



**FIDELIS CARE®**

**Fluoride Varnish Application Attestation Form**

Physician Name: \_\_\_\_\_ Provider ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: New Jersey ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Fluoride Varnish Attestation**

Training: Training for the topical application of fluoride varnish can be obtained through a link on the Fidelis Care Provider Portal directly at the Smiles for Life website provided below.

Credit to Dr. Joanna Douglass and the Smiles for Life National Oral Health Curriculum – Fluoride Varnish Module

- Smiles for Life (click Quick Link Course 6, “Caries Risk Assessment, Fluoride Varnish & Counseling” at: <http://www.smilesforlifeoralhealth.org>.)

Please attest to the appropriate statements below by printing your name on the respective lines.

I, \_\_\_\_\_, have completed the Caries Risk Assessment, Fluoride Varnish & Counseling training course and assessment on the Smiles for Life National Oral Health Curriculum website. I have the proper knowledge and understanding to administer applications of fluoride varnish to Fidelis Care members through the age of 5.

Upon the completion of the Fluoride Varnish Application Attestation form Fax or Email to:

**Fax: 813-865-6759 or Email: [NJDentalServices@fideliscarenj.com](mailto:NJDentalServices@fideliscarenj.com)**

I, \_\_\_\_\_, have completed the Caries Risk Assessment, Fluoride Varnish & Counseling training course and assessment on the Smiles for Life National Oral Health Curriculum website, and I have trained the following medical staff in my office on the application of fluoride varnish to Fidelis Care members through the age of 5.

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Certificate Date: \_\_\_\_\_

**Personnel Trained on Caries Risk Assessment, Fluoride Varnish & Counseling**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_