Dental Anesthesia Assistant National Certification Exam

DENTAL ANESTHESIA ASSISTANT dAANCE National Certification Examination®

Fees and Payment

Tuition includes the DAANCE Study Materials and Examination Fee.

Additional suggested reading:

AAOMS Office Anesthesia Evaluation Manual, 9th edition Copyright 2018

This additional reading must be ordered separately.

Substitution/Cancellation and Refund Policies

All substitutions and cancellations must be made using the DAANCE Substitutions and Cancellations Form provided in the DAANCE Candidate Handbook, or on the AAOMS website at AAOMS.org/DAANCE. Substitutions require the Substitution/ Cancellation Form accompanied by a completed DAANCE Registration Form and a valid CPR and/or BLS card for the new registrant.

Candidates may reschedule ONE appointment for examination at no charge by calling PSI at 888-519-9901 at least two business days prior to the scheduled testing session. A rescheduling fee of $85 will be charged for any subsequent appointment changes within the candidate's eligibility period.

It is the responsibility of the sponsoring doctor to notify PSI of the substitution and to transfer previously provided course material to the substitute registrant. New course material will not be provided to the substitute registrant.

If a cancellation is made before 90 days, the sponsoring doctor will receive a refund equal to 50 percent of the registration fee. Substitutions must be made 30 days before the candidate's expiration of eligibility.

Candidates have six months from their activation date to take their examination. If unsure of the testing deadline date, contact PSI at 888-519-9901.

†Candidates who wish to take an examination in Puerto Rico or outside the United States should submit a written request containing the desired testing location along with the required additional $105 fee with their application.

2019 Registration Form

Please remember to include a copy of your CPR or BLS certification with your registration form to receive the study materials. Your CPR or BLS certification must be current through your examination date (a minimum of six months). Allow PSI three weeks to process your application and mail your study materials. For inquiries, please call PSI at 888-519-9901.

Assistant Information (as it should appear on the certificate):

Please print or type

Mr./Ms. First Name Middle Initial Last Name

Email Address

(Note: Correspondence about the course and examination will be sent to the email address you provide here. Any changes to this email address should be provided to PSI.)

Have you previously passed in the DAANCE program? ❑ Yes ❑ No

Provide your current practice address information below. Do not provide your home address. It is your responsibility to contact PSI should this information change.

Sponsoring Doctor Practice Name

Practice Address Suite # City State ZIP

Email Daytime telephone number

I certify that the assistant named above will have completed course materials and quizzes prior to sitting for the Dental Anesthesia Assistant National Certification Examination. I further certify that the participant named above possesses a valid CPR or BLS card and will maintain current CPR or BLS certification through the date of the examination.

Participant's Signature Date Sponsoring Doctor's Signature Date

A copy of the participant's current CPR or BLS card is enclosed ❑ Y ❑ N

Please indicate the status of your sponsoring surgeon:	Tuition
❑ AAOMS Member / OMS Sponsor	$345
❑ Other Dental Professional*	$545

Specify Specialty_____

**Non-AAOMS member/sponsoring dental professional must enclose a copy of their valid anesthesia permit.*

❑ Puerto Rico or International Location† $105

Total Tuition: $_____

PAYMENT BY CREDIT CARD

When paying by credit card, complete the information below and return it with completed registration form. **Fax to: 913-895-4650 Mail to: PSI, 18000 W. 105th St., Olathe, KS 66061**

Credit Card: ❑ MasterCard ❑ Visa ❑ Discover ❑ American Express

Name of Cardholder Credit Card Number

Expiration Date Cardholder Signature

Credit Card Billing Address City State ZIP

PAYMENT BY CHECK

Payment in the form of personal check, company check, cashier's check or money order must be made in U.S. currency and payable to PSI Services, Inc. Mail with completed form to: PSI Candidate Services, 18000 W. 105th St., Olathe, KS 66061

detach here ✂