Dental Assisting National Board

Intent to Graduate Letter

This letter is acceptable Pathway I eligibility documentation for candidates applying to take the General Chairside Assisting (GC) exam who are graduating from their CODA-accredited dental assisting program within 90 days from the date on this form. The form must be completed and signed by the Program Director.

Today's Date: _____

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

The following students of the above listed CODA-accredited program are applying for a DANB exam under Pathway I as Intent to Graduate students. The students listed below are all in good standing and are expected to graduate on the date listed above. My students and I understand that to have the results of this exam released, and any related certifications issued, proof of graduation must be received within 6 months days of the students' exam dates.

Student Name	Student Email Address and/or Phone Number

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

This letter can be submitted with the candidates' exam applications or can be emailed to docreview@danb.org.