

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

### Employer Request for Credential Verification

This 2016 form will be accepted through Dec. 31, 2016. After Dec. 31, 2016, a 2017 form will be required.

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

### 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

Candidate/Certificant SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Candidate/Certificant Name (Please print clearly) \_\_\_\_\_  
Last First MI

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

Candidate/Certificant email \_\_\_\_\_

Employer name (Please print clearly) \_\_\_\_\_

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

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

#### 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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