

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
- **Online Courses**
 - DA Prep Online Course
 - TrainND 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 reimbursee)
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 must be received 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 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



Chairside-Trained Dental Assistant

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Email: _____

ND QRA/RDA Lic# _____

Have you graduated from a dental college program? Yes No

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 _____

Online Courses Dates Taken
 DA Prep Online Course _____
 Train ND Online Course _____

DANB/DALE Foundation Review and Prep Materials

TOTAL _____

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

