

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: _____ County: _____

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:

Seymone Powell, RDH

Mississippi State Department of Health

Sealant Coordinator

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