

Introduction

Complete this survey only if you are a general or pediatric dentist. Completion of this brief survey, for the Nevada Primary Care Office, will help leverage federal funds for loan repayment and scholarships for dental health care professionals throughout Nevada. If we cannot obtain this survey information from each of our state's dentists, we are required to follow up individually with every licensed dentist. Aggregate data is used to calculate population-to-provider ratios, for dentists. For more information about these programs, contact jtucker@health.nv.gov with the Nevada Primary Care Office.

1. Are you a general or pediatric dentist actively treating patients?

2. Please enter provider information in the text boxes below:

First Name:

Middle Name or Initial:

Last Name:

License Number:

NPI Number:

3. Please provide all practice site addresses (street address and zip code), in the text boxes below.

Site #1 street addr:

Site #1 zip code:

Site #2 street addr:

Site #2 zip code:

Site #3 street addr:

Site #3 zip code:

Site #4 street addr:

Site #4 zip code:

4. For each of the sites listed in the previous question, please select the responses that best reflect this practice, from the drop-down boxes below:

	Average hours per week of patient care	Estimated % of Medicaid Patients	Estimated % of Sliding Fee Scale Patients	Total Full Time Equivalency (FTE) of Dental Assistants and Hygienists (1 FTE = 40 hours Weekly Work)
Practice Site #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice Site #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice Site #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice Site #4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Please input your email address if you would like more information about loan repayment and scholarship opportunities for dentists and dental hygienists.

6. Please provide contact information for follow up, in case staff in the Primary Care Office need clarification. This can be an Office Manager or other personnel who have access to practice information.

First Name:

Last Name:

Email Address:

Telephone #:

End of Survey Page

Thank you for completing our survey. That is all the information we need from your provider type.

If you have questions or concerns, please contact Joseph Tucker in the Primary Care Office at (775) 684-2232, or jtucker@health.nv.gov.