

**NATIONAL BOARD DENTAL/DENTAL HYGIENE EXAMINATION  
SCORE REPORT REQUEST**

If you are requesting a score report for the National Board Dental Examination or National Board Dental Hygiene Examination, please complete the following information. **You should confirm the accuracy of your score report request. Once you submit this score report request, you cannot modify it. Score report fees are non-refundable and non-transferable.**

Name (at the time of your examination):	
Dental/Dental Hygiene school attended:	
Year of graduation:	Year of birth:
<b>Please circle the appropriate examination (s) and indicate your most recent examination date:</b>	
National Board Dental Examination Part I	Month: _____ Year: _____
National Board Dental Examination Part II	Month: _____ Year: _____
National Board Dental Hygiene Examination	Month: _____ Year: _____

<b>Name and address where score report is to be sent. Please include department and/or program information.</b>	

Your current name and current address:

**There is a \$25 fee for each score report. National Board Dental Examination Part I and Part II scores are reported in ONE single report. Score reports are typically sent out three weeks from receipt of the request. If you are not a member of the American Dental Association, only money orders are accepted, no personal checks. Personal checks from non-ADA Members will be returned with the original score report request.** If you are a current member of the American Dental Association, personal checks are accepted, but you must include your membership number on your personal check or it will be returned. Please make your money order/check payable to: **American Dental Association** and mail with this form to: