

**Aetna Better Health® of New Jersey**  
3 Independence Way, Suite 104  
Princeton, NJ 08540-6626



**Aetna Better Health® of New Jersey Fluoride Varnish Application Attestation Form**

**Physician Name:** \_\_\_\_\_

**NPI Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please attest to the appropriate statements below by placing your initials on the respective lines.**

\_\_\_\_\_ I have completed the Caries Risk Assessment, Fluoride Varnish & Counseling training course and assessment on the Smiles for Life national oral health curriculum website. I have the proper knowledge and understanding to administer applications of fluoride varnish to Aetna Better Health® of New Jersey Health patients under the age of 6.

\_\_\_\_\_ I have completed the Caries Risk Assessment, Fluoride Varnish & Counseling training course and assessment on the Smiles for Life national oral health curriculum website and I have trained the following pediatricians, nurse practitioners or physician assistants in my office on the application of fluoride varnish to Aetna Better Health® of New Jersey patients under the age of 6.

**Names and NPI Numbers of other providers in your practice you have trained:**

<b>Physician Name:</b> _____	<b>NPI#</b> _____
<b>Physician Name:</b> _____	<b>NPI#</b> _____
<b>Physician Name:</b> _____	<b>NPI#</b> _____

**Online Training Date:** \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Physician Name (Please Print)**

\_\_\_\_\_  
**Aetna Better Health of New Jersey  
Provider ID Number**

**Please fax the completed form to Dr. Joe Maggio at 860-607-8842.**

**[www.aetnabetterhealth.com/newjersey](http://www.aetnabetterhealth.com/newjersey)**