

**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  
 Code\*** **Hours\***

**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  
 Code\*** **Hours\*** **N/  
 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 Surgery	Orthodontics	Periodontics	Conscious Sedation
Oral Pathology		Facial Cosmetic Surgery	N/A

**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

Ilocano

Italian

Japanese

Korean

Lao

Mandarin

Mien

Polish

Portuguese

Punjabi

Russian

Samoan

Spanish

Tagalog

Thai

Turkish

Vietnamese

Decline to State

Other