

**Department of Testing Services
DENTPIN® Form**

Please use this form to retrieve or modify a DENTPIN® if you are unable to complete the procedure online at: <http://www.ada.org/en/education-careers/dentpin/>.

First name (as listed on your application):		Email address:	
Middle name:		Street Address (including Apt. or Suite #):	
Last name:			
Date of birth:			
Previous names or aliases (i.e., maiden name):		City:	
		State (or Province):	
Daytime phone number:		ZIP Code/Postal Code:	
<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		Country:	
<input type="checkbox"/> I submitted my application. <input type="checkbox"/> I completed my test/examination. <input type="checkbox"/> I am trying to register for a DENTPIN®		Name of School:	
Which test/examination? <input type="checkbox"/> DAT <input type="checkbox"/> INBDE <input type="checkbox"/> NBDE <input type="checkbox"/> NBDHE <input type="checkbox"/> ADAT		Program type: <input type="checkbox"/> Pre-dental <input type="checkbox"/> Dental <input type="checkbox"/> Advanced Program <input type="checkbox"/> Dental Hygiene	
		Year of Graduation:	
		Assigned DENTPIN® (if known)	
If modifying personal information, submit a copy of the following supportive documentation in addition to this form:			
Change-name	Copy of government issued photo ID (driver's license or Passport) and the legal document to confirm change (marriage certificate, divorce decree, court order) if applicable		
Change-date of birth	Legal document to confirm birth date (birth certificate, driver license)		
Change-school attended or date of graduation	Official document to confirm enrollment or graduation (transcript or diploma)		

Complete this form and return with the required supporting documentation, if applicable, to the Department of Testing Services at dentpin@ada.org. This request requires approximately 1-3 business days to process.