

Dental Assisting National Board



Employer Request for Credential Verification

This form will be accepted through Dec. 31, 2022.

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

Submit this form to:

DANB

Attn: Credential Verification

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Fax: 1-312-642-3550

Policy

If a candidate has earned any certificate(s) of knowledge-based competence and/or certification(s), or has passed a national DANB or state-specific exam(s), and the employer needs or wants written official verification, **the employer must submit this form to DANB.**

An official verification is a letter to the employer on DANB letterhead, verifying the dental assistant passed that particular DANB national or state exam or holds a particular DANB certification or certificate. It is not a duplicate certificate. Verification letters will be sent within 1-2 weeks of DANB receiving the completed request form.

Request Official Credential Verification

Please print clearly.

Candidate/Certificant DANB ID or Certificate Number _____

Candidate/Certificant Name _____
Last First MI

Candidate/Certificant Prior Name (if applicable) _____

Candidate/Certificant Email _____

Employer Name _____

Employer Address _____ City _____ State _____ Zip _____

Employer Phone Number(s): Office (____) _____

Employer Email _____

Please select your preferred method of communication:

Mail Email

I hereby officially request a written 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 the above candidate/certificant holds.

Employer Signature X _____ Date X _____

Candidate/Certificant Signature X _____ Date X _____

Verification letters are processed within 1–2 weeks of receipt.

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