Act 31 of 2014 – Initial Training and Continuing Education in Child Abuse Recognition and Reporting Requirements

All health-related licensees and funeral directors are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. §6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable Board. Additional information regarding this requirement is posted on the Board's website at www.dos.pa.gov/dent.

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK “YES” OR “NO” FOR EACH QUESTION

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If “YES” to questions 2, 3, 4, 5, 6, 7, 8, 9, 10 and/or 11 – provide details AND attach certified copies of legal document(s).</td>
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<tr>
<td>1.</td>
<td>Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization (active or inactive, current or expired) to practice any health-related profession in any state or jurisdiction? If “YES” List the profession and state or jurisdiction here →</td>
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<tr>
<td>2.</td>
<td>Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to a voluntary surrender in lieu of discipline?</td>
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<tr>
<td>3.</td>
<td>Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</td>
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<tr>
<td>4.</td>
<td>Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a professional, license, certificate, permit or registration in any state or jurisdiction?</td>
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<tr>
<td>5.</td>
<td>Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, plead guilty or pled contedere), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.</td>
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<tr>
<td>6.</td>
<td>Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</td>
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<td>7.</td>
<td>Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?</td>
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<tr>
<td>8.</td>
<td>Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?</td>
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<tr>
<td>9.</td>
<td>Since your initial application or your last renewal, whichever is later, have you had your practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?</td>
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<tr>
<td>10.</td>
<td>Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university or research facility with violating research protocols, falsifying research or engaging in other research misconduct?</td>
</tr>
<tr>
<td>11.</td>
<td>Since your initial application or your last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogens or other drugs or substances that may impair judgment or coordination?</td>
</tr>
<tr>
<td>12.</td>
<td>Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?</td>
</tr>
<tr>
<td>13.</td>
<td>Do you hold current valid CPR certification in Infant, Child and Adult CPR? Courses for CPR certification must be obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. Note: Online CPR courses are not acceptable to fulfill this requirement.</td>
</tr>
<tr>
<td>14.</td>
<td>Do you practice dentistry in the Commonwealth of Pennsylvania?</td>
</tr>
<tr>
<td>15.</td>
<td>If yes, do you maintain the required medical professional liability insurance in the minimum amount of one million dollars per occurrence or claim and three million dollars per annual aggregate?</td>
</tr>
<tr>
<td>16.</td>
<td>Do you practice in an office where other individuals administer general anesthesia, deep sedation or conscious sedation on your patients but you do not hold an Unrestricted or Restricted I anesthesia permit?</td>
</tr>
<tr>
<td>17.</td>
<td>If yes, have you completed the required five (5) hours of Board-approved courses of study related to general anesthesia, deep sedation or conscious sedation? Note: The required five (5) hours may be used towards meeting the 30 hours required for renewal of a license.</td>
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Commonwealth of Pennsylvania
Department of Health
2017 Survey of Dentists

IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE, DO NOT MAIL THIS SURVEY.

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in understanding and describing the dentist workforce. The personal data that is being requested will not be released or shared for reasons other than analysis and preparation of aggregate reports, unless the release is required by law. To view past dentist workforce reports, visit www.health.state.pa.us/workforce. Thank you for your cooperation!

1. Year of Birth □□□□
2. Sex □ Male □ Female
3. Hispanic or Latino Origin □ Yes □ No
4. Race (check one) □ American Indian/Alaska Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ White/Caucasian □ Two or more races □ Other _____________________
5. State of Residence (state abbreviation) □□ □ Non-US (check)

If you do not live in Pennsylvania, select 00 for county not in Pennsylvania.

5a. County of Residence (codes on page 4) □□

6. In which state did you graduate from dental school? (state abbreviation) □□ □ Non-US (check)

6a. In what year did you obtain this degree? □□□□

7. In which state were you first licensed as a dentist? (state abbreviation) □□ □ Non-US (check)

7a. In what year was this first license issued? □□□□

8. Have you completed a postdoctoral certificate program in general dentistry? □ Yes □ No

9. Are you board certified from the American Board of Dental Public Health? □ Yes □ No

9a. Are you board certified from the American Board of Endodontics? □ Yes □ No

9b. Are you board certified from the American Board of Oral and Maxillofacial Pathology? □ Yes □ No

9c. Are you board certified from the American Board of Oral and Maxillofacial Radiology? □ Yes □ No

9d. Are you board certified from the American Board of Oral and Maxillofacial Surgery? □ Yes □ No

9e. Are you board certified from the American Board of Orthodontics? □ Yes □ No

9f. Are you board certified from the American Board of Pediatric Dentistry? □ Yes □ No

9g. Are you board certified from the American Board of Periodontology? □ Yes □ No

9h. Are you board certified from the American Board of Prosthodontics? □ Yes □ No

10. What is your current training status? (check one) □ Resident □ Fellow □ N/A □ Other _____________________

11. In the last year, did you volunteer your services (unpaid) as a dentist in Pennsylvania? □ Yes □ No

> If ‘No’, skip to question 12.

11a. In the last year, how many hours did you spend providing volunteer (unpaid) services as a dentist in Pennsylvania? □□

11b. In which location did you provide the majority of these unpaid services as a dentist in Pennsylvania? (check one)

□ Dental school clinic □ Private office practice

□ Dental van □ School (K-12)

□ Federally Qualified Health Center (FQHC) or health center □ Other: ____________________

12. Select the employment status that most closely resembles your current employment status? (check one)

□ Employed in dentistry, direct or indirect □ Unemployed, disabled

□ Employed not in dentistry □ Unemployed, not seeking work in dentistry

□ Retired □ Unemployed, seeking work in dentistry

□ Student, leave of absence, or sabbatical

If employed in dentistry continue to question 13.
If employed not in dentistry, retired, student, leave of absence, sabbatical or unemployed, you have finished the survey.
Thank you!
13. Select the employment situation that most closely resembles your primary employment situation. (check one)
   ☐ Administrative
   ☐ Direct patient care
   ☐ Education
   ☐ Not employed as a dentist
   ☐ Research
   ☐ Other ______________________

14. In a typical week, in the past 12 months, did you spend any hours providing direct patient care in Pennsylvania?
   ☐ Yes ☐ No >>End survey.

If yes, indicate the number of hours you spent providing direct patient care in Pennsylvania during a typical week in the past 12 months

14a. Primary location ☐ ☐ 14b. Secondary location (if N/A, select 00) ☐ ☐

Note: For the purpose of this report, direct patient care includes the amount of time a dentist spends directly with patients in a dental practice setting or patient-specific office work. This would also include “on call” hours if the dentist is required to remain in a medical/dental practice setting.

If the answer to question 14 was “no”, do not provide direct patient care in Pennsylvania. END survey here.

15. Do you most closely identify as a generalist or a specialist?
   ☐ Generalist >>Skip to question 17.
   ☐ Specialist

16. If you most closely identify as a specialist, indicate the category that most closely represents specialty in which the majority of your dental practice time is spent. (check one)
   ☐ Endodontics
   ☐ Geriatric Dentistry
   ☐ Oral Surgery
   ☐ Orthodontics
   ☐ Pathology
   ☐ Pediatric Dentistry
   ☐ Periodontics
   ☐ Radiology
   ☐ Other
   ☐ Prosthodontics

17. If you most closely identify as a generalist, do you practice in the following areas?
   17a. Endodontics ☐ Yes ☐ No 17b. Geriatric Dentistry ☐ Yes ☐ No 17c. Oral Surgery ☐ Yes ☐ No 17d. Orthodontics ☐ Yes ☐ No 17e. Pathology ☐ Yes ☐ No 17f. Pediatric Dentistry ☐ Yes ☐ No 17g. Periodontics ☐ Yes ☐ No 17h. Prosthodontics ☐ Yes ☐ No 17i. Radiology ☐ Yes ☐ No 17j. Other ☐ Yes ☐ No

18. The following questions (18a-18d) are requested for the purposes of identifying Dental Health Professional Shortage Areas (HPSAs).

18a. What is the address of your primary practice location? ☐ Non-US (check)
   18a1. Street _______________________________
   18a2. City _______________________________
   18a3. State ☐ ☐ 18a4. ZIP Code ☐ ☐ ☐ ☐ ☐ ☐ ☐
   18a5. County ☐ ☐
   (codes on page 5—if you do not practice in Pennsylvania, select 00)

18b. What is the address of your secondary practice location? ☐ N/A ☐ Non-US (check)
   18b1. Street _______________________________
   18b2. City _______________________________
   18b3. State ☐ ☐ 18b4. ZIP Code ☐ ☐ ☐ ☐ ☐ ☐ ☐
   18b5. County ☐ ☐
   (codes on page 5—if you do not practice in Pennsylvania, select 00)

18c. Estimate the percentage of patients on a sliding fee scale at your primary practice location:
18d. Estimate the percentage of patients on a sliding fee scale at your secondary practice location:

- [ ] N/A
- [ ] 0%-5%
- [ ] 6%-10%
- [ ] 11%-20%
- [ ] 21%-30%
- [ ] 31%-50%
- [ ] greater than 50%

19. Do you provide general dentistry for patients with severe developmental or physical limitations or disabilities?  
- [ ] Yes  
- [ ] No  
>> If ‘No’, skip to question 20.

19a. Do you use the following modalities to assist the patient?

19a1. General Anesthesia  
- [ ] Yes  
- [ ] No

19a2. Conscious/deep sedation  
- [ ] Yes  
- [ ] No

19a3. Behavior management  
- [ ] Yes  
- [ ] No

19a4. Other__________________________

19b. Do you provide sedation in the following locations?

19b1. Ambulatory or surgical facility  
- [ ] Yes  
- [ ] No

19b2. Hospital  
- [ ] Yes  
- [ ] No

19b3. Office/clinic  
- [ ] Yes  
- [ ] No

19b4. Other__________________________

20. What is the youngest age of children you regularly see in your office/clinic?   (check one)  
- [ ] <1 year  
- [ ] 1 year  
- [ ] 2 years  
- [ ] 3 years  
- [ ] 4 years  
- [ ] 5 years and over  
- [ ] Do not see children

21. Do you regularly see geriatric patients in your office/clinic?  
- [ ] Yes  
- [ ] No

22. Which organization best describes the employer you work for the most hours each week? (check one)

- [ ] Consulting/contractual/Locum Tenens  
- [ ] Group practice  
- [ ] Government – federal/state/local  
- [ ] Hospital  
- [ ] Health system  
- [ ] Private practice – employee  
- [ ] Private practice – full/part owner  
- [ ] Public health organization – federal/state/local  
- [ ] Urgent care center/clinic  
- [ ] University/academic center  
- [ ] Other – Independent organization  
- [ ] N/A  
- [ ] Other__________________________

23. Which setting best describes where you work the most hours each week? (Check one)

- [ ] Academic institution  
- [ ] Ambulatory surgical facility  
- [ ] Correctional facility  
- [ ] Emergency department  
- [ ] Hospital – federal/state  
- [ ] Hospital  
- [ ] Long-term care center  
- [ ] Nursing home  
- [ ] Office/clinic  
- [ ] Public Health – federal/state/local  
- [ ] Urgent care/convenient care  
- [ ] Other__________________________

24. When thinking of the location where you spend the majority of your time providing direct patient care, is patient volume:

- [ ] Below capacity  
- [ ] At capacity  
- [ ] Exceeding capacity

25. Do you accept the following coverage plans?

25a. Medicaid  
- [ ] Yes  
- [ ] No

25a.1. If “No”, why not? (check one)  
- [ ] Credentialing  
- [ ] Fee reimbursement  
- [ ] Administrative burden  
- [ ] Other

25a.2 If “Yes,” estimate the percentage of Pennsylvania Medicaid patients at your primary practice location:

- [ ] 0%-5%  
- [ ] 6%-10%  
- [ ] 11%-20%  
- [ ] 21%-30%  
- [ ] 31%-50%  
- [ ] greater than 50%

25a.3 If “Yes,” estimate the percentage of Pennsylvania Medicaid patients at your secondary practice location:

- [ ] N/A  
- [ ] 0%-5%  
- [ ] 6%-10%  
- [ ] 11%-20%  
- [ ] 21%-30%  
- [ ] 31%-50%  
- [ ] greater than 50%

25b. Medicare supplemental insurance  
- [ ] Yes  
- [ ] No

25c. Children’s Health Insurance Program (CHIP)  
- [ ] Yes  
- [ ] No

25d. Private insurance  
- [ ] Yes  
- [ ] No
26. Does your practice submit claims to insurance companies on behalf of patients? ☐ Yes ☐ No

27. Are you currently accepting new patients? ☐ Yes ☐ No  >> If ‘No’, skip to question 28.
Do you accept new patients with the following coverage?
27a. Medicaid ☐ Yes ☐ No
27b. Medicare ☐ Yes ☐ No
27c. Children’s Health Insurance Program (CHIP) ☐ Yes ☐ No
27d. Private insurance ☐ Yes ☐ No
27e. Uninsured ☐ Yes ☐ No

28. In the past 6 months, have you utilized language interpretive services to patients? (Languages other than English)
☐ Yes ☐ No  >> If ‘No,’ skip to question 29.
28a. In which languages did you utilize language interpretive service to patients? (Check all that apply)
☐ Arabic ☐ Chinese ☐ French ☐ German ☐ Hindi ☐ Italian
☐ Korean ☐ Russian ☐ Sign Language ☐ Spanish ☐ Urdu ☐ Other ______________

For questions 29 and 30, please consider your use of health information technology to collect, store and exchange your patients’ clinical information.

29. Does your dental practice use an electronic health records (EHR) system to collect, store and retrieve your patients’ clinical information? ☐ Yes ☐ No ☐ Unsure

30. Does your dental practice currently have the ability to electronically exchange patients’ clinical information with other providers?
☐ Yes ☐ No ☐ Unsure  >> If ‘no’ or ‘unsure’, skip to question 31.
30a. Sending prescriptions to pharmacies ☐ Yes ☐ No
30b. Sending/receiving patients’ clinical information to/from other dental practices ☐ Yes ☐ No
30c. Sending/receiving patients’ clinical information to/from physicians (primary care and/or specialists) ☐ Yes ☐ No

31. In the past 12 months, how satisfied were you with your dental career?
☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

32. Overall, how satisfied are you with your dental career?
☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

33. What is the greatest source of your professional satisfaction? (check one)
☐ Decision making autonomy ☐ Financial reasons – salary/income/benefits ☐ Intellectual challenge
☐ Patient relationships ☐ Practice environment ☐ Staff relationships
☐ N/A — completely dissatisfied ☐ Other: ______________

34. What is the greatest source of your professional dissatisfaction? (check one)
☐ Availability of leisure time ☐ Decision making autonomy ☐ Financial reasons – salary/income/benefits
☐ Patient relationships ☐ Practice environment ☐ Staff relationships
☐ Time spent with patients ☐ N/A — completely satisfied ☐ Other: ______________

35. How long have you practiced dentistry in Pennsylvania?
☐ Less than 3 years ☐ 3 to less than 6 years ☐ 6 to less than 11 years ☐ 11 to less than 16 years ☐ 16+ years

36. How much longer do you anticipate practicing dentistry in Pennsylvania?
☐ Less than 3 years ☐ 3 to less than 6 years ☐ 6 to less than 11 years ☐ 11 to less than 16 years ☐ 16+ years

37. How much longer do you anticipate practicing direct patient care as a dentist in Pennsylvania?
☐ Less than 3 years ☐ 3 to less than 6 years ☐ 6 to less than 11 years ☐ 11 to less than 16 years ☐ 16+ years
38. If you plan to leave direct patient care in Pennsylvania in less than 6 years, indicate your primary reason below (check one).

- Change careers
- Complete further training
- Dissatisfaction with career
- Family reasons
- Financial reasons – salary/income/benefits
- Illness/disability
- Physical demands
- Practice demands
- Retirement
- Stress/burnout
- Not applicable
- Other: _______________

Thank you!

If you are interested in learning more about emergency disaster response effort volunteer opportunities in Pennsylvania, please access www.serv.pa.gov for more information.

<table>
<thead>
<tr>
<th>Pennsylvania County Codes</th>
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</thead>
<tbody>
<tr>
<td>01=Adams</td>
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<tr>
<td>02=Allegheny</td>
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<tr>
<td>03=Armstrong</td>
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<tr>
<td>04=Beaver</td>
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<tr>
<td>05=Bedford</td>
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<tr>
<td>06=Berks</td>
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<tr>
<td>07=Blair</td>
</tr>
<tr>
<td>08=Bradford</td>
</tr>
<tr>
<td>09=Bucks</td>
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<tr>
<td>10=Butler</td>
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</tbody>
</table>
Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

☐ I have attended/completed the required 30 credit hours of continuing education during the period from April 1, 2015 to March 31, 2017 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study.

NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.

☐ I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, 2015 and March 31, 2017. (No exemption from Act 31 requirement outlined above.)

☐ I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Certificate Holder (Mandatory): ___________________________ Date: ___________________________

INACTIVE STATUS

If you will not be practicing dentistry in Pennsylvania after March 31, 2017, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

☐ I will not be practicing dentistry in Pennsylvania after March 31, 2017.

EFFECTIVE JAN. 1, 2017, Act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP system for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit www.doh.pa.gov/PDMP.