North Dakota Dental Assistant DANB Exam or Review Materials Reimbursement Request Form

Please complete the form below, attach receipts, and email to info@smilenorthdakota.org.

Date: _____

Name (First/Last): _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Dental Practice: _____

ND License #: _____

Description of Reimbursement (After 5/1/2018)	Amount
DANB Exam (date taken:_____)(max $450)	
Dale Foundation Review Materials: (max $400)	
Total	

Office Use Only

Check # _____ Amount _____ Date _____

Request Received: _____

Reviewed by Committee: _____

Request Approved: _____ Denied _____

Denial Reason: _____

NDDF North Dakota Dental Foundation

North Dakota DENTAL ASSOCIATION

NDSCS ALLIED DENTAL EDUCATION