

**PENNSYLVANIA
AHEC**

**DENTIST TRACKING
FORM I
DT-1**

AHEC Region Use Only:

Code: _____

The Pennsylvania AHEC, in partnership with your school, is seeking to help meet the primary care needs of our communities and to make health careers training a more valuable experience. Results from this survey will be used to support these goals. **All survey responses are confidential.** Data will only be used within the AHEC program and never for commercial purposes.

Please answer each item as completely as possible. Please print all responses.

Date Completed: ____ / ____ / ____
Month Day Year

1. Name _____
Last Name

First Name

Middle Name

2. What is the name of the dental school you attended?

3. Have you made a commitment to post-dental school employment?
 Yes (1)
 No (if "No", skip to question 8) (2)

4. What is the name of the dental practice or institution where you will be working?

5. What is the address of this practice or institution? (Complete as much as you can)

Street Address

City State Zip

6. What best describes this practice or institution?
 Dental Practice (1)
 Community Health Center (CHC) (2)
 Other clinical _____ (3)
 Other non-clinical _____ (4)

7. In what type of dentistry will you be primarily engaged?
 General dentistry (1)
 Pediatric dentistry(2)
 Orthodontics (3)
 Oral Surgery (4)
 Other dentistry _____ (5)

8. Will you be attending a postgraduate dental education program?

- Yes (1)
- No – (If no, skip to question 10) (2)

9. What type of postgraduate dental program will you be attending?

- General Practice Residency (1)
- Advanced General Dentistry (2)
- Pediatric Dentistry (3)
- Oral and Maxillofacial Surgery (4)
- Endodontics (5)
- Orthodontics (6)
- Periodontics (7)
- Prosthodontics (8)
- Other _____ (9)

10. Are you participating in a Federal or State loan repayment program?

- No (1)
- Yes, National Health Service Corps (2)
- Yes, Pennsylvania state loan repayment program (3)
- Yes, other _____ (4)

11. Are you participating in a Visa waiver program (like J-1 or H-1)?

- Yes (1)
- No (2)

Thank you!