

Dental Assisting National Board

DANB Candidate/Certificant Request for Credential Verification

This form will be accepted through Dec. 31, 2022

Contact DANB with questions at 1-800-367-3262 or danbmail@danb.org.

Submit this form to:

DANB

Attn: Credential Verification

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Fax: 1-312-642-8507

Do NOT submit twice or you will be charged twice.

Policy

If a candidate/certificant has earned any certificate(s) of knowledge-based competence or certification(s), or passed a national DANB or state-specific exam(s), and needs or wants official verification, **they must submit this form along with a \$10 verification fee to DANB. The verification fee is non-refundable.** The \$10 fee covers one letter, which can be used to verify multiple certificate(s), certification(s) and/or passing of an exam(s). Do NOT fax/mail twice or you will be

charged twice. Verification letters will be sent within 1-2 weeks of DANB receiving the completed request form. An official verification is a letter to the candidate/certificant on DANB letterhead, verifying that the candidate/certificant passed that particular DANB national or state exam or holds a particular DANB credential. It is not a duplicate certificate. **Employers requesting verification do not have to pay the \$10 verification fee but must fill out the Employer Request for Verification form.**

Request Official Credential Verification

DANB ID or Certificate Number _____

Name (Please print clearly) _____
Last First MI

Prior name (if applicable) _____

Email (required) _____

Home Address _____

City _____ State _____ Zip _____

Phone Numbers: Office (____) _____ Cell or Home (____) _____

Please select your preferred method of communication:

Mail Email

I hereby officially request a written credential verification by DANB of any certificate(s) of knowledge-based competence or certification(s), or passed a national DANB or state-specific exam(s) that I hold. I understand a \$10 fee (per verification letter) is required. **Candidate/Certificant signature and date is required.**

Signature X _____ Date X _____

Payment Information

Candidate/Certificant Name _____

Check/Money Order payable to DANB (must include candidate's name and be in US dollars)
 Credit Card Authorization (Visa, MasterCard, Discover & American Express accepted): Amount:\$ _____

Verification Fee: \$10.00
Code: 3565

Credit Card Number _____ CVV _____ Expiration Date ____/____/____

Cardholder's Name _____ Cardholder's Signature X _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number _____

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.