

# Dental Hygienist Survey

This questionnaire is a supplemental part of your registration application. Please complete and return it with the registration form and fee in the envelope provided.

Your responses will be maintained in a strictly confidential manner by the Center for Health Workforce Studies (chws.albany.edu) at the University at Albany, SUNY. The responses will be analyzed and presented only in aggregate form. Responses will be analyzed in order to document changes in the dental hygienist workforce in New York.

Item 2 asks for your NYS license number. This can be found on the enclosed registration application. Thank you for taking the time to complete this survey. If you complete the survey on-line, you do not have to complete this form.

### INSTRUCTIONS

- Make dark marks that completely fill the circle.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○

### 1 DATE ON WHICH YOU ARE COMPLETING SURVEY

<b>A</b> <input type="radio"/> Jan	<input type="radio"/> May	<input type="radio"/> Sep	<b>B</b> <input type="radio"/> 2010
<input type="radio"/> Feb	<input type="radio"/> Jun	<input type="radio"/> Oct	<input type="radio"/> 2011
<input type="radio"/> Mar	<input type="radio"/> Jul	<input type="radio"/> Nov	<input type="radio"/> 2012
<input type="radio"/> Apr	<input type="radio"/> Aug	<input type="radio"/> Dec	<input type="radio"/> 2013

### 2 NYS LICENSE NO.

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

### 3 GENDER

Male

Female

### 4 YR OF BIRTH

1	9			
0	0			
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			

### 5 RACE/ETHNICITY (Mark all that apply.)

<input type="radio"/> White	Hispanic/Latino?
<input type="radio"/> African American/Black	
<input type="radio"/> Native American/Alaska Native	
<input type="radio"/> Asian/Pacific Islander	
<input type="radio"/> Other race	
<input type="radio"/> Yes	
<input type="radio"/> No	

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### EDUCATION

Residence upon Graduation from High School	Location of Dental Hygiene School You Attended	Location of Initial Licensure	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	New York
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other state in the US
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Canada
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other country

Indicate the year you received your initial dental hygiene degree.

YR OF GRAD		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

### If in New York, indicate school:

- Broome County Community College
- CUNY College of Technology
- CUNY Eugenio Maria De Hostos CC
- Erie Community College
- SUNY at Farmingdale
- Hudson Valley Community College
- Monroe Community College
- New York University
- Onondaga Community College
- Orange County Community College
- SUNY at Canton / Mohawk Valley CC
- Other

Indicate the highest degrees you have received:

	Dental Hygiene	Other area
Certificate	<input type="radio"/>	<input type="radio"/>
Associate	<input type="radio"/>	<input type="radio"/>
Bachelor	<input type="radio"/>	<input type="radio"/>
Masters	<input type="radio"/>	<input type="radio"/>
Doctorate	<input type="radio"/>	<input type="radio"/>

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### CURRENT ACTIVITIES IN DENTAL HYGIENE

Please indicate hours per week in dental hygiene for which your major activity is:

	Hours/Week						
	None	1-9	10-19	20-29	30-39	40-49	50+
Clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently retired?

Yes  No

If yes, do you engage in volunteer dental hygiene work?

Yes  No

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### PATIENT CARE PRACTICE LOCATIONS

Indicate the 5-digit zip code of the two locations where you spend the most time providing direct patient care. Indicate the average hours per week you spend at each practice location.

PRINCIPAL LOCATION					SECONDARY LOCATION							
ZIP CODE					HR/WK	ZIP CODE					HR/WK	
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

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### PATIENT CARE PRACTICE SETTINGS

Which of the following best describes the patient care locations you identified in question 8? Mark the first circle for principal and the second for secondary practice location where applicable.

Principal	Secondary	
<input type="radio"/>	<input type="radio"/>	Private solo dental practice
<input type="radio"/>	<input type="radio"/>	Private partnership or group dental practice
<input type="radio"/>	<input type="radio"/>	Hospital
<input type="radio"/>	<input type="radio"/>	Community health clinic
<input type="radio"/>	<input type="radio"/>	School or College
<input type="radio"/>	<input type="radio"/>	Nursing home
<input type="radio"/>	<input type="radio"/>	Prison
<input type="radio"/>	<input type="radio"/>	Public health agency
<input type="radio"/>	<input type="radio"/>	Other

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### PATIENT CARE PRACTICE TYPE

Do you work for a general practice dentist or a specialty dentist at the locations identified in question 8?

(Mark all that apply.)

Principal	Secondary	
<input type="radio"/>	<input type="radio"/>	General practice
<input type="radio"/>	<input type="radio"/>	Specialty

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### DENTAL HYGIENE PRACTICE INFORMATION ONLINE

The New York State Oral Health Plan is available online at: [http://www.health.state.ny.us/prevention/dental/oral\\_health\\_plan.htm](http://www.health.state.ny.us/prevention/dental/oral_health_plan.htm)  
To request a copy of the plan, call: (518) 474-1961.

For information concerning your professional practice, please visit the New York State Education Department Office of the Professions dental practice webpage at: <http://www.op.nysed.gov/dent.htm>