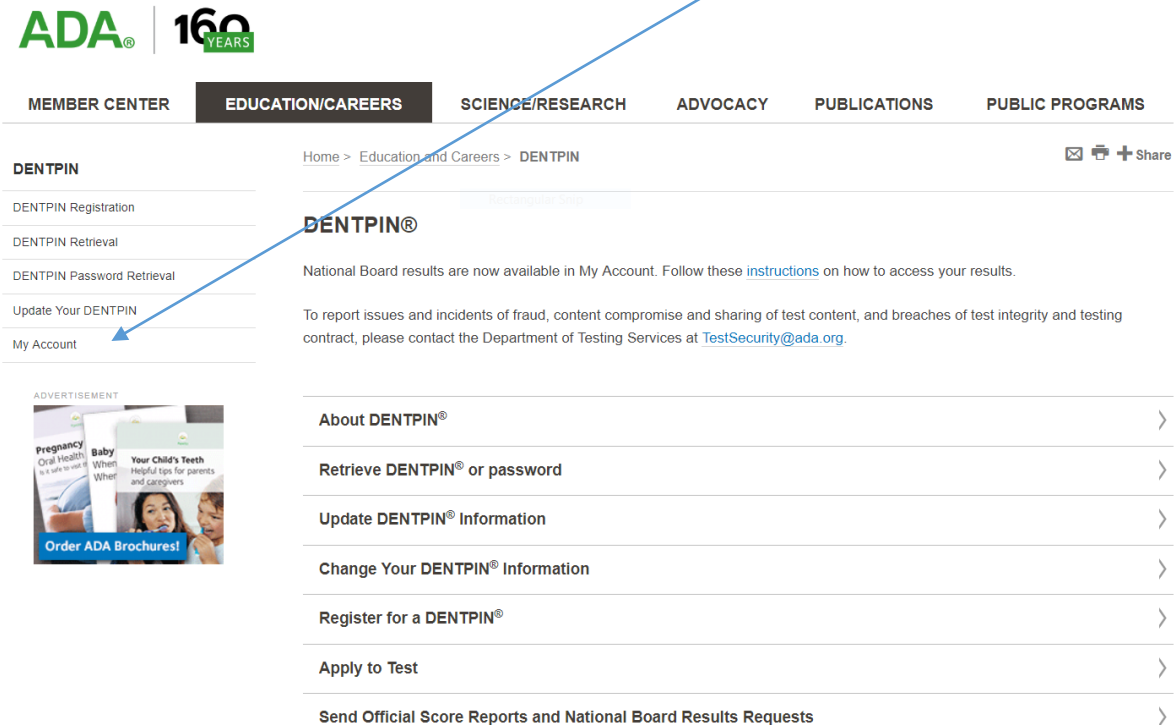


## Requesting NBDE Part I and Part II results to ADEA PASS

- Go to [www.ada.org/dentpin](http://www.ada.org/dentpin).
- Click on “**My Account**” on the left navigation panel.



The screenshot shows the ADA website's navigation menu with 'EDUCATION/CAREERS' selected. The left sidebar lists 'My Account' as the active page. The main content area displays the DENTPIN logo and a list of account management options, including 'About DENTPIN', 'Retrieve DENTPIN or password', 'Update DENTPIN Information', 'Change Your DENTPIN Information', 'Register for a DENTPIN', 'Apply to Test', and 'Send Official Score Reports and National Board Results Requests'. A blue arrow points from the 'My Account' link in the sidebar to the 'My Account' link in the main content area.

- On the next page click on “**My Account Summary**”.

## My DENTPIN Account

***The My Account Summary pages are “Read Only”. If you wish to update your contact information or submit an online request or application, please exit the My Account page and proceed to the appropriate link.***

To access your account including your account summary, please click on the following link and log in using your DENTPIN and password (an ADA User ID cannot be used):

[My Account Summary](#)

- Log into your “**My Account**” with your DENTPIN and Password.


## Login

Beginning December of 2009, the Department of Testing Services requires authentication for all applications and official score report requests using a DENTPIN®.

If you have filled out an application or tested previously, you already have been assigned a DENTPIN®. Please click [here](#) to search for your DENTPIN®.

If you are certain you do not have a DENTPIN®, please click [here](#) to create one.

If you experience issues logging in, please clear your browser cache and history.



DENTPIN®

Password

**Login** ▶

[Reset Your Password](#)

[Forgot Your Password](#)

- Once you are logged into your “**My Account**” click on the “**New NBDE Score Request**” button.



[New DAT Score Request](#) | [New NBDHE Score Request](#) | [New NBDE Score Request](#) | [New ADATScore Request](#)

- This will direct you to the score request and bring you to the “**Verify/Update DENTPIN Information**” page.

## Verify/Update DENTPIN® Information

- Verify/Update DENTPIN if needed and then click on the “**Continue**” button



**Continue** **Cancel**

- This will bring you to the “**Result Recipient Selection**” page.
- Check the box for **ADEA PASS**.

**Recipients**  ( Select All 55 Recipients )

<input type="checkbox"/> ADEA CAAPID	<input type="checkbox"/> Kentucky Board of Dentistry	<input type="checkbox"/> Ohio State Dental Board
<input checked="" type="checkbox"/> ADEA PASS	<input type="checkbox"/> Louisiana State Board of Dentistry	<input type="checkbox"/> Oklahoma Board of Dentistry
<input type="checkbox"/> Alabama Board of Dental Examiners	<input type="checkbox"/> Maine Board of Dental Practice	<input type="checkbox"/> Oregon Board of Dentistry
<input type="checkbox"/> Alaska Board of Dental Examiners	<input type="checkbox"/> Maryland State Board of Dental Examiners	<input type="checkbox"/> Pennsylvania State Board of Dentistry
<input type="checkbox"/> Arizona State Board of Dental Examiners	<input type="checkbox"/> Massachusetts Board of Registration in Dentistry	<input type="checkbox"/> Puerto Rico Dental Board
<input type="checkbox"/> Arkansas State Board of Dental Examiners	<input type="checkbox"/> Michigan Bureau of Health Care Services, Health Professions	<input type="checkbox"/> Rhode Island State Board of Examiners in Dentistry
<input type="checkbox"/> Colorado Board of Dental Examiners	<input type="checkbox"/> Minnesota Board of Dentistry	<input type="checkbox"/> South Carolina State Board of Dentistry
<input type="checkbox"/> Connecticut State Dental Commission	<input type="checkbox"/> Mississippi State Board of Dental Examiners	<input type="checkbox"/> South Dakota State Board of Dentistry
<input type="checkbox"/> Delaware State Board of Dentistry and Dental Hygiene	<input type="checkbox"/> Missouri State Dental Board	<input type="checkbox"/> Tennessee Board of Dentistry
<input type="checkbox"/> Dental Board of California (Dental)	<input type="checkbox"/> Montana Board of Dentistry	<input type="checkbox"/> Texas State Board of Dental Examiners
<input type="checkbox"/> District of Columbia Board of Dentistry	<input type="checkbox"/> Nebraska Department of Health and Human Services	<input type="checkbox"/> Utah Division of Occupational and Professional Licensing Dentistry
<input type="checkbox"/> Florida Department of Health Board of Dentistry	<input type="checkbox"/> Nevada State Board of Dental Examiners	<input type="checkbox"/> Vermont Board of Dental Examiners
<input type="checkbox"/> Georgia Board of Dentistry	<input type="checkbox"/> New Hampshire Board of Dental Examiners	<input type="checkbox"/> Virgin Islands Board of Dental Examiners
<input type="checkbox"/> Hawaii State Board of Dental Examiners	<input type="checkbox"/> New Jersey State Board of Dentistry	<input type="checkbox"/> Virginia Board of Dentistry
<input type="checkbox"/> Idaho State Board of Dentistry	<input type="checkbox"/> New Mexico Board of Dental Health Care	<input type="checkbox"/> Washington State Department of Health and Dental Quality Assurance Commission
<input type="checkbox"/> Illinois Department of Financial and Professional Regulation	<input type="checkbox"/> New York State Board for Dentistry	<input type="checkbox"/> West Virginia Board of Dentistry
<input type="checkbox"/> Indiana State Board of Dentistry Professional Licensing Agency	<input type="checkbox"/> North Carolina State Board of Dental Examiners	<input type="checkbox"/> Wisconsin Department of Safety and Professional Services
<input type="checkbox"/> Iowa Dental Board	<input type="checkbox"/> North Dakota Board of Dental Examiners	<input type="checkbox"/> Wyoming Board of Dental Examiners
<input type="checkbox"/> Kansas Dental Board		

**Continue** **Cancel**

- Click the “**Continue**” button.
- This will bring you to the “**Alternate Recipient(s)**” page.

### Alternate Recipient(s)

Total Charge for 1 Copy : \$40.00 (USD)

**\*\*ATTENTION\*\*** If you already selected your desired recipient(s) on the previous page you may continue without entering anything on this page.

**DO NOT ENTER THE EMAIL ADDRESS OF A RECIPIENT SELECTED ON THE PREVIOUS PAGE. THIS IS NOT NECESSARY AND WILL CREATE A DUPLICATE REQUEST AND NON-REFUNDABLE FEE.**

For alternate recipient(s), fill in **ALL** the fields below and click the 'Add Email Address' button. The total fee at the top of the page will update accordingly and the request will be displayed under the Alternate Email Address(es) Added list. Repeat this process for each Alternate Recipient request.

Alternate Email Address Copies			
Email Address	Confirm Email Address	Organization Name	Contact Name

**Add Email Address**

Alternate Email Address(es) Added

**Continue** **Cancel**

- If you checked the box for **ADEA PASS** on the previous page you can skip this page and click the “**Continue**” button.
- This will bring you to the “**Report Request Preview**” page and display **ADEA PASS** as your recipient.



Result Recipient(s) Selected ( 1 )

Institution	Type
ADEA PASS	BOARD

If this order is incorrect please click the Cancel button below. You will be logged out and returned to the homepage so that you may submit a corrected order.

**Continue** **Cancel**

- Click on the “**Continue**” button.
- This will bring you to the “**National Board Disclaimers**” page. Review the disclaimers and check all three boxes and type your first and last name exactly as it appears above the box.

## National Board Disclaimers

\* designates required fields

I certify my information is correct, **the fee cannot be refunded, transactions cannot be altered or cancelled after submission** and the results of my exam may be released as indicated. I consent to the ADA's disclosing information about me, including but not limited to my name, address, email address, and DENTPIN<sup>®</sup>, for purposes of testing and reporting test results. I have read the information in the Guide ([click here to view guide in a separate window](#)) and agree to abide by the regulations contained within.\*

I affirm that I have read carefully the Agreement to Arbitrate ([click here to view in a separate window](#)) and consent to be bound by its terms and conditions.\*

I consent to the collection of my biometric information such as fingerprint or palm-vein information at the testing site, and the use and storage of that information, as described in the Guide ([click here to view in a separate window](#)).\*

Please type your first name and last name exactly as it appears above.\*

**Continue** **Cancel**

- Click on the “Continue” button. This will bring you to the “Payment Page”.

**Payment Page for National Board Dental Examination (NBDE) Official Report NBSR-336925**

Total Charge for 1 Copy : \$40.00 (USD)

\* designates required fields

Credit Card:\* American Express

Card Number:\*

Security # :\*

Expiration Date:\* May 2020

Different billing address

First Name:\*

Last Name:\*

Street Address:\*

Address Line 2:

City:\*

State:

ZIP/Postal Code:

Country: United States

[Submit Payment](#) [Cancel Transaction](#)



- Once finished entering the payment information click on the “Submit Payment” button.
- After payment is successfully submitted **ADEA PASS** will receive your results electronically within 2 business days.