# Dental Assistant

## REIMBURSEMENT REQUEST INFO

BRIGHT FUTURES IN DENTISTRY

**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 $1,250.00***

### Required Documents

1. Reimbursement Form
2. North Dakota QDA/RDA Registration Certificate.
3. All applicable receipts (name on receipts must match reimburse)
4. W9

*Please email the documents listed above to Admin@NDDental.org to be considered*

### Timeline for Reimbursement Request Processing

Once we receive your application and supporting documents, our committee will thoroughly review them. Please allow up to two weeks for us to reach a decision and notify you accordingly. If your reimbursement request is approved, you can expect to receive a check within one month of submitting the request.

### Additional Information

- Reimbursement requests should be made within 90 days of course/exam completion.
- Anticipate being contacted by one of our committee members to provide a biennial update regarding your Dental Assistant career.

### 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 send us an email at Admin@NDDental.org. Kindly include abrief 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.

NORTH DAKOTA Dental Foundation

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# Dental Assistant
## REIMBURSEMENT REQUEST FORM

BRIGHT FUTURES IN DENTISTRY

### Chairside-Trained Dental Assistant

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Email: _____

ND QRA/RDA Lic# _____

### Dental Clinic

Office Name: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Email: _____

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

☐ **Chairside-Trained Dental Assistant** ☐ **Dental Clinic**

| **Description of Reimbursement** | | **Amount** |
|---|---|---|
| ☐ **DANB Exams** | Dates Taken | |
| ☐ General Chairside | _____ | _____ |
| ☐ RHS | _____ | |
| ☐ ICE | _____ | |
| ☐ **NELDA Exams** | Dates Taken | |
| ☐ AMP | _____ | _____ |
| ☐ RHS | _____ | |
| ☐ ICE | _____ | |
| ☐ **DA Prep Course** | Dates Taken | |
| ☐ Dentist Sponsored | _____ | _____ |
| ☐ New Assistant | _____ | |
| ☐ **DANB/DALE Foundation Review and Prep Materials** | | |

**TOTAL** _____

*(Total reimbursement to be granted, per individual, not to exceed $1,250.00)*

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