

Dental Assisting National Board, Inc. (DANB)

Graduation Documentation for CDA/GC Pathway I

This form will be accepted through Dec. 31, 2018.

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



Submit this form and documentation to:

DANB

Attn: Document Review

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Fax: 1-312-642-3550

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 Chairsides 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a candidate fails to submit the required documentation within 90 days from the date of testing, GC exam results will be rescinded, and DANB will issue any earned certificates of knowledge-based competence. 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

CDA/GC Exam Date: _____

Date due is 90 days from CDA/GC exam date.

Graduation Date: _____

For Office Use Only:

Exam ID: _____

Exam Type: _____

Documentation submitted (please submit only ONE of the following):

- Copy of the certificate of completion/diploma from the Commission on Dental Accreditation (CODA)-accredited dental assisting program.
- Official transcript (must show proof of program completion). Official transcripts must be mailed. Faxed transcripts will not be accepted.
- Graduation verification letter from the program director on school letterhead, including the candidate's name, date the dental assisting program was successfully completed, program director's signature and date signed.

Candidate Information

Name (print or type) _____ DANB ID _____

Name, if different, at time of application _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Phone Numbers: Office (____) _____ Home (____) _____ Cell (____) _____

Signature X _____ Date X _____

DO NOT SUBMIT WITH EXAM APPLICATION.