



## 2012 PROCESS OF CARE RE-TAKE APPLICATION

Print this document. Please read each section of the application carefully and follow all instructions exactly. All sections must be completed in order for your application to be processed.

Your re-take application must include a cashier's check or money order for \$75.00 made payable to WREB. Personal checks are not acceptable.

Follow the steps below to complete your Mail-In Application:

1. Complete the Applicant Information as well as read and sign the Policy Agreement section.
2. Mail your completed re-take application with your fee to the WREB office .
3. Re-take applications will be processed in the order in which they are received.

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### Scheduling Appointments with Pearson VUE

Once WREB staff processes your re-take application you will be mailed a new Process of Care Eligibility Number. You must make an appointment with Pearson VUE to take the Process of Care exam and the WREB eligibility number is required to schedule this exam. Pearson VUE's fee is \$70.00. The Process of Care exam must be completed during your assigned time frame.

Once you receive your new Eligibility Number WREB recommends calling as soon as possible to schedule the most convenient time for your Process of Care exam. If you delay, you may not be able to take the exam at your preferred time or on your preferred day. You may contact Pearson VUE by telephone or through the web.

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If you have any questions regarding this P.O.C. re-take application, contact the WREB Dental Hygiene Department at 602-944-3315, or via email at [hygieneinfo@wreb.org](mailto:hygieneinfo@wreb.org).

Send completed application to: WREB - DH Department  
23460 N. 19th Avenue, Suite 210  
Phoenix, Arizona 85027



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COMPLETE THE FOLLOWING INFORMATION. Please print legibly.

First Name \_\_\_\_\_ Middle Initial/Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Social Security # (Social Insurance Number, if Canadian)

**Previous Name(s):** if you have previously applied for the WREB exam with a name different from the one on this application, list the different name(s):

\_\_\_\_\_

If your name has changed and you are already in our files, please submit proof of the change (e.g., a copy of your Marriage Certificate, Dissolution Decree, etc).

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**School of Graduation:** Print your accredited Dental Hygiene School and Date of Graduation in the spaces provided.

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Dental Hygiene School of Graduation	Date of Graduation (mo/yr)
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### POLICY AGREEMENT

I, \_\_\_\_\_, understand and agree to adhere to the policies of **WREB**, including the policies regarding cancellations and refunds. I understand that it is my responsibility to read all examination material sent to me, including the Candidate Guide(s) and Policy Guide. I hereby give **WREB** permission to release my exam scores to my school Dean/Director, if I am a graduating senior. I certify that: I am the person referred to in this application, the supporting documents are legitimate, unaltered copies, and all information provided in this application is true and correct.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**