

Vermont Dentist Census 2017

Identification

1) First Name* _____

2) Middle Name (if any) _____

3) Last Name* _____

4) Vermont Dentist License Number* _____

Demographics

5) Date of birth (M/D/YYYY)* _____

6) Gender: Male Female Other

7) How would you classify your race (check all that apply):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Other - please specify: _____*

Prefer not to answer

8) Are you Hispanic, Latino/a, or of Spanish origin? (check all that apply)

Yes No Prefer not to answer

Education & Training

9) What is your dental degree related to this license?

Doctor of Dental Surgery (DDS)

Doctor of Dental Medicine (DMD)

Other (please specify):

_____*

10) In what state did you complete your degree related to this license? _____

11) If completed outside the U.S. please specify country: _____

12) What is the name of the school where your graduated with your degree related to this license?

13) Which specialty are you certified in?

General practitioner

Periodontics

Oral and Maxillofacial Surgery

Prosthodontics

Endodontics

Public Health

Orthodontics

Pediatric Dentistry

Other (please specify): _____*

14) Have you ever enrolled in the FAHC/UVM dental residency program?

Yes No

License & Practice

15) In what year did you first start working as a Dentist? _____

16) In what state(s) (other than Vermont) do you hold an active license? (If you work remotely and are licensed in many states, leave blank.) _____

17) What is your employment status as a dentist? (check all that apply)*

Working IN VERMONT in a position that requires a Dentist license

Working outside VT in a position that requires a Dentist license

Working in a position that does not require a Dentist license

Not currently working

Retired

[if not working in Vermont:]

19) Do you plan to start (or resume) clinical practice in Vermont within the next 12 months?

Yes No

[skip to “final comments” page]

Vermont Practice

20) In what year did you first provide direct patient care in Vermont as a Dentist? _____

21) Do you have a National Provider ID number (NPI)?

Yes No

[if yes:] 22) Please enter your NPI: _____

23) What are your plans for the next 12 months regarding direct client/patient care in Vermont?

Continue as you are

Increase hours

Decrease hours

Leave Vermont practice

Seek non-clinical job

Retire

Unknown/Other (please specify): _____*

24) Has your practice tried to recruit a dentist during the last 2 years?

Yes-with success

Yes-without success

No-but I would like to recruit a dentist

No-not interested or not applicable

25) Are you interested in working with a Dental Therapist?

Yes No Not sure

The following questions are about your primary Vermont practice site. If you practice in more than one location in Vermont, please enter the information for each site on a separate page. If practicing in two settings within the same town, enter them as separate "sites". Additional pages will be provided as needed for up to four sites.

Practice Site 1 (your primary Vermont practice site):

26) Name of Vermont TOWN within which this practice site is located (not a mailing address):* _____

27) Practice name: _____

28) Street Address of practice site (not a mailing address):

29) Zip code of practice site location:* _____

30) Phone number of this practice site:* _____

31) Who owns this practice?

- Privately owned - single site
- Privately owned - multiple sites
- Hospital owned
- FQHC
- Other: _____*

32) Is this practice part of a Dental Support Organization (DSO)?

- Yes No

33) Which best describes the type of setting that most closely corresponds to this practice location: (select one)*

- Solo Practice
- Practice of 2 dentists
- Practice of 3 or more dentists
- Community Health Center / Clinic
- Volunteer clinic
- Nursing home
- Hospital dentistry (inpatient)
- Other setting (please specify):: _____*

34) Please enter the number of weeks in a year during which you work at this site as a Dentist: (48 weeks per year is considered "year-round")* _____

35) Please indicate the average number of hours spent per working week at this site providing direct client/patient care (including diagnosis, treatment planning, and clinical reporting):* _____

36) On average, how long does a PATIENT OF RECORD need to WAIT, for a non-emergency appointment at this practice site? _____ (weeks)

37) Please indicate the number of NEW patients YOU accept per month:

- None
- Less than 2
- 2 to 4
- 5 or more

[if more than “none”:] 38) On average, how long does a NEW PATIENT need to WAIT, for a non-emergency appointment at this practice site?

_____ (weeks)

39) Does your practice treat Medicaid patients at this site?

Yes No

[if yes”] 40) Please indicate the number of NEW Medicaid patients YOU accept per month:

- None
- Less than 2
- 2 to 4
- 5 or more

41) Do you work with dental hygienists at this site? Yes No

42) Do you work with dental assistants at this site? Yes No

[if yes:] What type(s) of dental assistants do you work with at this site? Check all that apply:

- Traditional dental assistant(s)
- Certified dental assistant(s)
- Expanded function dental assistant(s)

43) What is the youngest age of patients that you accept at this site? (please enter a number)

44) Do you have a second practice site in Vermont?

Yes No

[if yes: same questions as for site 1]

63) Do you have a third practice site in Vermont?

Yes No

[if yes: same questions as for site 1]

83) Do you have a fourth practice site in Vermont?

Yes No

[if yes: same questions as for site 1]

103) Do you have more than four practice sites in Vermont?

yes no

[if yes:] 104) Please describe your work at additional sites beyond the four you entered above, briefly, including locations, settings, and hours:

Final comments

105) Thank you. If there is anything else you want to tell us about your practice, or this census, please enter it here:
