

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

ORAL HEALTH

CONTACT INFORMATION FORM

Smiles for Life Fluoride Varnish Training for Medical Professionals

Please submit this Contact Information Form along with a copy of your certificate of completion from the Smiles for Life Fluoride Varnish Module 6 for MDHHS certification. You can access the Smiles for Life modules at www.smilesforlifeoralhealth.org.

Send BOTH forms via fax, e-mail or US Post to:

MDHHS-Oral Health
Smiles for Life Certification
109 W. Michigan Ave.
PO Box 30195
Lansing, MI 48909
Fax: 517 346-9862
Email: oralhealth@michigan.gov

Date: _____

Full Name:	
Professional Credentials:	License #:
Name of Agency:	
Mailing Address:	
Served County(s):	
E-Mail Address:	National Provider Identifier# (NPI):
Phone #:	Fax #:

Smiles for Life Course 6 completion is highly recommended for medical providers prior to providing oral screenings and applying fluoride varnish.

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