



Required Information for Enrollment as a CSHCN Services Program Dental / Orthodontia Provider

Please designate only one specialty:

- Endodontia
- General Dentistry
- Oral & Maxillofacial Surgery
- Orthodontia
- Pediatric Dentistry
- Periodontia
- Public Health Dentistry
- Other: _____

Certification by the Texas Board of Dental Examiners for anesthesia or sedation permits for (check any box that applies):

- Level One – Nitrous Oxide, O₂ inhalation, conscious sedation
- Level Two – Parenteral conscious sedation
- Level Three – Parenteral deep sedation

Do you have a Portability Permit issued by the Texas State Board of Dental Examiners?

Yes No

If yes, please submit a copy of your Portability Permit

Texas Provider Identifier _____

National Provider Identifier (NPI)/Atypical Provider Identifier (API) _____

Provider Name (printed)

Date

Provider Signature

Date