



**Commonwealth of Pennsylvania  
Department of Health  
2015 Survey of Dentists**

**License #: D** \_\_\_\_\_

*\*Required to avoid duplication*

*\*Anonymous & aggregate reporting only*

**IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE DO NOT MAIL THIS SURVEY**

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in understanding and describing the dentist workforce. Strict controls are placed upon information when shared for the production of statistical reports and analysis. This information, when released to the public, will be in aggregate form only. To view past dentist workforce reports, visit [www.health.state.pa.us/workforce](http://www.health.state.pa.us/workforce). Thank you for your cooperation!

1. Year of Birth          2. Sex  Male  Female      3. Hispanic or Latino Origin  Yes  No
  4. Race (*check one*)  American Indian/Alaska Native       Asian       Black/African American  
 Native Hawaiian/Other Pacific Islander       White/Caucasian       Other \_\_\_\_\_
  5. State of Residence (*state abbreviation*)    Non-US (*check*)      5a. County of Residence (*codes on page 3*)
  6. In which state did you graduate from dental school? (*state abbreviation*)    Non-US (*check*)  
 6a. In what year did you obtain this degree?
  7. In which state were you first licensed as a dentist? (*state abbreviation*)    Non-US (*check*)  
 7a. In what year was this first license issued?
  8. Have you completed a postdoctoral certificate program in general dentistry?  Yes  No
  9. Are you board certified from the American Board of Dental Public Health  Yes  No
  - 9a. Are you board certified from the American Board of Endodontics  Yes  No
  - 9b. Are you board certified from the American Board of Oral and Maxillofacial Pathology  Yes  No
  - 9c. Are you board certified from the American Board of Oral and Maxillofacial Radiology  Yes  No
  - 9d. Are you board certified from the American Board of Oral and Maxillofacial Surgery  Yes  No
  - 9e. Are you board certified from the American Board of Orthodontics  Yes  No
  - 9f. Are you board certified from the American Board of Pediatric Dentistry  Yes  No
  - 9g. Are you board certified from the American Board of Periodontology  Yes  No
  - 9h. Are you board certified from the American Board of Prosthodontics  Yes  No
  10. What is your current training status? (*check one*)  Resident  Fellow  Neither
  11. In the last year, did you volunteer your services (unpaid) as a dentist in Pennsylvania?  Yes  No  
 >> *if 'No', skip to question 12*
  - 11a. In which location did you provide most of these unpaid services as a dentist in Pennsylvania? (*check one*)  
 Dental school clinic       Private office practice  
 Dental van       School (K-12)  
 Federally Qualified Health Center (FQHC) or health center       Other: \_\_\_\_\_
  12. Select the employment status that most closely resembles your current employment status? (*check one*)  
 Employed in dentistry, direct or indirect       Unemployed, disabled  
 Employed not in dentistry       Unemployed, not seeking work in dentistry  
 Retired       Unemployed, seeking work in dentistry  
 Student, leave of absence, or sabbatical
- If employed in dentistry continue to question 13.  
 If employed not in dentistry, retired, student, leave of absence, sabbatical or unemployed, you have finished the survey. Thank you!!*
13. Select the employment situation that most closely resembles your primary employment situation. (*check one*)  
 Administrative       Direct patient care       Education       Not employed as a dentist  
 Other non-patient care       Research
  - 13a. If not in direct patient care, do you plan to return to direct patient care in the next 5 years?  Yes  No  N/A
  14. Indicate the approximate number of hours you spent providing direct patient care each week in Pennsylvania during the last year (including volunteer hours).  
 Note: For the purpose of this report, direct patient care includes the amount of time a dentist spends directly with patients in a dental practice setting or patient-specific office work. This would also include "on call" hours if the dentist is required to remain in a medical/dental practice setting.  
 Zero       1-10 hours       11-19 hours       20-30 hours       31-40 hours       More than 40 hours

**If your answer to question 14 was "zero", do not provide direct patient care in Pennsylvania, END survey here.**

15. Indicate the category that most closely represents the specialty in which the majority of your dental practice time is spent. (check one)

- Endodontics       General Dentistry       Geriatric Dentistry       Oral Surgery  
 Orthodontics       Pediatric Dentistry       Periodontics       Prosthodontics

15a. In which state are you primarily practicing this specialty? (state abbreviation)   Non-US (check)

15b. In which county are you primarily practicing this specialty? (codes on page 3)

16. Do you provide general dentistry for patients with severe developmental or physical handicaps using general anesthesia or deep sedation?  Yes  No >> **if 'No', skip to question 17**

Do you provide general dentistry for patients with severe developmental or physical handicaps using general anesthesia or deep sedation in the following settings?

- 16a. Ambulatory surgical facility  Yes  No  
 16b. Hospital  Yes  No  
 16c. Office  Yes  No  
 16d. Other \_\_\_\_\_  Yes  No

17. What is the youngest age that you regularly see children? (check one)

- 1 year       2 years       3 years       4 years       5 years and over       Do not see children

18. Identify the setting that most closely represents where the majority of your direct patient care hours are spent. (check one)

- Clinic or center       Private office practice (excluding retail site)  
 Dental school       School health (K-12/college/university)  
 Industry/business (i.e., industrial, retail site)       Other: \_\_\_\_\_  
 Mobile dental unit or community setting using portable dental equipment

19. Where do you spend the majority of your primary practice time? (check one)

- Private practice partnership (full/part owner)       Employee of another dentist/facility       Other: \_\_\_\_\_  
 Private practice solo (full/part owner)

20. Do you accept the following coverage plans?

- 20a. Medicaid  Yes  No  
     20a.1. If "No", why not? (check one)  
          Credentialing       Fee reimbursement       Other: \_\_\_\_\_  
 20b. Medicare  Yes  No  
 20c. Private insurance  Yes  No

21. Does your practice submit claims to insurance companies on behalf of patients?  Yes  No

22. Are you currently accepting new patients?  Yes  No >> **if 'No', skip to question 23**

Do you accept new patients with the following coverage?

- 22a. Medicaid  Yes  No  
 22b. Medicare  Yes  No  
 22c. Private insurance  Yes  No  
 22d. Uninsured  Yes  No

23. In the past 6 months, were you able to communicate with patients in a language other than English without using an interpreter?

- Yes  No >>> **If 'No', skip to question 25**

23a. In which languages, other than English, did you communicate with patients without using an interpreter?

(check all that apply)

- Arabic       Chinese       French       German       Hindi       Italian  
 PA Dutch       Polish       Russian       Sign Language       Spanish       Urdu  
 Vietnamese       Other \_\_\_\_\_

24. How satisfied have you been with your dental career in the last 12 months?  
 Very Satisfied     Satisfied     Dissatisfied     Very Dissatisfied
25. How satisfied are you with your dental career overall?  
 Very Satisfied     Satisfied     Dissatisfied     Very Dissatisfied
26. What is the greatest source of your professional satisfaction? (*check one*)  
 Decision making autonomy     Financial reasons – salary/income/benefits     Intellectual challenge  
 Patient relationships     Practice environment     Staff relationships  
 Other: \_\_\_\_\_
27. What is the greatest source of your professional dissatisfaction? (*check one*)  
 Availability of leisure time     Decision making autonomy     Financial reasons – salary/income/benefits  
 Patient relationships     Practice environment     Staff relationships  
 Time spent with patients     Other: \_\_\_\_\_
28. How long have you practiced dentistry in Pennsylvania?  
 Less than 3 years     3 to less than 6 years     6 to less than 11 years     11 to less than 16 years     16+ years
29. How much longer do you anticipate practicing dentistry?  
 Less than 3 years     3 to less than 6 years     6 to less than 11 years     11 to less than 16 years     16+ years
30. How much longer do you anticipate practicing direct patient care as a dentist in Pennsylvania?  
 Less than 3 years     3 to less than 6 years     6 to less than 11 years     11 to less than 16 years     16+ years
31. If you plan to leave direct patient care in Pennsylvania in less than 6 years, indicate your primary reason below (*check one*).  
 Change careers     Complete further training     Family reasons  
 Financial reasons – salary/income/benefits     Physical demands     Practice demands  
 Retirement     Stress/burnout     Not applicable  
 Other: \_\_\_\_\_

**Thank you!**

**If you are interested in learning more about emergency disaster response effort volunteer opportunities in Pennsylvania, please access [www.serv.pa.gov](http://www.serv.pa.gov) for more information.**

Pennsylvania County Codes							
01=Adams	11=Cambria	21=Cumberland	31=Huntingdon	41=Lycoming	51=Philadelphia	61=Venango	
02=Allegheny	12=Cameron	22=Dauphin	32=Indiana	42=McKean	52=Pike	62=Warren	
03=Armstrong	13=Carbon	23=Delaware	33=Jefferson	43=Mercer	53=Potter	63=Washington	
04=Beaver	14=Centre	24=Elk	34=Juniata	44=Mifflin	54=Schuylkill	64=Wayne	
05=Bedford	15=Chester	25=Erie	35=Lackawanna	45=Monroe	55=Snyder	65=Westmoreland	
06=Berks	16=Clarion	26=Fayette	36=Lancaster	46=Montgomery	56=Somerset	66=Wyoming	
07=Blair	17=Clearfield	27=Forest	37=Lawrence	47=Montour	57=Sullivan	67=York	
08=Bradford	18=Clinton	28=Franklin	38=Lebanon	48=Northampton	58=Susquehanna		
09=Bucks	19=Columbia	29=Fulton	39=Lehigh	49=Northumberland	59=Tioga	00=Not in PA	
10=Butler	20=Crawford	30=Greene	40=Luzerne	50=Perry	60=Union		