

## Cavity Free Kids Application

Are you interested in having a Cavity Free Kids presentation at your office/clinic?  
The first step is to complete this application and fax to 1-866-519-0365.



Application Date: \_\_\_\_\_

Office or Clinic Name \_\_\_\_\_

Office or Street Address \_\_\_\_\_

City \_\_\_\_\_ State: KS Zip \_\_\_\_\_

County \_\_\_\_\_

Office Contact \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Number of Providers in Office \_\_\_\_\_

Do you currently do fluoride varnish application? (please check one) ☐ Yes ☐ No

How many Children do you see per year? \_\_\_\_\_ 0-3 years old

<b><u>LOCATION</u></b> <input type="checkbox"/> Physician office practice <input type="checkbox"/> Clinic (other outpatient setting) <input type="checkbox"/> Meeting facility (auditorium/conference) <input type="checkbox"/> Other _____	<b><u>REPRESENTATION</u></b> <input type="checkbox"/> From one practice <input type="checkbox"/> Group practice from multiple locations <input type="checkbox"/> From multiple practices <input type="checkbox"/> Other _____	<b><u>SPECIALTY</u></b> <input type="checkbox"/> Pediatrics <input type="checkbox"/> Family Medicine <input type="checkbox"/> Multi-Specialty <input type="checkbox"/> Other _____
---	---	---

<b><u>AUDIENCE</u></b> (check <u>all that apply</u> )	
<input type="checkbox"/> Physicians	<input type="checkbox"/> Nurse Practitioners
<input type="checkbox"/> Nurses	<input type="checkbox"/> Physician Assistants
<input type="checkbox"/> Medical Assistants	
<input type="checkbox"/> Non-medical staff (clerks, office managers)	

Are you a Medicaid provider (Including Healthwave, Children's Mercy and Unicare)?

- ☐ Yes  
☐ No

If you are not Medicaid provider, are you aware that insurance does not cover fluoride reimbursement? Are you still interested in a presentation? \_\_\_\_\_

How did you hear about Cavity Free Kids?  
\_\_\_\_\_

How many attendees will be at the presentation? \_\_\_\_\_

**Questions: Contact Leslie Sherman: 913-940-8943**

**Please Fax Completed Form to Leslie: 1-866-519-0365.**

**Note:** You are not on our Cavity Free Kids Training until you have received an email from [leslie.sherman@kansasaap.org](mailto:leslie.sherman@kansasaap.org) that we have received your application!