Health workforce survey data
Dentist report

May 18, 2026

Table of contents

Executive summary

The 2024 dentist survey had a large increase in the number of respondents compared to previous years. Rural and urban areas of Utah show no signs of dentist workforce disparities in terms of full-time workers and future employment plans. General and pediatric dentists are exceeding and are projected to continue exceeding demand, while specialized dentists are projected to drop below demand.

Key findings

- The national average of dentists of the female sex is 35%, while the respondents to the Utah dentist survey indicated only 9% are female.
- 7% of respondents indicated Hispanic ethnicity, which is equivalent to the national average.
- Most respondents plan to continue working the same hours they work now over the next two years, which is a sign of a healthy workforce. 5% indicate they plan to reduce their hours or retire, showing a manageable amount of decrease in the workforce.
- Respondents showed a common priority to one primary practice location, as nearly half of the respondents indicated no secondary practice. This shows dentists' tendency to put their effort in one main practice location.
- Rural and urban areas of Utah show that over 80% of respondents plan to continue working the same hours, and over half of respondents work full-time. This is evidence of no large differences in these metrics between rural and urban areas.

Introduction

The Utah Health Workforce Information Center (HWIC, https://hwic.utah.gov/) was established in 2022 through HB176 (https://le.utah.gov/~2022/bills/static/HB0176.html) and is a key entity in the state's efforts to collect and analyze healthcare workforce data. This legislation also established the Governor's Health Workforce Advisory Council (HWAC), which provides strategic guidance and oversight on policies and initiatives to strengthen the state's healthcare workforce across all sectors.

The Department of Professional Licensing (DOPL), responsible for licensing healthcare professionals in Utah, is now required to include workforce survey questions as part of the licensing process. These surveys, previously developed and administered by the Utah Medical Education Council (UMEC), help inform decisions regarding workforce trends and needs. Data collected from the DOPL surveys will help the Health Workforce Advisory Committee (HWAC) in health workforce planning and make data-driven recommendations for Utah.

The HWAC provides information and recommendations to support the growth and strengthening of Utah's health workforce. Chaired by Tracy Gruber, Executive Director of the Department of Health and Human Services, the Council includes fourteen additional members representing both state and private organizations.

Background

Dentists in Utah are essential healthcare professionals dedicated to maintaining and improving the oral health of the community. Their duties include diagnosing and treating diseases of the teeth, gums, and mouth, performing surgical procedures, developing comprehensive treatment plans, and educating patients on disease prevention. Dentists often serve as leaders within their practice, supervising dental hygienists and assistants to ensure coordinated service. They are guided by the Utah Dentist and Dental Hygienist Practice Act and rely on scientific knowledge and clinical judgment to provide safe and effective care.

To become a dentist in Utah, individuals must typically complete a bachelor's degree followed by graduation from an accredited dental school, earning either a Doctor of Dental Surgery (DDS) or a Doctor of Dental Medicine (DMD). For those pursuing specialized roles such as orthodontists or oral and maxillofacial surgeons, completing an additional post-doctoral residency program is required.

After graduation, aspiring dentists must pass the Integrated National Board Dental Examination (INBDE) and a clinical regional examination (such as WREB or ADEX) before

applying for a license through the Utah Division of Professional Licensing (DOPL), which includes a background check. To maintain their license, dentists are required to complete continuing education every two years, ensuring they stay up to date with current best practices and advancements in the dental field.

Utah dentist workforce in context

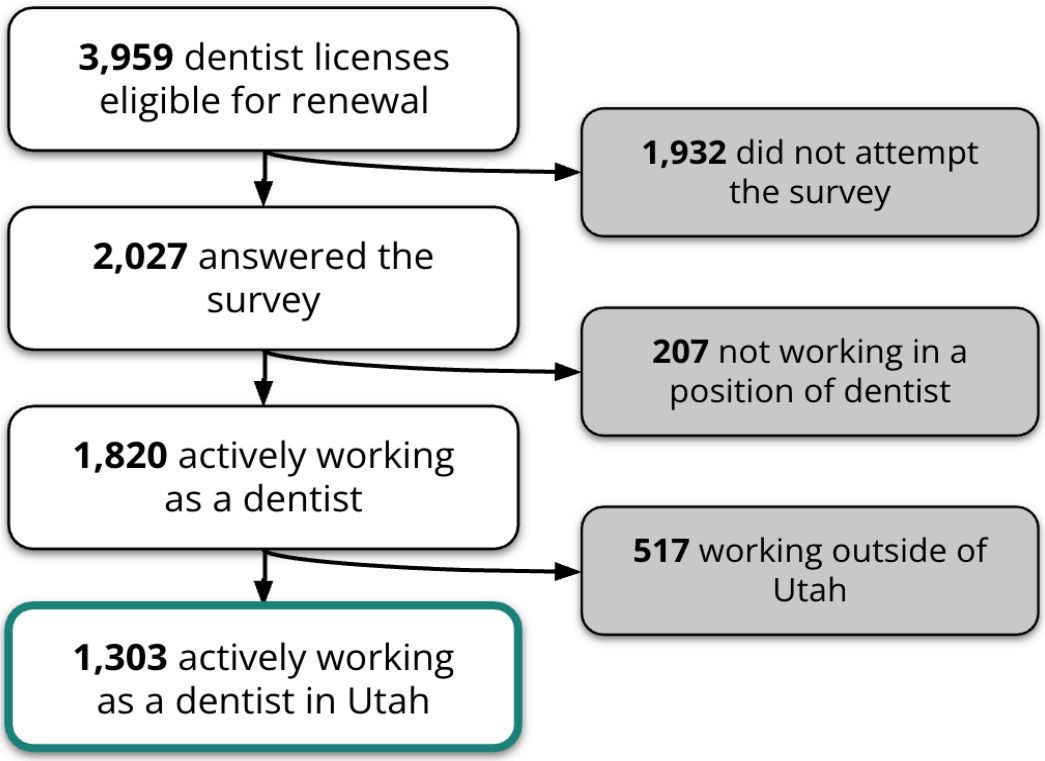
The table below compares key characteristics of Utah's Dentist workforce to national averages. It highlights differences in wages, employment density, age, and gender distribution. Understanding these comparisons helps identify areas in which Utah's dentist workforce aligns with or differs from broader trends.

Table 1. Comparison of the Utah dentist workforce to national averages

Measure	National average	Utah
Average dentist sage	$179,210	$140,586
Dentists (general) per 1,000 jobs	0.736	0.435
Average dentist age	47	51
Gender distribution (female)	36%	9%

Methods

DOPL Survey



All practitioners who were eligible for online renewal were offered the survey during their license renewal process, and participation in the survey was voluntary. These types of sampling designs are often referred to as convenience samples or non-probability samples. Providers who chose to respond to the survey may not be representative of the entire workforce. Therefore, the statistical analysis included in this report only represents individuals who participated in the survey and does not attempt to make inferences about the entire population. Comprehensive unit and item non-response rates are also provided to guide interpretation of the results (see Appendix A). Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

DOPL data preparation and analysis

Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed, including how to evaluate duplicate respondent records, questions with multiple responses, and null-type values. Only participants from respondents who replied to a question and provided a valid license number are included in

the analysis. We observed that invalid license numbers can introduce bias, as the missing data might represent a distinct group that could potentially skew results.

Dentists whose license had expired during the previous two years were eligible for online renewal and were invited to participate in the survey. DOPL reported that 3,959 dentists were sent a renewal link and survey invitation. Of those, 2,027 responded to at least one survey question and provided a valid license number.

Other data sources

While the focus of this analysis is on the dentist DOPL survey, supplemental data are also used to help contextualize the survey results and provide deeper insights into the dentist workforce in Utah. The other data sources used in this report are Unemployment Insurance (UI), National Plan and Provider Enumeration System (NPPES), and IPEDS education data.

Unemployment Insurance data includes those with reported wages and shows that there were 40411 providers during 2018-2023. UI analysis is based on data captured through the Utah Department of Workforce Services' Unemployment Insurance program. Employers pay unemployment taxes based on the wages earned by their employees. A data sharing agreement is in place that allows the HWIC to request data for individuals found in healthcare workforce professional licenses.

Unemployment Insurance data has limitations. Notably, the data contains an industry code and employer name but does not specify geographic area, job title, or scope of work performed by the individual. The data indicates a provider was employed in a healthcare-related industry based on the North American Industry Classification System (NAICS) code, which all start with "62". In addition, self-employed healthcare workers like those in private practice do not report their wages since they do not pay into the Utah unemployment insurance program.

The NPPES serves as the national system designed to assign unique identifiers to health care providers and health plans who apply for a National Provider Identifier (NPI). NPIs are being used across the health care industry and government health care programs for billing purposes. Some of its limitations include that most professionals who don't bill for services don't keep their information up to date or have not provided information at all.

Graduation counts and the number of programs come from the Integrated Postsecondary Education Data System (IPEDS) Graduates data. Urban Institute Education Data Portal (UIEDP) API directory: https://educationdata.urban.org/documentation/colleges.html#ipeds-awards-by6-digit-cip-code.

Help wanted online data is provided by DWS to track job postings. Data is received as needed to report on specific health workforce professions based on SOC (Standard Occupational Classification) codes.

Use caution when you interpret **all** 2020 data. The COVID-19 pandemic caused significant disruptions in healthcare staffing, hiring patterns, and workforce demand that may not reflect typical trends.

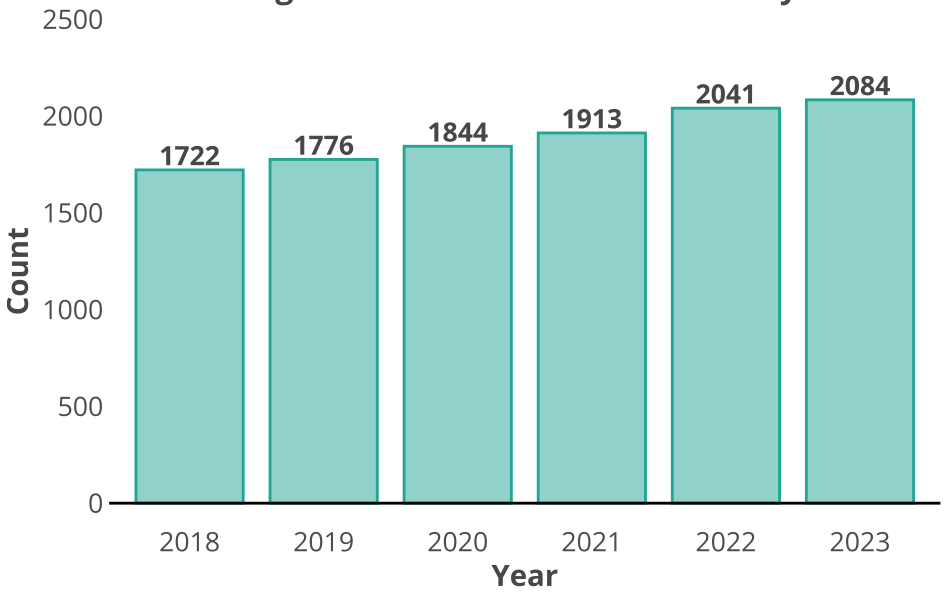
Results

Licensed and active workforce

Dentists renewing their licenses and those whose license had expired within the previous two years were invited to participate in the DOPL survey upon renewal of their license. Of those, 51.2% responded to at least one survey question and provided a valid license number.

The 2024 DOPL survey results look to be an improvement compared to past surveys in terms of the number of responses. The response rate for this survey was 51.2%, which is the highest response rate of any HWIC dentist survey to date.

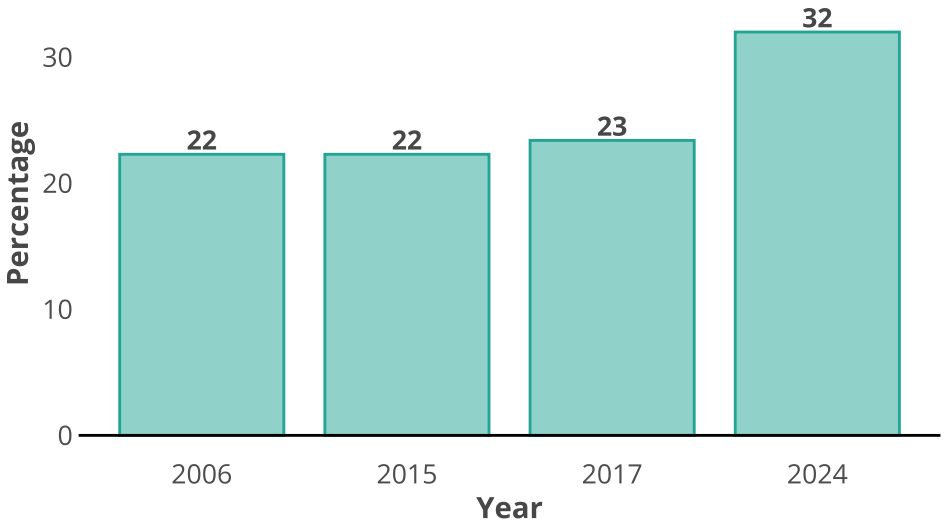
Figure 1. Count of Dentists with wages



Unemployment insurance data, DWS, 2024

Figure 2. Dentist survey responses

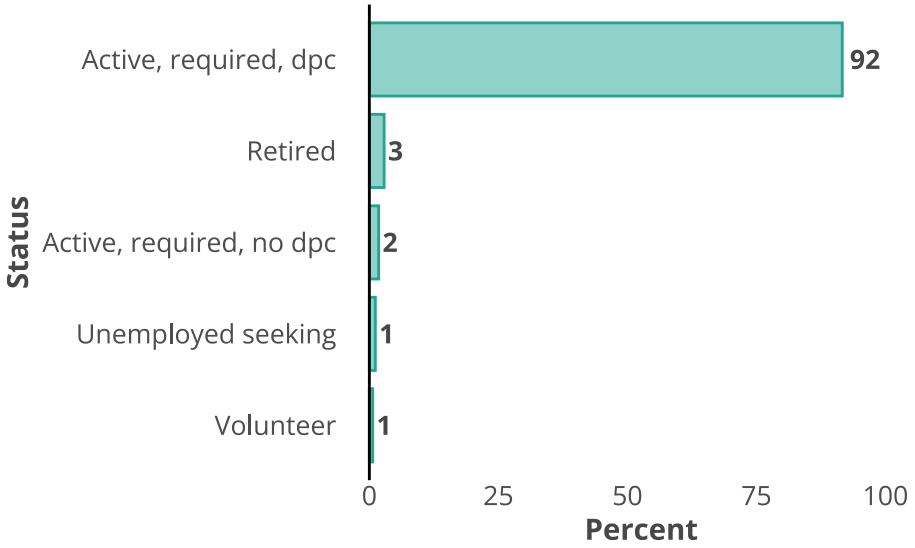
Dentist survey responses were the highest recorded



Dentist workforce survey, Utah, 2024

Figure 3. Employment status

Most dentist respondents are working in a position that requires their license and providing direct patient care



Dentist workforce survey, Utah, 2024

Response options were modified for the presentation of the chart. What is displayed as "Active, required, dpc" appeared on the survey as "Actively working in a position that requires a dental license and providing direct patient care". "Active, required, no dpc" appeared on the survey as "Actively working in a position that requires a dental license and not providing direct patient care". "Active not required" appeared on the survey as "Actively working in a dental-related field that does not require a dental license". "Active not in dental" appeared on the survey as "Actively working in a dental-related field that does not require a dental license". "Unemployed seeking" appeared on the survey as "Unemployed/not currently working and seeking work that requires a dental license". "Unemployed not seeking" appeared on the survey as "Unemployed/not currently working and not seeking work that requires a dental license". "Volunteer" appeared on the survey as "Volunteer work only".

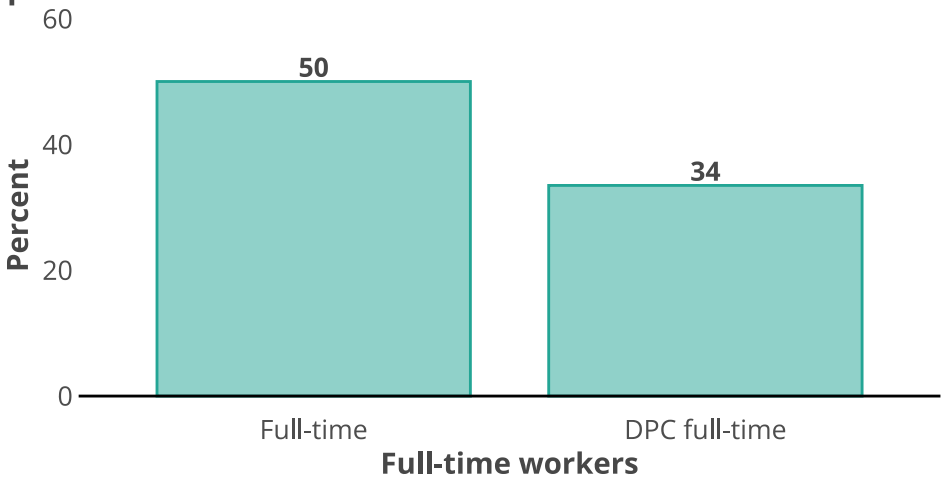
92% of those who responded to the question report actively working in a position that requires their license and providing direct patient care. 3% of respondents indicated they were retired, and 1% indicated being unemployed and looking for work

Full-time, full-time equivalence (FTE), and direct patient care

To better estimate the supply of dentists in the workforce, full-time workers, direct patient care (DPC), and full-time equivalence (FTE) estimates are illustrated below.

Figure 4. Dentist full-time workers and direct patient care

About half of respondents indicated working 36+ hours a we and about a third indicated working 36+ hours a week in dire patient care



Dentist workforce survey, Utah, 2024

Table 2. FTE count by county

County	FTE Count	FTE per 100k
Beaver	2	27
Box Elder	27	44
Cache	50	35
Carbon	11	53
Daggett	0	0
Davis	130	34
Duchesne	5	25
Emery	2	20
Garfield	0	0
Grand	2	20
Iron	16	24
Juab	3	23
Kane	1	12
Millard	5	37
Morgan	3	23
Piute	0	0
Rich	1	37
Salt Lake	480	39
San Juan	5	33
Sanpete	7	23
Sevier	9	41
Summit	20	46

County	FTE Count	FTE per 100k
Tooele	16	20
Uintah	11	30
Utah	245	34
Wasatch	12	32
Washington	70	35
Wayne	0	0
Weber	113	42
Total	1,246	789

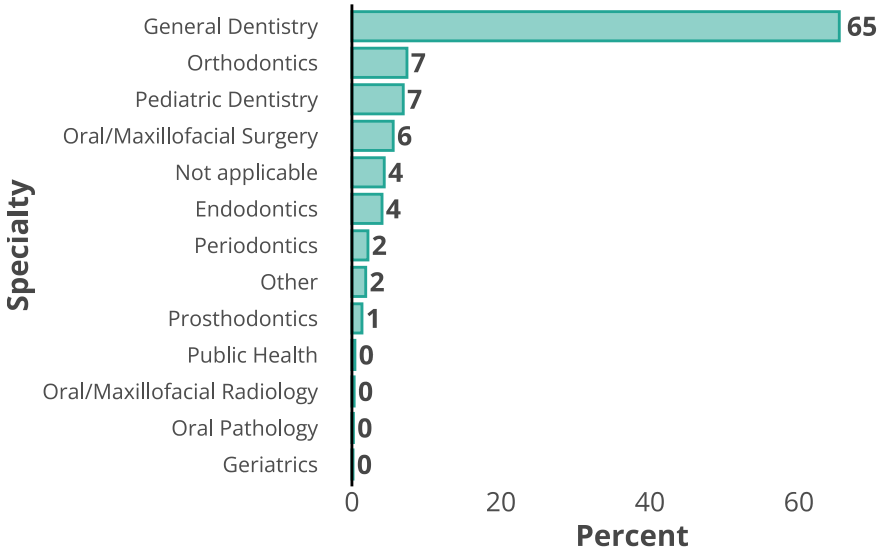
Dentist workforce survey, Utah, 2024; Kem C. Gardner Policy Institute, Utah, 2024

Table 2 estimates the count of FTE respondents by county. The count includes both primary and secondary practice locations. FTE was determined by converting responses into numeric values based on the midway point of the response option. Primary and secondary locations were then combined and grouped by county. Hours worked were then summed by each county and divided by 38.5, which is the midway point for the lowest full-time response option.

Specialty

Figure 5. Top 20 dentist primary specialties

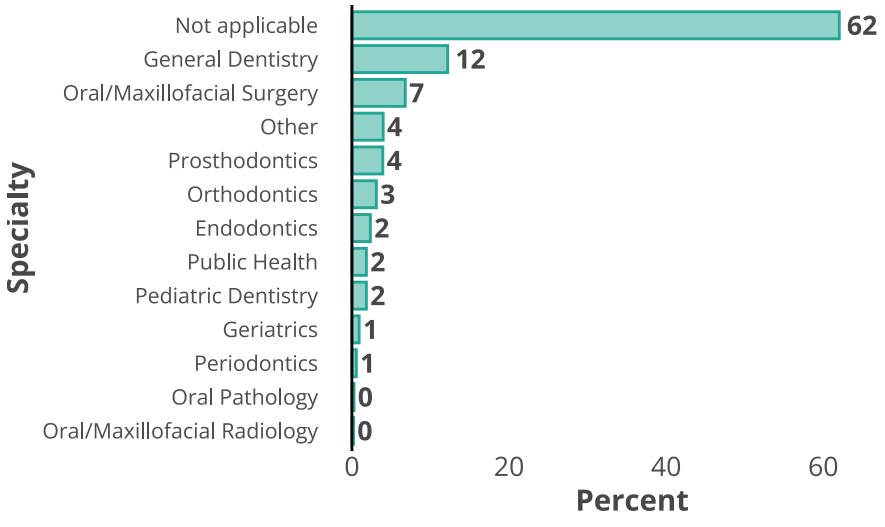
General dentistry is the most common specialty among respondents



Dentist workforce survey, Utah, 2024

Figure 6. Top 20 dentist secondary specialties

Most respondents don't indicate having a secondary specialty

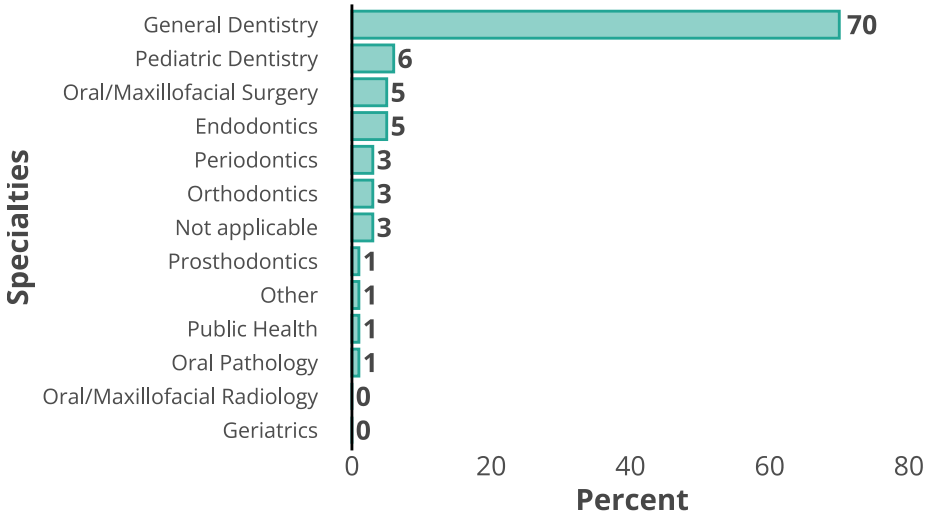


Dentist workforce survey, Utah, 2024

About 2/3 of the 2024 question respondents report their primary specialty being general dentistry, while the majority of respondents don't have a secondary specialty.

Figure 7. Top 20 FTE dentist primary specialties

Among full time dentists, the most common specialty is general dentisty

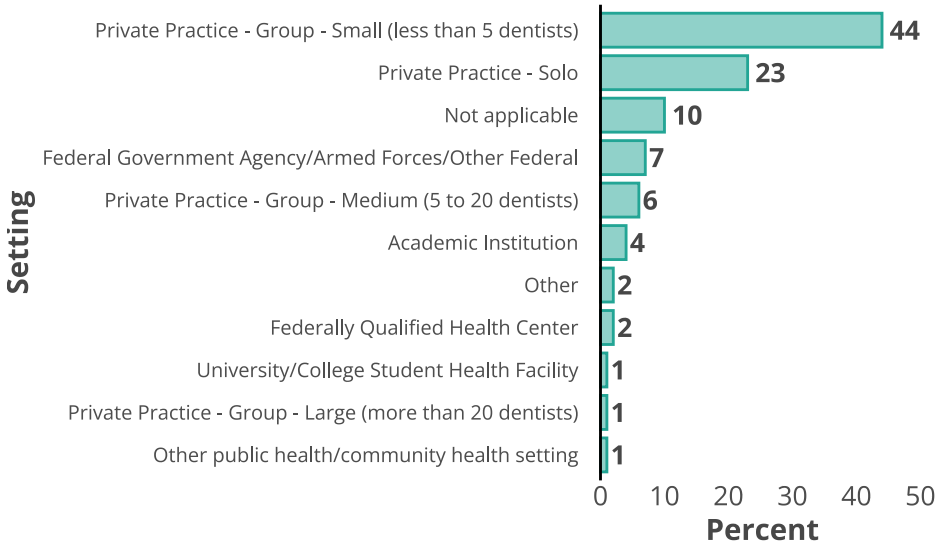


Dentist workforce survey, Utah, 2024

Setting

Figure 8. Dentist primary practice setting

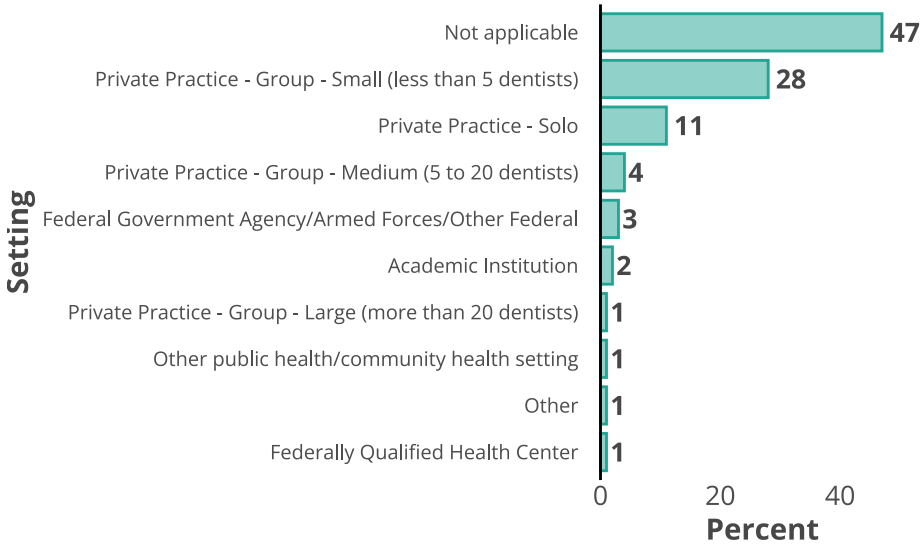
The most common respondent primary practice setting was a group private practice



Dentist workforce survey, Utah, 2024

Figure 9. Dentist secondary practice setting

The most common respondent secondary practice setting response was not applicable



Dentist workforce survey, Utah, 2024

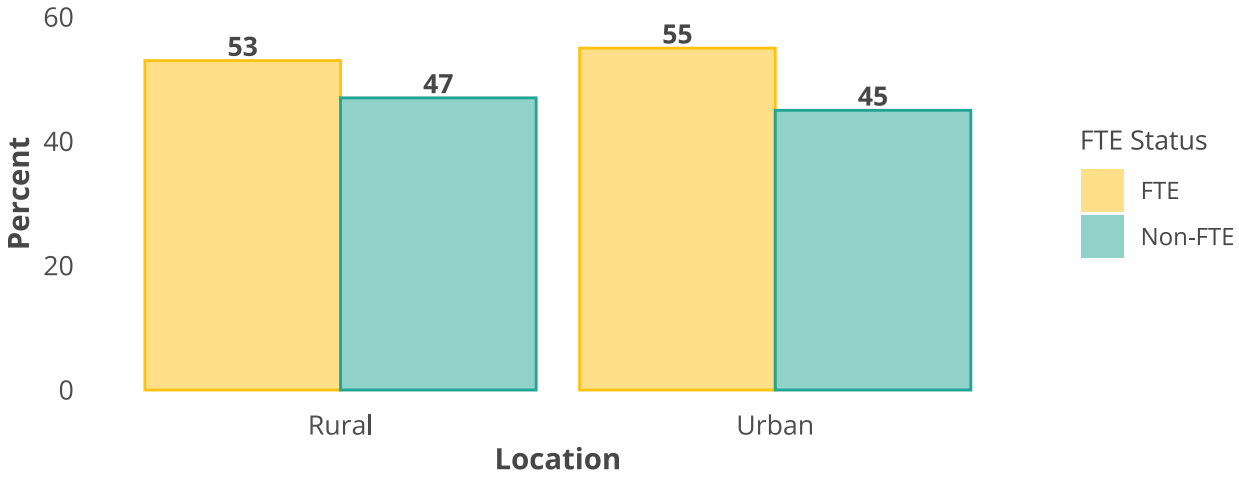
The most common response to the primary practice setting was a small private practice, at 44%. The most common response to the secondary location question was “Not applicable”, showing many respondents don’t have a secondary location.

Urban versus rural comparisons

Rural care is always a focus to ensure residents in non-urban counties are receiving adequate care as well. Two measures are used below to compare respondents practicing in urban counties versus those practicing in rural counties: the first being FTE, and the second being two-year employment plans.

Figure 10. Dentist respondents by full-time status, Urban vs. Rural

Both rural and urban counties have the same percentages of full-time dentist respondents

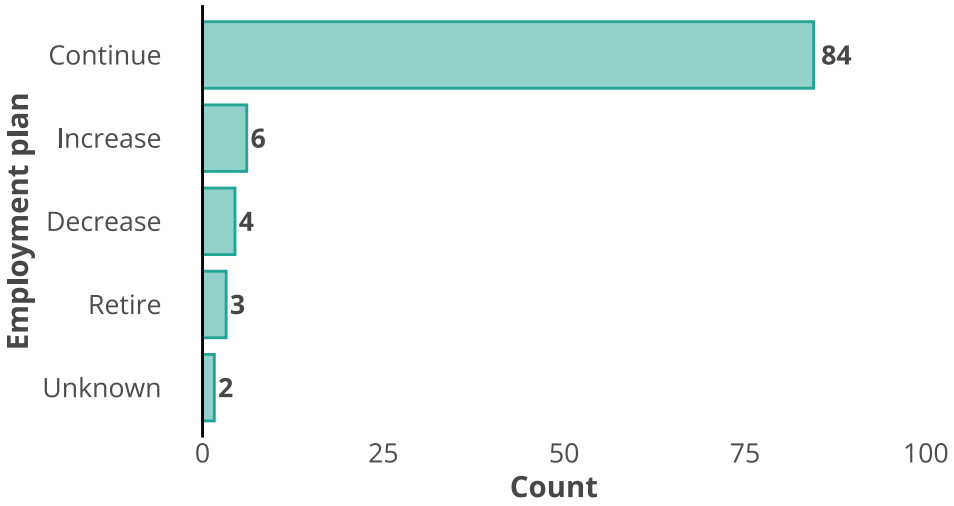


Dentist workforce survey, Utah, 2024

FTE hours appear to be very comparable between the two geographic groups of respondents, with both reporting about 60% FTE and 40% Non-FTE

Figure 11. Dentist respondents by employment plan, rural counties

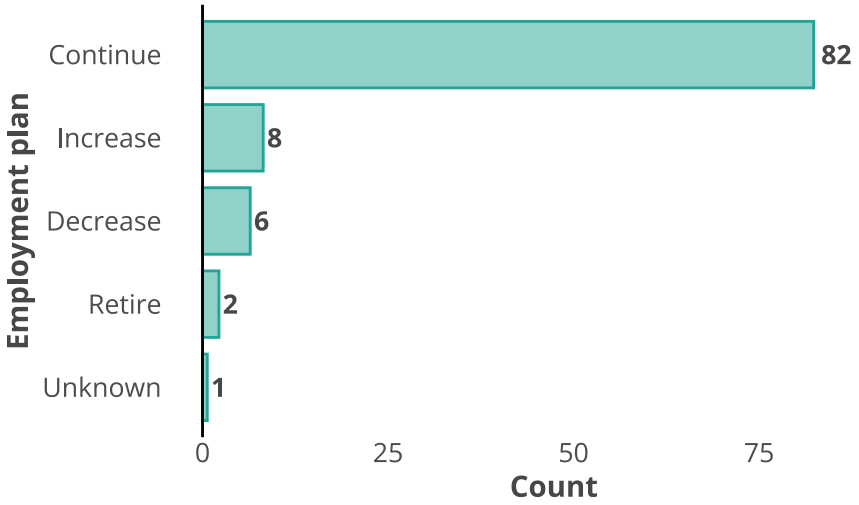
The majority of dentist respondents in rural counties plan to continue working as they are



Dentist workforce survey, Utah, 2024

Figure 12. Dentist respondents by employment plan, rural counties

The majority of dentist respondents in urban counties plan to continue working as they are



Dentist workforce survey, Utah, 2024

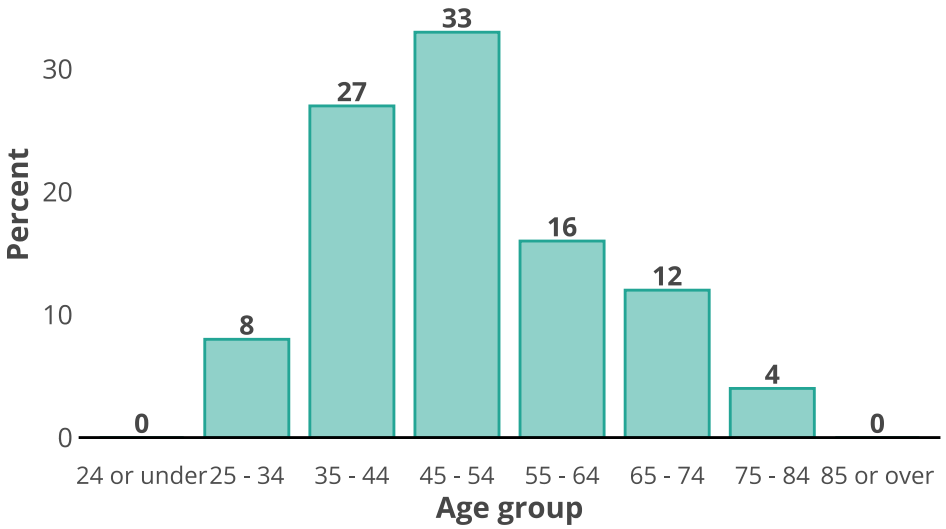
Demographics

The following section includes Dentist survey response information on demographic information such as age, race/ethnicity, and sex/gender.

Age

Figure 13. Dentist age

The most common respondent age group is 45-54



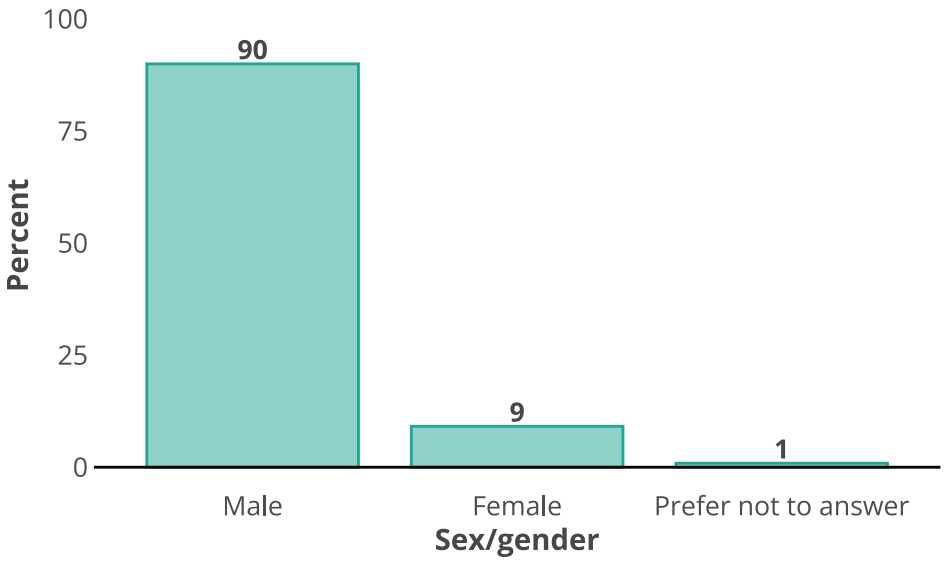
Dentist workforce survey, Utah, 2024

Age data comes from DOPL and not from the survey. Age is calculated by determining if the day of the birth date is before the date the survey was made available. The average age of dentist respondents in Utah is 51.

Sex

Figure 14. Dentist sex

90% of respondents are Male



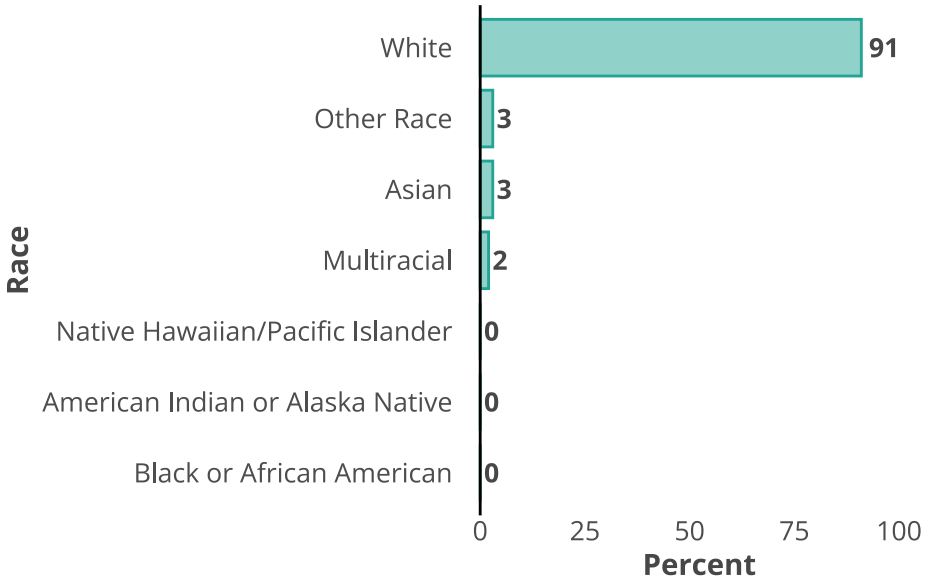
Dentist workforce survey, Utah, 2024

Most dentist respondents indicated being of the male sex at 90%, and 9% indicating female.

Race and ethnicity

Figure 15. Dentist race

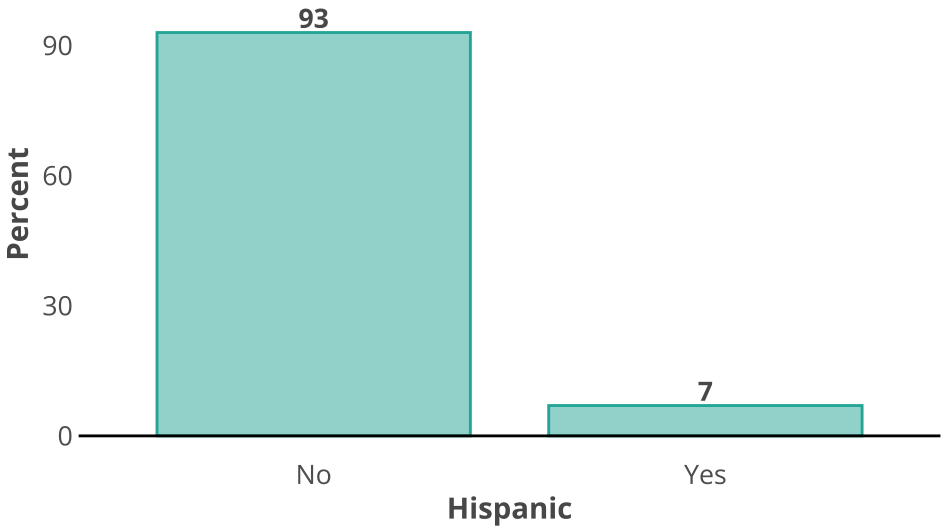
91% of respondents are white



Dentist workforce survey, Utah, 2024

Figure 16. Dentist ethnicity

7% of respondents are hispanic



Dentist workforce survey, Utah, 2024

Data note: “Multiracial” did not appear as a response option but was created for this report by counting respondents who selected multiple racial options.

About 91% of dentist survey respondents identified as White, compared with roughly 75% of Utah’s overall population in 2025. Additionally, approximately 3% of respondents identified as Asian, and another 3% another race. Expanding the range of backgrounds in the nursing workforce could broaden perspectives in the workforce and improve patient care.

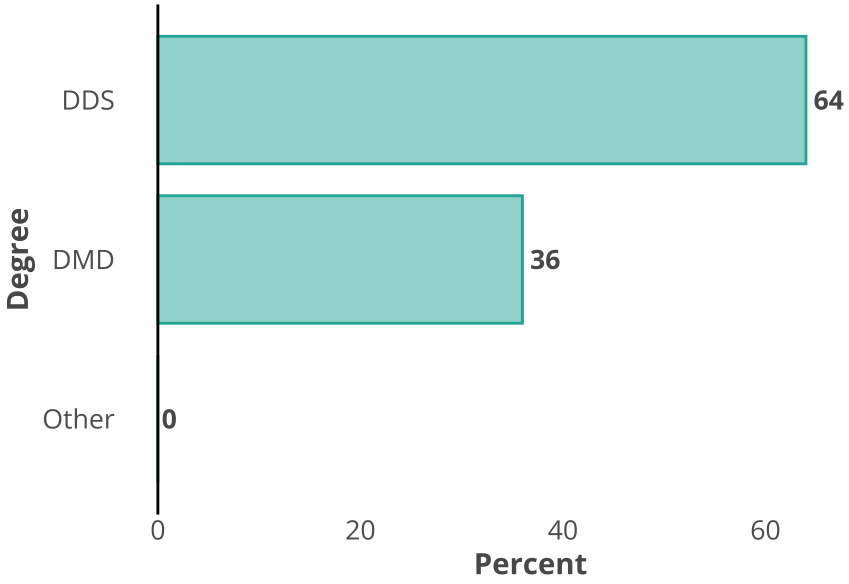
Education

This section includes practitioner survey response information on education, including qualifying education and highest education.

Qualifying education

Figure 17. Dentist qualifying degree

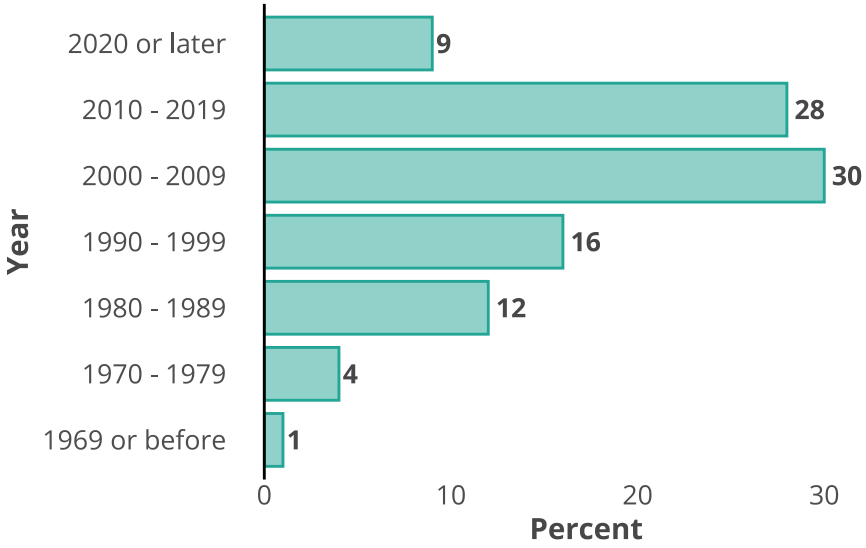
2/3 of respondents qualifying degree was a DDS



Dentist workforce survey, Utah, 2024

Figure 18. Dentist qualifying degree year

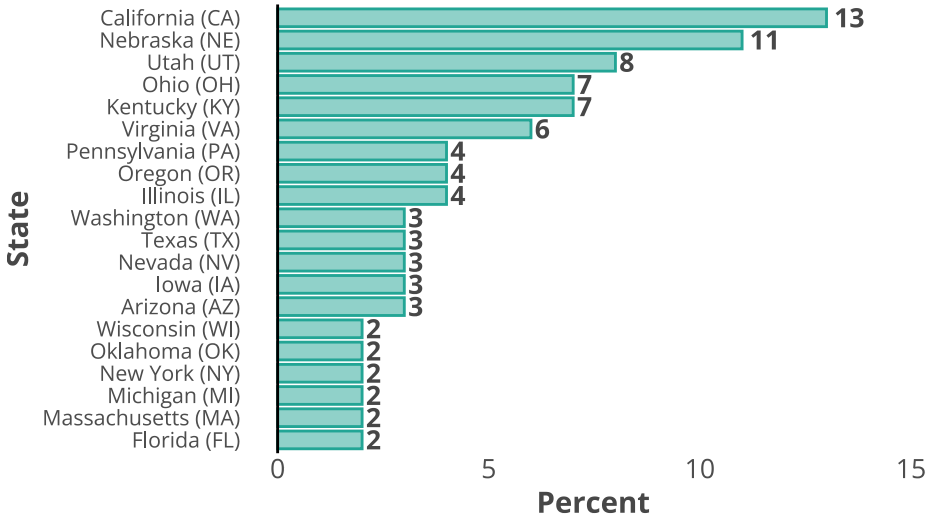
The most common qualifying degree year among responden was 2000-2009



Dentist workforce survey, Utah, 2024

Figure 19. Dentist qualifying degree state top 20

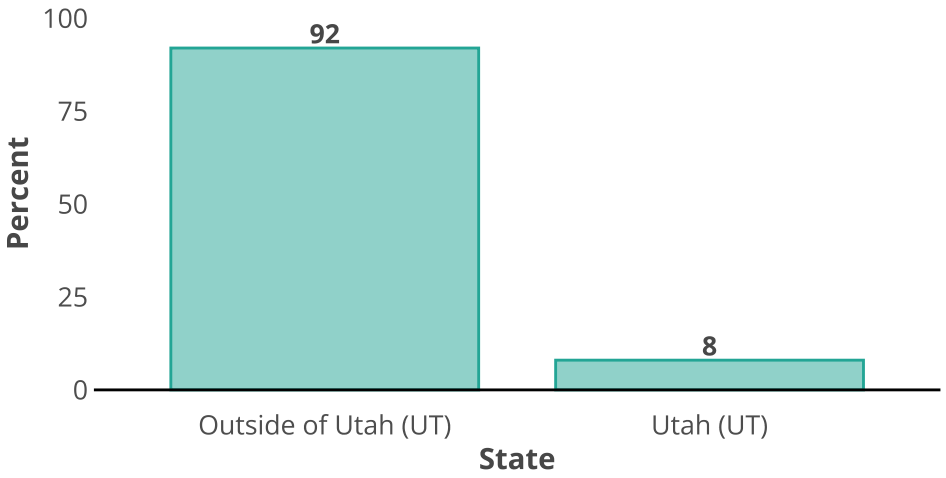
Respondents indicated a wide range of states where they obatined their qualifying degree



Dentist workforce survey, Utah, 2024

Figure 20. Dentist qualifying degree inside/outside of Utah

The majority of respondents received their qualifying degree outside of Utah



Dentist workforce survey, Utah, 2024

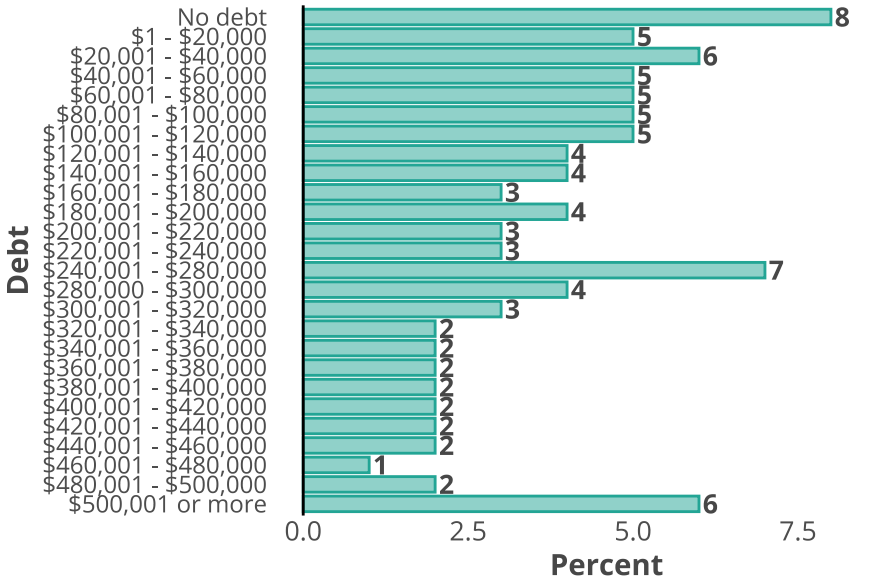
The largest percentage of dentist respondents completed their nursing education in California. Utah ranks third, showing a potential lack of retention of Utah dentistry graduates.

Education debt

This section includes practitioner survey response information on educational debt.

Figure 21. Educational debt

Respondents debt at time of graduation varied greatly



Dentist workforce survey, Utah, 2024

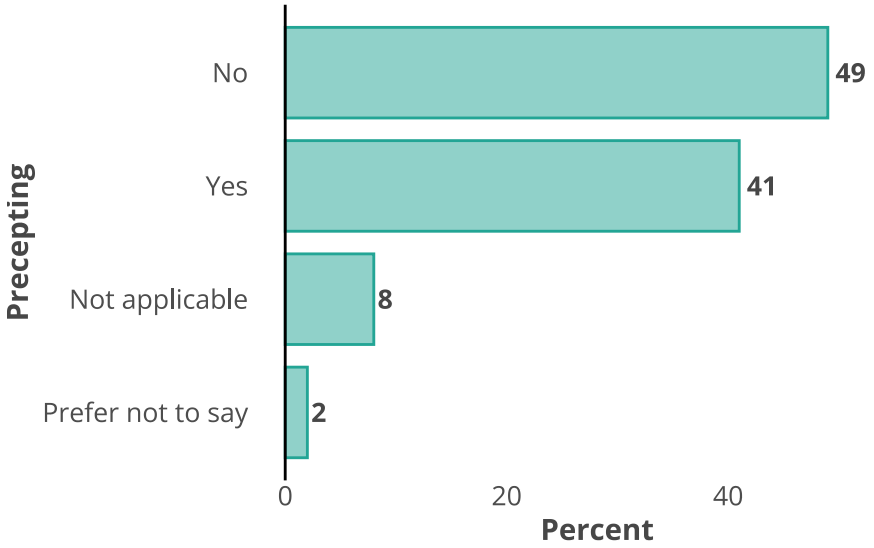
Employment characteristics

This section includes practitioner survey response information on their employment, such as specialty, role, telehealth hours, precepting status, and patient types.

Precepting

Figure 22. Dentist precepting

About half of respondents indicated having not precepted within the last two years



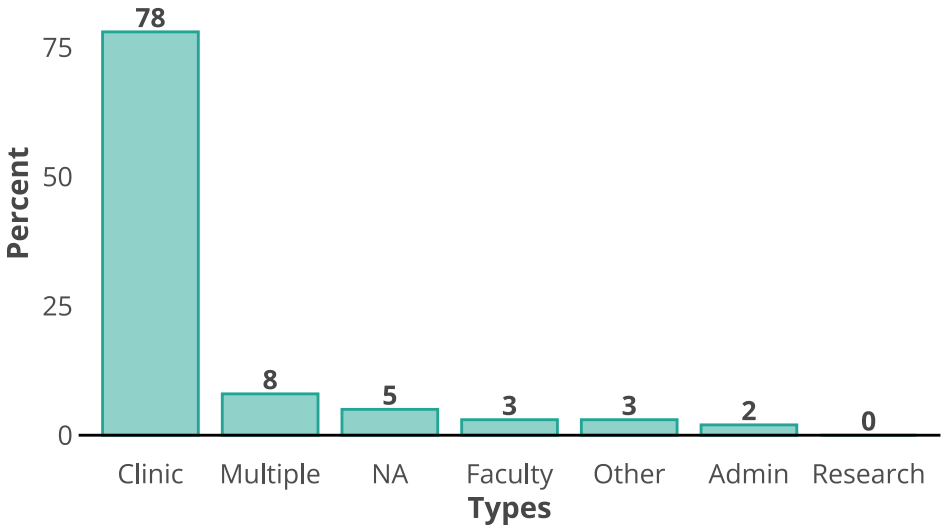
Dentist workforce survey, Utah, 2024

Precepting refers to dentist mentoring, teaching, or guiding a student or new staff member. Figure 19 shows that under half (41%) of dentist survey respondents reported precepting. Precepting is essential for building and sustaining the nursing workforce, but it also requires resources and support to avoid overburdening experienced staff.

Role and employment type

Figure 24. Dentist primary role types

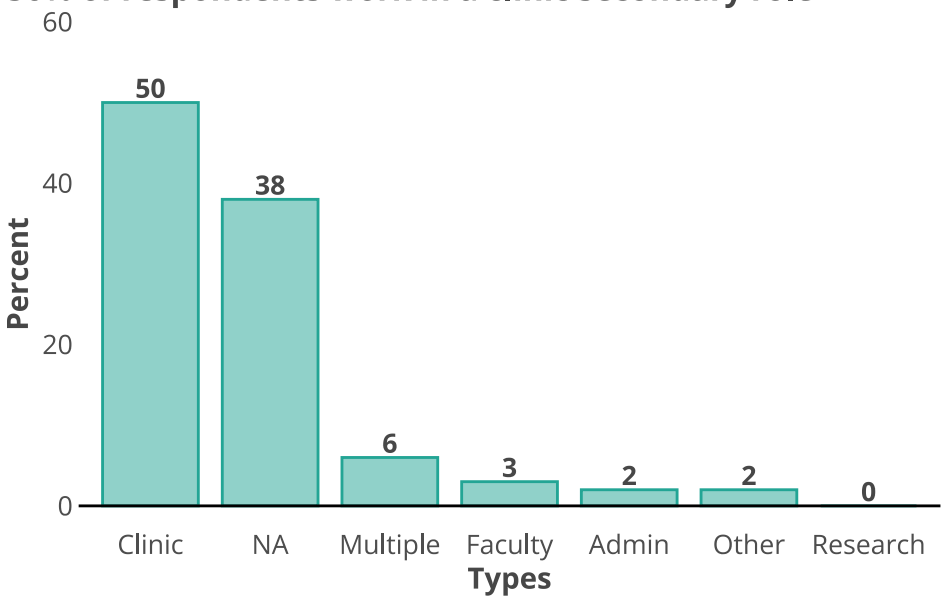
Most respondents work in a clinic primary role



Dentist workforce survey, Utah, 2024

Figure 25. Dentist secondary role types

50% of respondents work in a clinic secondary role



Dentist workforce survey, Utah, 2024

Data note: “Multiple” did not appear as a response option on the survey, but was constructed for this report by counting respondents who selected multiple response options.

The most common role type across both primary and secondary roles was clinic. 38% of respondents indicated not working in a secondary role. Similar to a large proportion of respondents indicating not working at a secondary practice setting, the data show a focus on one primary setting and role.

Income

Table 2. Utah dentist workforce: counts, employers, and wages, Utah, 2018-2023

Year	Dentist count	Employer count	Total wages	Average wage
2018	1,722	1,426	$ 197,088,272	$ 114,453.12
2019	1,776	1,431	$ 208,605,928	$ 117,458.29
2020	1,844	1,485	$ 215,934,899	$ 117,101.36
2021	1,913	1,513	$ 243,349,367	$ 127,208.24
2022	2,041	1,538	$ 271,290,416	$ 132,920.34
2023	2,084	1,499	$ 292,980,897	$ 140,585.84

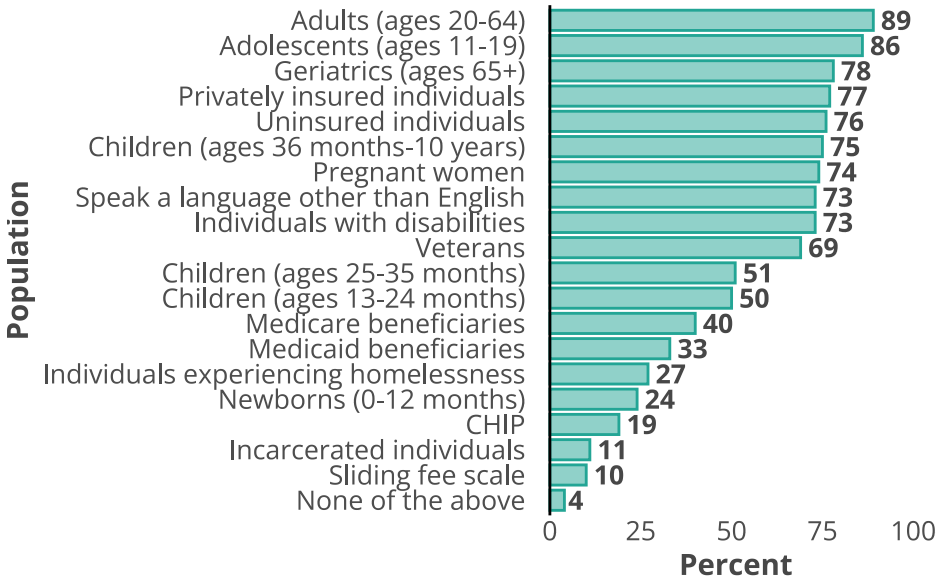
Data note: Income data, including employment and wages, comes from matching dentist providers from DOPL data to unemployment insurance (UI) data from DWS. “Dentist Count” refers to distinct dentist providers, while “Employer Count” are of distinct employers of dentist providers. “Total Wages” are the sum of dentist provider wages, while “Average wage” is the mean dentist provider wage.

The average dentist wage from UI data increased about 23% from 2018 to 2023.

Patient characteristics

Figure 26. Dentist patient populations

Respondents indiacted serving many patient populations



Dentist workforce survey, Utah, 2024

Data note: In the graph below, “Speak a language other than English” was written “Individuals who speak a language other than English” on the survey, and is condensed for data visualization purposes. This question was multiple select, so the percentage represents the percentage of respondents who indicated a certain option in their list of selections.

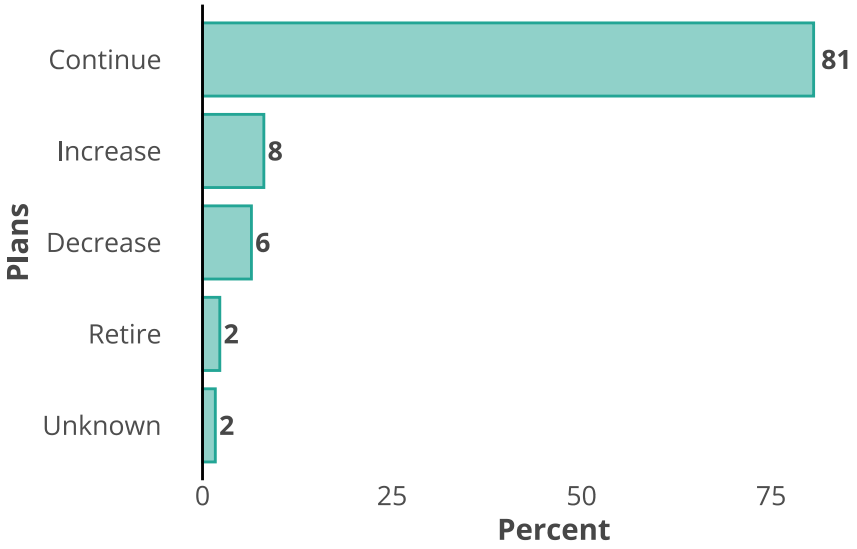
Future employment

This section includes practitioner survey response information on employment intentions, including employment plans for the next two years, anticipated changes in hours worked (change in FTE status), and projections.

Two-year employment intentions

Figure 27. Dentist employment plans

Most respondents indicated that they plan to continue working as they are

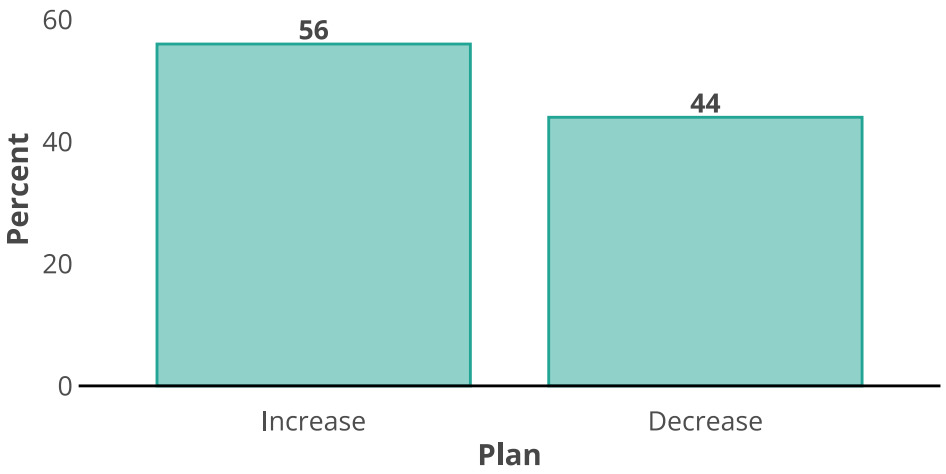


Dentist workforce survey, Utah, 2024

Of those who indicate plans to change their hours, more indicate plans to increase weekly hours worked:

Figure 28. Dentist plans to increase vs decrease

Of those who plan to change hours, slightly more responden are planning to increase

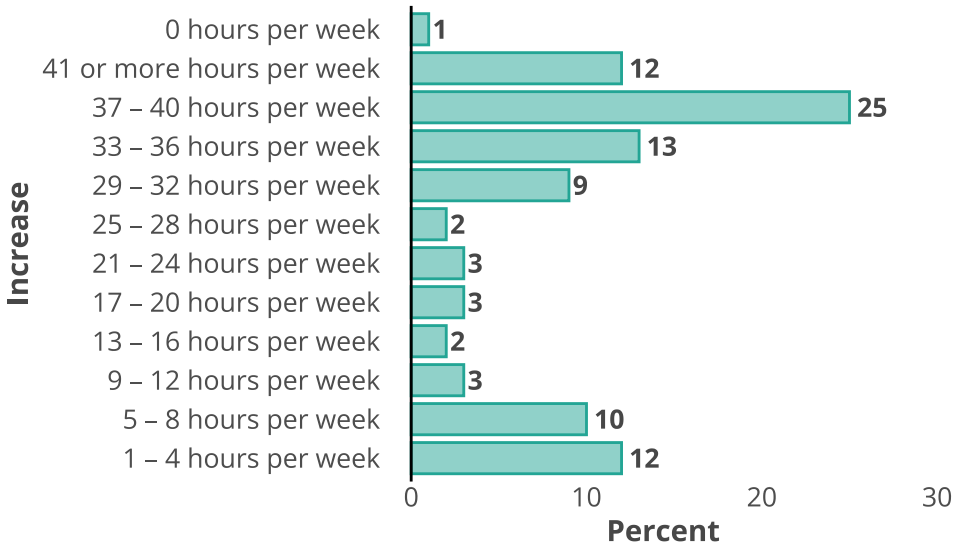


Dentist workforce survey, Utah, 2024

Of the Dentists who plan to increase their hours, the graph below shows how many hours they plan to change to.

Figure 29. Dentist plan to increase hours

Of the respondents looking to increase hours, the most common answer was 37 - 40 hours per week

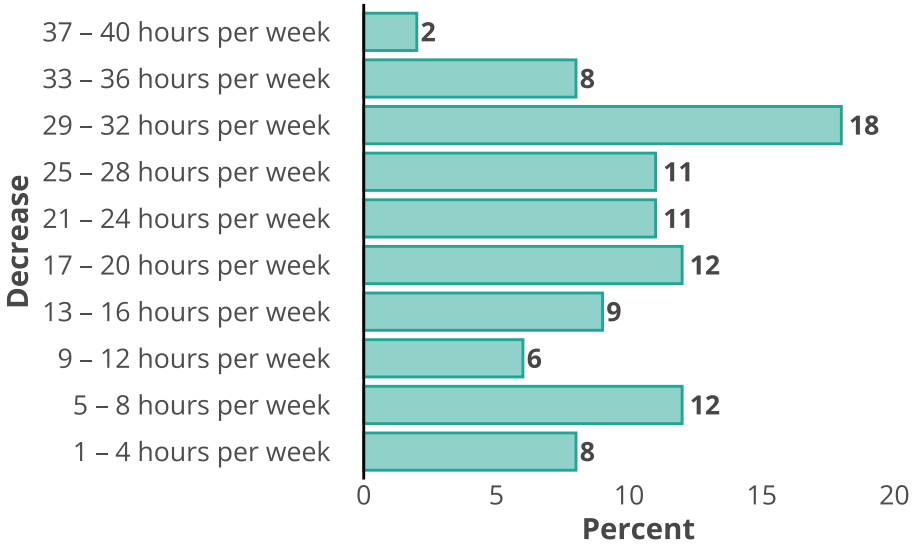


Dentist workforce survey, Utah, 2024

Of the Dentists who plan to decrease their hours, the graph below shows how many hours they plan to change to.

Figure 30. Dentist plan to decrease hours

Of the respondents looking to decrease hours, the responses are varied



Dentist workforce survey, Utah, 2024

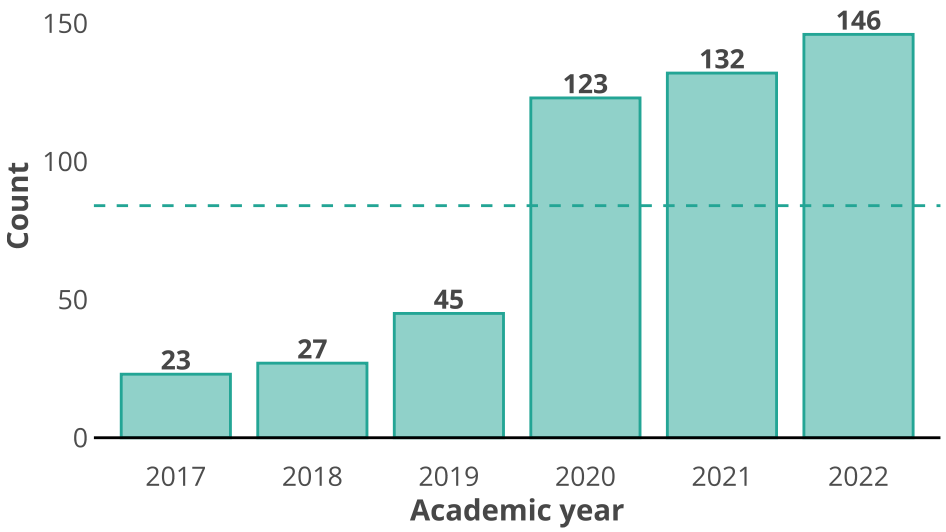
Data note: It should be noted that the small response rate related to the question regarding change in hours is a consequence of the relatively low number of respondents indicating they plan to increase or decrease hours.

81% of respondents indicate they plan to continue working the same hours as they do currently.

Graduates

Figure 31. Dentist graduates

Dentist graduates have increased steadily



IPEDS graduates data, Utah, 2024

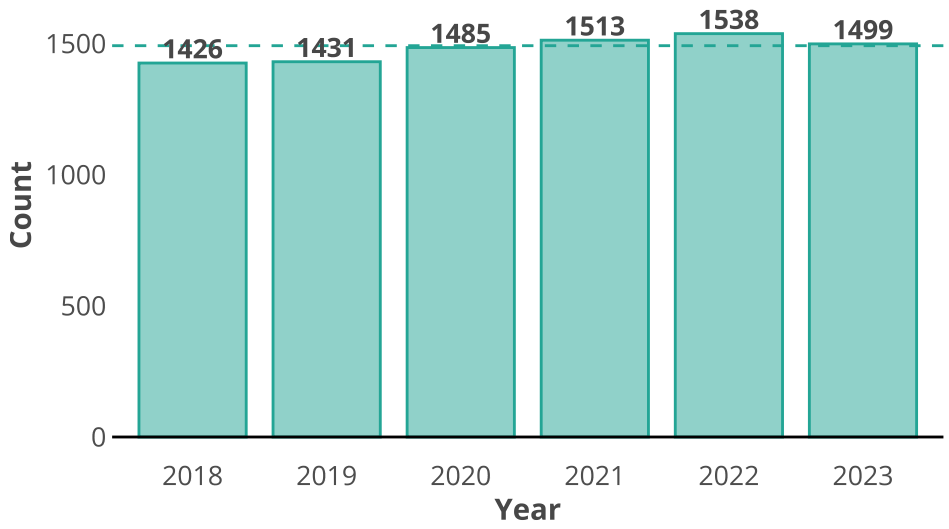
Data note: Data comes from registered dentist graduates derived from the Medicine Classification of Instructional Programs or CIP code (51.1201) completions by academic year. While the number of graduates in the 2022-2023 academic year is lower than the four-year average, it is higher than the prior years' counts. Data comes from Integrated Postsecondary Education Data System (IPEDS), via Education Data Portal v. 0.22.0, Urban Institute, under ODC Attribution License. 2023 provisional data files from the IPEDS Data Center were accessed in November 2024.

Workforce indicators

This section includes workforce indicators and Help Wanted Online data.

Figure 32. Dentist employers

Recent data shows a small dip in dentist employers



Dentist workforce survey, Utah, 2024

Dentist employer counts from unemployment insurance data suggest a slight 2023 decrease in dentist employers, while recent years before that had consistently increased.

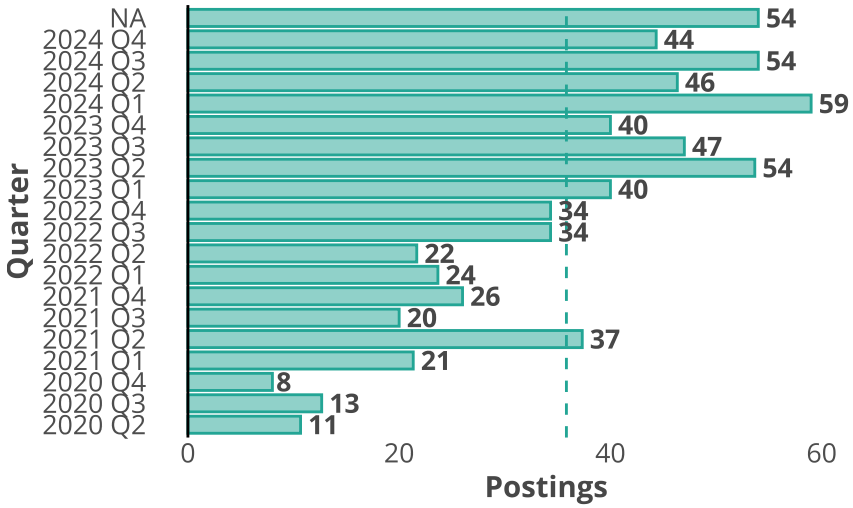
Help wanted online job postings

Data comes from DWS Help Wanted Online Job Postings. Job postings are received as monthly counts of unique listings. For this report, those counts are used to calculate quarterly averages. Advertised wages are averages of wages specified in monthly job postings and are used for the following forecasting.

Averages or means are based on monthly distinct counts of job postings. Displaying values of means rather than the sum of counts was decided because there was a perceived higher risk of inflating counts through summing due to the possibility of including duplicates, which is avoided by taking the mean. While the same job may be listed in different months, the mean would avoid compounding its representation, while the sum would not.

Figure 33. Dentist average monthly unique job postings

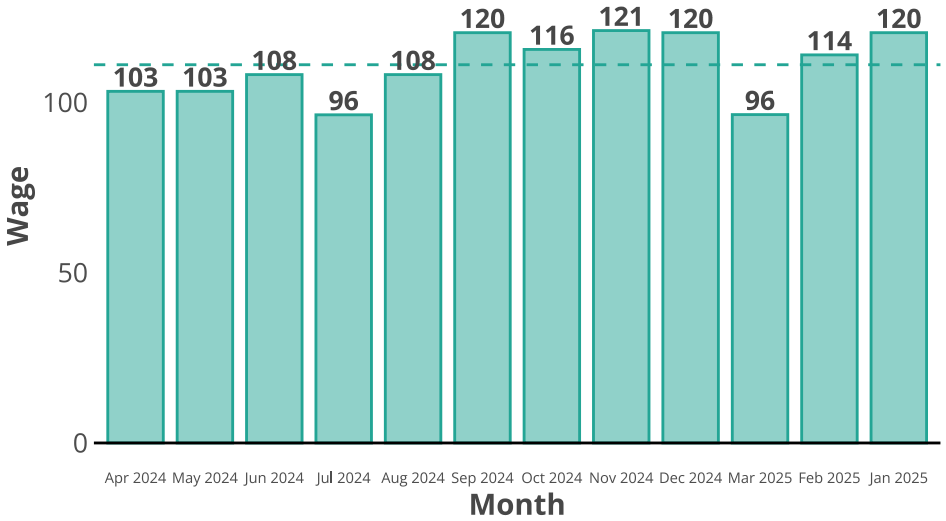
Dentist job posting have held relatively steady since 2021



Utah HWOL data, Utah, 2024

Figure 34. Dentist advertised hourly salary

Hourly monthly salaries held steady throughout 2024



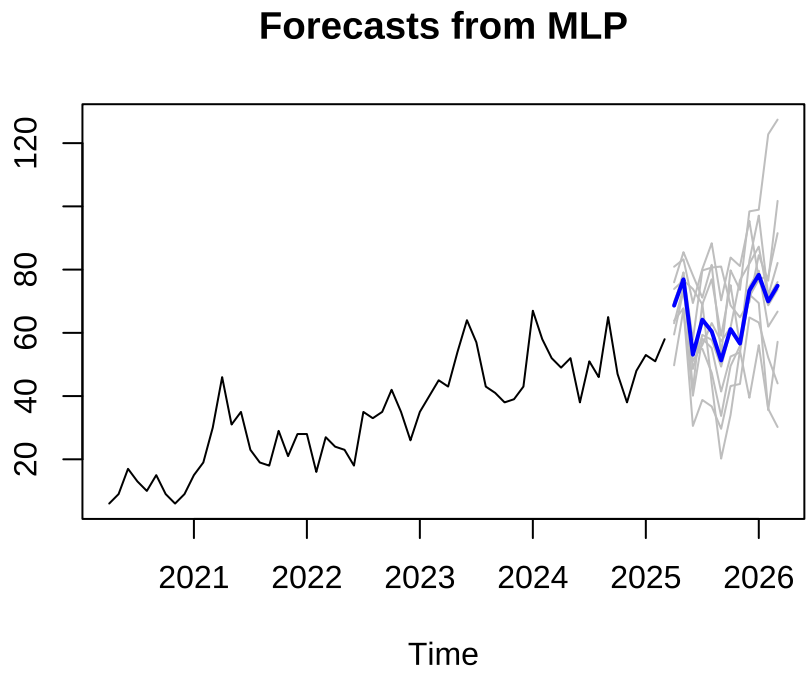
UI data, Utah, 2024

The bar chart above displays the monthly average hourly wage for Help Wanted Online Job Postings. Not all job postings advertise the salary. Comparing the count of unique job postings to the count of job postings with an advertised salary during the last 12 months of data, about 41% advertise a salary. It cannot be determined from the data if the advertised salary is an accurate representation of pay or wages. It might be accurate for some professions or jobs, but it might not be for others.

Forecasting job postings

Table 3. Number of forecasted dentist job openings by month, Utah, 2025

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
			69	77	53	64	60	51	61	57	73
78	70	75									

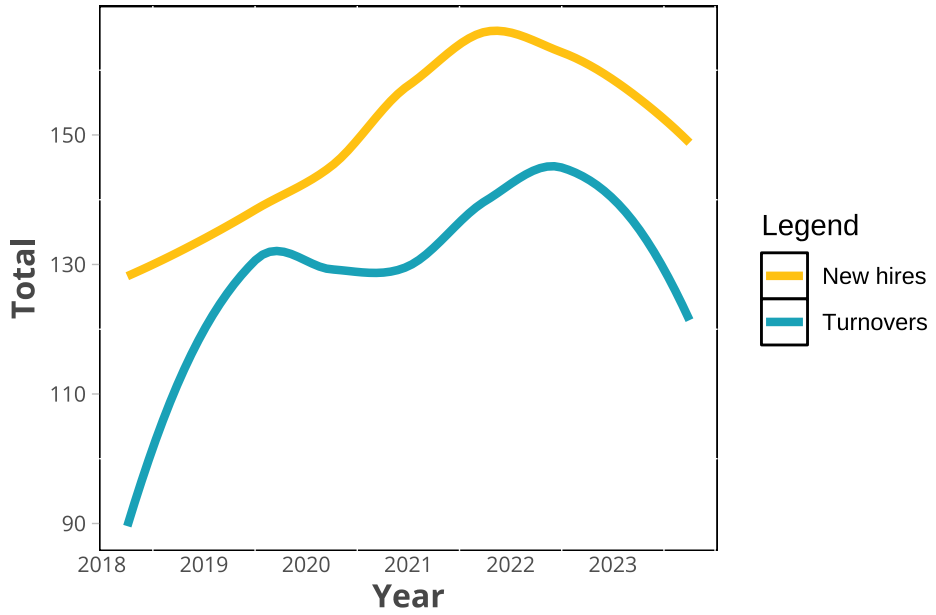


Data note: Projections are done using a Multi-Layer Perceptron (MLP), which is a low-level neural network. This architecture is the baseline for many common AI applications today. Grey lines show the various simulations run by the neural network, while the blue line is the averaged prediction over the next year, giving us the most likely scenario. Simulated predictions like these are healthy estimates of future projections, but they should not be

taken as the concrete truth, as unpredictable factors are in play (COVID-19 being a great example).

Figure 40. Turnovers and new hires

New hires have substantially dropped from 2022



Data may not capture self-employed provider job change counts.

The forecast model is based on the DWS data on unique job postings. The number of Dentist job postings is expected to ebb and flow with greater fluctuations than in previous years.

Unemployment insurance data workforce activity

Unemployment insurance data are used to determine the general yearly trend of job growth and loss. Jobs “Added” are counts of new hires, while “Loss” are counts of providers leaving a specific job or employment. The “Net” is simply the sum of the “Added” and “Loss” aggregates.

Table 4. Number of dentists making a wage by year, Utah, 2018-2023

Year	Added	Loss	Net
2018	401	267	134
2019	553	518	35

Year	Added	Loss	Net
2020	594	533	61
2021	648	517	131
2022	665	601	64
2023	583	553	30

Data note: A major limitation of unemployment insurance data is that not all practitioners are captured in the data, such as those working in a self-employed practice. Regardless of the limitations, the data shows a steady increase from 2018 to 2022 and a slight dip in 2023.

Table 5. Number of dentists making a wage by NAICS group and year, Utah, 2018-2023

NAICS group	2018	2019	2020	2021	2022	2023
Ambulatory Health Care Services	1,485	1,515	1,568	1,651	1,731	1,750
Hospitals	23	23	23	27	27	29
Nursing and Residential Care Facilities	2	2	2	1	2	2
Social Assistance				1		2

Discussion

Limitations

While these findings offer valuable insights, they should be interpreted in light of several limitations. The data are drawn from a voluntary survey administered during license renewal, with an average response rate of about 50%, which may not fully represent the entire dentist workforce. Because the survey is neither a complete census nor a statistically valid random sample, results generalized to all dentists in Utah must be interpreted with caution. Additionally, license counts from the DOPL include all individuals holding an active license but do not confirm whether the licensee is currently practicing, practicing in Utah, or working in a dentist role. All employment and demographic information are self-reported, which introduces the potential for misclassification, recall bias, and error. Finally, the data represent a single point in time and do not reflect changes in the workforce that may occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's dentist workforce.

Appendix A

DOPL supply survey

Questions were asked about the practitioners' Utah status, practice characteristics, demographics, employment plans, and patient population types. The survey can be found online at: https://ruralhealth.utah.gov/wp-content/uploads/2024-Dentist-Survey-Final-1.pdf

Objectives

The HWAC has developed and adopted, with support from the Data Subcommittee, the Utah Cross-Profession Minimum Data Set (UCPMDS). The UCPMDS is the underlying set of questions covering the highest priority data elements needed for health workforce planning throughout Utah.

Seven national healthcare regulatory organizations worked with Veritas Health Solutions, a consultant in health workforce data, policy, and planning, to create the UCPMDS. The intent of the UCPMDS is to standardize certain information captured from various health professions to support within-profession and between-profession analyses to better

inform health policies and strategies. The UCPMDS serves as a fundamental data system, upon which individual profession-specific tools are being developed and implemented into the re-licensure process.

Profession-specific surveys are being created for all licensed health professions. They are optional and are being implemented into the application process through the Division of Professional Licensing.

Target population

All DOPL dentist-related licenses were included in the license renewal process. Dentist-related license types include:

- Dentist

Response rates

Observing the count of eligible practitioners provided by DOPL, the survey response rate was about 51.18%. The following item response rates are based on those who provided a valid license number and responded to at least one question, rather than those who were eligible to receive the survey. These rates may be slightly higher than the response rates provided throughout the analysis, as those excluded were not applicable items.

Table 6. Dentist survey response rates

Number	Text	%
1	What is your sex?	99.95
2	What is your race? Mark one or more boxes.	99.61
3	Are you of Hispanic, Latina/o, or Spanish origin?	99.41
4	What type of degree/credential first qualified you for this license?	100.00
5	Year completed qualifying education?	99.70
6	Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)	99.80
7	In which city & country did you complete Medical School?	0.69
8	Please indicate your highest level of training in dentistry.	99.65

Number	Text	%
9	What is your employment status?	97.98
10	What best describes your employment plans for the next 2 years?	99.46
11	If you previously indicated you plan to increase or decrease hours in a field related to this license in the next 2 years, please estimate the total number of hours per week you expect to work after the change. If this does not apply, please select not applicable.	14.41
12	Of the hours per week spent in direct patient care, estimate the average number of hours per week delivering patient care via telehealth.	97.14
13	Please indicate the population groups to which you provide clinical services. Please check all that apply.	96.35
14	Which of the following best describes the primary specialty/field/area of practice in which you spend most of your professional time?	98.87
15	Which of the following best describes your secondary specialty/field/area of practice?	96.69
16	What is your primary practice location? If this does not apply, please enter “N/A”.	95.66
17	Which of the following best describes your current employment arrangement at your principal practice location?	97.04
18	Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.	97.34
19	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “not applicable”.	97.34
20	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable". Does not include time on call.	97.14
21	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable.	97.29

Number	Text	%
22	What is your primary practice location? If this does not apply, please enter “N/A”. [DOPL mistakenly duplicated question]	82.78
23	Which of the following best describes your current employment arrangement at your principal practice location? [DOPL mistakenly duplicated question]	62.51
24	Please identify the role/title(s) that most closely corresponds to your primary employment/practice type. [DOPL mistakenly duplicated question]	58.12
25	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “not applicable”. [DOPL mistakenly duplicated question]	61.82
26	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable". Does not include time on call. [DOPL mistakenly duplicated question]	59.69
27	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable. [DOPL mistakenly duplicated question]	59.79
28	Have you mentored/precepted students within the last two years?	96.15
29	Please mark the amount of educational debt you had AT THE TIME OF GRADUATION (excluding any non-education debt).	94.28

References

U.S. Bureau of Labor Statistics. (n.d.). Registered nurses. Occupational Outlook Handbook. Retrieved July 8, 2025, from https://www.bls.gov/ooh/healthcare/dentists.htm

Data USA. (n.d.). Dentists. Retrieved from https://datausa.io/profile/soc/dentists

Zippia. (2025, January 8). What is a dentist and how to become one. Retrieved from https://www.zippia.com/dentist-jobs/

Boyd, R. J., et al. (2023). We need to talk about nonprobability samples. Trends in Ecology & Evolution, 38(6), 521–531. https://www.cell.com/trends/ecology-evolution/fulltext/S0169-5347(23)00005-8

Lucas, S. R. (2014). Beyond the existence proof: ontological conditions, epistemological implications, and in-depth interview research. Quality & Quantity, 48, 387–408. https://link.springer.com/article/10.1007/s11135-012-9775-3

Contact information

Jordan Miller: jordanmiller@utah.gov
Matt Cottrell: mattc@utah.gov

Department of Health and Human Services
Multi-Agency State Office Building
195 North 1950 West
Salt Lake City, Utah
84116

Phone: 801-538-9375