



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

Please designate only one specialty:

- Endodontia
- General Dentistry
- Oral and 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, and conscious sedation
- Level Two — Parenteral conscious sedation
- Level Three — Parenteral deep sedation

Texas Provider Identifier _____

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

Provider Name (printed)

Date

Provider Signature

Date

