

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

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

First Name:	Middle Name:	Last Name: (at the time of your examination)
Dental school or Dental Hygiene school attended:		
DENTPIN®	Graduation Year	Date of Birth
Please indicate the appropriate examination (s) and the examination date:		
NBDE Part I	Month:	Year:
NBDE Part II	Month:	Year:
NBDHE	Month:	Year:

Name and address to send score report; include department and/or program information.	

Your current name and current address:
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There is a \$30 fee for each score report. National Board Dental Examination Part I and Part II results are reported in 1 single report. Score reports are typically sent out 3 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:

JCNDE: National Board Score Report Request
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Chicago, IL 60611-2637