

# NATIONAL EXAMINING BOARD FOR DENTAL NURSES

## Replacement Certificate & Certified Letter Order Form

Please allow 28 days for delivery (unless the priority service has been purchased)

Please confirm which item you require		
Replacement Qualification Certificate (supplied within 28 days of order)	£50	<input type="checkbox"/>
Priority Service Replacement Qualification Certificate (supplied within 7 days of order*)	£75	<input type="checkbox"/>
Certified letter (supplied within 28 days of order)	£25	<input type="checkbox"/>
Priority Service Certified Letter (supplied within 7 days of order*)	£50	<input type="checkbox"/>

### Current personal details

Title	First Name	Surname	
Address	Postcode:		
Date of birth		NEBDN No	
Telephone No		Email	

### Personal details at time of the examination (if different to above)

Name in full			
Address	Postcode:		
Name of employer			

### Examination details (In order for us to trace your qualification award, please be as accurate as you can. All fields are mandatory)

Qualification gained			
Examination date		Examination centre	

### Payment Details (please confirm how you are paying the fee)

I have enclosed a cheque / Postal Order with this application form	<input type="checkbox"/>
I will contact you to pay by debit/credit card once NEBDN have received the form (please ring 01253 778417)	<input type="checkbox"/>

\*In order for you to apply for the priority service, the details entered must be accurate

Post to NEBDN, 110 London Street, Fleetwood, FY7 6EU or scan and email to [Assessment&awards@nebdn.org](mailto:Assessment&awards@nebdn.org)

### For NEBDN use only

Processed by	Date
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