



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):

- None
- Level One- Minimal Sedation
- Level Two- Moderate Enteral Sedation
- Level Three- Moderate Parenteral Sedation
- Level Four- Deep Sedation/General Anesthesia

I understand that a copy of my TSBDE Sedation/Anesthesia Permit (if applicable) must be received before my application will be considered complete.

Have you completed an Anesthesiology Residency recognized by the American Dental Board of Anesthesiology?

Yes No

If yes, please provide proof of completion of an Anesthesiology Residency recognized by the American Dental Board of Anesthesiology.

Texas Provider Identifier _____

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

Provider Name (printed)

Date

Provider Signature

Date