

## Dental Assisting National Board, Inc. (DANB)

# Employer Request for Credential Verification

This form will be accepted through Dec. 31, 2022.



Contact DANB with questions at 1-800-367-3262 or email [docreview@danb.org](mailto:docreview@danb.org).

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

## Policy

If a candidate has earned any certificate(s) of knowledge-based competence and/or certification(s), or has passed a national DANB or state-specific exam(s), and the employer needs or wants written official verification, **the employer must submit this form to DANB**. An official verification is a letter to the employer on DANB letterhead, verifying the dental assistant passed that particular DANB national or state exam or holds a particular DANB certification or certificate. It is not a duplicate certificate. Verification letters will be sent within 1-2 weeks of DANB receiving the completed request form.

## Request Official Credential Verification

Please print clearly.

Candidate/Certificant DANB ID or Certificate Number \_\_\_\_\_

Candidate/Certificant Name \_\_\_\_\_  
Last First MI

Candidate/Certificant Prior Name (if applicable) \_\_\_\_\_

Candidate/Certificant Email \_\_\_\_\_

Employer Name \_\_\_\_\_

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

Employer Phone Number(s): Office (\_\_\_\_) \_\_\_\_\_

Employer Email \_\_\_\_\_

### Please select your preferred method of communication:

Mail  Email

I hereby officially request a written verification by DANB of any certificate(s) of knowledge-based competence or certification(s), or passed a national DANB or state-specific exam(s) that the above candidate/certificant holds.

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

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

**Verification letters are processed within 1–2 weeks of receipt.**

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