

Internationally- Educated Dentist Questionnaire

1.	Name (last, first, middle)		
2.	Mailing Address (street)	City, State, Zip, County	
3.	Telephone (include area code)	Email Address (optional)	
4.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	Birthdate:
5.	Please list each state, Canadian Province and/or country where you are or have been licensed to practice dentistry. Please include dates of licensure:		
6.	Other name(s) by which you are or have been known and reasons for change:		

7. What is your native country? _____

8. What is your native language? _____

9. What language was your dental education taught in? _____

10. Starting with your current country of residence, please list each country you have lived in and include exact dates (month/years) you lived there:

COUNTRY	FROM (mo/yr)	TO (mo/yr)

11. Please list the following information regarding each dental practice you have worked in within the past five years. You may use a separate sheet of paper if necessary:

Name of Practice: _____

Practice Address and Phone Number: _____

Dates of Practice (months/years): _____

Average Hours Worked Per Week: _____

Your Supervisor: _____

Your Duties: _____