



NATIONAL EXAMINING BOARD FOR DENTAL NURSES

110 London Street, Fleetwood, Lancashire, FY7 6EU

Tel: 01253 778417

INDEPENDENT ASSESSMENT DUPLICATE CERTIFICATE

In order that we can trace your original application and records, please complete this form and attach any necessary formal evidence of any change of name, i.e. copy of marriage certificate, deed poll, etc., and a cheque or postal order for £15.00 (sterling) made payable to NEBDN. Please return to the Qualifications Administrator at the above address and allow 28 days for processing.

Qualification		
N/SVQ LEVEL 2 - Oral Health Care Support		Please tick appropriate qualification
N/SVQ LEVEL 3 - Oral Health Care: Dental Nursing		

Centre details			
Centre Name			
Address			
	Postcode:		
Centre number		Telephone number	

Examination details			
Date of examination		Enrolment number	

Personal details at time of the examination			
Name in full	Mrs/Miss/Ms/Mr		
Address			
	Postcode:		
Date of birth		Signature	

Please post the duplicate certificate to	
Name	Mrs/Miss/Ms/Mr
Address	
	Postcode:
Telephone number	