input type="checkbox"/> Montana Radiology Proficiency Exam (MT RAD) |
| <input type="checkbox"/> Certified Oral and Maxillofacial Surgery Assistant (COMSA) | <input type="checkbox"/> Oregon Expanded Functions Dental Assistant (OR EFDA) |
| <input type="checkbox"/> Radiation Health and Safety (RHS) | <input type="checkbox"/> Oregon Expanded Functions Orthodontic Dental Assistant (OREFODA) |
| <input type="checkbox"/> Infection Control (ICE) | <input type="checkbox"/> Oregon Radiation Proficiency Exam (OR RAD) |
| <input type="checkbox"/> Coronal Polishing (CP) only | <input type="checkbox"/> Arizona Radiation Proficiency (AZ RAD) |
| <input type="checkbox"/> Sealants (SE) only | |

Date Exam(s) Taken _____ State License #(if applicable) _____ Cert. # _____

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 a notarized copy of the following Certificate(s). **I understand a notarization fee is required for this service.**

Signature _____ Date _____

Select Payment Option

Certificant's Name _____ SSN _____ - _____ - _____

Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Authorization: Allows DANB to charge your credit card account. Please complete all information.

Credit Card Number _____

Expiration Date ____/____

Cardholder's Name _____ Cardholder's Signature _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number (____) _____

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.