



Employer 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: docreview@danb.org
(Do NOT submit twice or you will be charged twice.)

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.

Candidate Information

Candidate/Certificant DANB ID or Certificate Number _____

Candidate/Certificant Name _____

Candidate/Certificant Prior Name (if applicable) _____

Candidate/Certificant Email _____

Employer Name _____

Employer Address _____ City _____ State _____ Zip _____

Employer Phone Number _____ Office _____

Employer Email _____

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.