

## **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 CODA-accredited 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: \_\_\_\_\_

ame of School: ODA-Accepted Program: chool Code:	
oplied for a DANB exam under Pat	listed CODA-accredited dental assisting program have previously thway I as Intent to Graduate students. The students listed below lental assisting program on the date listed above.
Student Name	Student Email Address and/or Phone Number
	Program Director Name: Address: Email Address:
	Email Address:Phone Number:Signature:
	Date:

Email this letter to: docreview@danb.org.