



Dental Program

Application

SECTION 1. Applicant Information

1.01 Name: Last:		1.02 First:		ddle:		
1.04 Mailing Address:	t Address or PO Box					
I = w = =						
City	State	ZIP Code	County			
1.05 Physical Address:		ne #) Street Address	Street Address			
City State		ZIP Code	County			
1.06 Telephone Number:		1.07 Email Ac	1.07 Email Address:			
1.08 Date of Birth:		1.09 Social Se	1.09 Social Security Number ¹ :			
1.10 Gender: 1.11 Ethnicity: 1.10 Gender: 1.11 Ethnicity: Analysis and Asian Asian Asian Asian Other						
1.12 Please select one: 🗌 I am a US Citizen OR 🗌 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)						
General Dentistry	Orthodo	ntics 🗌 F	Periodontics	Prosthodontics		
Pediatric Dentistry	ediatric Dentistry		Oral and maxillofacial surgery			
🗌 Dental Hygienist						
1.14 License Number:						
1.15 National Provider Identifier (NPI) Number:						
1.16 Medicaid Provider Number:						
L						
1.17 Select one of the following boxes:						

I have never received FRAME^{dental} award.

This is a recertification as I received a FRAME^{dental} award in the immediately preceding application calendar year.

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, 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.

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Applicant Name: ___

SECTION 2. Loan Payment Preference

You may skip this section if you are requesting loan reimbursement from only one lender, even if you have multiple loans with your lender.

2.01 The number of educational loan lenders: ____

2.02 Please specify what portion of the allowable amount you wish to be applied to each lender you have a loan with.

Payment Preference	Lender	Principal Balance	Portion of Allowable Amount to be applied
1 st Preference		\$	%
2 nd Preference		\$	%
3 rd Preference		\$	%

SECTION 3. Attestations

I hereby attest that all information and statements contained herein are true and do not misrepresent facts. I further attest that I have not evaded or suppressed any information contained in this application or any of the supporting materials. The information I have supplied on this application is complete, true, and accurate. To the best of my knowledge and belief, I am eligible for this program.

I acknowledge that I am no longer eligible to receive funds under this program if I:

- (a) Am no longer employed by a public health program as defined by Rule 64W-6.001, F.A.C., or eligible private practice.
- (b) Cease to participate in the Florida Medicaid program.
- (c) Have disciplinary action taken against my license by the Board of Dentistry for a violation of section 466.028, F.S.
- (d) Have received an award in this program for five (5) different years, or
- (e) Have not verified, in a manner determined by the department, that I have volunteered my dental services for the required number of hours.

3.01 Applicant's Signature

3.02 Date

3.03 Applicant's Printed Name

Please Note: Your application will not be considered complete in the FRAME*works* portal without submitting complete Employment Verification Form(s), Loan Certification Form(s), HPSA documentation, or Volunteer Hours Verification Forms, and entering information from those forms into the application portal.

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.