



1700 American Blvd.
Pennington, NJ 08534
horizonNJhealth.com

**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 placing your initials on the respective line.

_____ 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 Horizon NJ Health patients under the age of 4.

_____ 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 pediatricians, nurse practitioners or physician assistants in my office on the application of fluoride varnish to Horizon NJ Health patients under the age of 4.

Names and NPI numbers of other providers in your practice you have trained:

Physician Name

NPI Number

Physician Name

NPI Number

Physician Name

NPI Number

Physician Name

NPI Number



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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**.