



### 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 6 months 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](mailto:docreview@danb.org).