Dental Healthcare Workforce Survey:

Fields marked with an asterisk (\*) are required.

License

Number:

#### 3(a). Primary Practice Location:

If you provide patient care, please indicate the zip code of your primary practice location (U.S. Only) and the number of hours spent each week at this location.

Zip Hours\*

Code\*

### 3(b). Secondary Practice Location:

If you provide patient care in a second location, please indicate the zip code of that practice location (U.S. Only) and the number of hours spent each week at this location.

Zip Hours\* N/
Code\* A\*

### 4. Postgraduate Training: \*

Indicate the total years of completed training after completed dental school (accredited by the Committee on Dental Accreditation in a dental specialty recognized by the American Dental Association).

1 2 3 4 5+ None

## 5. Dental Practice/Specialty

### and Board Certification or Permits: \*

Mark all specialty classifications and Board certifications:

General Practice Endodontics Oral Radiology General Anesthesia

Prosthodontics Public Health Pediatrics Oral Conscious Sedation

Oral/Maxillofacial Orthodontics Periodontics Conscious Sedation

Surgery Facial Cosmetic Surgery N/A

Oral Pathology

### 6. Ethnic Background (OPTIONAL):

Mark all that apply, under title:

African American/Black/African

Indian/Native American/Alaskan Native

Caucasian/White/European/Middle Eastern

Other (Not Listed)

Asian Latino/Hispanic Native Hawaiian/Pacific Islander

Cambodian Central American Fijian

Chinese South American Filipino
Indian Puerto Rican Guamanian
Indonesian Cuban Hawaiian
Japanese Mexican Samoan
Korean Other Hispanic Tongan

Laotian/Hmong Other Pacific Islander

Pakistani

Thai

Vietnamese

Other Asian

# 7. Foreign Language (OPTIONAL):

In addition to English, indicate additional languages in which you are fluent:

American Sign Language

Arabic

Armenian

Cambodian

Cantonese

Farsi

French

German

Hebrew

Hindi

Hmong

llocano

Italian

Japanese

Korean

Lao

Mandarin

Mien

Polish

Portuguese

Punjabi

Russian

Samoan

Spanish
Tagalog
Thai
Turkish
Vietnamese
Decline to State

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Other