

# DANB Prep Materials/Exam Reimbursement Request Form

Please complete the form below for both the dental assistant and dental clinic, check off who/what should be considered for reimbursement, attach receipts, and email: [mike@nddental.org](mailto:mike@nddental.org). Questions? Call (701) 271-0263.

### Chairside-Trained Dental Assistant

Date:  
Full Name:  
Address:  
Phone:  
Email:  
ND RDA LIC. #:

### Dental Clinic

Organization:  
Primary Contact:  
Address:

Description of Reimbursement <i>(After 5/1/2018)</i>	Amount
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DANB Exams (max \$450)	Dates Taken
General Chairside	
RHS	
ICE	

Dale Foundation DANB Prep Materials *(max \$400)*

Total

## Office Use Only

Check #	Amount	Date
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Request Received: \_\_\_\_\_  
 Reviewed by Committee: \_\_\_\_\_  
 Request      Approved: \_\_\_\_\_      Denied \_\_\_\_\_  
 Denial Reason: \_\_\_\_\_

