



Candidate/Certificant Request for Credential Verification

This form will be accepted through Dec. 31, 2024.

Credentials can also be verified online. [Visit DANB's Credential Verification page.](#)

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
(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 DANB national 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 DANB national or state-specific exam(s) that I hold. I understand a \$10 fee (per verification letter) is required and that this fee is non-refundable. **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 U.S. dollars)

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

Credit Card Number _____ CVV _____ Expiration Date _____ / _____

Cardholder's Name _____ Cardholder's Signature X _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number _____

Fee: \$10
3565

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.