

# Candidate/Certificant Request for Verification



This form must be completed by individuals interested in **receiving verification of certificate(s), credential(s) or the passing status of exam(s) administered by DANB.** Contact Vickie Spears with questions at 1-800-FOR-DANB ext. 445. Fax this form to DANB at 312-642-8507 or mail to:  
DANB  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

**Do NOT fax/mail twice or you will be charged twice.**

## DANB's Verification Policy

If a candidate has earned any certificate(s), credential(s), or passed a national DANB or state-specific exam(s), and needs or wants official verification, **they must submit this form along with a \$10 verification fee to DANB.** The \$10 fee covers one letter which can be used to verify multiple certificate(s), credential(s) and/or passing of an exam(s). **Your verification fee is non-refundable.**

An official verification is a letter to the dental assistant on DANB letterhead, verifying that the assistant passed that particular DANB national or state exam or holds a particular DANB Certification. It is not a duplicate certificate. **Employers requesting credential verification do not have to pay the \$10 verification fee and must fill out the employer request for verification form.**

## Requesting an Official Verification

- Certified Dental Assistant (CDA)
- Certified Orthodontic Assistant (COA)
- Orthodontic Assistant (OA) only
- Certified Dental Practice Management Administrator (CDPMA)
- Certified Oral and Maxillofacial Surgery Assistant (COMSA)
- General Chairside (GC) only
- Radiation Health & Safety (RHS) only
- Infection Control (ICE) only
- Arizona Coronal Polishing (AZCP)
- Arizona Radiation Proficiency Exam (AZRAD)
- Delaware Dental Radiological Technology (DDRT)
- Maryland General Expanded Functions (MDG)
- Maryland General Orthodontic Expanded Functions (MDO)
- Missouri Basic (MOB)
- Montana Radiology Proficiency Exam (MTRAD)
- New Jersey Dental Radiation Technologist (NJDRT)
- New Jersey Expanded Duties General (NJXDG)
- New Mexico Expanded Functions Flouride (NMXF)
- New Mexico Expanded Functions Pit & Fissure Sealant (NMXP)
- New Mexico Expanded Function Coronal Polish (NMXC)
- New York Professional Dental Assisting (NYPDA)
- Oregon Basic (ORB) Exam
- Oregon Expanded Functions General (ORXG) Exam
- Oregon Expanded Functions Orthodontic (ORXO) Exam
- Oregon Expanded Functions Dental Assistant (OR EFDA) Certificate
- Oregon Expanded Functions Orthodontic Dental Assistant (OR EFODA) Certificate
- Oregon Radiation Proficiency Exam (OR RAD)

Date Exam(s) Taken \_\_\_\_\_ Cert. # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (print or type) \_\_\_\_\_

Name, if different, at time of exam application \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

I hereby officially request a written verification by DANB that I have earned the certificate(s), credential(s) or passed the exam(s) as noted above. I understand a \$10 fee (per verification letter--see DANB Policy above) is required. **Candidate/certificant signature is required.**

Candidate/Certificant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Select Payment Option

Candidate/Certificant's Name \_\_\_\_\_ SSN or Certification# \_\_\_\_\_

Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

**Verification Fee:**  
**\$10.00**  
**Code: 3565**

**Credit Card Authorization:** Allows DANB to charge your credit card account. Please complete all information.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature X

Cardholder's Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB. 05/10