



DISTRICT OF COLUMBIA DENTIST FULL-TIME EQUIVALENT (FTE) SURVEY



Identifiable information from this survey will be used exclusively for calculating population-to-provider ratios for the District's applications for geographic and population health professional shortage area (HPSA) designations for dental health. This information must be collected for each dentist practicing in the District; complete and accurate responses will greatly assist the District in identifying areas with limited access to dental care so that these areas can be made eligible to receive additional dental resources. Please respond to all questions. Call 202-724-7668 for assistance.

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix: _____

Date of Birth: MM/DD/YYYY

Dentist's DC License Number: _____

Dentist Status: Active Not in practice Moved out of the District

Other (explain) _____

Is Dentist a Resident or Intern? Yes No

Is Dentist a J1 Visa Holder? Yes No

Is Dentist a Federal Employee? Yes No

Is Dentist a National Health Service Corps (NHSC) Employee? Yes No

Specialty: _____

Percent of Practice: _____

Subspecialty: _____

Percent of Practice: _____

Contact phone (with area code): - -

Email: @.

Practice Address 1 (Main): Street Address: City: State: Zip:

Number of Dentist's Auxiliaries (e.g. dental hygienists, assistants, etc.):

Hours/week in DIRECT patient care activities at this site:

Practice Address 2 (Additional): Street Address: City: State: Zip:

Number of Dentist's Auxiliaries (e.g. dental hygienists, assistants, etc.):

Hours/week in patient care activities at this site:

Out of a 40-hour week, approximately how many hours per week are spent in administration, teaching, paperwork, semi-retirement, lunch breaks, etc.? Please circle the activities above or otherwise indicate which activities are included in this calculation:



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Does Dentist have hospital privileges? [] Yes [] No If yes, are hospital patient care hours included in practice location hours? [] Yes [] No If yes, how many hours per week? _____

Does Dentist serve the following patient groups? Percentage of patients seen in practice:
Homeless: [] Yes [] No _____
Medicaid: [] Yes [] No _____
Migrant Farmworkers: [] Yes [] No _____
Migrant/Seasonal Workers: [] Yes [] No _____
Native Americans: [] Yes [] No _____

Annual number of Medicaid claims: _____

Does Dentist offer sliding fee scale based on income or ability to pay? **
[] Yes [] No Percentage of all patients that are sliding fee: _____

**Note: Sliding Fee is a formal posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Levels (see: http://aspe.hhs.gov/POVERTY/) – bad debt write-offs are not included.

Does Dentist’s practice offer language interpretation for patients? [] Yes [] No
What language? _____ Percentage of Patients: _____
What language? _____ Percentage of Patients: _____
What language? _____ Percentage of Patients: _____

Is Dentist accepting new patients? [] Yes [] No

How long is the average waiting time (days) for a routine, non-urgent appointment?
New Patients (Days): _____ Established Patients (Days): _____

On average, how long do patients wait once they have arrived in the office?
New Patients (Minutes): _____ Established Patients (Minutes): _____

Does the Dentist use an electronic health record? [] Yes [] No

Can DOH share your response regarding electronic health records and your contact information ONLY with the federally-funded Regional Extension Center (REC) that is assisting District providers with the transition to electronic health records? [] Yes [] No

RETURN BY FAX, EMAIL OR POST TO:
Primary Care Bureau
Community Health Administration
DC Department of Health
899 N. Capitol Street NE, 3RD Floor
Washington, DC 20002
Fax: 202-442-4947 Email: HPSA@DC.GOV

THANK YOU FOR YOUR ASSISTANCE WITH THIS IMPORTANT EFFORT.