

**NATIONAL BOARD DENTAL/DENTAL HYGIENE EXAMINATION
SCORE REPORT REQUEST**

If you are requesting a score report for the National Board Dental or Dental Hygiene Examination, please complete the following information. **You should confirm the accuracy of your score report request. Score report fees are non-refundable and non-transferable.**

First Name:	Middle Name:	Last Name: <small>(at the time of your examination)</small>
Dental/Dental Hygiene school attended:		
DENTPIN®	Graduation Year	Date of Birth
Please indicate the appropriate examination (s) and the examination date:		
National Board Dental Examination Part I	Month:	Year:
National Board Dental Examination Part II	Month:	Year:
National Board Dental Hygiene Examination	Month:	Year:

Name and address where score report is to be sent. Please include department and/or program information.	

Your current name and current address:
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There is a \$25 fee for each score report. National Board Dental Examination Part I and Part II scores are reported in ONE single report. Score reports are typically sent out three weeks from receipt of the request. If you are not a member of the American Dental Association, only money orders are accepted, no personal checks. If you are a current member of the American Dental Association, personal checks are accepted, but you must include your membership number on your personal check. Please make payable to: **American Dental Association** and mail to:

Joint Commission on National Dental Examinations: National Board Score Report Request
211 East Chicago Avenue, Suite 600, Chicago, IL 60611-2637