



**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. 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 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		