



# Dental Assistant

## Reimbursement Request Info

Bright Futures in Dentistry accepts Dental Assistant Reimbursement requests for the following:

- **Dental Assisting National Board (DANB) Exams**

- Three-part DANB CDA Exams
- Three-part DANB NELDA Exams

- **DANB/DALE Foundation Prep Materials**

- Review courses and/or practice tests

- **DA Prep**

- Dentist Sponsored Online Course
- New Assistant Online Course

***TOTAL REIMBURSEMENT TO BE GRANTED, PER INDIVIDUAL, NOT TO EXCEED \$1,750.00***

### **Required Documents**

1. Reimbursement Form
2. Proof of test/course completion
3. All applicable receipts (name on receipts must match reimbursee)
4. W9

Please email the documents listed above to [admin@nddental.org](mailto:admin@nddental.org) to be considered

### **Timeline for Reimbursement Request Processing**

Once the application and supporting documents are received in full, they are reviewed by our committee. Please allow at least two weeks for the approval process. If your reimbursement request is approved, you can expect to receive a check within 4-6 weeks.

### **Additional information**

- Reimbursement requests should be made within 90 days of course/exam completion.
- You will be contacted by the NDDF to provide a biennial update regarding your Dental Assistant career. It is mandatory to submit this follow-up information.

### **Acknowledging the Contributions of Our Phenomenal Donors**

We'd like to express our heartfelt gratitude to our incredible donors who have been the driving force behind the success of this program. We'd be delighted to share your story with them! If you're interested, please email [admin@nddental.org](mailto:admin@nddental.org), include a brief quote on your motivation for becoming a DA and how this program has impacted your life, along with a captivating photo of yourself in action.





# Dental Assistant

## Reimbursement Request Form

**Instructions:** 1) Check the box for who and what should be reimbursed. 2) Complete W9.  
3) Attach all receipts. 4) Email: admin@noddental.org

### Chairside-Trained Dental Assistant

Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(#, Street, City, State & Zip) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
ND QDA/RDA Lic#: \_\_\_\_\_  
(optional)

### Dental Clinic

Organization: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
(#, Street, City, State & Zip) \_\_\_\_\_  
Email: \_\_\_\_\_

Description of Reimbursement		Amount
<b>DANB EXAMS</b>	Dates Taken	_____
General Chairside	_____	
RHS	_____	
ICE	_____	
<b>NELDA Exams</b>	Dates Taken	_____
AMP	_____	
RHS	_____	
ICE	_____	
<b>DA Prep Course</b>	Dates Taken	_____
Dentist Sponsored	_____	
New Assistant	_____	
<b>DANB/DALE Foundation Review &amp; Prep Materials</b>		_____

**TOTAL:** \_\_\_\_\_

(Total reimbursement to be granted, per individual, not to exceed \$1,750.00)

