



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2016 Dentist Licensure Survey

1. Sex
 - a. Male
 - b. Female

2. Ethnicity: Are you Hispanic or Latino?
 - a. Yes
 - b. No

3. Race (Check all that apply.)
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

4. Where did you complete your dental education that first qualified you for your U.S. dental license?
 - a. DROP DOWN LIST
 - i. Indiana
 - ii. Michigan
 - iii. Illinois
 - iv. Kentucky
 - v. Ohio
 - vi. Another State (not listed)
 - vii. Another Country (not U.S.)

5. What year did you complete the dental education that first qualified you for your U.S. dental license?
 - a. DROP-DOWN LIST
 - b. Include all years from 1950 to 2015

6. Please indicate your highest level of training in dentistry.
 - a. CHECK BOXES
 - b. Dental School-No residency completed
 - c. Residency-Advanced Education in General Dentistry Programs (AEGD)
 - d. Residency-Advanced General Dentistry Education Programs in Dental Anesthesiology
 - e. Residency-Advanced General Dentistry Education Programs in Oral Medicine
 - f. Residency-Advanced General Dentistry Education Programs in Orofacial Pain
 - g. Residency-Dental Public Health

- h. Residency-Endodontics
 - i. Residency-General Practice Residency
 - j. Residency-Oral and Maxillofacial Pathology
 - k. Residency-Oral and Maxillofacial Radiology
 - l. Residency-Oral and Maxillofacial Surgery
 - m. Residency-Orthodontics and Dentofacial Orthopedics
 - n. Residency-Pediatric Dentistry
 - o. Residency-Periodontics
 - p. Residency-Prosthodontics
 - q. Residency-Other
7. What is your employment status?
- a. Actively working in a position that requires a dental license
 - b. Actively working in a field other than dentistry
 - c. Unemployed and seeking work in the field of dentistry
 - d. Unemployed and not seeking work in the field of dentistry
 - e. Retired
8. Which of the following best describes your practice of dentistry? Please select only one.
- a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. General dental practice
 - c. Dental public health
 - d. Endodontics
 - e. Oral and maxillofacial pathology
 - f. Oral and maxillofacial radiology
 - g. Oral and maxillofacial surgery
 - h. Orthodontics and dentofacial orthopedics
 - i. Pediatric dentistry
 - j. Periodontics
 - k. Prosthodontics
 - l. Other
9. What is the street address of your principal practice location?
- a. TEXT-BOX
10. In what city is your principal practice location?
- a. TEXT-BOX
11. In what state is your principal practice location? Please indicate state using 2-letter postal abbreviation.
- a. DROP-DOWN LIST
 - b. Include all states' 2-letter postal abbreviation
12. What is the 5-digit ZIP code of your principal practice location?

a. TEXT-BOX

13. Which best describes the type of setting that most closely corresponds to your principal direct patient care practice location(s):

- a. DROP-DOWN LIST OR RADIO BUTTONS
- b. Dental office practice – solo practice
 - c. Dental office practice – partnership
 - d. Dental office practice – group practice
 - e. Hospital/Clinic
 - f. Federal government hospital/clinic (includes military)
 - g. Health center (CHC/FQHC/FQHC look-alike)
 - h. Long-term care/nursing home/extended care facility (non-hospital)
 - i. Home health setting
 - j. Local health department
 - k. Other public health/community health setting
 - l. School health service
 - m. Mobile unit dentistry
 - n. Correctional facility
 - o. Indian health service
 - p. Headstart (including early Headstart)
 - q. Staffing organization
 - r. Other setting

14. Estimate the average number of hours per week spent at your principal practice location.

DROP-DOWN LIST

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

15. Estimate the average number of hours per week spent in direct patient care at your principal practice location.

- a. DROP-DOWN LIST OR RADIO BUTTONS
- b. 0 hours per week
 - c. 1 – 4 hours per week
 - d. 5 – 8 hours per week
 - e. 9 – 12 hours per week
 - f. 13 – 16 hours per week
 - g. 17 – 20 hours per week

- h. 21 – 24 hours per week
 - i. 25 – 28 hours per week
 - j. 29 – 32 hours per week
 - k. 33 – 36 hours per week
 - l. 37 – 40 hours per week
 - m. 41 or more hours per week
16. Estimate the percentage of Indiana Medicaid patients at your principal practice location.
- a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. I do not accept Indiana Medicaid
 - c. Indiana Medicaid accounts for 0% - 5% of my practice
 - d. Indiana Medicaid accounts for 6% - 10% of my practice
 - e. Indiana Medicaid accounts for 11% - 20% of my practice
 - f. Indiana Medicaid accounts for 21% - 30% of my practice
 - g. Indiana Medicaid accounts for 31% - 50% of my practice
 - h. Indiana Medicaid accounts for greater than 50% of my practice
17. Are you currently accepting new Medicaid patients at this practice location?
- a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. Yes
 - c. No
18. Estimate the percentage of patients on a sliding fee scale at your principal practice location.
- a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. I do not offer a sliding fee scale
 - c. Sliding fee patients account for 0% - 5% of my practice
 - d. Sliding fee patients account for 6% - 10% of my practice
 - e. Sliding fee patients account for 11% - 20% of my practice
 - f. Sliding fee patients account for 21% - 30% of my practice
 - g. Sliding fee patients account for 31% - 50% of my practice
 - h. Sliding fee patients account for greater than 50% of my practice
19. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.
- a. TEXT-BOX
20. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.
- a. TEXT-BOX
21. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. Please skip this question if you do not have a secondary practice location.
- a. DROP-DOWN LIST
 - b. Include all states' 2-letter postal abbreviation

22. What is the 5-digit ZIP code of your secondary practice location? Please skip this question if you do not have a secondary practice location.

- a. TEXT-BOX (5 CHARACTER LIMIT)

23. Which of the following categories best describes the practice setting at your secondary practice location? Please skip this question if you do not have a secondary practice location.

- a. DROP-DOWN LIST OR RADIO BUTTONS
- b. Dental office practice – solo practice
- c. Dental office practice – partnership
- d. Dental office practice – group practice
- e. Hospital/Clinic
- f. Federal government hospital/clinic (includes military)
- g. Health center (CHC/FQHC/FQHC look-alike)
- h. Long-term care/nursing home/extended care facility (non-hospital)
- i. Home health setting
- j. Local health department
- k. Other public health/community health setting
- l. School health service
- m. Mobile unit dentistry
- n. Correctional facility
- o. Indian health service
- p. Headstart (including early Headstart)
- q. Staffing organization
- r. Other setting

24. Estimate the average number of hours per week spent at your secondary practice location. Please skip this question if you do not have a secondary practice location.

DROP-DOWN LIST

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

25. Estimate the average number of hours per week spent in direct patient care at your secondary practice location. Please skip this question if you do not have a secondary practice location.

- a. DROP-DOWN LIST OR RADIO BUTTONS
- b. 0 hours per week

- c. 1 – 4 hours per week
- d. 5 – 8 hours per week
- e. 9 – 12 hours per week
- f. 13 – 16 hours per week
- g. 17 – 20 hours per week
- h. 21 – 24 hours per week
- i. 25 – 28 hours per week
- j. 29 – 32 hours per week
- k. 33 – 36 hours per week
- l. 37 – 40 hours per week
- m. 41 or more hours per week

26. Estimate the percentage of Indiana Medicaid patients at your secondary practice location.
Please skip this question if you do not have a secondary practice location.

- a. DROP-DOWN LIST OR RADIO BUTTONS
- b. I do not accept Indiana Medicaid
- c. Indiana Medicaid accounts for 0% - 5% of my practice
- d. Indiana Medicaid accounts for 6% - 10% of my practice
- e. Indiana Medicaid accounts for 11% - 20% of my practice
- f. Indiana Medicaid accounts for 21% - 30% of my practice
- g. Indiana Medicaid accounts for 31% - 50% of my practice
- h. Indiana Medicaid accounts for greater than 50% of my practice

27. Are you currently accepting new Medicaid patients at this practice location?

- a. DROP-DOWN LIST OR RADIO BUTTONS
- b. Yes
- c. No

28. Estimate the percentage of patients on a sliding fee scale at your secondary practice location.
Please skip this question if you do not have a secondary practice location.

- a. DROP-DOWN LIST OR RADIO BUTTONS
- b. I do not offer a sliding fee scale
- c. Sliding fee patients account for 0% - 5% of my practice
- d. Sliding fee patients account for 6% - 10% of my practice
- e. Sliding fee patients account for 11% - 20% of my practice
- f. Sliding fee patients account for 21% - 30% of my practice
- g. Sliding fee patients account for 31% - 50% of my practice
- h. Sliding fee patients account for greater than 50% of my practice

29. Please identify the position title that most closely corresponds to your primary role.

- a. Dental Educator (Academia)
- b. Practicing Dentist (General Dentist or Specialist)
- c. Dental/Insurance Industry Consultant

- d. Dental Researcher
- e. Federal Services Professional
- f. Other – Dental Related
- g. Other – Non-Dental Related