



# Candidate/Certificant Request for Credential Verification

This form will be accepted through Dec. 31, 2023.

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

Mail to: DANB  
Attn: Credential Verification  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

Email to: [financefax@danb.org](mailto:financefax@danb.org)  
(Do NOT submit twice or you will be charged twice.)

## Policy

If a candidate/certificant has earned any certificate of knowledge-based competence or certification, or passed a national DANB or state-specific exam, and 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 certificates, certifications and/or passing of an exam.

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 verification fee but must fill out an [Employer Request for Verification form](#).

## Candidate Information

DANB ID or certificate number \_\_\_\_\_

Name \_\_\_\_\_

Name, if different, at time of application) \_\_\_\_\_

Email (required) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers Office \_\_\_\_\_ Cell or Home \_\_\_\_\_

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 \_\_\_\_\_

Fee: \$10  
3565

Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted) Amount \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ CW \_\_\_\_\_ 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.