

**National Board Dental Examination
National Board Dental Hygiene Examination
Audit Request Form**

Before official National Board examination results are reported, the JCNDE audits all responses to confirm the accuracy of the results. However, a candidate may request to have his/her examination responses audited or re-checked for scoring accuracy. There is a charge of \$65.00 for score audits. The results audit fee is payable to the American Dental Association in the form of a money order. Results audits require approximately 6 weeks to complete and must be requested within 30 days of receipt of the original report.

| | | | |
|--|--------------------|---------------------|------------------|
| First Name | Middle Name | Last Name | |
| Street address | | | City |
| State | | | Zip code |
| E-mail address | | | |
| Daytime phone # | | | Test date |
| DENTPIN® | | | |
| Circle the examination you request to be audited. | | | |
| NBDE Part I | | NBDE Part II | NBDHE |
| Comments: | | | |

Mail this completed form with a money order (no personal checks) to:

JCNDE: Audit Request
211 East Chicago Avenue, Suite 600
Chicago, Illinois 60611-2637