



**Maine Tax Credit Certification for Dental Care Professionals
2020 TAX YEAR
INITIAL APPLICATION AND ATTESTATION FORM**

PLEASE FILL OUT THIS TWO PAGE FORM COMPLETELY AND ATTACH ALL RELEVANT DOCUMENTS

*Mail a **single**, completed and signed form and supporting documentation to the Attention of: Director, Rural Health and Primary Care Program, DHHS – MeCDC, 11 State House Station, Augusta, ME 04333-0011. Please type or print legibly. Only envelopes with a single (1) application will be considered for competitive review. **Applications must be postmarked no earlier than January 15, 2021 and no later than February 18, 2021.***

FULL LEGAL NAME	
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(Your legal name as used for professional licensure or federal and state tax purposes)

PERSONAL RESIDENCE ADDRESS			
You are required to contact the office if you have a change in contact information			
STREET ADDRESS OR PO BOX			
CITY		STATE	ZIP CODE
TELEPHONE		EMAIL ADDRESS(ES)	
MOBILE PHONE			

HEALTH PROFESSION INFORMATION	
ELIGIBLE PROFESSIONAL TYPE – Select One: <input type="checkbox"/> Dentist, D.M.D. <input type="checkbox"/> Dentist, D.D.S.	Date Initially Licensed in Maine: _____ License Number: _____ National Provider Identification Number (NPI): _____ Please describe and attach proof of your unrestricted, active professional license, and any credentials or other authority demonstrating that you are trained and authorized to practice dental care medicine.

ATTESTATION – PRACTICE ESTABLISHMENT:

I attest that on (Date) _____, I began practicing primary care medicine full-time in the designated practice location identified on this form by:

- Joining an existing primary care medicine practice.
- Purchasing an existing primary care medicine practice.
- Establishing a primary care medicine practice.

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