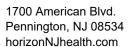


## Horizon NJ Health Fluoride Varnish Application Attestation Form

Physician Name  NPI Number  Business Address				
			County	
			Email	
Phone				
Fax				
Please attest to the appropriate statements below by pl	lacing your initials on the respective line.			
I have completed the Caries Risk Assessment, course and assessment on the Smiles for Life national proper knowledge and understanding to administer ap NJ Health patients under the age of 4.	oral health curriculum website. I have the			
I have completed the Caries Risk Assessment, course and assessment on the Smiles for Life national trained the following pediatricians, nurse practitioners application of fluoride varnish to Horizon NJ Health p	oral health curriculum website <u>and</u> I have sor physician assistants in my office on the			
Names and NPI numbers of other providers in you	r practice you have trained:			
Physician Name	NPI Number			
Physician Name	NPI Number			
Physician Name	NPI Number			
Physician Name	NPI Number			





Online Training Date	
Physician Signature	Date Signed
Physician Name (Please Print)	
	Horizon NJ Health Provider ID Number

Please fax the completed form to Fred DiOrio at 1-973-274-3865.