

**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/>.

|  |   |  |  |
|--|---|--|--|
| <b>First name</b> (as listed on your application):   |   | <b>Email address:</b>                              |  |
| <b>Middle name:</b>  |   | <b>Street Address</b> (including Apt. or Suite #): |  |
| <b>Last name:</b>  |   |  |  |
| <b>Date of birth:</b>  |   |  |  |
| <b>Previous names or aliases (i.e., maiden name):</b>  |   | <b>City:</b>                                       |  |
|  |   | <b>State</b> (or Province):                        |  |
| <b>Daytime phone number:</b>   |   | <b>ZIP Code/Postal Code:</b>                       |  |
| <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work  |   | <b>Country:</b>                                    |  |
| <input type="checkbox"/> I submitted my application.<br><input type="checkbox"/> I completed my test/examination.<br><input type="checkbox"/> I am trying to register for a DENTPIN® |   | <b>Name of School:</b>                             |  |
| <b>Which test/examination?</b>   |   | <b>Program type:</b>                               |  |
| <input type="checkbox"/> DAT   |   | <input type="checkbox"/> Pre-dental                |  |
| <input type="checkbox"/> NBDE Part I   |   | <input type="checkbox"/> Dental                    |  |
| <input type="checkbox"/> NBDE Part II  |   | <input type="checkbox"/> Advanced Program          |  |
| <input type="checkbox"/> NBDHE   |   | <input type="checkbox"/> Dental Hygiene            |  |
| <input type="checkbox"/> ADAT  |   | <b>Year of Graduation:</b>                         |  |
|  |   | <b>Assigned DENTPIN®</b> (if known)                |  |
| <b>If modifying personal information, submit a copy of the following supportive documentation in addition to this form:</b>  |   |  |  |
| Change-name  | Copy of government issued photo ID (driver's license or Passport) <b>and</b> 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](mailto:dentpin@ada.org). This request requires approximately 1-3 business days to process.**