



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, your office agrees to be considered an Age One Champion, and have the office contact information 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 Hours: _____

Insurance Accepted (Commercial/Medicaid/RItE Smiles): _____

Please email completed form to Jim Beasley,
jim.beasley@health.ri.gov.

Thank You for Being an Age One Champion!