



Texas Health Steps
First Dental Home Certification Application

Dentist's Name:	Type of Practice:	Taxonomy Code:	Texas Dental License No.:
Type of Facility:		Individual National Provider Identifier (NPI) No.:	
Individual Texas Provider Identifier (TPI) No.:		FQHC Only: Group TPI No. <i>(if applicable)</i> :	
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			
<input type="checkbox"/> I have submitted an enrollment application as of			
Physical Office Address:		City:	ZIP Code:
Area Code and Phone No.:		Office Tax ID 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.