



**NATIONAL INSTITUTE
FOR
DENTAL EXCELLENCE & INTEGRITY**

INSTRUCTIONS AND APPLICATION
FOR
ADDITIONAL PROVIDERS & AWARDS

NIFDE APPLICATION

Instructions for Additional Providers & Awards

Adding Providers to NIFDE Certified Facility

In the event your facility is already NIFDE Certified or has already applied for NIFDE Certification and you want to apply for an additional provider, simply complete the attached Additional Provider form (Form AP-1). The NIFDE Review process for adding an additional provider to an existing NIFDE Certified Facility is less time consuming than the initial application for NIFDE Certification.

Remember, these Additional Providers can only be added to a facility that is already NIFDE Certified or in the process of obtaining NIFDE Certification. It is very important that this form include the name of the practice that has applied for or has received NIFDE Certification.

Professional Fee for Additional Providers

To have an additional provider NIFDE Certified, there is a \$125 annual professional fee for each additional provider.

Ordering NIFDE Awards for These Additional Providers

Use the NIFDE Award Order form to obtain NIFDE Awards for these providers as well. Remember, NIFDE Awards may only be ordered for those providers that have obtained NIFDE Certification! There is no limit to the number of awards that may be ordered for a NIFDE Certified provider. SEE BELOW FOR FEE INFORMATION FOR EACH NIFDE AWARD.

Completing this Form

Be sure to clearly print the name of the provider using the exact spelling and indicate the number of NIFDE Awards requested. NIFDE Awards will be prepared exactly as indicated on the Additional Provider Profile. The primary dentist that had applied for the Initial Certification of the dental facility should sign this application.

Payment of the NIFDE Professional Fee may be made by Visa, MC, Amex, Discover, or may be paid by check made payable to NIFDE. If payment is made via credit card, completed forms and payment information may be sent via fax to the NIFDE Review Panel at 609-951-0030.

For all other instances, the completed NIFDE Application and payment should be mailed to: NIFDE Review Panel, 29 Emmons Drive, Suite A-30, Princeton, New Jersey 08540.

Fees for NIFDE Awards

The cost for each NIFDE Award is \$60, plus the costs of shipping and handling. Each NIFDE Award is handcrafted and shipped directly from the NIFDE Award center. When ordering a NIFDE Award for a Additional Provider, allow 2 to 3 weeks for delivery of your NIFDE Award(s) from the time NIFDE Certification is achieved. When ordering additional NIFDE Awards for providers that are already NIFDE Certified, allow for to 3 weeks from the receipt of your forms.

Where to Send Completed Forms

Upon completion of these Additional Provider forms, return the completed forms and professional fee to:

NIFDE Review Panel
29 Emmons Drive, Suite A-30
Princeton, New Jersey 08540

In the alternative, completed NIFDE forms may be faxed to the IFDE Review Panel at (609) 951-0030.

Questions/Contact Us

The NIFDE website (www.nifde.com) was designed to answer the majority of questions about NIFDE and NIFDE Certification. If you need to contact NIFDE, you can call 609-951-0105 to speak with a NIFDE representative or in the alternative, you can email a NIFDE representative with your questions at info@nifde.com or enrollment@nifde.com. All NIFDE representatives take great pride in their responsiveness and will gladly help you.

NIFDE APPLICATION

Additional Provider Form

(Additional Application)

This form is to be used when adding a provider(s) to a facility that has **already achieved NIFDE Certification**. In the event you are adding more than two additional providers, simply duplicate as many forms as required.

Additional Provider Profile

Practice Name _____

NIFDE # _____ (NIFDE # only available for those practices that have already obtained NIFDE certification.)

Provider Name _____

Last

Middle

First

- Dentist (select one) General Dentist Endodontist Oral Surgeon Orthodontist
- Periodontist Pediatric Prosthodontist

State of License _____ License # _____

(a copy of license must be included with application)

Degree DDS DMD

Registered Hygienist

Additional Provider Profile

Practice Name _____

NIFDE # _____ (NIFDE # only available for those practices that have already obtained NIFDE certification.)

Provider Name _____

Last

Middle

First

- Dentist (select one) General Dentist Endodontist Oral Surgeon Orthodontist
- Periodontist Pediatric Prosthodontist

State of License _____ License # _____

(a copy of license must be included with application)

Degree DDS DMD

Registered Hygienist

To Order Awards For These Additional Providers - Use Award Order Form



NIFDE APPLICATION Award Order Form & Payment (Additional Provider Application)



Use this form when adding a provider(s) to facility that has already achieved NIFDE Certification and/or to order Awards for these providers.

Award Information

Provider Name _____ # of Awards _____

Provider Name _____ # of Awards _____

Provider Name _____ # of Awards _____

Provider Name _____ # of Awards _____

** All awards will be shipped to the primary practice address.*

Professional Fee

Additional Providers	\$125.00	x	_____	=	_____
Awards	\$60.00	x	_____	=	_____
Award Shipping & Handling	\$19.00	x	_____	=	_____
Total				=	_____

** If additional providers are not being added simply write "n/a".*

Payment Information

Check Enclosed Visa Master Card American Express Discover

Number _____ CVV2 Code _____ Expiration Date _____

Card Holder _____ Signature _____

Billing Address _____

City _____ State _____ Zip _____

I certify that I am authorized to complete this application on behalf of the dental facility listed and on behalf of such Additional Providers. All information and answers provided during our initial NIFDE Certification pertain to these Additional Providers. I acknowledge that no representations or guaranties have been made with respect to the benefits of NIFDE Certification, as results may vary from facility to facility, nor have any such representations or guaranties been relied upon. I acknowledge that I have read and hereby agree to the Terms and Conditions of NIFDE membership.

By signing below, I acknowledge that I have read and hereby agree to the Terms and Conditions of NIFDE membership.

Primary Dentist Signature

Date

