Dental Assisting National Board

Graduation Verification Letter

This letter is acceptable graduation documentation for Intent to Graduate candidates who have taken the General Chairside Assisting (GC) exam and have graduated from their dental assisting program. The form must be completed and signed by the Program Director and submitted within 90 days of taking the exam.

Today's Date: _____

Name of School: _____
CODA-Accepted Program: _____
School Code: _____
Graduation Date:_____

The following students of the above listed CODA-accredited dental assisting program have previously applied for a DANB exam under Pathway I as Intent to Graduate students. The students listed below have all successfully completed their dental assisting program on the date listed above.

Student Name	Student Email Address and/or Phone Number

Program Director Name: _____
Address: _____
Email Address: _____
Phone Number: _____
Signature: _____
Date: _____

Email this letter to: docreview@danb.org.