

**Department of Testing Services  
DENTPIN® Request Form**

Please use this form to request/retrieve/modify a DENTPIN® if you are unable to complete the procedure online at [www.ADA.org](http://www.ADA.org).

<b>First name</b> (as listed on your application):	<b>E-mail address</b>	
<b>Middle name/initial:</b>		
<b>Last name:</b>		
<b>Date of birth:</b>	<b>Street Address</b> (include Apt. or Suite #):	
<b>Social Security Number/Social Insurance Number:</b>		
<b>Daytime phone number:</b>		
<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		
<input type="checkbox"/> <b>I applied for DENTPIN only; I have not tested or submitted any applications.</b>  <input type="checkbox"/> <b>I submitted my application.</b>  <input type="checkbox"/> <b>I completed my test/examination.</b>  <b>Which test/examination?</b>  <input type="checkbox"/> DAT <input type="checkbox"/> NBDE Part I <input type="checkbox"/> NBDE Part II <input type="checkbox"/> NBDHE	<b>City:</b>	
	<b>State:</b>	
	<b>Zip Code/Postal Code:</b>	
	<b>Country</b>	
	<b>Name of School:</b>	
	<input type="checkbox"/> Pre-dental <input type="checkbox"/> Dental <input type="checkbox"/> Dental Hygiene	
	<b>Year of Graduation:</b>	
	<b>Assigned DENTPIN Number</b> (for office use only)	
	<b>In addition to this form, submit a copy of the appropriate supportive documentation:</b>	
	<b>Name change</b>	Legal document to confirm change: marriage certificate, divorce decree, or court order
<b>Date of birth change</b>	Legal document to confirm birth date: birth certificate, driver license	
<b>School attended or date of graduation change</b>	Official document to confirm enrollment or graduation: transcript or diploma	

**Please complete this form and return with supporting documentation to the Department of Testing Services at [dentpin@ada.org](mailto:dentpin@ada.org) or fax to 312.587.4105.  
This request requires approximately 5-7 business days to process.**