



SECTION 1. Applicant Information

1.01 Name: Last:		1.02 First:		1.03 Middle:	
1.04 Mailing Address:		Street Address or PO Box			
City		State		ZIP Code	
County					
1.05 Physical Address:		Street Address			
<input type="checkbox"/> Same as the mailing address (if yes, go to phone #)					
City		State		ZIP Code	
County					
1.06 Telephone Number:		1.07 Email Address:			
1.08 Date of Birth:		1.09 Social Security Number ¹ :			
1.10 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		1.11 Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			
1.12 Please select one: <input type="checkbox"/> I am a US Citizen OR <input type="checkbox"/> I am a US national, as defined by 8 U.S.C. 1401					

1.13 I provide most of my direct patient care in the field of: (select most prevalent)	
<input type="checkbox"/> General Dentistry	<input type="checkbox"/> Orthodontics
<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Endodontics
<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Periodontics
	<input type="checkbox"/> Prosthodontics
	<input type="checkbox"/> Oral and maxillofacial surgery
1.14 License Number:	
1.15 National Provider Identifier (NPI) Number:	
1.16 Medicaid Provider Number:	

1.17 Select one of the following boxes:
<input type="checkbox"/> I have never received FRAME ^{dental} award.
<input type="checkbox"/> This is a recertification as I received a FRAME ^{dental} award in the immediately preceding application calendar year.
<input type="checkbox"/> I have previously received a FRAME ^{dental} award, but not in the immediately preceding application calendar year.

¹ **NOTICE OF COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS** - Florida law requires agencies that collect an individual's social security number to state in writing the purpose for its collection. The Department of Health is authorized to collect your social security number pursuant to section 119.071(5)(a)2., Florida Statutes, because collection is imperative for the performance of the Department's duties and responsibilities as prescribed by law. This notice is provided pursuant to section 119.071(5)(a), Florida Statutes. For the FRAME program, established pursuant to sections 381.4019 and 381.402, Florida Statutes, social security numbers are collected and used only for identification purposes and to ensure that loan reimbursement awards are properly applied to the correct individual's qualified loan with a financial institution. Social security numbers collected for this purpose will remain confidential.

