

National Board Examination Audit Request Form

Before official National Board Examination scores are reported, the Joint Commission on National Dental Examinations audits all responses to confirm the accuracy of the scores. However, a candidate may make a written request to have his or her examination responses audited, or re-checked for scoring accuracy. There is a charge of \$50.00 for score audits. The score audit fee is payable to the American Dental Association in the form of a money order or certified check. Score audits require approximately six weeks to complete and must be requested within 30 days of receipt of the original score report.

Name (as it appears on your application)	
Street address	City
State	Zip code
E-mail address	
Daytime phone #	
Reference number or Social Security number	Test date
Circle the examination you request to be audited. <div style="display: flex; justify-content: space-around; width: 100%;"> NBDE Part I NBDE Part II NBDHE </div>	
Comments:	

Mail this completed form with a money order or certified check (no personal checks) to:
 Joint Commission on National Dental Examinations: Audit Request
 211 East Chicago Avenue, Suite 600, Chicago, Illinois 60611-2637