

Program Enrollment Form for Dental Providers

The Mississippi Seals School – Based Dental Sealant Program is available to children at eligible schools on a first come first served basis as funding is available. The enrollment form does not guarantee program participation.

Instructions: Complete the section below and return by fax or email.

Provider Name: _____

Provider Address: _____

City: _____ Country: _____

Phone: _____ Fax: _____

Clinic Contact: _____ Title: _____

Contact email: _____

Contact Phone: _____ Fax: _____

Number of staff available for participation: _____

Day(s) of the week available for participation: _____

Do you currently provide dental services for a school? YES NO

If yes, list school(s) names: _____

Program Contact:

**Mississippi State Department of Health
Oral Health Program**

https://msdh.ms.gov/msdhsite/_static/41,0,151,481.html

Phone: 601-206-1590

Fax: 601-991-9963



MISSISSIPPI
STATE DEPARTMENT OF HEALTH