

Graduation Documentation for Pathway I

(Certified Dental Assistant (CDA) and General Chairside (GC) candidates only)

This 2012 graduation documentation form will be accepted through December 31, 2012.



This form must be completed by candidates (within 90 days from CDA/GC exam date) who submit Intent to Graduate letters after exam has been taken, not at time of application. Contact Katy Hotsenpiller with any questions at 1-800-367-3262 ext. 452.

Submit this form and documentation to:

DANB, Attn: Katy Hotsenpiller
444 N. Michigan Ave. Ste 900
Chicago, IL 60611
Fax: 312-642-3550

DANB's Policy on Submitting Proof of Graduation

Scores and certificates will be held by DANB for all candidates who submit an Intent to Graduate letter as proof of anticipated graduation for Pathway I for the GC or CDA examinations. Once the DANB Graduation Documentation for Pathway I form and required proof of graduation have been received by DANB from the candidate, the DANB exam scores 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 scores will become null and void, and RHS and ICE scores and certificates will be mailed to the candidate (if applicable). No refunds will be issued.

Proof of Graduation Documentation

Exam Date: _____

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

Date Graduated: _____

Documentation being submitted (submit one of the following):

- A copy of the certificate of completion/diploma from the CODA-accredited dental assisting program
- An official transcript (documentation must show proof of program completion). Official transcripts may not be faxed and **cannot** be a copy.
- A graduation verification letter from the program director on school letterhead, including the candidate's name, date of completion from the dental assisting program, program director's signature and date signed.

Candidate Information

Name (print or type) _____ Candidate's SSN _____ -- _____ -- _____

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

Address _____

City _____ State _____ Zip _____

Phone Number(s) Work(_____) _____ Home(_____) _____ Cell(_____) _____ Fax(_____) _____

Signature X _____ Date X _____

DO NOT SUBMIT WITH APPLICATION.