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: <a href="http://www.ada.org/en/education-careers/dentpin/">http://www.ada.org/en/education-careers/dentpin/</a> .		
First name (as listed on your application):		E-mail address
Middle name:		
Last name:		
Date of birth:		Street Address (include Apt. or Suite #):
Previous names or aliases (i.e., maiden name):		
Daytime phone number:		
☐ home ☐ cell ☐ work		O'the
☐ I submitted my application.		City:
☐ I completed my test/examination.		State:
Which test/examination?  ☐ DAT		Zip Code/Postal Code:
		Country
☐ NBDE Part I		Name of School:
☐ NBDE Part II		
☐ NBDHE		Pre-dental Dental Dental Hygiene Year of Graduation:
		Assigned DENTPIN Number (for office use only)
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 <a href="mailto:dentpin@ada.org">dentpin@ada.org</a>. This request requires approximately 1-3 business days to process.