



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 WellCare 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 WellCare Health Plans, Inc., members through the age of 5.

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 WellCare Health Plans, Inc., 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@WellCare.com

Physician Signature: _____ Date Signed: _____

Certificate Date: _____

Personnel Trained on Caries Risk Assessment, Fluoride Varnish & Counseling

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____