

# Employer Request for Verification



This form must be completed by an employer interested in **receiving verification of certificate(s), credential(s) or the passing status of exam(s) administered by DANB.** Contact Vickie Spears with questions at 1-800-367-3262, ext. 445. Fax this form to DANB, Attn: Vickie Spears at 312-642-3550 or mail to:

DANB  
Attn: Vickie Spears  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

## DANB's Verification Policy

If a candidate has earned any certificate(s), and/or credential(s), or passed a national DANB or state-specific exam(s), and the employer needs or wants 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.

## Requesting an Official Verification

Please check the certificate(s), credential(s) or exam(s) for which you are requesting verification.

- Certified Dental Assistant (CDA)
- Certified Orthodontic Assistant (COA)
- Certified Preventive Functions Dental Assistant (CPFDA)
- Orthodontic Assistant (OA) only
- Certified Dental Practice Management Administrator (CDPMA)
- Certified Oral and Maxillofacial Surgery Assistant (COMSA)
- General Chairside (GC) only
- Radiation Health & Safety (RHS) only
- Infection Control (ICE) only
- Coronal Polishing (CP) only
- Sealants (SE) only
- Topical Anesthetic (TA) only
- Topical Fluoride (TF) only
- Arizona Coronal Polishing (AZCP)
- Arizona Radiology License
- Delaware Dental Radiological Technology (DDRT)
- Maryland General Expanded Functions (MDG)
- Maryland General Orthodontic Expanded Functions (MDO)
- Missouri Basic (MOB)
- Montana Radiology Proficiency Exam (MTRAD)
- New Jersey Dental Radiation Technologist (NJDRT)
- New Jersey Expanded Duties General (NJXDG)
- New Mexico Expanded Functions Flouride (NMXF)
- New Mexico Expanded Functions Pit & Fissure Sealant (NMXP)
- New Mexico Expanded Functions Coronal Polish (NMXC)
- New York Professional Dental Assisting (NYPDA)
- Oregon Basic (ORB) Exam
- Oregon Expanded Functions General (ORXG) Exam
- Oregon Expanded Functions Orthodontic (ORXO) Exam
- Oregon Expanded Functions Dental Assistant (OR EFDA) Certificate
- Oregon Expanded Functions Orthodontic Dental Assistant (OR EFODA) Certificate
- Oregon Radiation Proficiency Exam (OR RAD)

Date Exam(s) Taken \_\_\_\_\_ Cert. # \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (print or type) \_\_\_\_\_

Name, if different, at time of exam application \_\_\_\_\_ Email \_\_\_\_\_

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

Phone Number(s): Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

I hereby officially request a written verification by DANB that I have earned the certificate(s)k and/or credential(s) or passed the exam(s) as noted above.  
**Employer and candidate/certificant signature is required.**

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

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

Please select your preferred method of communication:  Mail  Fax  E-mail  
Verification letters are processed within 2 business days of receipt.