

## Graduation Documentation for CDA/GC Pathway I

This form will be accepted through Dec. 31, 2025.

Contact DANB with any questions at 1-800-367-3262 or email docreview@danb.org.

Mail to: **DANB** Email to: docreview@danb.org

> Attn: Document Review 444 N. Michigan Ave., Suite 900

Chicago, IL 60611

## **Policy**

Exam results and certificates will be withheld by DANB for all candidates who submit an Intent to Graduate letter as proof of anticipated graduation for Pathway I for the Certified Dental Assistant (CDA) or General Chairside Assisting (GC) exam. Once acceptable proof of graduation has been received by DANB, the DANB exam results and any certificates earned will be mailed to the candidate. If a candidate fails to submit the required documentation within 6 months from the date of testing, GC exam results will be rescinded. The candidate will need to retake the GC exam by submitting a new GC application, full exam fee and complete documentation. No refunds will be issued.

	Proof of Graduation Documentation	on
CDA/GC Exam Date	Note: Date due is 6 months	s from CDA/GC exam date.
Graduation Date		
Documentation submitted (please submit or	nly ONE of the following with this form):	
Copy of the certificate of completion/dipprogram.	ploma from the Commission on Dental Accredi	tation (CODA)-accredited dental assisting
Copy of your transcript (must show date	e of dental assisting program completion).	
	orogram director on school letterhead, including mpleted, program director's signature and date	
	Candidate Information	
Name		DANB ID
Prior Name (if applicable)		<u> </u>
Email (required)		<u> </u>
Home Address		
City	State	Zip
Phone Numbers Office	Cell or Home	
Signature X	Date X	

DO NOT SUBMIT WITH EXAM APPLICATION.