

**2023-2024 All Kids  
School Dental Program  
Provider Registration  
Application**

<b>School-Based Provider Entity Name:</b>		<b>Business NPI:</b>	
<b>Billing Location Contact Name:</b>	<b>Email Address:</b>	<b>Phone #:</b>	
<b>Entity Address</b>		<b>City</b>	<b>State</b>
			<b>Zip Code</b>

DENTIST INFORMATION		
<b>School Dentist Name:</b>	<b>School Dentist NPI:</b>	<b>PHDH Collaborative</b> - <b>Yes or No</b> - (if yes, complete lower section)
If Applicable, <b>PUBLIC HEALTH DENTAL HYGIENIST INFORMATION</b>		
<b>PHDH Name:</b>	<b>PHDH NPI:</b>	<b>PHDH Collaborative Agreement Date Span:</b>

**\*\*Incomplete Applications Will Delay the Approval Process\*\***