



Bureau of Professional Licensing  
 PO Box 30193 • Lansing, MI 48909  
 Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

## REGISTERED DENTAL ASSISTANT REEXAMINATION REQUEST

Authority: 1978 PA 368

**Print or Type Clearly**

Name (First, Middle, Last)		Date of Birth	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____			
I am requesting reexamination for the following reason: I was not successful when I took the exam on (date): _____ I was absent from the exam on (date): _____			
Signature		Date	
CHECK EXAMINATION TYPE		FOR OFFICE USE ONLY	
Choose One:  Written and Clinical <b>\$70.70</b> 2903-27 Written Only <b>\$35.35</b> 2903-28 Entire Clinical Only <b>\$35.35</b> 2903-28 Part of Clinical ( <i>choose one below</i> ) <b>\$35.35</b> 2903-28 Temp. Crown Amalgam		License Number	Issue Date
Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.			