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:
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