

Dental Assisting National Board, Inc. (DANB)

Employer Request for Credential Verification

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



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

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 competency 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 dental assistant on DANB letterhead, verifying the assistant passed that particular DANB national or state exam or holds a particular DANB certification. 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 SSN _____ - _____ - _____

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 (____) _____ Fax (____) _____

Employer Email _____

Please select your preferred method of communication:

- Mail Fax Email

I hereby officially request a written 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 the above candidate/certificant holds.

Employer Signature X _____ Date X _____

Candidate/Certificant Signature X _____ Date X _____

Verification letters are processed within 2 business days of receipt.

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