

Fluoride Varnish Training Record Sheet

Please complete this form and return it by December 11th by fax to CTAAP at 860-727-9863 or scan the document and e-mail it to tracey.ctaap@gmail.com.

- **Billing for Fluoride Varnish will be Possible Beginning November 1, 2008. An advisory will be sent out from DSS to this effect.**
- **To bill for fluoride varnish you MUST return this sheet. DSS will only allow billing from trained, registered providers.**
- **If you do not have all the information (notably the Medicaid Provider # and NPI #) please be sure to include your e-mail address and we will e-mail you to obtain the remaining information.**
- **Please PRINT clearly so we can ensure DSS gets your information accurately so you can bill and be paid for your services.**

Provider Name (first and last): _____

Primary Office Address:

Street Address (line 1)

Street Address (line 2)

City, State and Zip

Medicaid Provider #:

NPI #:

E-mail address:

Signature and date:

Signature

Date

Date of CME training: _____

Password for CME training: _____