



## Age One Champion Submission Form



The Rhode Island Department of Health has developed a platform to encourage and help families to locate dental offices who welcome patients at one year of age. With the information provided in this form, the Rhode Island Department of Health will create a directory to help interested parties find a dental office who is willing to see children for the age one dental visit.

By completing this form, you agree to be considered an Age One Champion, and have your practice listed in the Age One Champion Directory. We encourage you to complete and submit this form to be recognized for the great work you are doing for young children and families in Rhode Island.

Dental Office/Dentist Name: \_\_\_\_\_

Dental Office Address: \_\_\_\_\_

Dental Office Phone Number: \_\_\_\_\_

Dental Office Fax Number: \_\_\_\_\_

Dental Office Hours: \_\_\_\_\_

Languages Spoken at Dental Office: \_\_\_\_\_

Insurance Accepted (Commercial/Medicaid/Rite  
Smiles): \_\_\_\_\_

\_\_\_\_\_

Please email completed form to the RIDOH Oral Health  
Program [ridoh.oralhealth@health.ri.gov](mailto:ridoh.oralhealth@health.ri.gov)

Thank you for Being and Age One Champion!