

WEST VIRGINIA DENTAL CENSUS REPORT HYGIENIST SURVEY

The West Virginia Board of Dental Examiners in cooperation with West Virginia University School of Dentistry and the West Virginia Department of Health and Human Resources-Oral Health Program, request the following information be completed **and returned with your re-licensure application.**

As dental hygienists and dentists graduate each year from West Virginia accredited schools, many leave the state to gain employment. **The purpose of this census is to match new dental hygiene and dental graduates with dental practitioners that are actively seeking an associate or dental hygienist and to gather information on clinically active dental hygienists by county.** You do not need to complete the census report for re-licensure; however, the information you provide will be very helpful and utilized to achieve our goals as outlined above.

1. WHICH DENTAL HYGIENE SCHOOL AND WHAT YEAR YOU WERE AWARDED YOUR A.S., B.S., OR M.S. DEGREE?

- BRIDGEMONT COMMUNITY AND TECHNICAL COLLEGE YEAR: _____ DEGREE: _____
- SOUTHERN WV COMMUNITY AND TECHNICAL COLLEGE YEAR: _____ DEGREE: _____
- WEST VIRGINIA UNIVERSITY YEAR: _____ DEGREE: _____
- OTHER, PLEASE LIST _____ YEAR: _____ DEGREE: _____

YEAR OF BIRTH:

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 GENDER: MALE FEMALE

- RACE:**
- WHITE BLACK/AFRICAN AMERICAN
 - AMERICAN INDIAN/ALASKA NATIVE ASIAN
 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 - OTHER: _____

2. IF YOU CURRENTLY HAVE A WEST VIRGINIA LICENSE, BUT DO NOT PRACTICE DENTAL HYGIENE, PLEASE INDICATE WHY. (CHOOSE ONLY ONE)

- RETIRED
- SALARY
- MALPRACTICE INSURANCE RATES
- LIABILITY EXPOSURE
- UNABLE TO SECURE EMPLOYMENT
- JOB RELATED HEALTH ISSUE
- OTHER, PLEASE LIST: _____

3. ARE YOU CURRENTLY SEEKING ANY OR ADDITIONAL DENTAL HYGIENE EMPLOYMENT?

- NO
 - IF YES, PLEASE LIST IN WHAT COUNTY(S) AND HOW MANY ADDITIONAL HOURS A WEEK ARE YOU SEEKING
- | | |
|-----------|---|
| COUNTY(S) | HOURS: |
| | <input type="checkbox"/> 1-4 HRS <input type="checkbox"/> 15-19 HRS
<input type="checkbox"/> 5-9 HRS <input type="checkbox"/> 20-24 HRS
<input type="checkbox"/> 10-14 HRS <input type="checkbox"/> 25+ HRS |

4. WHAT KIND(S) OF DIFFICULTY (IF ANY) HAVE YOU EXPERIENCED IN FINDING A POSITION AS A DENTAL HYGIENIST? (CHECK ALL THAT APPLY)

- NONE
- LOOKING FOR FULL TIME EMPLOYMENT AND CANNOT FIND IT
- LOOKING FOR PART TIME EMPLOYMENT AND CANNOT FIND IT
- THE DAY(S) REQUIRED WERE UNAVAILABLE
- INADEQUATE SALARY
- INADEQUATE BENEFITS
- UNSATISFACTORY WORK ENVIRONMENT
- TRAVEL TIME-DISTANCE IS TOO GREAT
- OTHER: _____

5. PLEASE INDICATE FROM THE CHOICES BELOW, WHICH AREA(S) YOU WOULD LIKE TO RECEIVE CONTINUING EDUCATION.

- YOUNG CHILDREN BIRTH TO FIVE
- WOMEN'S PERINATAL HEALTH
- CHILDREN AND ADULTS WITH SPECIAL NEEDS
- PRACTICE MANAGEMENT
- GERIATRIC DENTISTRY
- OTHER: _____

IF YOU ARE NOT CURRENTLY PRACTICING, YOUR SURVEY ENDS HERE. PLEASE SEE HIGHLIGHTED INFORMATION ON PAGE 2. IF YOU HAVE A LICENSE AND ARE CURRENTLY PRACTICING, PLEASE CONTINUE WITH THE REST OF THE SURVEY.

6. WHICH ONE OF THE FOLLOWING BEST DESCRIBES THE PRACTICE, RESEARCH OR ADMINISTRATION AREA IN WHICH YOU WORK? (PLEASE CHECK ONLY ONE).

- GENERAL DENTISTRY
- PEDIATRIC DENTISTRY
- ENDODONTICS
- ORTHODONTICS
- PERIODONTICS
- PROSTHODONTICS
- ORAL AND MAXILLOFACIAL SURGERY
- ORAL AND MAXILLOFACIAL RADIOLOGY
- DENTAL PUBLIC HEALTH
- EDUCATOR/ACADEMIC APPOINTMENT
- OTHER: _____

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7. WHICH OF THE FOLLOWING BEST DESCRIBES THE PRIMARY PRACTICE SETTING TYPE IN WHICH YOU WORK?

- SOLO PRACTICE
- GROUP PRACTICE
- VA HOSPITAL OR MILITARY
- FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
- ACADEMIC SETTING/TEACHING
- STATE OR LOCAL GOVERNMENT
- OTHER, PLEASE LIST _____

8. HOW MANY YEARS HAVE YOU BEEN IN YOUR CURRENT PRIMARY PRACTICE SETTING AND/OR POSITION?

- 0-1 YEAR
- 2-5 YEARS
- 6-10 YEARS
- 11-15 YEARS
- 16-20 YEARS
- GREATER THAN 20 YEARS

9. PLEASE LIST THE COUNTY/COUNTIES IN WHICH YOU ARE CURRENTLY PRACTICING AND THE NUMBER OF HOURS PRACTICED IN EACH LOCATION PER WEEK.

_____ COUNTY _____ HOURS/WEEK

_____ COUNTY _____ HOURS/WEEK

_____ COUNTY _____ HOURS/WEEK

10. APPROXIMATELY HOW MANY PATIENTS DO YOU TREAT PER MONTH?

- 0 PATIENTS/MONTH
- 1-10 PATIENTS/MONTH
- 11-20 PATIENTS/MONTH
- 21-50 PATIENTS/MONTH
- 51-100 PATIENTS/MONTH
- GREATER THAN 100 PATIENTS/MONTH

11. DO YOU PLAN TO STOP PRACTICING CLINICAL DENTAL HYGIENE IN WEST VIRGINIA IN ONE OF THESE GIVEN PERIODS? (PLEASE CHECK ONE CHOICE ONLY)

- IN LESS THAN ONE YEAR
- WITHIN 3-5 YEARS
- WITHIN 6-10 YEARS
- APPRECIABLY REDUCE HOURS WITHIN THE NEXT 5 YRS
- NO PLANS TO RETIRE OR LEAVE WITHIN THE NEXT 10 YRS

12. IF YES, PLEASE INDICATE AS TO WHY

- RETIREMENT
- FAMILY COMMITMENTS
- CAREER CHANGE
- OTHER, PLEASE LIST _____

FOR MORE INFORMATION ON PRACTICE OPPORTUNITIES, PLEASE CONTACT THE SCHOOL OF DENTISTRY @ 304 293-5912 RMECKSTROTH@HSC.WVU.EDU OR YOU CAN USE THE SPACE BELOW TO PROVIDE YOUR CONTACT INFORMATION IF YOU WOULD WISH FOR THE WVU SCHOOL OF DENTISTRY TO FOLLOW UP WITH YOU REGARDING POTENTIAL MATCHING OPPORTUNITIES. **THANK YOU FOR YOUR SUBMISSION AND RETURN THIS SURVEY WITH YOUR LICENSE RENEWAL TO THE WEST VIRGINIA BOARD OF DENTAL EXAMINERS.**

FIRST NAME:

LAST NAME:

MAILING ADDRESS: STATE: ZIP CODE: -

COUNTY OF RESIDENCE:

PHONE NUMBER: () - EMAIL: _____