

# Dental Assisting National Board, Inc. (DANB)

## Candidate/Certificant Request for Credential Verification

This form will be accepted through Dec. 31, 2017.

Contact DANB with questions at 1-800-367-3262.



Measuring Dental Assisting Excellence®

Submit this form to:  
DANB

Attn: Credential Verification  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611  
Fax: 1-312-642-3550

Do NOT submit twice or you will be charged twice.

### Policy

If a candidate/certificant has earned any certificate(s) of knowledge-based competency or certification(s), or passed a national DANB or state-specific exam(s), and needs or wants official verification, **he/she must submit this form along with a \$10 verification fee to DANB. The verification fee is non-refundable.** The \$10 fee covers one letter, which can be used to verify multiple certificate(s), certification(s) and/or passing of an exam(s). Do NOT fax/mail twice or you will be

**charged twice.** Verification letters take 1-2 weeks to process. An official verification is a letter to the candidate/certificant on DANB letterhead, verifying that the candidate/certificant passed that particular DANB national or state exam or holds a particular DANB credential. It is not a duplicate certificate. **Employers requesting verification do not have to pay the \$10 verification fee but must fill out the employer request for verification form.**

### Request Official Credential Verification

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (Please print clearly) \_\_\_\_\_  
Last First MI

Prior name (if applicable) \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone Numbers: Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

I hereby officially request a written credential verification by DANB of any certificate(s) of knowledge-based competency or certification(s), or passed a national DANB or state-specific exam(s) that I hold. I understand a \$10 fee (per verification letter) is required. **Candidate/Certificant signature and date is required.**

Signature X \_\_\_\_\_ Date X \_\_\_\_\_

### Payment Information

Candidate/Certificant Name \_\_\_\_\_

Check/Money Order payable to DANB (must include candidate's name and be in US dollars)

Credit Card Authorization (Visa, MasterCard, Discover & American Express accepted): Amount: \$ \_\_\_\_\_

Verification Fee: \$10.00  
Code: 3565

Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

City/State/Zip \_\_\_\_\_ 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.