

Texas Health Steps
First Dental Home Certification Application

If you have already been certified for FDH, STOP! You do not have to submit a new application.

Dentist's Name:	Type of Practice:	Type of Facility:	
Individual National Provider Identifier (NPI) No.:		FQHC Only: Facility NPI No.. (if applicable):	
Office Contact Person:		Email Address (<i>where confirmation should be sent</i>):	
<input type="checkbox"/> I am a currently enrolled Texas Health Steps Dental Provider			
Physical Office Address:		City:	ZIP Code:
Area Code and Phone No.:			
Training Date:			

**Submit completed Form 1091 and a copy of your CE certificate by
Email at THStepsOEFV.FDH@hhsc.state.tx.us or fax to 512-483-3979.**