



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 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 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.