

Dental Assisting National Board, Inc. (DANB®)

High School Program Director Update

This 2015 form will be accepted through Dec. 31, 2015. After Dec. 31, 2015, a 2016 form will be required.

Contact DANB with any questions at 1-800-367-3262.

Submit this form to:
DANB
Attn: Document Review
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Program Information

Please print clearly.

School _____

DANB Program Code *(DANB will provide a program code if you do not yet have one.)* _____

Program Director Name _____

Title _____ Credentials _____

Department _____

Address _____

City _____ State _____ Zip _____

Program Director Phone Number/Extension (_____) _____

Program Director Email _____

Alternate Contact (in the event of Director's absence) _____

Alternate Contact Email _____

Alternate Contact Phone Number/Extension (_____) _____

Please fill out the information below.

Number of students annually enrolled in your dental assisting program _____

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____