



**NATIONAL INSTITUTE
FOR
DENTAL EXCELLENCE & INTEGRITY**

INSTRUCTIONS AND APPLICATION
FOR
INITIAL NIFDE CERTIFICATION

NIFDE APPLICATION

Instructions for First Time NIFDE Application

Begin with the NIFDE Application

To obtain NIFDE Certification for the first time, a NIFDE Application needs to be completed in its entirety and signed by the owner or managing dentist for each dental facility. To obtain NIFDE Certification for additional dentists or registered dental hygienists at an existing NIFDE Certified facility, complete the Additional Provider Application.

Upon completion of the NIFDE Application, return the NIFDE Application and professional fee to:
NIFDE Review Panel
29 Emmons Drive, Suite A-30
Princeton, NJ 08540

In the alternative, a completed NIFDE Application can be faxed to the NIFDE Panel at (609)-951-0030.

Time Involved

NIFDE understands the daily stress of running a dental facility and the NIFDE Certification Process was designed to be effective, straightforward, and efficient. From the time that a complete NIFDE Application is returned to our NIFDE Review Panel, the average decision will likely be rendered within two to three weeks. In some instances, usually with regards to missing answers or partially completed NIFDE Applications, additional office correspondence may be initiated by the NIFDE Review Panel. In such event, a call is made by a member of the NIFDE Review Panel and after resolving any questions, the NIFDE Review process continues.

Professional Fee

To become and remain NIFDE Certified, there is an annual professional fee required in the amount of \$425. This annual professional fee covers a dental facility and one dentist (typically the owner or managing dentist of such

facility). The term begins on the date of application and expires on the one year anniversary. For those dental facilities that have more than one dentist and/or hygienist, it is recommended that NIFDE Certification be obtained for each additional dentist and each hygienist. To have an additional dentist and/or hygienist NIFDE Certified, there is a \$125 annual professional fee for each additional provider. Additional providers may be added at the time of initial NIFDE Certification for the dental facility or anytime thereafter. If you are applying for additional provider(s) with this Initial Application for NIFDE Certification, simply complete the Additional Provider Profile included. Should you require such, use as many Additional Provider Profiles as necessary for your dental facility and return such with this NIFDE Application. Remember, the professional fees established are for one dental facility (and one managing dentist), so a separate professional fee is required for each dental facility in the event that a dentist owns more than one dental facility. The professional fee does not include the cost of a NIFDE Award, as such may be ordered separately.

NIFDE Award

Place the NIFDE Award anywhere in your office and the benefits of NIFDE Certification may begin immediately! Standing a foot tall and meticulously hand crafted by the same organization that makes the Oscar and the Emmy, the NIFDE Award is sure to get the attention of your patients and your colleagues. Let everyone know that your office is NIFDE Certified and committed to a positive patient experience.

Upon receiving NIFDE Certification, each NIFDE Certified provider will be eligible to order a NIFDE Award. The NIFDE Award prominently displays the name of the NIFDE Certified provider, the name of the practice, practice address, and the year of issuance.

For those practitioners that prefer to display an NIFDE Award in each room, additional awards may be ordered.

Place the NIFDE Award in a prominent place(s) and show your patients and staff that you are committed to building strong patient relationships. We promise that you will receive a great deal of attention from your patients regarding the NIFDE Award. To be consistent we recommend a NIFDE Award for each operator.

Ordering NIFDE Awards

As part of the NIFDE Application, simply complete the NIFDE Award form and return with your completed NIFDE Application. When completing for the first time, you do not have to fill in the NIFDE Facility ID #, as such will be provided upon NIFDE Certification and automatically placed on the NIFDE Award.

Fees for NIFDE Awards

The costs 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. From the time of achieving NIFDE Certification, allow 2 to 3 weeks for delivery of your NIFDE Award(s).

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 Primary Dental Facility & Dentist Profile (Initial Application)

For Internal Use Only
Application # _____
State _____

This NIFDE Application is to be completed by the owner or managing dentist at his/her dental facility.

Practice Information

Practice Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Type of Practice Solo Group

How many doctors at practice _____

How many hygienists at practice _____

Indicate areas of practice/specialties:

General Dentistry Endodontist Oral Surgery Orthodontics

Periodontics Pediatric Dentistry Prosthodontics

Office Manager _____ Email of Office Manager _____

Primary Dentist Profile

Doctor Name _____
Last
Middle
First

Date of Birth _____ Email Address of Doctor _____

State of License _____ License # _____
(a copy of license must be included with application)

Degree DDS DMD

Type of Dentist: General Dentist Endodontist Oral Surgeon Orthodontist

Periodontist Pediatric Dentist Prosthodontist

Dental School _____ Year of Graduation _____

NIFDE APPLICATION Additional Provider Form (Initial Application)

The Professional Fee for NIFDE Certification is for one dental facility and one dentist (typically the owner or managing dentist.) For those dental facilities that have more than one dentist and/or dental hygienists, you may apply for NIFDE Certification for such dentists and hygienists by completing this Additional Provider Form. Remember, the practice to which they are affiliated must have NIFDE Certification or have applied for NIFDE Certification. There is an additional professional fee for each additional provider. Should you require, copy and use as many Additional Provider forms as necessary.

Additional Provider Profile

Practice Name _____

Has practice received NIFDE Certification? Yes No If so, NIFDE # _____

If not, has NIFDE Certification been applied for? Yes No

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 _____

Has practice received NIFDE Certification? Yes No If so, NIFDE # _____

If not, has NIFDE Certification been applied for? Yes No

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



NIFDE APPLICATION

Award Order Form & Payment

(Initial Application)



Use this form to provide payment information and order NIFDE Awards for each of your providers.

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 and will use the practice information as provided in this NIFDE 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.

Award Information (all names listed must be on provider profile)

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

Dental Practice & Primary Dentist	\$425.00	x	1	=	\$425.00
Additional Providers	\$125.00	x	_____	=	_____
Awards	\$60.00	x	_____	=	_____
Award Shipping & Handling	\$19.00	x	_____	=	_____
Total				=	_____

Payment Information

Check Enclosed Visa Master Card American Express Discover

Number _____ CVV2 Code _____ Expiration Date _____

Card Holder _____ Signature _____

Billing Address _____

City _____ State _____ Zip _____

NIFDE APPLICATION

Review Panel Questions

(Initial Application)

The following questions were designed by the NIFDE Review Panel. An answer is required for each! Remember, each dentist and their facilities have different situations, so certain questions might not apply. In such event, select the not applicable (n/a) answer.

Patient Interaction & Customer Service

- YES NO Do you require that your front desk staff act courteous and professional and treat patients with care at all times?
- YES NO Are staff members able to fully explain billing questions?
- YES NO Are staff members able to give accurate directions to your office?
- YES NO N/A Do children receive small gifts or toothbrushes (or something to excite them about dental visits) at your office after treatment?
- YES NO Do you make reasonable efforts to discuss patient's financial responsibilities and treatment in a discreet manner to insure patient privacy?
- YES NO Does your office make best efforts to stay "on time" with appointments and procedures?
- YES NO Does your office let patients know when they arrive if the providers are not running "on time"?
- YES NO Does your office explain procedure lengths to patients when scheduling?
- YES NO Are appointment times honored for patients?
- YES NO Are patients given an appointment card or similar reminder when they schedule?
- YES NO Does your office send out reminder calls or confirmation calls to remind patients of appointments?
- YES NO Does your office allow patients (when needed) the ability to use your phone to call for transportation?
- YES NO Does your office ask patients if they could be contacted at their workplace, before doing so, should the need arise by your staff?
- YES NO Does your office provide patients the ability to have "office forms" sent to them prior to their visit for patient's convenience?
- YES NO Is there a staff member that can assist patients with the completion of "office forms" should the patient be unable?
- YES NO Is there a staff member that can explain your "office forms" and reasons for the requested information?
- YES NO Does your office have patient education materials that patients can review?
- YES NO Does your office schedule in a manner or make reasonable efforts to accommodate and allow for emergencies?
- YES NO Does your office have an adequate after hours phone/messaging system to handle emergency calls and answer patient questions when the office is closed?
- YES NO Should the office be closed for vacation, does your office have a referral policy to ensure adequate coverage for your patients?

NIFDE APPLICATION

Review Panel Questions

(Initial Application)

Basic Information

- YES NO N/A Does your office provide patients (in writing or other manner) your office policies on their initial visit?
- YES NO Does your office provide each patient a written treatment plan for their proposed treatment that shows estimated costs and fees associated with such proposed treatment?
- YES NO N/A Does your office charge for broken appointments with less than 24 hours notice?
- YES NO N/A If yes to the above question, does your office make exceptions for extenuating circumstances?
- YES NO Does your office accept credit cards?
- YES NO Does your office use 3rd party financing plans?

Ethics & Integrity

- YES NO Does your office “stand by” its work and provide a reasonable number of no charge adjustments and repairs when appropriate?
- YES NO Does your office replace/repair work at no charge that has failed due to no fault of the patient provided this falls within a reasonable time frame?
- YES NO Does your office make prompt patient refunds should the situation arise?
- YES NO Do you agree to charge only for actual services provided?
- YES NO Does your office and agree to not discriminate in the treatment of any patient because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, health status or any other grounds prohibited by law?

Dental Treatment Guidelines

- YES NO N/A Do you make reasonable efforts to explain the costs associated with treatment prior to beginning any treatment?
- YES NO Do you make reasonable efforts to explain the medical aspects of treatment and answer questions regarding such treatment?
- YES NO N/A Does your office refer patients to outside dentists for procedures when appropriate given your type of practice and experience?
- YES NO Does your office treat children as patients?
- YES NO N/A If children are treated at your office, does your staff aim at providing a reasonable degree of comfort for those children to encourage them to continue with dental care?
- YES NO Do you or your staff provide oral health instructions to patients so as to develop better oral health habits in your patients?
- YES NO Are you dental assistants reasonably trained to handle a variety of treatment procedures?

NIFDE APPLICATION

Review Panel Questions

(Initial Application)

Facility & Equipment Condition

- YES NO N/A Do you take steps to ensure that your office (including operatories, the waiting room, and rest rooms) are kept neat and clean?
- YES NO N/A Do you take steps to ensure that the dental equipment in your office remains in the appropriate state of repair and maintenance for the treatment of patients?
- YES NO N/A Does your office have ample parking given the number of patients expected to be seen?
- YES NO N/A If you live in area with snow/ice, do you have a policy in place to have such removed when necessary for patient safety?
- YES NO Does your waiting room have ample seating and sufficient space given your patient load?
- YES NO Does your waiting room have either magazines or television for patients?

Dental Insurance & Plan Participation

- YES NO N/A In the event that your office accepts dental insurance, can your staff answer questions regarding the insurances accepted at your office and the plan basics?
- YES NO N/A In the event that your office submits insurance claims, do you such in a manner as to comply with federal and state rules and regulation?
- YES NO N/A In the event that your office accepts dental insurance, do you agree to comply with the fees to which your office has contracted and to make adjustments when appropriate and required?

Safety, Sterilization, & Record Keeping

- YES NO Does your office meet all federal and state requirements, including ADA, OSHA, and CDC Infection Control recommendations?
- YES NO Do you accept and treat patients with disabilities in accordance with the requirements of the Americans with Disability Act and professionally recognized standards?
- YES NO Does your office maintain accurate clinical and financial records of patients in accordance with good dental office and accounting standards and in accordance with all federal, state and local laws and regulations and the standards of the dental profession?

NIFDE APPLICATION

Review Panel Questions

(Initial Application)

Licensing & Certification

- YES NO Do you (and the Additional Provider(s), if applicable) have and agree to maintain all appropriate licenses and certifications mandated by governmental regulatory agencies, including without limitation an unrestricted license to practice dentistry in your state where you maintain an office?

- YES NO N/A In the event there are other practitioners in your office who are not applying for NIFDE Certification, do you represent that all such individuals treating patients in your practice are duly licensed in accordance with the previous question?

- YES NO Has your (or any of the Additional Provider(s), if applicable) dental license ever been denied, revoked, suspended, placed on probation, or otherwise been subject to any disciplinary action in any state by a state licensing authority or professional dental society?

- YES NO N/A Have you (or any of the Additional Provider(s), if applicable) ever been or are you currently barred from participation in Medicare/Medicaid programs?

- YES NO Do you (or any of the Additional Provider(s), if applicable) have any physical or mental illness or condition, or any drug or alcohol dependency or addiction that would impair such persons ability to practice dentistry?

- YES NO Do you (and any of the Additional Provider(s), if applicable) maintain professional liability insurance covering yourself and your staff in an amount which is required by applicable state law, or if no such state requirements exist, in an amount customary for dentists in same specialty or scope of practice in the community in which such person(s) practice?

- YES NO Do you maintain active permits, registrations and certifications from appropriate federal and state agencies which govern your medical waste and your operation of radiation equipment?

The information provided herein and the answers to the questions found in this NIFDE Application are accurate and complete. After obtaining NIFDE Certification, I agree to notify NIFDE within 21 days of any material changes to the answers provided in this NIFDE Application. 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. All professional fees and payments for NIFDE Awards are non-refundable. I further certify that I am authorized to complete this NIFDE Application on behalf of the dental facility listed and all other providers at such dental facility, if applicable.

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

Primary Dentist Signature

Date

Print Name



NIFDE APPLICATION

Review Panel Questions

(Initial Application)

TERMS & CONDITIONS OF MEMBERSHIP

1) By completing the NIFDE Application and submitting such to obtain NIFDE Certification, each provider hereby agrees to the provisions and rules contained herein. As used herein, all references to NIFDE shall include all of its employees, directors, officers, and affiliated/related companies.

2) Representations & Guaranties. NIFDE makes absolutely no representations or guaranties regarding the benefits that may be achieved by a provider or dental facility upon NIFDE Certification. By submitting their application for NIFDE Certification, all providers and dental facilities acknowledge and understand (i) that there have been no representations or guaranties, nor have any representations, guaranties, testimonials been relied upon in making their decision to apply for NIFDE Certification; (ii) that practice benefits obtained by one provider and/or dental facility may not materialize for another provider or dental facility; and (iii) that the Employer Network may not expand to that provider's or dental facility's geographic area.

3) Prohibitions on use of NIFDE Certification and NIFDE Award. All providers acknowledge and understand that NIFDE is unable to review the clinical skills of its providers. All providers represent and agree to use NIFDE Certification and the NIFDE Award professionally and are prohibited from making claim/statements/ or advertisements indicating, expressly or implied, that NIFDE Certification and the NIFDE Award were granted to such provider/facility because of the clinical skills of such provider or at such facility.

4) Prohibitions on Advertising. Providers and/or dental facilities are expressly prohibited from referencing their NIFDE Certification on any advertising or marketing materials without the express written consent of NIFDE. This prohibition pertains to all areas of marketing, including but not limited to: print advertising (traditional print, mass mailings, flyers, etc.), web advertising (including email advertising), and radio/cable/tv advertising.

5) Locations/Use of NIFDE Award. All NIFDE Awards are dental facility and provider specific. NIFDE Certification shall be used in connection with only dental facilities and providers for which NIFDE Certification has been granted. NIFDE Awards shall be used and displayed only if the specific dental facility and only for such provider for which NIFDE Certification has been granted. The use of a NIFDE Award in any dental location or for any provider that is not NIFDE Certified is strictly prohibited and is a violation of trademark laws.

6) Non-refundable professional fees. All professional fees and NIFDE Award fees paid to NIFDE are non-refundable.

7) Indemnification. All doctors/providers that have obtained NIFDE Certification, shall (at their expense, including attorneys' fees and costs) indemnify, defend, and hold NIFDE harmless from any and all claims, including but not limited to claims arising

from (i) the care provided by such provider or at such dental facility (including but not limited to any malpractice claims, etc.); and (ii) the use by such provider or dental facility of its NIFDE Certification or NIFDE Award. In the event that there are multiple providers at a NIFDE Certified dental facility, the owner of the dental facility shall be jointly liable and responsible for such indemnification.

8) Granting of NIFDE Certification/Non-discrimination. NIFDE, in its sole authority and discretion, shall create and administer the policies for the granting or denying of NIFDE Certification. Notwithstanding such, NIFDE is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, disability, marital status, and sexual orientation.

9) Cancellation of NIFDE membership. Upon non-renewal of NIFDE membership and failure to pay the NIFDE Professional Fee, each provider and dental facility shall immediately cease using the NIFDE Trademark and each provider and dental facility shall no longer represent, by either express or implied means, that such provider or dental facility is NIFDE Certified. In addition, award fees paid are for use of the NIFDE Award for as long as NIFDE Membership continues. Should NIFDE Membership be terminated, by either NIFDE or a NIFDE Certified provider, for any reason, all NIFDE Awards granted by NIFDE must be returned to NIFDE by the provider. All NIFDE Awards must be returned in good condition. Shipping and handling is the responsibility of the provider and/or dental facility. In the event that NIFDE Awards are not returned within twenty-one (21) days of termination or cancellation of NIFDE Certification, a charge of \$200 per award will be automatically made to the providers' charge card on file with NIFDE.

10) Termination by NIFDE. NIFDE reserves the right to terminate NIFDE Certification for any provider to which NIFDE Certification has been granted for any reason, including but not limited to: (i) misrepresentations or omissions made during the NIFDE Review Process; (ii) changes in information providing during the NIFDE Review Process; (iii) failure to update NIFDE within 21 days of any material changes to the answers provided during the NIFDE Review Process; (iv) complaints received regarding a provider or dental facility; or (v) a violation of any of the Terms and Conditions of Membership.

11) NIFDE IS NOT an insurance company.

*Notice: All communications to NIFDE should be sent to:
NIFDE, 29 Emmons Drive, Suite A 30, Princeton, NJ 08540.*