

VIRGINIA BOARD OF DENTISTRY  
**BOARD BUSINESS MEETING AGENDA**  
JUNE 12, 2026

---

<u>TIME</u>		<u>PAGE</u>
<b>9:00 a.m.</b>	<b>Call to Order – Sultan E. Chaudhry, D.D.S., President</b>	--
	<b>Public Comment – Dr. Chaudhry</b>	
	<b>Approval of Minutes</b>	
	• March 5, 2026, Formal Hearing AM	1-2
	• March 5, 2026 Formal Hearing PM	3-4
	• March 6, 2026, Board Business Meeting	5-10
	• March 6, 2026, Formal Hearing	11-12
	• March 20, 2026, Telephone Conference Call	13
	• April 2, 2026, Telephone Conference Call	14-15
	<b>Health and Human Resources – Lauryn Walker, Deputy Secretary</b>	--
	<b>DHP Director’s Report – David E. Brown, D.C.</b>	--
	<b>Board Counsel Report – Mr. Rutkowski</b>	--
	<b>Healthcare Workforce Data Center – Dr. Yetty Shobo</b>	
	• Virginia Dentistry Workforce report	16-44
	• Virginia Dental Hygienist Workforce report	45-74
	<b>Legislation and Regulation – Mr. Novak</b>	
	• Regulatory Chart	75-76
	• Legislative Report	77-78
	• Recovery of Disciplinary Costs	79-83
	• Revision of Guidance Document 60-7	84-87
	<b>Board Discussion</b>	
	• Consideration of Public Comments	--
	• 2027 BOD Calendar	88
	<b>Deputy Executive Director’s Report – Ms. Weaver</b>	
	• Disciplinary Report	89
	<b>Executive Director’s Report – Ms. Sacksteder</b>	
	• Dental Compact Update	--
	• Board Cash Balance Report	90

**VIRGINIA BOARD OF DENTISTRY  
FORMAL HEARING MINUTES  
March 5, 2026**

**TIME AND PLACE:** The meeting of the Virginia Board of Dentistry was called to order at 9:01 a.m., on March 5, 2026, in Board Room 2 at the Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia, 23233.

**PRESIDING:** Sultan E. Chaudhry, D.D.S., President

**MEMBERS PRESENT:** Surya Dhakar, D.D.S.  
Bruce R. Hutchison, D.D.S.  
Margaret F. Lemaster, R.D.H.  
J. Michael Martinez de Andino, J.D.  
Emelia H. McLennan, R.D.H.

**MEMBERS ABSENT:** Richard Quigg, D.D.S.  
Jennifer Szakaly, D.D.S.

**STAFF PRESENT:** Jamie C. Sacksteder, Executive Director  
Debora Farrar, Administrative Assistant  
Donna Lee, Discipline Case Manager

**COUNSEL PRESENT:** James E. Rutkowski, Senior Assistant Attorney General

**OTHERS PRESENT:** Rebecca Smith, Adjudication Consultant  
Juan Ortega, Court Reporter  
Gerald C. Canaan, II, Esquire, Applicant's Counsel

**ESTABLISHMENT OF A QUORUM:** With six Board members present, a quorum was established.

**Gary A. Hartman, D.D.S. Reinstatement Applicant Case No.: 244220** Dr. Hartman was present with legal counsel in accordance with the Notice of the Board dated January 9, 2026.

Dr. Chaudhry swore in the witnesses.

Following Mr. Canaan's opening statement, Dr. Chaudhry admitted into evidence Applicant's Exhibits A-G.

Following Ms. Smith's opening statement, Dr. Chaudhry admitted into evidence Commonwealth's Exhibits 1-6.

The following witness testified on behalf of the Applicant:

- Bruce W. Overton, D.D.S.

Dr. Gary Hartman testified on his own behalf.

**Closed Meeting:** On four separate occasions Ms. Lemaster moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(16) of the Code of Virginia for the purpose of consideration and discussion of medical and mental health records of Gary Hartman that are excluded from the Freedom of Information Act by

Virginia Code Section 2.2-3705(A)(5). Additionally, she moved that Board staff, Ms. Sacksteder, Ms. Farrar, and Board counsel, Mr. Rutkowski; Mr. Ortega, Ms. Smith, Mr. Canaan, and Dr. Hartman attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Board in its deliberations. On all four occasions the motion was seconded and passed.

**Reconvene:**

On four separate occasions Ms. Lemaster moved that the Board certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. On all four occasions the motion was seconded and passed.

There were no witnesses called on behalf of the Commonwealth.

(Ms. Lee replaced Ms. Farrar at this time)

Mr. Canaan and Ms. Smith provided closing statements.

**Closed Meeting:**

Ms. Lemaster moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) and § 2.2-3712(F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Gary Hartman. Additionally, she moved that Board staff, Ms. Sacksteder, Ms. Lee, and Board Counsel, Mr. Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

**Reconvene:**

Ms. Lemaster moved to certify that the Board heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

**Decision:**

Mr. Rutkowski reported that Dr. Hartman's application for reinstatement of his dental license to practice dentistry in the Commonwealth of Virginia was denied.

Mr. Martinez moved to accept the Board's decision as read by Mr. Rutkowski. Following a second, a roll call vote was taken. The motion was passed.

**ADJOURNMENT:**

With all business concluded, the Board adjourned at 3:55 p.m.

\_\_\_\_\_  
Sultan E. Chaudhry, D.D.S., President

\_\_\_\_\_  
Jamie C. Sacksteder, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**VIRGINIA BOARD OF DENTISTRY  
FORMAL HEARING MINUTES  
March 5, 2026**

**TIME AND PLACE:** The meeting of the Virginia Board of Dentistry was called to order at 4:15 p.m., on March 5, 2026, in Board Room 2 at the Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia, 23233.

**PRESIDING:** Margaret F. Lemaster, R.D.H.

**MEMBERS PRESENT:** Surya Dhakar, D.D.S.  
J. Michael Martinez de Andino, J.D.  
Emelia H. McLennan, R.D.H.  
Richard Quigg, D.D.S.

**MEMBERS ABSENT:** Sultan E. Chaudhry, D.D.S.  
Bruce R. Hutchison, D.D.S.  
Jennifer Szakaly, D.D.S.

**STAFF PRESENT:** Jamie C. Sacksteder, Executive Director  
Donna Lee, Discipline Case Manager

**COUNSEL PRESENT:** James E. Rutkowski, Senior Assistant Attorney General

**OTHERS PRESENT:** Rebecca Smith, Adjudication Consultant  
Juan Ortega, Court Reporter

**ESTABLISHMENT OF A PANEL:** With five Board members present, a panel was established.

**Ibraheem Samirah, D.D.S. Reinstatement Applicant Case No.: 253250** Dr. Samirah was present, without legal counsel, in accordance with the Notice of the Board dated January 22, 2026.

Ms. Lemaster swore in the witnesses.

Following Dr. Samirah's opening statement, Ms. Lemaster admitted into evidence Applicant's Exhibits A-E.

Following Ms. Smith's opening statement, Ms. Lemaster admitted into evidence Commonwealth's Exhibits 1-2.

Dr. Samirah testified on his own behalf.

The following witness testified on behalf of the Commonwealth:

- Joyce S. Johnson, Senior Investigator, DHP

Dr. Samirah and Ms. Smith provided closing statements.

**Closed Meeting:** Mr. Martinez moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) and § 2.2-3712(F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Ibraheem Samirah. Additionally, he moved that Board staff, Ms. Sacksteder, Ms. Lee, and Board

Counsel, Mr. Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

**Reconvene:**

Mr. Martinez moved to certify that the Board heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

**Decision:**

Mr. Rutkowski reported that Dr. Samirah's application for reinstatement of his dental license to practice dentistry in the Commonwealth of Virginia was denied.

Mr. Martinez moved to accept the Board's decision as read by Mr. Rutkowski. The motion was seconded and passed unanimously.

**ADJOURNMENT:**

With all business concluded, the Board adjourned at 7:35 p.m.

\_\_\_\_\_  
Margaret F. Lemaster, R.D.H.

\_\_\_\_\_  
Jamie C. Sacksteder, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**VIRGINIA BOARD OF DENTISTRY  
BUSINESS MEETING MINUTES  
March 6, 2026**

- TIME AND PLACE:** The meeting of the Virginia Board of Dentistry was called to order at 9:08 a.m., at the Perimeter Center, 9960 Mayland Drive, Board Room 2, Henrico, Virginia 23233.
- PRESIDING:** Sultan E. Chaudhry, D.D.S., President
- MEMBERS PRESENT:** Surya Dhakar, D.D.S.  
Bruce R. Hutchison, D.D.S.  
Margaret F. Lemaster, R.D.H.  
J. Michael Martinez de Andino, J.D.  
Emelia H. McLennan, R.D.H.  
Richard Quigg, D.D.S.
- MEMBERS ABSENT:** Jennifer Szakaly, D.D.S.
- STAFF PRESENT:** Jamie C. Sacksteder, Executive Director  
Erin T. Weaver, Deputy Executive Director  
David E. Brown, D.C., Director, Department of Health Professions  
Erin L. Barrett, Director of Legislative and Regulatory Affairs  
Donna M. Lee, Discipline Case Manager
- COUNSEL PRESENT:** James E. Rutkowski, Senior Assistant Attorney General
- ESTABLISHMENT OF A QUORUM:** With seven members present, a quorum was established.  
  
Ms. Sacksteder read the emergency evacuation procedures.  
  
Dr. Chaudhry welcomed Dr. Richard Quigg to the Board as a new Board member.
- PUBLIC COMMENT:** Dr. Chaudhry explained the parameters for public comment and opened the public comment period.  
  
Written public comment was received from Paulette Goity, which is contained on page 1 of the agenda packet.  
  
**Benjamin Traynham, General Counsel for Virginia Dental Association**  
– Mr. Traynham stated that the Virginia Dental Association (VDA) disputes the Regulatory Committee Meeting Report contained on pages 13-16 of the agenda, particularly in the topics of artificial intelligence, dentist-in-charge, and scope of practice. The VDA urges the Board to proceed with caution when considering further regulation of the dental profession. There was no regulation, Board recommendation, or petition for rulemaking on any of three topics of concern.

- Artificial intelligence (AI) - The Regulatory Committee did not agree that regulatory guidance was necessary. There were discussions and agreement that AI would be tremendously difficult to regulate, it is evolving at a pace that far exceeds anything the Board could accomplish through regulation at this time, and it would be burdensome for the dentist to inform a patient every time AI is used during treatment.

- Dentist-In-Charge – The Regulatory Committee did not agree to pursue such regulations or any suggestion that they might be necessary. The Regulatory Committee was informed that the boards with a practitioner-in-charge have one because that board regulates the facility in which that practitioner practices, such as the Board of Pharmacy. The Board of Dentistry does not regulate facilities, and legislation would be required to expand its regulatory authority.

- Scope of Practice – The VDA contends that the Regulatory Committee did not appear to agree to explore development of a clarification of scope of dentistry; and it contends that there is no need for further regulatory action or guidance regarding a dentist's or OMS's scope of practice.

The only recommendation made by the Regulatory Committee was to repeal the OMS audit requirements. The VDA would again urge the Board to proceed with caution before pursuing broad regulatory changes that could have serious impacts on the everyday practice of dentistry.

Dr. Chaudhry closed the public comment period.

**APPROVAL OF MINUTES:** Dr. Chaudhry asked if there were any edits or corrections to the following minutes: September 12, 2025 Board Business Meeting; September 12, 2025 Public Hearing; September 12, 2025 Special Session; October 30, 2025 Telephone Conference Call; November 13, 2025 Telephone Conference Call; February 5, 2026 Telephone Conference Call; and February 26, 2026 Telephone Conference Call.

Hearing none, Mr. Martinez moved to approve the minutes as presented. The motion was seconded and passed unanimously.

**DHP DIRECTOR'S REPORT:** Dr. Brown stated that he was delighted to be back as the Director and looked forward to working with the Board. He reminded the Board that there are a lot of changes when there is new leadership in the Governor's office; however, the job of the Board does not change, which is to protect the public. He welcomed Dr. Quigg as a new Board member and explained it is a working Board, and all work depends on Board member participation. The Board speaks for itself through regulations, case decisions, and guidance documents. He reminded Board members not to speak on behalf of the Board but to refer to Board staff if questioned about Board matters and keep the Board's Executive Director in the loop.

**BOARD COUNSEL REPORT:** Mr. Rutkowski reported that the Board filed a motion to dismiss the lawsuit that claimed the Compact violated civil rights; motion was granted. An appeal affirmed the Compact. Dr. Salartash was a case the Board heard and entered an Order that she treated patients outside the scope of practice.

Dr. Salartash appealed to Henrico Circuit Court, and the court affirmed the Board's order. Dr. Salartash could appeal to the Court of Appeals. Dr. Zunka appealed to Henrico Circuit Court, and the Board prevailed. Dr. Zunka appealed the circuit court decision, and the matter is pending in Court of Appeals.

**LIAISON & COMMITTEE  
REPORTS:**

**Nominating Committee** - Dr. Hutchison informed the Board that on November 7, 2025, the Nominating Committee met. The Committee members were Mr. Martinez, Ms. McLennan, and him. The Committee voted on the following slate of nominations to present to the Board:

Board President – Dr. Chaudhry  
Board Vice-President – Ms. Lemaster  
Board Secretary-Treasurer – Dr. Hendricksen

Ms. Sacksteder stated that since Dr. Hendricksen is no longer on the Board, she would recommend that the Board leave the secretary-treasurer nomination open until the Nominating Committee meets in August 2026.

Mr. Martinez moved that the Board accept the President and Vice-President slate without a Secretary-Treasurer appointment. The motion was seconded and passed unanimously.

Mr. Martinez moved that the Board accept the slate of nominations for President and Vice-President. The motion was seconded and passed unanimously.

**Regulatory Committee Report** – Dr. Chaudhry reported that the Committee discussed a wide range of topics and will remain open-minded about future decisions, as noted in the Regulatory Committee report. At this stage, the Committee is gathering information, and many items are not yet finalized.

The Committee recommended repealing the OMS Audit regulations. Dr. Chaudhry stated that having a dentist-in-charge could improve accountability, identify weaknesses, and strengthen oversight; however, additional research is needed.

The Committee also considered several other issues, including:

- Using an outside agency to conduct continuing education audits
- Developing clearer guidance on scope of practice
- Aligning all professions' regulations related to sexual misconduct
- Reviewing ethics regulations

Staff will research these topics further and present their findings to the Regulatory Committee at a future meeting. The Committee cannot make final decisions; any recommendations it develops will be forwarded to the full Board for consideration in accordance with the APA process.

## LEGISLATION AND REGULATION:

Ms. Barrett reviewed the Legislative Report as of March 4, 2026.

- HB 530 – Dentist and Dental Hygienist Compact; criminal background check. Failed.
- HB 970 – Companion SB178. Dental Assistant; supragingival scaling and coronal polishing, certification. Passed - Pending Governor's

### Signature

- HB 1036 – Dental Hygienist Licensure; dentists eligible to practice in a Foreign country or jurisdiction. – Passed – Pending Governor's Signature
- HB 669 – Impersonation of certain licensed professionals by chatbot; definitions, notice, civil liability. Failed.
- HB 782 – Health care providers; caller identification information, civil Penalty. Failed.
- HB 796 – Regulatory boards; adjustment of fees, recovery of disciplinary and monitoring costs, report. Passed.
- HB 1223 – Health professionals; mandatory suicide training required. Failed.

### Regulatory Actions in the Secretary's Office:

- 18VAC60-21 and 18VAC60-30 – Training in Infection Control; Final Stage.
- 18VAC60-21 and 18VAC60-25 – Continuing Education Requirements for Jurisprudence; NOIRA Stage.

### Regulatory Actions at the Department of Budget and Planning:

- 18VAC60-25 – Revision of Dental Hygienist Training and Duties to Eliminate Need for Dual Licensure as a Dental Hygienist and Registration as a DAI; Fast-Track Stage.

### Regulatory Actions at the Office of the Attorney General:

- 18VAC60-25 and 18VAC60-30 – Regulatory references cleanup; Fast-Track Stage.

Ms. Barrett stated that 18VAC60-30-120, the elimination of direct pulp-capping as a delegable task. It is at the Final Stage; only one comment received. It says "direct pulp-capping" which is a typographical error. It should say "indirect pulp-capping".

Mr. Martinez moved to amend 18VAC60-30-120 by final action. The motion was seconded and passed.

Ms. Barrett explained that 18VAC60-21, training requirements for botulinum toxin injections for cosmetic purposes, emergency regulations in effect. The Final Regulations will replace emergency regulations, no changes. There were no comments presented.

Ms. McLennan moved to amend 18VAC60-21 by final action. The motion was seconded and passed unanimously.

- 18VAC60-15 – Amendment to Allow Agency Subordinates to Hear Credentials Cases; Fast-Track stage. Awaiting Publication.
- 18VAC60-21 – Implementation of the Dentist and Dental Hygienist Compact; NOIRA Stage. Published March 9, 2026. Effective date April 8, 2026.
- 18VAC60-21 – Training and supervision of digital scan technicians. Final Stage. Published February 23, 2026. Effective date March 25, 2026.

**Smiley Petition for Rulemaking** - Ms. Barrett reviewed with the Board Dr. Smiley's Petition for Rulemaking pertaining to 18VAC60-21-350 and 18VAC60-21-370.

After discussion, Dr. Hutchison moved to accept the petition and initiate rulemaking. The motion was seconded and passed unanimously.

**Consideration of Repeal of OMS Audit regulations** – Ms. Barrett informed the Board that the Regulatory Committee at its February 27, 2026 meeting, recommended that 18VAC60-21-390 requiring the OMS audit be repealed.

Ms. Lemaster moved to repeal 18VAC60-21-390 by fast-track action. The motion was seconded and passed unanimously.

**DEPUTY EXECUTIVE  
DIRECTOR'S REPORT:**

**Disciplinary Report** – Ms. Weaver reviewed with the Board the Disciplinary Report for August 15, 2025 – February 12, 2026. She provided an update on the OMS and continuing education audits.

**EXECUTIVE DIRECTOR'S  
REPORT:**

**AADA/AADB Meeting:** Ms. Sacksteder stated that the meeting was held in Texas and there were discussions about artificial intelligence and unlicensed practice; very informative.

**ADEX Annual Meeting Summary 2025** – The meeting reflected a shared commitment to advancing public protection and licensure standards. There were conversations focused on the licensure of internationally trained providers, the practice of non-licensed dentistry, and dental and dental hygiene licensure compacts.

**ADEX Report of Licensure Examinations** – Ms. Sacksteder informed the Board that the CDCA-WREB-CITA and ADEX merger is complete and the unified organization now operates exclusively as ADEX.

**ADA/ADEX Joint Statement** – The ADA, JCNDE, and ADEX have begun a series of collaborative discussion for ADEX to acquire the DLOSCE and DHLOSCE.

**Dental Compact Update:** Ms. Sacksteder advised the Board that 12 states have enacted the Compact. The Rules Committee has not provided a consensus on "clinical assessment". Permission to conduct background

checks in Virginia has failed, which prevents full participation in the Compact, so Virginia remains non-compliant. There is currently no funding for the administration of the Compact beyond February 2026, which includes no funding to implement a database. Those with Compact privileges do not have to abide by Virginia's continuing education or active practice requirements. Virginia will be able to discipline those with Compact privileges per the Compact language and Virginia adopting the Compact language into law.

There was discussion that a licensee is granted a privilege to practice in Virginia and they must follow the laws. There are tools provided to take disciplinary action. It was mentioned that physical therapists are part of a Compact and if a complaint is filed in Virginia, the same disciplinary process is followed. It was reiterated to the Board that many states are in the developing stages of how to implement the Compact.

**ADJOURNMENT:**

With all business concluded, the Board adjourned at 10:40 a.m.

\_\_\_\_\_  
Sultan E. Chaudhry, D.D.S., President

\_\_\_\_\_  
Jamie C. Sacksteder, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**VIRGINIA BOARD OF DENTISTRY  
FORMAL HEARING MINUTES  
March 6, 2026**

**TIME AND PLACE:** The meeting of the Virginia Board of Dentistry was called to order at 1:00 p.m., on March 6, 2026, in Board Room 2 at the Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia, 23233.

**PRESIDING:** Sultan E. Chaudhry, D.D.S., President

**MEMBERS PRESENT:** Surya Dhakar, D.D.S.  
Bruce R. Hutchison, D.D.S.  
Margaret F. Lemaster, R.D.H.  
Richard Quigg, D.D.S.

**MEMBERS ABSENT:** Jennifer Szakaly, D.D.S.

**STAFF PRESENT:** Jamie C. Sacksteder, Executive Director  
Donna Lee, Discipline Case Manager

**COUNSEL PRESENT:** James E. Rutkowski, Senior Assistant Attorney General

**OTHERS PRESENT:** Christopher R. Kim, Adjudication Specialist  
Christine Andreoli, Senior Adjudication Specialist  
Juan Ortega, Court Reporter

**ESTABLISHMENT OF A PANEL:** With five Board members present, a panel was established.

**Patricia Hargrove, D.D.S.  
Case No.: 244544** Dr. Hargrove was present, without legal counsel, in accordance with the Notice of the Board dated October 21, 2025.

Dr. Chaudhry swore in the witnesses.

Following Mr. Kim's opening statement, Dr. Chaudhry admitted into evidence Commonwealth's Exhibits 1-6.

Dr. Hargrove made an opening statement.

The following witness testified on behalf of the Commonwealth:

- Deputy Steven Barton, Hanover County Sheriff's Office

The following witnesses testified on behalf of the Respondent:

- Dr. William J. Hefe, Employer
- Pam Hefe, Office Manager, William J. Hefe Family Dentistry

Dr. Hargrove testified on her own behalf.

Ms. Andreoli and Dr. Hargrove provided closing statements.

**Closed Meeting:** Ms. Lemaster moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) and § 2.2-3712(F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Patricia Hargrove. Additionally, she moved that Board staff, Ms. Sacksteder, Ms. Lee, and Board Counsel, Mr. Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

**Reconvene:** Ms. Lemaster moved to certify that the Board heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

**Decision:** Mr. Rutkowski reported that Dr. Hargrove's license to practice dentistry in the Commonwealth of Virginia was indefinitely suspended for a period of not less than one year from the date of entry of the Order.

Ms. Lemaster moved to accept the Board's decision as read by Mr. Rutkowski. The motion was seconded and passed unanimously.

**ADJOURNMENT:** With all business concluded, the Board adjourned at 3:50 p.m.

\_\_\_\_\_  
Sultan E. Chaudhry, D.D.S., President

\_\_\_\_\_  
Jamie C. Sacksteder, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**UNAPPROVED**

**VIRGINIA BOARD OF DENTISTRY**

**MINUTES  
SPECIAL SESSION**

**CALL TO ORDER:** The Board of Dentistry ("Board") convened by telephone conference call on March 20, 2026 at 5:15 p.m., to consider a consent order for the resolution of a disciplinary matter.

**MEMBERS PRESENT** Sultan E. Chaudhry, D.D.S., President – **Presiding**  
Bruce R. Hutchison, D.D.S.  
Margaret F. Lemaster, R.D.H.  
Richard Quigg, D.D.S.  
J. Michael Martinez de Andino, J.D.  
Emelia H. McLennan, R.D.H.  
Jennifer Szakaly, D.D.S.

**POLLING OF BOARD MEMBERS:** The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.

**QUORUM:** With seven members present, a quorum was established.

**STAFF PRESENT:** Jamie C. Sacksteder, Executive Director  
Donna M. Lee, Discipline Case Manager

**OTHERS PRESENT:** James Rutkowski, Senior Assistant Attorney General, Board Counsel  
Rebecca Smith, Adjudication Consultant

**Daniel Chun, D.D.S.**  
**Case Nos.: 241029, 242468,**  
**245004, and**  
**245182** The Board received information from Ms. Smith regarding a proposed consent order pertaining to Dr. Chun in lieu of proceeding with the formal hearing.

**DECISION:** Dr. Hutchison moved that the Board accept the proposed consent order for the revocation of Dr. Chun's license to practice dentistry in the Commonwealth of Virginia in lieu of proceeding with the formal hearing. Following a second, a roll call vote was taken. The motion passed unanimously.

**ADJOURNMENT:** With all business concluded, the Board adjourned at 5:25 p.m.

\_\_\_\_\_  
Sultan E. Chaudhry, D.D.S., Chair

\_\_\_\_\_  
Jamie C. Sacksteder, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**UNAPPROVED**

**VIRGINIA BOARD OF DENTISTRY**

**MINUTES  
SPECIAL SESSION**

**CALL TO ORDER:** The Board of Dentistry ("Board") convened by telephone conference call on April 2, 2026, at 5:15 p.m., to consider a consent order for resolution of a disciplinary matter and a possible summary suspension in case number 252791, pursuant to Virginia Code § 54.1-2408.1(A).

**MEMBERS PRESENT:** Sultan E. Chaudhry, D.D.S., President – **Presiding**  
Surya Dhakar, D.D.S.  
Bruce R. Hutchison, D.D.S.  
Margaret F. Lemaster, R.D.H.  
J. Michael Martinez de Andino, J.D.  
Richard Quigg, D.D.S.  
Jennifer Szakaly, D.D.S.

**MEMBERS ABSENT:** Emelia H. McLennan, R.D.H.

**POLLING OF BOARD MEMBERS:** The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.

**QUORUM:** With seven members present, a quorum was established.

**STAFF PRESENT:** Jamie C. Sacksteder, Executive Director  
Donna M. Lee, Discipline Case Manager

**OTHERS PRESENT:** James Rutkowski, Senior Assistant Attorney General, Board Counsel  
Rebecca Smith, Adjudication Consultant  
Lori L. Pound, Adjudication Consultant

**Michael E. Krone, D.D.S.  
Case No.: 252524** The Board received information from Ms. Smith regarding a proposed consent order pertaining to Dr. Krone in lieu of proceeding with the formal hearing.

**DECISION:** Ms. Lemaster moved that the Board accept the proposed consent order for the permanent voluntary surrender of Dr. Krone's license to practice dentistry in the Commonwealth of Virginia in lieu of proceeding with the formal hearing. Following a second, a roll call vote was taken. The motion passed.

**Shinjni Razdan, D.D.S.  
Case No.: 252791** The Board received information from Ms. Pound to determine if Dr. Razdan's practice of dentistry constituted a substantial danger to public health or safety. Ms. Pound reviewed the case and responded to questions.

**Closed Meeting:**

Ms. Lemaster moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Shinjini Razdan. Additionally, Ms. Lemaster moved that Ms. Sacksteder, Ms. Lee, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence would aid the Board in its deliberations. The motion was seconded and passed.

**Reconvene:**

Ms. Lemaster moved that the Board certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

**DECISION:**

Ms. Lemaster moved that the Board summarily suspend Dr. Razdan's license to practice dentistry in the Commonwealth of Virginia in that her practice of dentistry constituted a substantial danger to public health or safety; and schedule a formal hearing. Following a second, a roll call vote was taken. The motion was passed.

**ADJOURNMENT:**

With all business concluded, the Board adjourned at 6:06 p.m.

\_\_\_\_\_  
Sultan E. Chaudhry, D.D.S., Chair

\_\_\_\_\_  
Jamie C. Sacksteder, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**DRAFT**

---

# *Virginia's Dentistry Workforce: 2025*

---

Healthcare Workforce Data Center

February 2026

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4466(fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*7,002 Dentists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Dentistry express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Research Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

## **Virginia Board of Dentistry**

### ***President***

Sultan E. Chaudhry, DDS  
*Falls Church*

### ***Members***

Surya Dhakar, DDS  
*Glen Allen*

Bruce R. Hutchison, DDS  
*Centreville*

Margaret F. Lemaster RDH  
*Chesapeake*

J. Michael Martinez de Andino  
*Richmond*

Emelia H. McLennan, RDH  
*Virginia Beach*

Anthony Peluso, DDS  
*Virginia Beach*

Jayson Smith, DMD  
*Bristol*

Jennifer Szakaly, DDS  
*Suffolk*

Richard Quigg, DDS  
*Virginia Beach*

### ***Executive Director***

Jamie C. Sacksteder

## Contents

---

<b>Results in Brief</b> .....	<b>2</b>
<b>Summary of Trends</b> .....	<b>2</b>
<b>Survey Response Rates</b> .....	<b>3</b>
<b>The Workforce</b> .....	<b>4</b>
<b>Demographics</b> .....	<b>5</b>
<b>Background</b> .....	<b>6</b>
<b>Education</b> .....	<b>8</b>
<b>Current Employment Situation</b> .....	<b>9</b>
<b>Employment Quality</b> .....	<b>10</b>
<b>Labor Market</b> .....	<b>11</b>
<b>Work Site Distribution</b> .....	<b>12</b>
<b>Establishment Type</b> .....	<b>13</b>
<b>Time Allocation</b> .....	<b>15</b>
<b>Patient Workload</b> .....	<b>16</b>
<b>Retirement &amp; Future Plans</b> .....	<b>17</b>
<b>Full-Time Equivalency Units</b> .....	<b>19</b>
<b>Maps</b> .....	<b>20</b>
Virginia Performs Regions .....	20
Area Health Education Center Regions .....	21
Workforce Investment Areas .....	22
Health Services Areas .....	23
Planning Districts .....	24
<b>Appendices</b> .....	<b>25</b>
Appendix A: Weights .....	25

## The Dentistry Workforce: At a Glance:

### The Workforce

Licenses:	8,570
Virginia's Workforce:	6,515
FTEs:	5,115

### Background

Rural Childhood:	17%
HS Diploma in VA:	38%
Prof. Degree in VA:	32%

### Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	69%
Satisfied:	95%

### Survey Response Rate

All Licensees:	82%
Renewing Practitioners:	87%

### Education

Doctorate/Prof.:	96%
Master's Degree:	1%

### Job Turnover

Switched Jobs:	4%
Employed over 2 yrs.:	67%

### Demographics

Female:	45%
Diversity Index:	62%
Median Age:	46

### Finances

Median Inc.: \$170k-\$180k
Retirement Benefits: 40%
Under 40 w/ Ed Debt: 70%

### Time Allocation

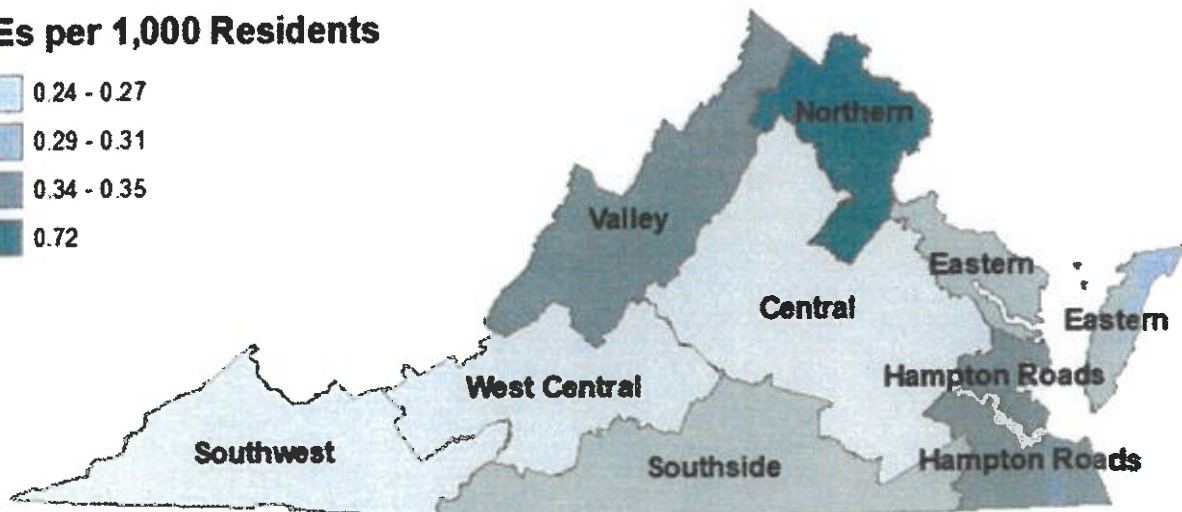
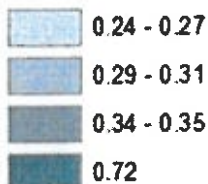
Patient Care:	80-89%
Administration:	1-9%
Patient Care Role:	91%

Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units Provided by Dentists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023  
Source: U.S. Census Bureau, Population Division



## Results in Brief

---

In 2025, 6,515 dentists in Virginia's workforce provided 5,115 "full-time equivalency units", which the HWDC defines as working 2,000 hours a year. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the 2025 survey during the license renewal process, which takes place annually on an ongoing basis during the birth month of each dentist. The 7,002 survey respondents represent 82% of the 8,570 licensed dentists in the state and 87% of renewing practitioners.

More than two out of every five dentists are female, and the median age of all dentists is 46. In a random encounter between two dentists, there is a 62% chance that they would be of different races or ethnicities, a measure known as the diversity index. The diversity index in Virginia is 60%. Dentists under age 40 have a diversity index of 65%.

Nearly all dentists hold a doctorate or professional degree. About 41% of all dentists have educational debt, including 70% of dentists who are under the age of 40. The median debt for those dentists with educational debt is between \$200,000 and \$220,000. The median annual income for dentists is also between \$170,000 and \$180,000, with 57% of wage or salaried dentists receiving at least one employer-sponsored benefit; 95% of dentists indicate that they are satisfied with their current employment situation.

Only 7% of dentists currently work in non-metro areas of the state. Approximately 80% of dentists worked in the Northern Virginia, Central Virginia, and Hampton Roads regions. Dentists spend about 91% of their time treating patients; on average, they treat 50-74 patients per week. Ninety-four percent of dentists work in the private sector, including 90% who work at a for-profit organization. A little over three-fifths of dentists work at a solo dental practice, while another 22% work at a group dental practice. Only 27% of the workforce expect to retire in the next decade, while half of the current workforce expect to retire by 2045.

## Summary of Trends

---

The Virginia dental workforce has increased by about 4% since 2024 whereas the number of total licensees increased by 2% in the same period; since 2013 both have a 22% and 25% increase, respectively. Alongside these increases, the full time equivalency (FTE) units also increased by approximately 1% over the past year (5,055 in 2024 vs 5,115 in 2025); its increase since 2013 is 14%.

Compared to 2013, there have been significant changes in the demographic composition of the state's dentistry workforce. Females make up a greater proportion of the dental workforce (30% vs 45%). Further, in 2025, 57% of the dentists under age 40 are female, up from 50% in 2013. Median age has declined from 50 to 46 since 2013, and the percentage of dentists above age 55 years declined from 40% to 29% in the same period. Further, the number of dentists under age 40 has increased from 27% in 2013 to 35% in 2025. The diversity index has remained at 62% since 2024, but it has increased significantly since 2013 when it was 48%. Further, the diversity index for dentists under 40 years, increased slightly, from 63% in 2013 to 65% in 2025.

The percentage of dentists in non-metro areas (7%) did not change between 2024 and 2025 after declining from 8% to 7% in 2018. The educational attainment level of dentists also did not change from 2024 to 2025 though the median debt increased from \$170,000-\$180,000 to \$200,000-\$220,000; meanwhile, income has held steady since 2023 at \$170,000-\$180,000. Among all dentists the percent carrying education debt has increased since 2024, 39% to 41%; the percentage of dentists under the age of 40 who carry education debt also increase from 67% in 2024 to 70% in 2025.

The proportion of all dentists receiving at least one employer-sponsored benefit increased from 46% in 2013 to 50% in 2025. The percent of dentists who intend to retire by age 65 increased from 36% in 2013 to 50% in 2025; additionally, half of the dentistry workforce plan to retire within two decades of the survey, which has remained unchanged since 2013.

## Survey Response Rates

### A Closer Look:

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	7,501	88%
<b>New Licensees</b>	550	6%
<b>Non-Renewals</b>	519	6%
<b>All Licensees</b>	<b>8,570</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. Nearly nine out of ten renewing dentists submitted a survey. These represent 82% of dentists who held a license at some point in the past year.*

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
<b>By Age</b>			
<b>Under 30</b>	222	196	47%
<b>30 to 34</b>	289	766	73%
<b>35 to 39</b>	272	1,034	79%
<b>40 to 44</b>	152	1,019	87%
<b>45 to 49</b>	122	895	88%
<b>50 to 54</b>	107	814	88%
<b>55 to 59</b>	87	671	89%
<b>60 and Over</b>	317	1,607	84%
<b>Total</b>	<b>1,568</b>	<b>7,002</b>	<b>82%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	481	69	13%
<b>Metro Status</b>			
<b>Non-Metro</b>	70	345	83%
<b>Metro</b>	872	4,980	85%
<b>Not in Virginia</b>	626	1,677	73%

Source: Va. Healthcare Workforce Data Center

### Definitions

- The Survey Period:** The survey was conducted throughout 2025 on the birth month of each renewing practitioner.
- Target Population:** All dentists who held a Virginia license at some point in 2025.
- Survey Population:** The survey was available to dentists who renewed their licenses online. It was not available to those who did not renew, including some dentists newly licensed in 2025.

Response Rates	
<b>Completed Surveys</b>	7,002
<b>Response Rate, All Licensees</b>	82%
<b>Response Rate, Renewals</b>	87%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Licensed Dentists

Number:	8,570
New:	6%
Not Renewed:	6%

#### Response Rates

All Licensees:	82%
Renewing Practitioners:	87%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Dentistry Workforce: 6,515  
 FTEs: 5,115

### Utilization Ratios

Licenses in VA Workforce: 76%  
 Licenses per FTE: 1.68  
 Workers per FTE: 1.27

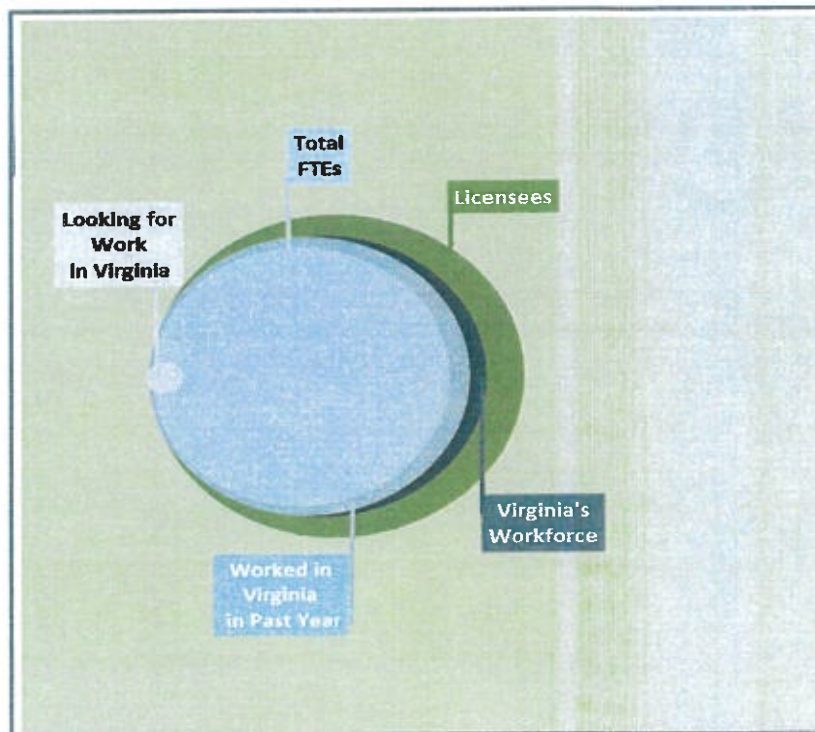
Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Dentistry Workforce		
Status	#	%
Worked in Virginia in Past Year	6,434	99%
Looking for Work in Virginia	80	1%
Virginia's Workforce	6,515	100%
Total FTEs	5,115	
Licenses	8,570	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:*

[www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)

**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	133	41%	193	59%	327	7%
30 to 34	278	43%	376	58%	655	13%
35 to 39	320	43%	419	57%	740	15%
40 to 44	302	48%	332	52%	634	13%
45 to 49	295	52%	274	48%	569	12%
50 to 54	307	58%	227	43%	534	11%
55 to 59	257	62%	160	38%	418	9%
60 +	790	79%	205	21%	995	20%
<b>Total</b>	<b>2,684</b>	<b>55%</b>	<b>2,187</b>	<b>45%</b>	<b>4,871</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Gender**  
 % Female: 45%  
 % Under 40 Female: 57%

**Age**  
 Median Age: 46  
 % Under 40: 35%  
 % 55+: 29%

**Diversity**  
 Diversity Index: 62%  
 Under 40 Div. Index: 65%

Source: Va. Healthcare Workforce Data Center

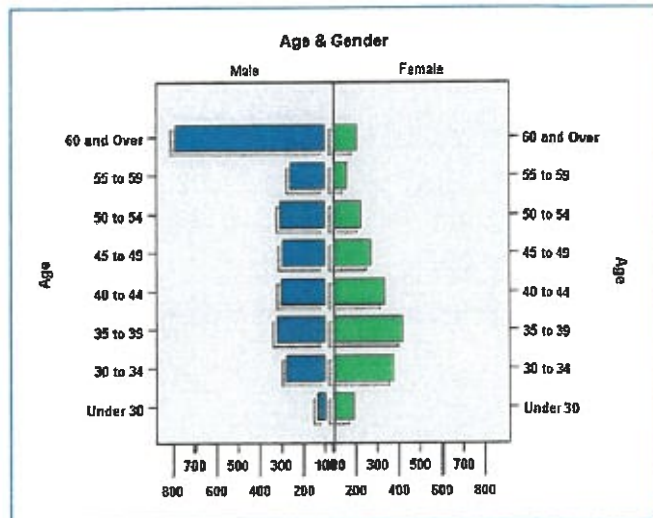
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Dentists		Dentists Under 40	
	%	#	%	#	%
White	59%	2,686	55%	855	50%
Black	19%	297	6%	96	6%
Asian	7%	1,196	25%	511	30%
Other Race	0%	221	5%	76	4%
Two or More Races	3%	119	2%	64	4%
Hispanic	11%	328	7%	109	6%
<b>Total</b>	<b>100%</b>	<b>4,847</b>	<b>100%</b>	<b>1,711</b>	<b>100%</b>

\*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two dentists, there is a 62% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), this is slightly higher than the 60% diversity index for Virginia's population as a whole.*

*More than one in three dentists are under the age of 40. 57% of dentists under 40 are female, and 30% are non-Hispanic Asian.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 24%  
 Rural Childhood: 17%

### Virginia Background

HS in Virginia: 38%  
 Dental Ed. in VA: 32%  
 HS or Dental Ed. in VA: 46%

### Location Choice

% Rural to Non-Metro: 19%  
 % Urban/Suburban to Non-Metro: 4%

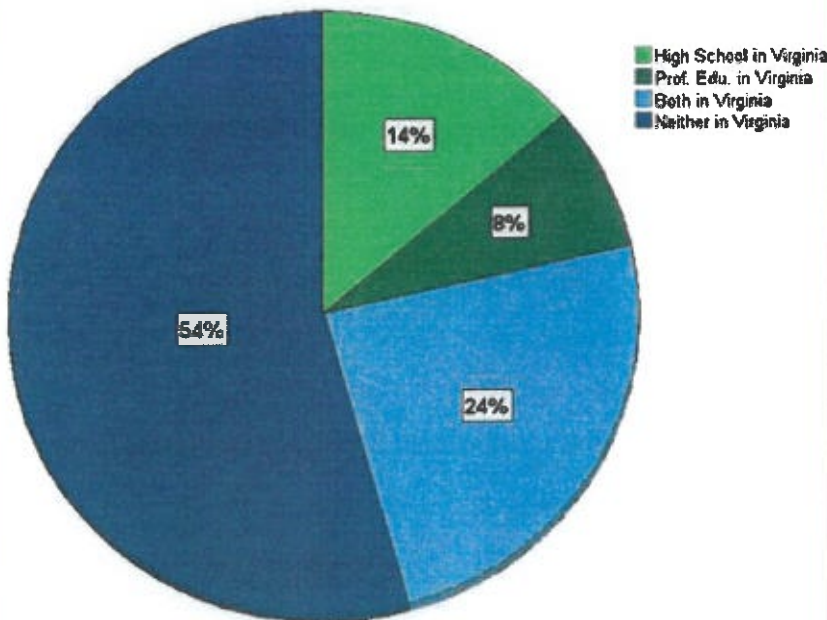
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Code	Primary Location: USDA Rural Urban Continuum Description	Rural Status of Childhood Location		
		Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	13%	61%	27%
2	Metro, 250,000 to 1 million	32%	54%	14%
3	Metro, 250,000 or less	24%	57%	19%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, metro adjacent (adj)	39%	48%	13%
6	Urban pop, 5,000-19,999, metro adj	46%	36%	18%
7	Urban pop, 5,000-19,999, nonadj	71%	22%	7%
8	Rural, metro adj	44%	46%	10%
9	Rural, nonadj	52%	48%	8%
<b>Overall</b>		<b>17%</b>	<b>59%</b>	<b>24%</b>

Source: Va. Healthcare Workforce Data Center

**Educational Background in Virginia**



Source: Va. Healthcare Workforce Data Center

*Only 17% of dentists grew up in a rural area, and 19% of this group currently works in non-metro areas of the state. Overall, 7% of dentists currently work in rural areas of Virginia.*

## Top Ten States for Dentist Recruitment

Rank	All Dentists			
	High School	#	Dental School	#
1	Virginia	1,807	Virginia	1,506
2	Outside U.S./Canada	1,069	Outside U.S./Canada	378
3	Maryland	200	Pennsylvania	330
4	New York	170	Washington, D.C.	315
5	Pennsylvania	150	New York	293
6	North Carolina	129	Maryland	273
7	California	116	Massachusetts	251
8	Florida	107	California	124
9	New Jersey	86	West Virginia	104
10	Texas	66	Kentucky	98

*38% of all dentists earned their high school degree in Virginia, and 32% received their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among dentists who received their initial license in the past five years, 32% earned their high school degree in Virginia, while 20% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Dental School	#
1	Virginia	405	Virginia	252
2	Outside U.S./Canada	305	Outside U.S./Canada	129
3	Maryland	54	New York	103
4	Pennsylvania	47	Pennsylvania	90
5	New York	38	Massachusetts	86
6	North Carolina	37	Maryland	58
7	Florida	30	Washington, D.C.	50
8	Texas	29	Illinois	47
9	California	27	California	44
10	New Jersey	26	Florida	40

Source: Va. Healthcare Workforce Data Center

*Close to one quarter of Virginia's licensees were not part of the state's dental workforce. 90% of these licensees worked at some point in the past year, including 61% who worked as dentists.*

### At a Glance:

#### Not in VA Workforce

Total:	2,058
% of Licensees:	24%
Federal/Military:	13%
VA Border State/DC:	21%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Dental Degree		
Degree	#	%
Baccalaureate	60	1%
Graduate Certificate	28	1%
Masters	79	2%
Doctorate/Professional	4,563	96%
<b>Total</b>	<b>4,730</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Approximately 2 out of every 5 of dentists carry educational debt, including 70% of those under the age of 40. For those in debt, their median debt is between \$220,000 and \$239,999.*

## At a Glance:

**Education**  
 Doctorate/Professional: 96%  
 Masters: 2%

**Educational Debt**  
 Carry debt: 41%  
 Under age 40 w/ debt: 70%  
 Median debt: \$220k-\$240k

**Residencies**  
 GPR-1: 12%  
 AEGD: 11%  
 Orthodontics: 7%

Source: Va. Healthcare Workforce Data Center

Residencies/Special Training Programs		
Residency	#	%
<b>General Practice Residency -1 (GPR-1)</b>	753	12%
<b>Advanced Education in General Dentistry (AEGD)</b>	702	11%
<b>Orthodontics</b>	341	7%
<b>Pediatric Dentistry</b>	287	4%
<b>General Practice Residency -2 (GPR-2)</b>	168	3%
<b>Oral and Maxillofacial Surgery</b>	164	3%
<b>Endodontics</b>	162	2%
<b>Periodontology</b>	139	2%
<b>Prosthodontics</b>	118	2%
<b>Dental Public Health</b>	14	<1%
<b>Oral and Maxillofacial Pathology</b>	9	<1%
<b>Oral and Maxillofacial Radiology</b>	8	<1%
<b>At Least One</b>	<b>2,493</b>	<b>38%</b>

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All Dentists		Dentists under 40	
	#	%	#	%
<b>None</b>	2,285	59%	390	30%
<b>Less than \$80,000</b>	416	11%	122	9%
<b>\$80,000-\$119,999</b>	184	5%	55	4%
<b>\$120,000-\$159,999</b>	121	3%	58	5%
<b>\$160,000-\$199,999</b>	0	0%	0	0%
<b>\$200,000-\$239,999</b>	110	3%	76	6%
<b>\$240,000-\$279,999</b>	88	2%	65	5%
<b>\$280,000-\$319,999</b>	106	3%	83	6%
<b>\$320,000-\$359,999</b>	94	2%	67	5%
<b>\$360,000-\$399,999</b>	82	2%	69	5%
<b>\$400,000 or More</b>	384	10%	304	24%
<b>Total</b>	<b>3,870</b>	<b>100%</b>	<b>1,289</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 96%  
 Involuntarily Unemployed: <1%

### Positions Held

1 Full-time: 69%  
 2 or More Positions: 14%

### Weekly Hours:

40 to 49: 30%  
 60 or more: 3%  
 Less than 30: 16%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
<b>Employed, capacity unknown</b>	<b>1</b>	<b>0%</b>
<b>Employed in a dentistry related capacity</b>	<b>4,555</b>	<b>96%</b>
<b>Employed, NOT in a dentistry related capacity</b>	<b>15</b>	<b>0%</b>
<b>Not working, reason unknown</b>	<b>2</b>	<b>0%</b>
<b>Involuntarily unemployed</b>	<b>2</b>	<b>0%</b>
<b>Voluntarily unemployed</b>	<b>78</b>	<b>2%</b>
<b>Retired</b>	<b>74</b>	<b>2%</b>
<b>Total</b>	<b>4,728</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*96% of Virginia's dentists are employed in the profession, and 69% currently have one full-time job. 30% of dentists currently work between 40 and 49 hours per week, while only 3% work 60 hours per week or more.*

Current Positions		
Positions	#	%
<b>No Positions</b>	<b>156</b>	<b>3%</b>
<b>One Part-Time Position</b>	<b>590</b>	<b>13%</b>
<b>Two Part-Time Positions</b>	<b>254</b>	<b>6%</b>
<b>One Full-Time Position</b>	<b>3,200</b>	<b>69%</b>
<b>One Full-Time Position &amp; One Part-Time Position</b>	<b>301</b>	<b>7%</b>
<b>Two Full-Time Positions</b>	<b>24</b>	<b>1%</b>
<b>More than Two Positions</b>	<b>87</b>	<b>2%</b>
<b>Total</b>	<b>4,612</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
<b>0 hours</b>	<b>156</b>	<b>3%</b>
<b>1 to 9 hours</b>	<b>115</b>	<b>3%</b>
<b>10 to 19 hours</b>	<b>208</b>	<b>5%</b>
<b>20 to 29 hours</b>	<b>410</b>	<b>9%</b>
<b>30 to 39 hours</b>	<b>1,936</b>	<b>43%</b>
<b>40 to 49 hours</b>	<b>1,357</b>	<b>30%</b>
<b>50 to 59 hours</b>	<b>240</b>	<b>5%</b>
<b>60 to 69 hours</b>	<b>64</b>	<b>1%</b>
<b>70 to 79 hours</b>	<b>23</b>	<b>1%</b>
<b>80 or more hours</b>	<b>32</b>	<b>1%</b>
<b>Total</b>	<b>4,541</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
<b>Volunteer Work Only</b>	<b>41</b>	<b>2%</b>
<b>Less Than \$30,000</b>	<b>0</b>	<b>0%</b>
<b>\$30,000-\$69,999</b>	<b>0</b>	<b>0%</b>
<b>\$70,000-\$109,999</b>	<b>358</b>	<b>13%</b>
<b>\$110,000-\$149,999</b>	<b>522</b>	<b>19%</b>
<b>\$150,000-\$189,999</b>	<b>586</b>	<b>21%</b>
<b>\$190,000-\$229,999</b>	<b>578</b>	<b>21%</b>
<b>\$230,000-\$269,999</b>	<b>365</b>	<b>13%</b>
<b>\$270,000-\$309,999</b>	<b>256</b>	<b>9%</b>
<b>\$310,000-\$349,999</b>	<b>110</b>	<b>4%</b>
<b>Total</b>	<b>2,816</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$170k-\$180k

**Benefits**  
Retirement: 40%  
Paid Vacation: 22%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 67%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	<b>3,053</b>	<b>67%</b>
<b>Somewhat Satisfied</b>	<b>1,321</b>	<b>29%</b>
<b>Somewhat Dissatisfied</b>	<b>173</b>	<b>4%</b>
<b>Very Dissatisfied</b>	<b>35</b>	<b>1%</b>
<b>Total</b>	<b>4,582</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical dentist made between \$170,000 and \$180,000 in the past year. Among dentists who were compensated at the primary work location with either a salary or an hourly wage, 45% had access to a retirement plan and 28% received paid vacation leave.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
<b>Retirement</b>	<b>1,825</b>	<b>40%</b>	<b>45%</b>
<b>Paid Vacation</b>	<b>996</b>	<b>22%</b>	<b>28%</b>
<b>Paid Sick Leave</b>	<b>610</b>	<b>13%</b>	<b>17%</b>
<b>Group Life Insurance</b>	<b>671</b>	<b>15%</b>	<b>19%</b>
<b>Dental Insurance</b>	<b>718</b>	<b>16%</b>	<b>20%</b>
<b>Signing/Retention Bonus</b>	<b>313</b>	<b>7%</b>	<b>10%</b>
<b>Receive at least one benefit</b>	<b>2,288</b>	<b>50%</b>	<b>57%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience involuntary unemployment?	36	1%
Experience voluntary unemployment?	201	3%
Work part-time or temporary positions, but would have preferred a full-time/permanent position?	113	2%
Work two or more positions at the same time?	774	12%
Switch employers or practices?	250	4%
<b>Experienced at least 1</b>	<b>1,170</b>	<b>18%</b>

Source: Va. Healthcare Workforce Data Center

*Approximately 1% of Virginia's dentists experienced involuntary unemployment at some point during the last year. By comparison, Virginia's average monthly unemployment rate was 3.6% in the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at this Location</b>	92	2%	58	5%
Less than 6 Months	283	6%	139	13%
6 Months to 1 Year	380	8%	127	12%
1 to 2 Years	711	16%	200	19%
3 to 5 Years	726	16%	214	20%
6 to 10 Years	604	14%	137	13%
More than 10 Years	1,677	37%	196	18%
<b>Subtotal</b>	<b>4,473</b>	<b>100%</b>	<b>1,072</b>	<b>100%</b>
Did not have location	86		5,383	
Item Missing	1,956		60	
<b>Total</b>	<b>6,515</b>		<b>6,515</b>	

Source: Va. Healthcare Workforce Data Center

*64% of dentists are salary or wage employees, while 27% receive income from their own practice.*

**At a Glance:**

Unemployment Experience

Involuntarily Unemployed: 1%  
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 4%  
New Location: 21%  
Over 2 years: 67%  
Over 2 yrs., 2<sup>nd</sup> location: 51%

Employment Type

Salary/Commission: 64%  
Business/Practice Income: 27%  
Hourly Wage: 3%

Source: Va. Healthcare Workforce Data Center

*Two out of three dentists have worked at their primary location for at least two years.*

Employment Type		
Primary Work Site	#	%
<b>Salary/ Commission</b>	2,285	64%
<b>Business/ Practice Income</b>	962	27%
<b>By Contract</b>	154	4%
<b>Hourly Wage</b>	118	3%
<b>Unpaid</b>	40	1%
<b>Subtotal</b>	<b>3,560</b>	<b>100%</b>
<b>Did not have location</b>	86	
<b>Item Missing</b>	2869	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> According to the U.S. Bureau of Labor Statistics, the non-seasonally adjusted monthly unemployment rate over the past year fluctuated between a low of 3.1% and a high of 3.9%. At the time of publication, the unemployment rate from December 2025 was still preliminary.

## At a Glance:

### Concentration

Top Region:	43%
Top 3 Regions:	80%
Lowest Region:	1%

### Locations

2 or more (Past Year):	17%
2 or more (Now*):	22%

Source: Va. Healthcare Workforce Data Center

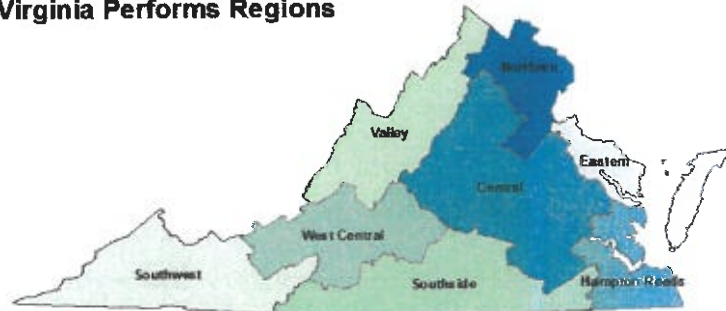
*43% of all dentists work in Northern Virginia, the most of any region in Virginia. With only 1% of the workforce, Eastern Virginia has the fewest number of dentists of any region in the state.*

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	864	19%	170	15%
Eastern	50	1%	21	2%
Hampton Roads	753	17%	175	16%
Northern	1,925	43%	474	43%
Southside	110	2%	19	2%
Southwest	116	3%	35	3%
Valley	217	5%	48	4%
West Central	335	8%	56	5%
Virginia Border State/DC	40	1%	43	4%
Other US State	40	1%	61	6%
Outside of the US	1	0%	5	0%
<b>Total</b>	<b>4,451</b>	<b>100%</b>	<b>1,107</b>	<b>100%</b>
Item Missing	1,977		27	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



*75% of dentists currently have just one work location, while 15% have two different work locations.*

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	86	1%	143	3%
1	5,297	81%	3,385	75%
2	768	12%	701	15%
3	265	4%	234	5%
4	45	1%	31	1%
5	18	0%	19	0%
6 or More	36	1%	29	1%
<b>Total</b>	<b>6,515</b>	<b>100%</b>	<b>4,542</b>	<b>100%</b>

\*At the time of survey completion, Jan. 2025-Dec. 2025 (birth month of respondent).

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-profit</b>	3,813	90%	890	87%
<b>Non-profit</b>	125	3%	38	4%
<b>State/local government</b>	179	4%	69	7%
<b>Veterans Administration</b>	19	0%	2	0%
<b>U.S. Military</b>	109	3%	18	2%
<b>Other Federal Government</b>	13	0%	4	0%
<b>Total</b>	<b>4,258</b>	<b>100%</b>	<b>1,021</b>	<b>100%</b>
<b>Did not have location</b>	86		5,383	
<b>Item missing</b>	2,170		111	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

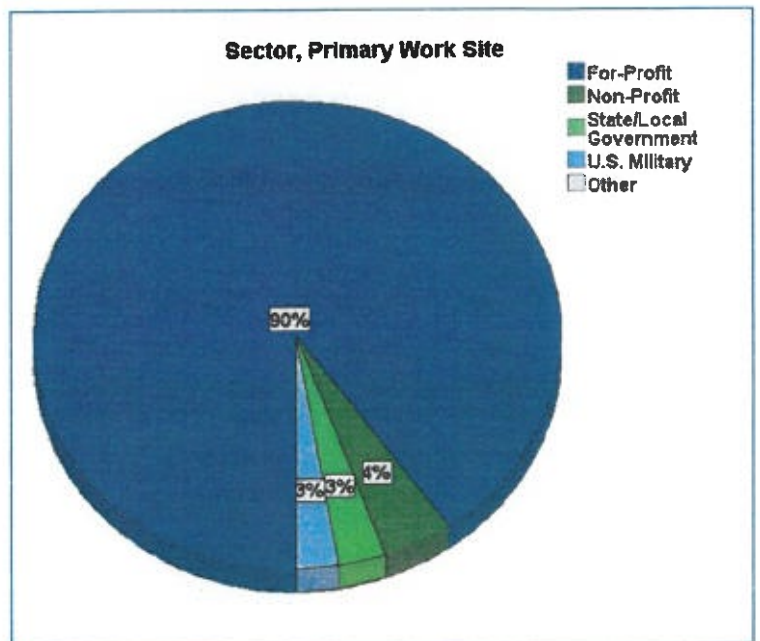
For Profit:	90%
Federal:	3%

**Top Establishments**

Solo Practice:	61%
Group Practice:	22%

Source: Va. Healthcare Workforce Data Center

*90% of dentists worked in for-profit establishments. Another 3% worked in the non-profit sector, and 4% worked for the state government.*



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment	#	% of Workforce
<b>Cash/Self-Pay</b>	4,009	62%
<b>Private Insurance</b>	3,893	60%
<b>Medicaid</b>	1,543	24%
<b>Medicare</b>	1,164	18%
<b>At least one</b>	<b>4,170</b>	<b>64%</b>

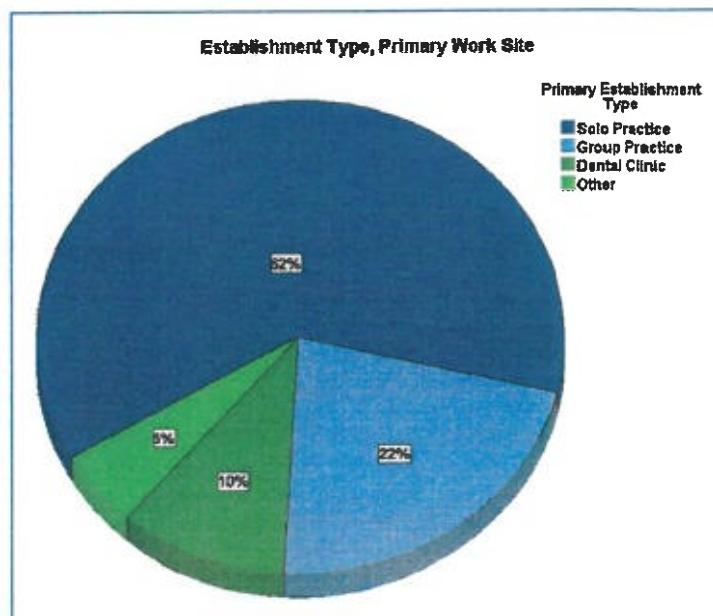
Source: Va. Healthcare Workforce Data Center

*Cash/self-pay is the most commonly reported form of payment among Virginia's dentistry workforce whereas Medicare is the least commonly accepted form of payment.*

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice	2,575	61%	541	54%
Group Practice	915	22%	231	23%
Dental Health Clinic	434	10%	124	12%
Hospital/Health System	80	2%	18	2%
Dental School (including Combined Dental/Dental Hygiene)	67	2%	18	2%
Corrections	49	1%	22	2%
Public Health Program	32	1%	16	2%
Insurance	27	1%	2	0%
Nursing Home/Long-Term Care Facility	9	0%	5	1%
Dental Hygiene Program (Community College)	6	0%	5	1%
K-12 School or Non-Dental College	6	0%	9	1%
Dental Hygiene Program (Technical School)	5	0%	0	0%
Supplier Organization	2	0%	2	0%
Other	0	0%	2	0%
<b>Total</b>	<b>4,207</b>	<b>100%</b>	<b>995</b>	<b>100%</b>
<b>Did Not Have a Location</b>	<b>86</b>		<b>5383</b>	

Approximately 3 out of five dentists work at a solo dental practice as their primary work location, while another 22% work at a group dental practice. Dental health clinics were also significant employers of Virginia's dental workforce.

Source: Va. Healthcare Workforce Data Center



Among those dentists who also have a secondary work location, more than three-quarters work at a private dental practice, including 54% who work at a solo dental practice.

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 80%-89%  
Administration: 1%-9%

### Roles

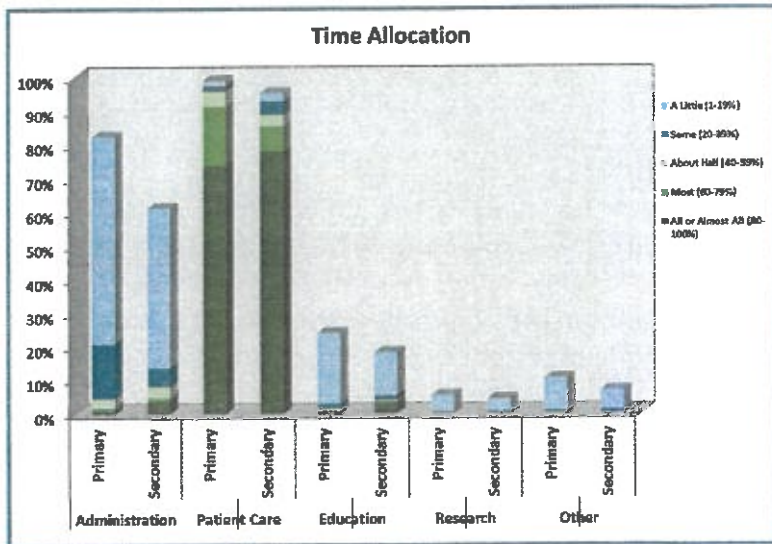
Patient Care: 91%  
Administrative: 2%  
Education: 1%

### Patient Care Dentists

Median Admin Time: 1%-9%  
Ave. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



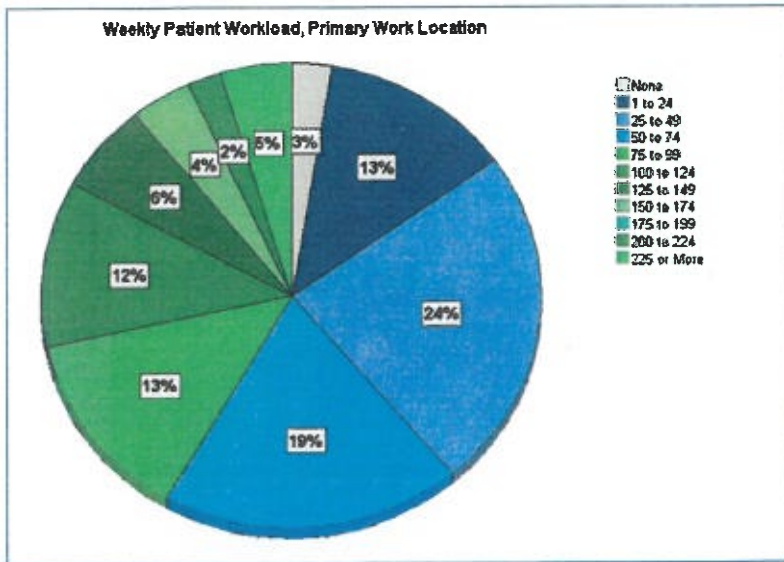
Source: Va. Healthcare Workforce Data Center

*A typical dentist spends most of his time caring for patients, with most of the remaining time spent doing administrative and education tasks. 91% of dentists fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Spent	Time Allocation									
	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	1%	3%	73%	81%	0%	4%	0%	0%	0%	0%
<b>Most (60-79%)</b>	1%	1%	18%	6%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	3%	2%	5%	4%	1%	1%	0%	0%	0%	0%
<b>Some (20-39%)</b>	17%	6%	2%	1%	1%	2%	0%	0%	0%	0%
<b>A Little (1-20%)</b>	62%	49%	2%	4%	23%	13%	5%	4%	9%	5%
<b>None (0%)</b>	17%	39%	1%	4%	74%	81%	94%	96%	90%	94%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Patient Workload (Median)**

Total  
 Primary Location: 50-74  
 Secondary Location: 1-24

**Hygiene Checks by Support Personnel (Median)**

Primary Location: 1-24  
 Secondary Location: None

Source: Va. Healthcare Workforce Data Center

*The typical dentist treated between 50 and 74 patients per week at his primary work location. Approximately half of those visits were hygiene checks by support personnel.*

# of Patients Per Week	Primary Work Location				Secondary Work Location			
	Total		Hygiene Checks*		Total		Hygiene Checks*	
	#	%	#	%	#	%	#	%
None	107	3%	1,776	42%	82	8%	539	52%
1-24	539	13%	983	23%	462	44%	350	34%
25-49	1,014	24%	711	17%	234	23%	91	9%
50-74	828	19%	363	9%	123	12%	19	2%
75-99	565	13%	179	4%	46	4%	12	1%
100-124	495	12%	110	3%	32	3%	12	1%
125-149	265	6%	40	1%	22	2%	2	0%
150-174	164	4%	26	1%	8	1%	2	0%
175-199	67	2%	14	0%	11	1%	3	0%
200-224	93	2%	15	0%	6	1%	1	0%
225-249	38	1%	9	0%	3	0%	1	0%
250-274	23	1%	5	0%	0	0%	0	0%
275-299	20	0%	0	0%	1	0%	0	0%
300 or more	50	1%	8	0%	9	1%	1	0%
<b>Total</b>	<b>4,268</b>	<b>100%</b>	<b>4,239</b>	<b>100%</b>	<b>1,039</b>	<b>100%</b>	<b>1,034</b>	<b>100%</b>

\*Performed by Support Personnel

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All Dentists		Dentists over 50	
	#	%	#	%
<b>Under age 50</b>	124	3%	-	-
<b>50 to 54</b>	269	7%	14	1%
<b>55 to 59</b>	564	15%	101	7%
<b>60 to 64</b>	939	25%	321	21%
<b>65 to 69</b>	991	26%	499	32%
<b>70 to 74</b>	438	12%	299	19%
<b>75 to 79</b>	165	4%	132	9%
<b>80 or over</b>	91	2%	69	4%
<b>I do not intend to retire</b>	207	5%	102	7%
<b>Total</b>	<b>3,788</b>	<b>100%</b>	<b>1,537</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

<b>All Dentists</b>	
Under 65:	50%
Under 60:	25%
<b>Dentists 50 and over</b>	
Under 65:	28%
Under 60:	7%

Time until Retirement

Within 2 years:	8%
Within 10 years:	27%
Half the workforce:	By 2045

Source: Va. Healthcare Workforce Data Center

*Approximately half of all dentists expect to retire by the age of 65, but only 25% of those dentists who are age 50 or over expect to retire by the same age. Meanwhile, about 23% of all dentists expect to work until at least age 70, including 5% who do not expect to retire at all.*

*Within the next two years, only 2% of Virginia's dentists plan on leaving the state and 1% plan on leaving the profession. Meanwhile, 11% of dentists plan on increasing their patient care activities, and 11% plan on pursuing additional educational opportunities.*

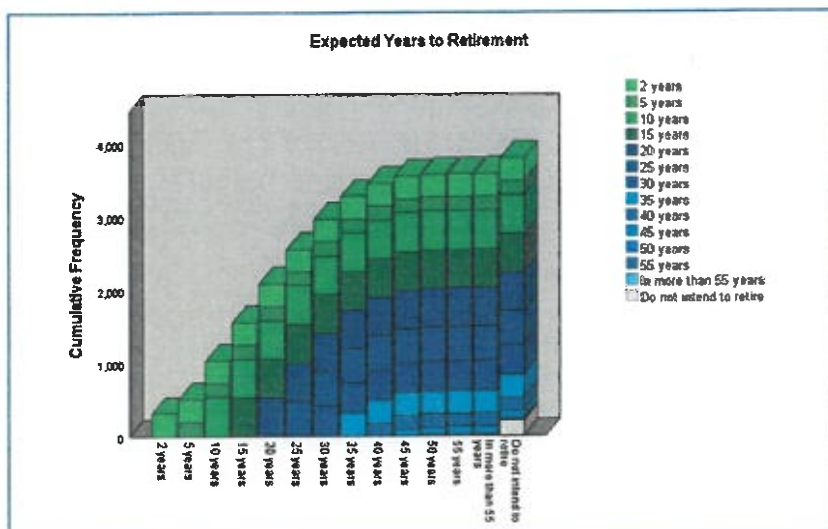
Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	91	1%
<b>Leave Virginia</b>	107	2%
<b>Decrease Patient Care Hours</b>	639	10%
<b>Decrease Teaching Hours</b>	19	<1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	742	11%
<b>Increase Teaching Hours</b>	276	4%
<b>Pursue Additional Education</b>	712	11%
<b>Return to Virginia's Workforce</b>	30	<1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for dentists. 8% of dentists expect to retire within the next two years, while 27% expect to retire in the next ten years. More than half of the current dentistry workforce expect to retire by 2045.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	308	8%	8%
5 years	190	5%	13%
10 years	533	14%	27%
15 years	522	14%	41%
20 years	529	14%	55%
25 years	476	13%	68%
30 years	402	11%	78%
35 years	314	8%	86%
40 years	175	5%	91%
45 years	96	3%	94%
50 years	25	1%	94%
55 years	3	0%	94%
In more than 55 years	9	0%	95%
Do not intend to retire	207	5%	100%
<b>Total</b>	<b>3,789</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2035. Retirement will peak at 14% of the current workforce around 2040, before declining to under 10% of the current workforce again around 2060.

### At a Glance:

**FTEs**

Total: 5,115  
 FTEs/1,000 Residents<sup>2</sup>: 0.5869  
 Average: 0.80

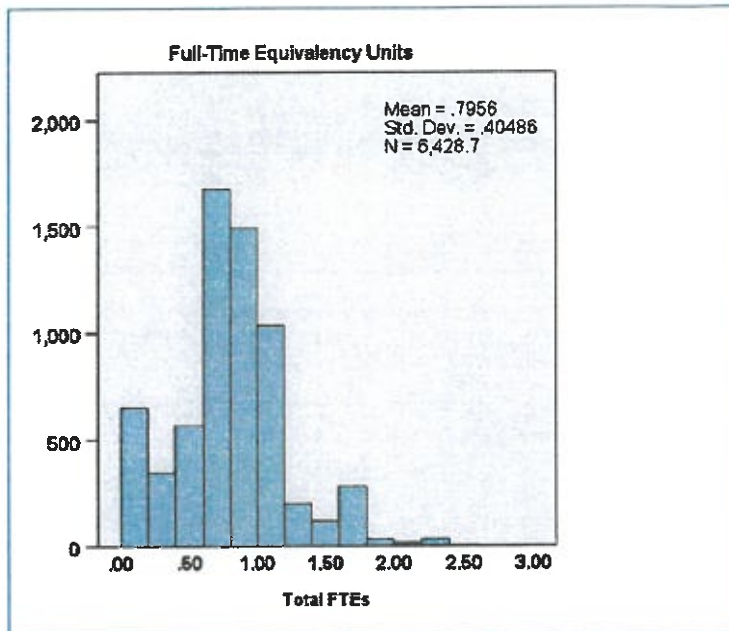
**Age & Gender Effect<sup>3</sup>**

Age, Partial Eta<sup>3</sup>: Small  
 Gender, Partial Eta<sup>3</sup>: Small

*Partial Eta Explained:*  
 Partial Eta<sup>3</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

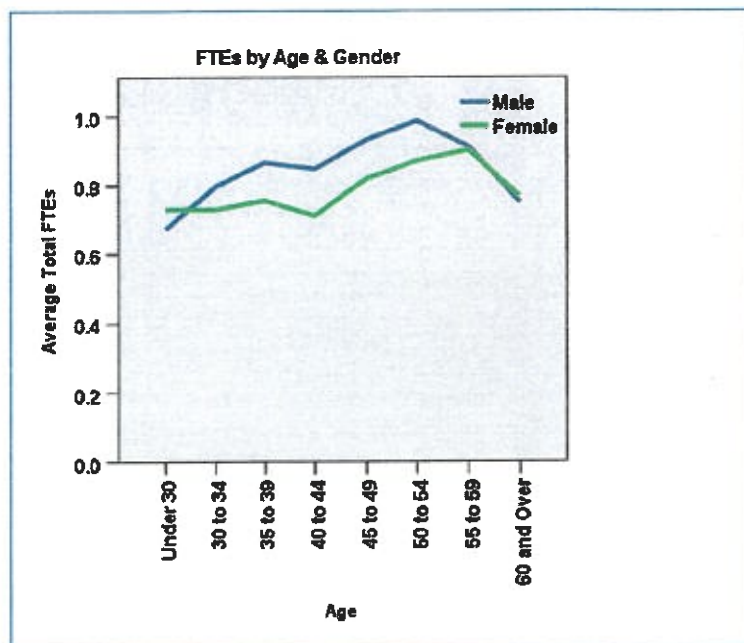


Source: Va. Healthcare Workforce Data Center

*The typical (median) dentist provided 0.80 FTEs during the past year, or approximately 32 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.71	0.74
30 to 34	0.69	0.65
35 to 39	0.79	0.74
40 to 44	0.60	0.65
45 to 49	0.92	1.04
50 to 54	1.14	1.06
55 to 59	0.86	0.77
60 and Over	0.73	0.67
Gender		
Male	0.84	0.86
Female	0.77	0.82

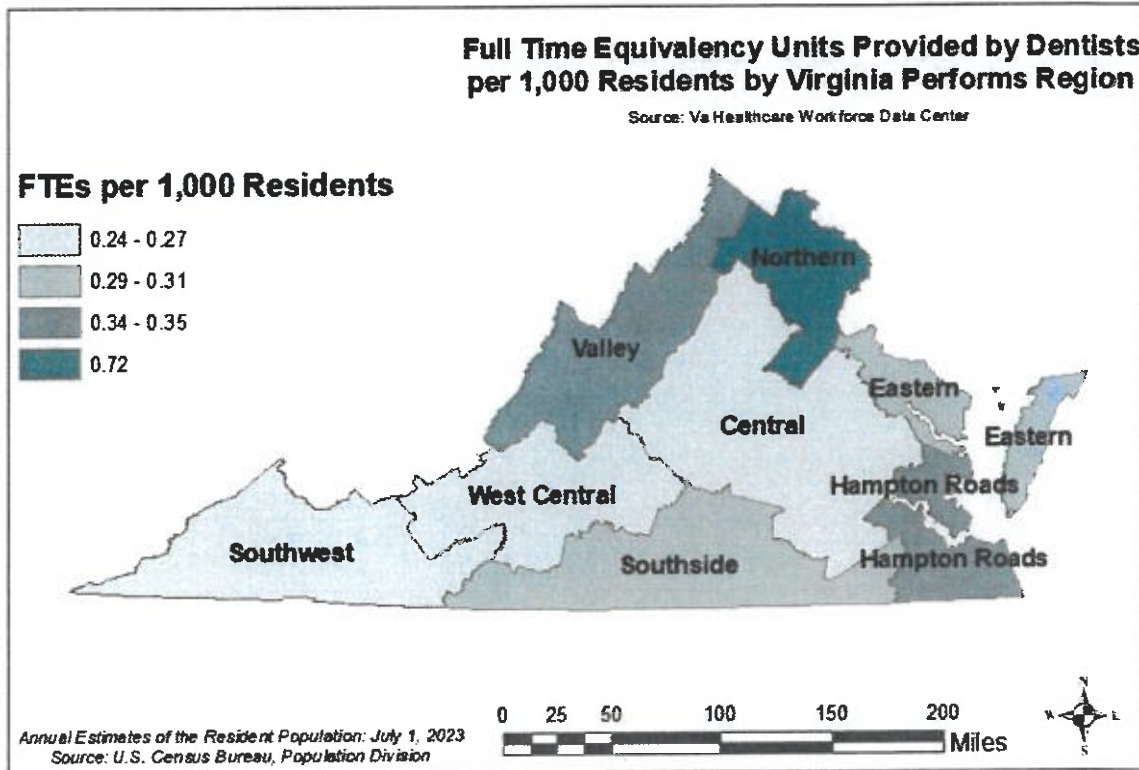
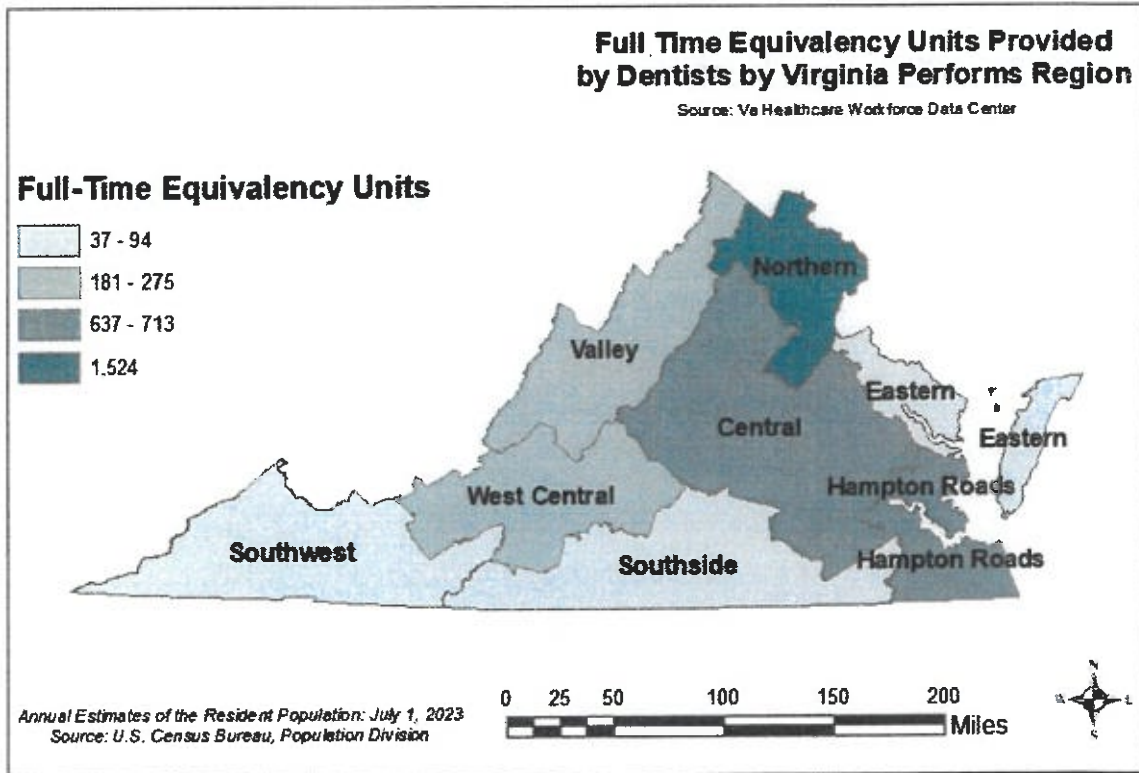
Source: Va. Healthcare Workforce Data Center

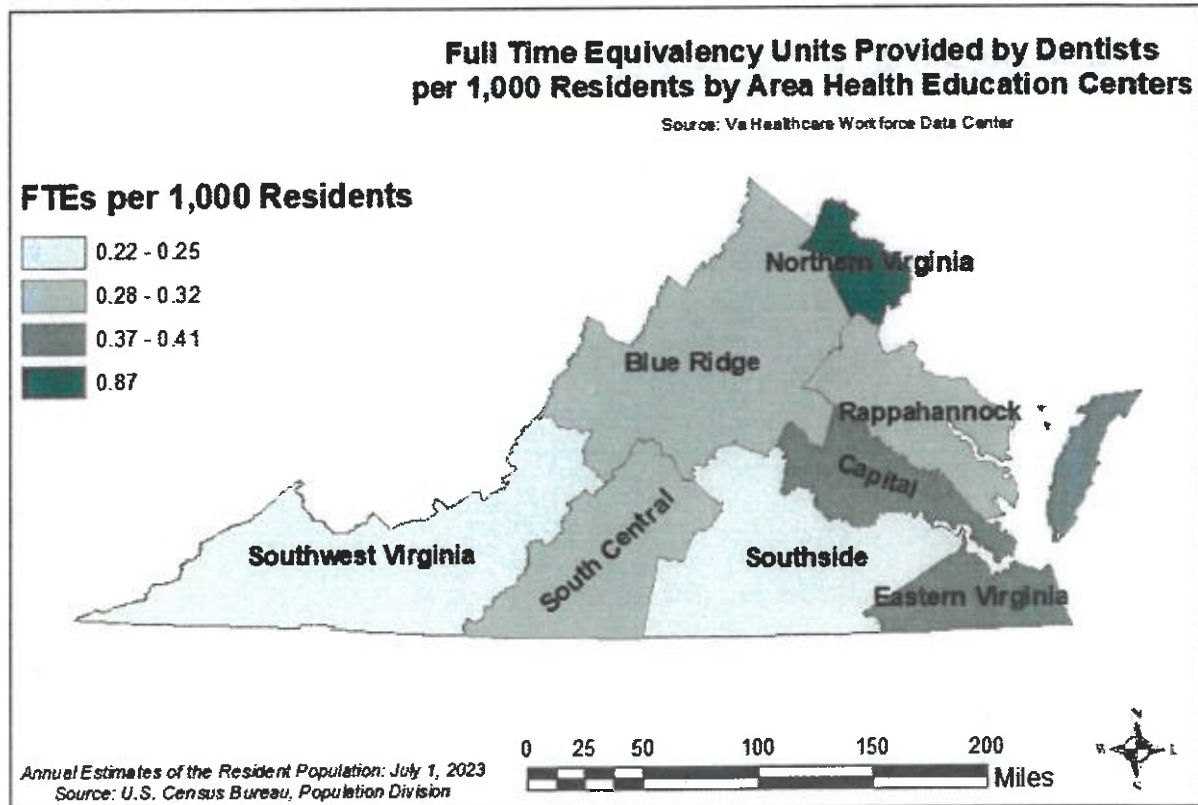
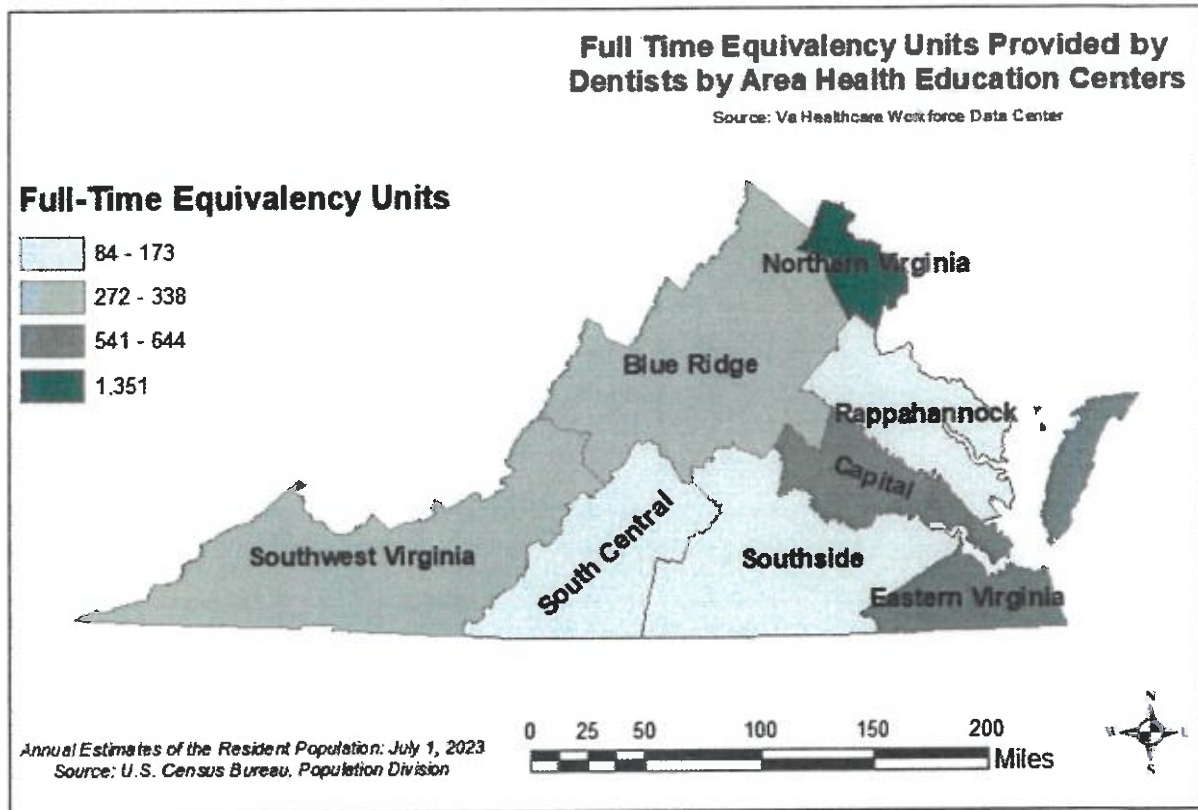


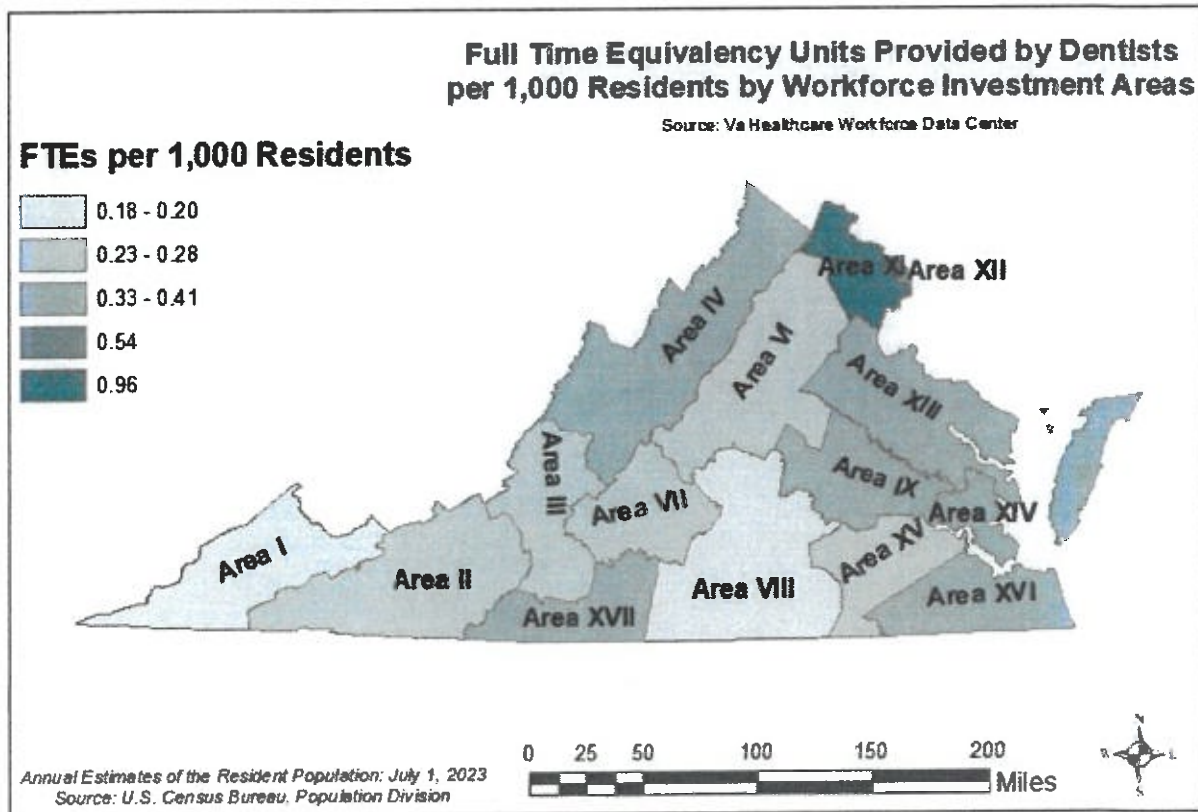
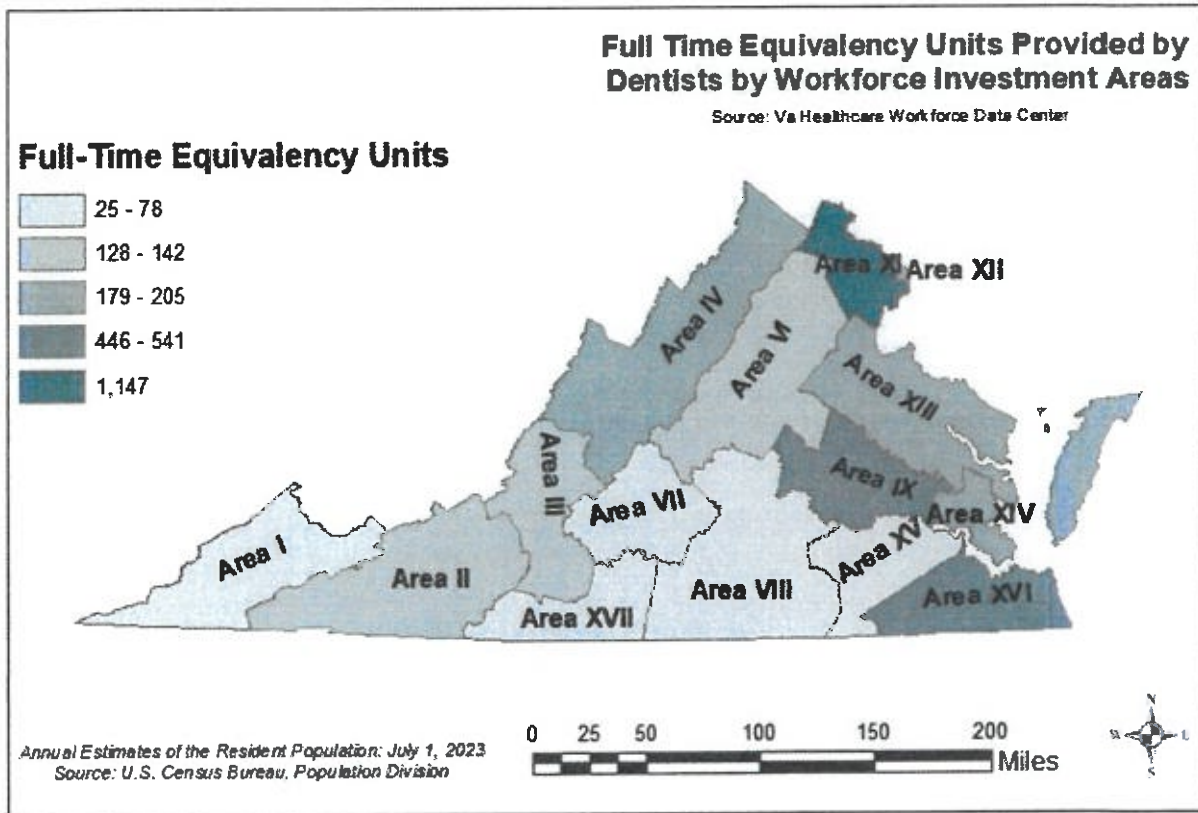
Source: Va. Healthcare Workforce Data Center

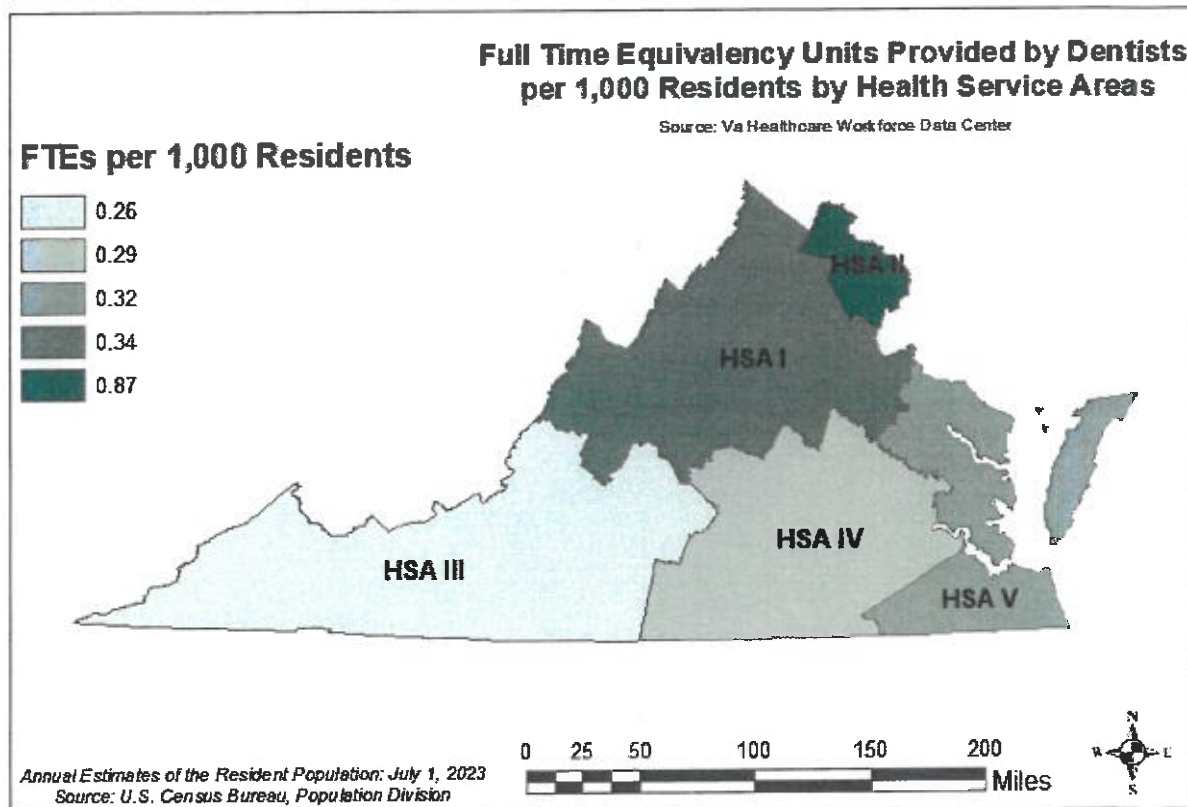
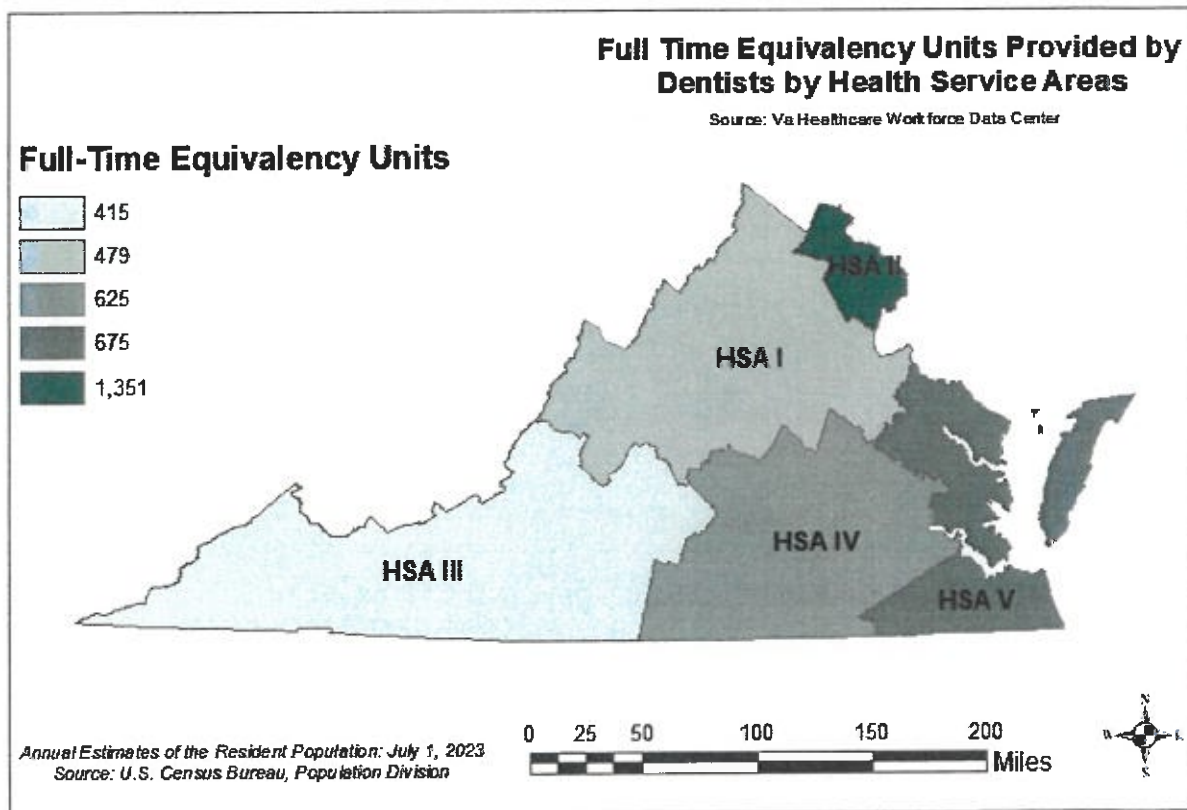
<sup>2</sup> Number of residents in 2023 was used as the denominator.

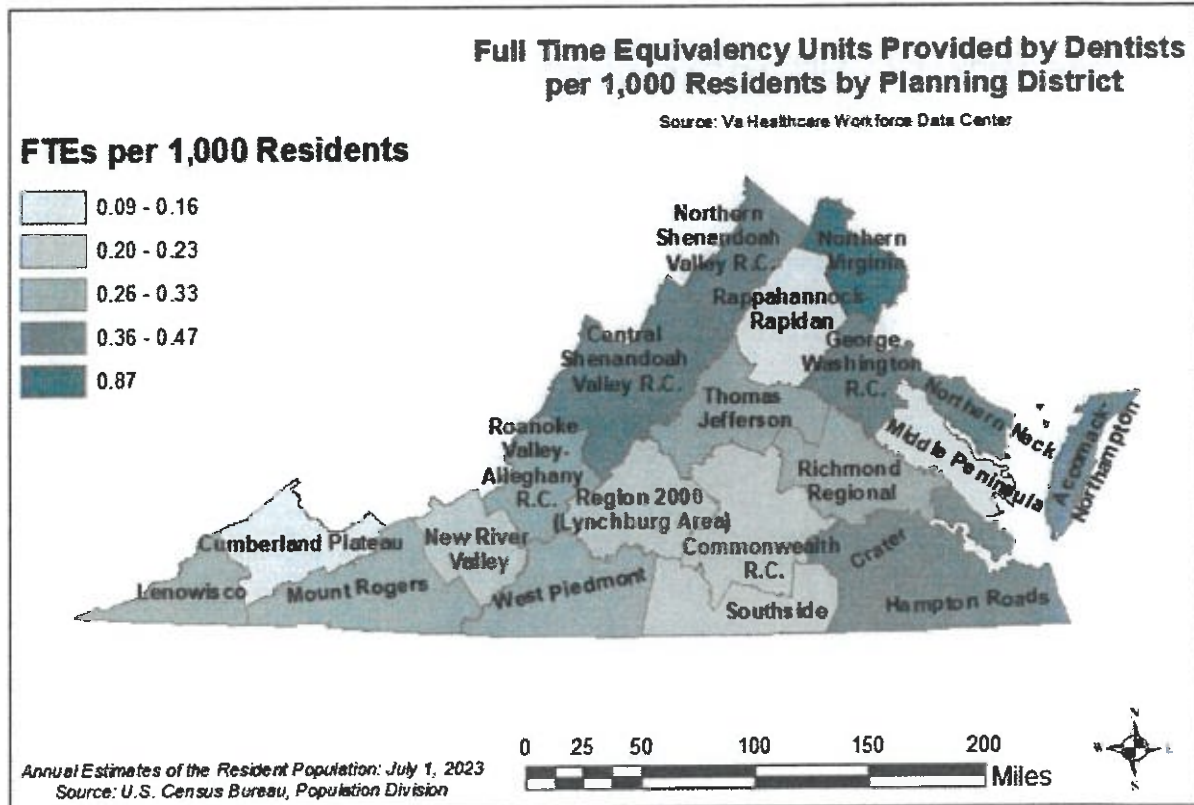
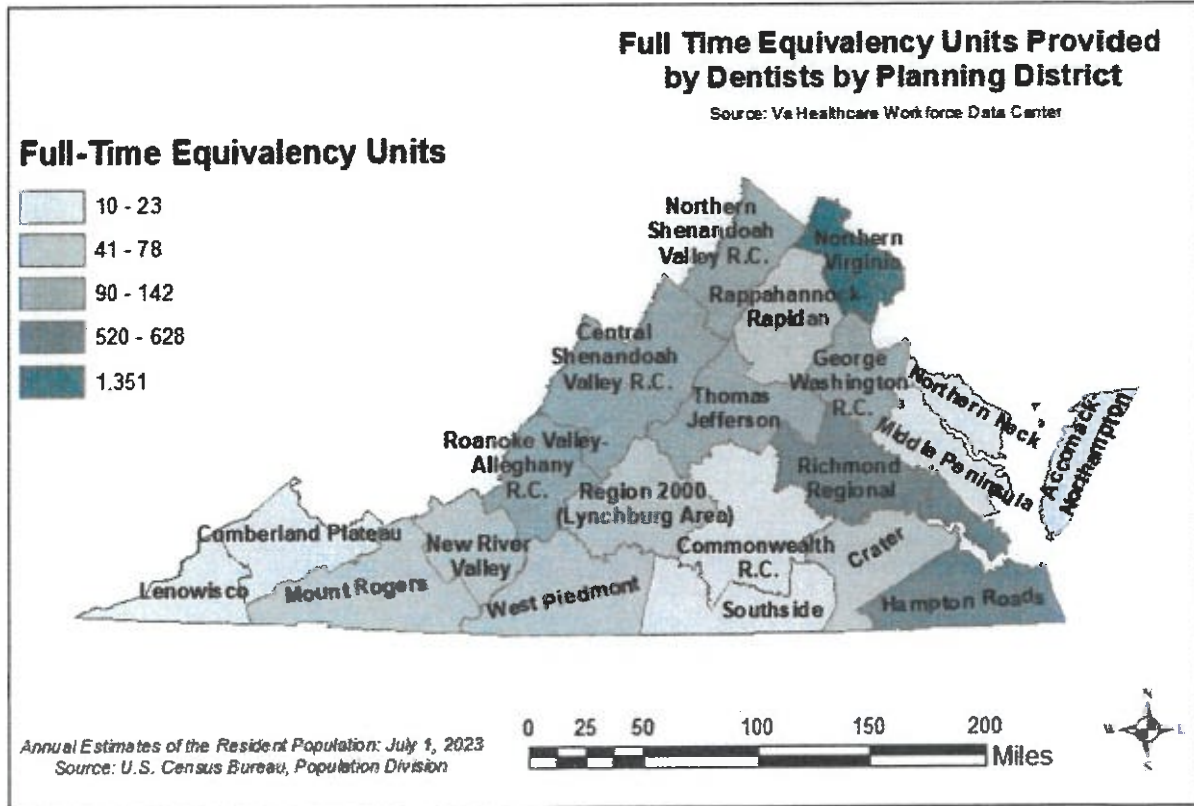
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Interaction effect is significant).











## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	4861	86.57%	1.155181	1.0457	2.110922
Metro, 250,000 to 1 million	373	84.99%	1.176656	1.065141	2.150166
Metro, 250,000 or less	478	89.54%	1.116822	1.010978	2.040828
Urban pop 20,000+, Metro adj	64	79.69%	1.254902	1.135971	2.293148
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	159	84.28%	1.186567	1.074112	2.168277
Urban pop, 2,500-19,999, nonadj	67	86.57%	1.155172	1.045693	2.110907
Rural, Metro adj	103	76.70%	1.303797	1.180232	2.382498
Rural, nonadj	24	79.17%	1.263158	1.143444	1.434191
Virginia border state/DC	869	76.52%	1.306767	1.18292	2.387924
Other US State	1396	74.57%	1.341018	1.213926	2.450513

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	401	45.64%	2.191257	2.040828	2.450513
30 to 34	1047	73.45%	1.361508	1.268042	1.522594
35 to 39	1266	80.33%	1.244838	1.15938	1.392119
40 to 44	1133	87.64%	1.140987	1.062659	1.275982
45 to 49	963	90.24%	1.10817	1.032095	1.239282
50 to 54	921	91.31%	1.095125	1.019945	1.224693
55 to 59	711	92.12%	1.085496	1.010978	1.213926
60 and Over	1952	85.71%	1.166766	1.086668	1.304811

Source: Va. Healthcare Workforce Data Center

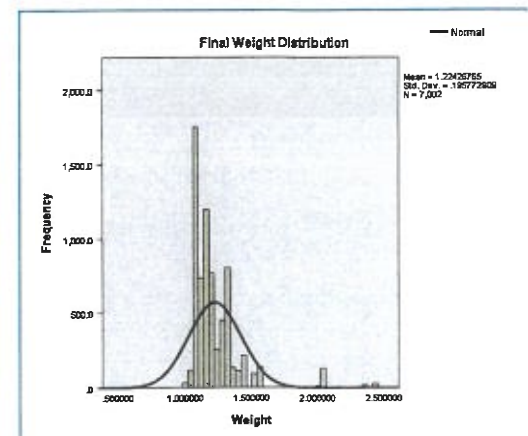
See the Methods section on the HWDC website for details on HWDC Methods:

[www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.8399**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

---

# *Virginia's Dental Hygienist Workforce: 2025*

---

Healthcare Workforce Data Center

February 2026

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4434 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*In total, 5,587 Dental Hygienists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Dentistry express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

## **Virginia Board of Dentistry**

### ***President***

Sultan E. Chaudhry, DDS  
*Falls Church*

### ***Members***

Surya Dhakar, DDS  
*Glen Allen*

Bruce R. Hutchison, DDS  
*Centreville*

Margaret F. Lemaster, RDH  
*Chesapeake*

J. Michael Martinez de Andino  
*Richmond*

Emelia H. McLennan, RDH  
*Virginia Beach*

Anthony Peluso, DDS  
*Virginia Beach*

Richard Quigg, DDS  
*Virginia Beach*

Jayson Smith, DMD  
*Bristol*

Jennifer Szakaly, DDS  
*Suffolk*

### ***Executive Director***

Jamie C. Sacksteder

## Contents

---

Results in Brief.....	2
Summary of Trends .....	2
Survey Response Rates .....	3
The Workforce.....	4
Demographics.....	5
Background .....	6
Education .....	8
Current Employment Situation .....	9
Employment Quality.....	10
2025 Labor Market .....	11
Work Site Distribution .....	12
Establishment Type .....	13
Languages.....	15
Time Allocation .....	16
Patient Workload .....	17
Retirement & Future Plans .....	18
Full-Time Equivalency Units.....	20
Maps .....	21
Virginia Performs Regions .....	21
Area Health Education Center Regions .....	22
Workforce Investment Areas .....	23
Health Services Areas .....	24
Planning Districts.....	25
Appendices.....	26
Appendix A: Weights .....	26

## The Dental Hygienist Workforce At a Glance:

### The Workforce

Licensees:	6,423
Virginia's Workforce:	5,372
FTEs:	3,573

### Background

Rural Childhood:	37%
HS Diploma in VA:	61%
Prof. Degree in VA:	67%

### Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	57%
Satisfied?:	95%

### Survey Response Rate

All Licensees:	87%
Renewing Practitioners:	93%

### Education

Associate:	57%
Baccalaureate:	39%

### Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	60%

### Demographics

Female:	98%
Diversity Index:	43%
Median Age:	43

### Finances

Median Income: \$70k-\$80k
Retirement Benefits: 57%
Under 40 w/ Ed. Debt: 44%

### Time Allocation

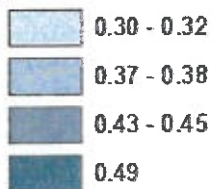
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	92%

Source: Va. Healthcare Workforce Data Center

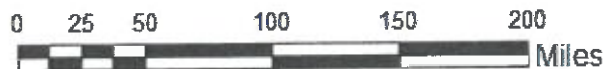
## Full-Time Equivalency Units Provided by Dental Hygienists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023  
Source: U.S. Census Bureau, Population Division



## Results in Brief

---

This report contains the results of the 2025 Dental Hygienist Workforce survey. In total, 5,587 dental hygienists voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place annually on an ongoing basis during the birth month of each dental hygienist. These survey respondents represent 87% of the 6,423 dental hygienists who are licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 5,372 dental hygienists participated in Virginia's workforce during the survey time period, which is defined as those dental hygienists who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's dental hygienist workforce provided 3,573 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

The median age of Virginia's dental hygienist workforce is 43, and 98% of all dental hygienists are female. In a random encounter between two dental hygienists, there is a 43% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 47% among those dental hygienists who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. In total, 37% of all dental hygienists grew up in a rural area, and 22% of dental hygienists who grew up in a rural area currently work in a non-metro area of Virginia. In total, 10% of all dental hygienists work in a non-metro area of the state.

Among all dental hygienists, 91% are currently employed in the profession, 57% have one full-time position, and 54% work between 30 and 39 hours per week. The typical dental hygienist earns between \$70,000 and \$80,000 per year. In addition, 77% of dental hygienists receive at least one employer-sponsored benefit, including 57% who have access to a retirement plan. Among all dental hygienists, 95% indicated that they are satisfied with their current work situation, including 61% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2015 dental hygienist workforce. The number of licensed dental hygienists in Virginia has increased by 14% (6,423 vs. 5,631). During the same time, the size of the dental hygienist workforce has risen by 16% (5,372 vs. 4,623), and the number of FTEs provided by this workforce has grown by 18% (3,573 vs. 3,024). Virginia's renewing dental hygienists are more likely to respond to this survey (93% vs. 91%).

The diversity index of Virginia's dental hygienist workforce has increased (43% vs. 32%), a trend that has also occurred among those dental hygienists who are under the age of 40 (47% vs. 39%). Dental hygienists are more likely to have grown up in a rural area (37% vs. 35%), and dental hygienists who grew up in a rural area are more likely to work in a non-metro area of Virginia (22% vs. 19%). In total, the percentage of all dental hygienists who work in a non-metro area of the state has increased slightly (10% vs. 9%).

Dental hygienists are more likely to hold one full-time position (57% vs. 50%) instead of two or more positions simultaneously (12% vs. 17%). In addition, dental hygienists are more likely to work between 30 and 39 hours per week (54% vs. 51%) than between 20 and 29 hours per week (15% vs. 19%). The percentage of dental hygienists who have worked at their primary work location for more than two years has fallen (60% vs. 68%), and the one-year rates of underemployment (4% vs. 10%) and involuntary unemployment (1% vs. 3%) have also declined. Dental hygienists are relatively more likely to work in a dental/health clinic (11% vs. 6%) instead of a solo dental practice (67% vs. 72%).

The median annual income of the dental hygienist workforce has increased (\$70k-\$80k vs. \$50k-\$60k), and dental hygienists are more likely to earn this income as an hourly wage (84% vs. 76%) instead of a salary (14% vs. 22%). In addition, dental hygienists are more likely to receive at least one employer-sponsored benefit (77% vs. 73%), including those who have access to paid vacation (69% vs. 66%) and a retirement plan (57% vs. 45%). Meanwhile, the median outstanding balance among those dental hygienists with education debt has increased (\$20k-\$30k vs. \$10k-\$20k). Dental hygienists are more likely to indicate that they are satisfied with their current work situation (95% vs. 92%).

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	5,796	90%
<b>New Licensees</b>	291	5%
<b>Non-Renewals</b>	336	5%
<b>All Licensees</b>	<b>6,423</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing dental hygienists, 93% submitted a survey. These represent 87% of the 6,423 dental hygienists who held a license at some point in the past year.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
<b>Under 30</b>	236	583	71%
<b>30 to 34</b>	102	749	88%
<b>35 to 39</b>	73	762	91%
<b>40 to 44</b>	71	784	92%
<b>45 to 49</b>	65	665	91%
<b>50 to 54</b>	74	597	89%
<b>55 to 59</b>	61	542	90%
<b>60 and Over</b>	154	905	86%
<b>Total</b>	<b>836</b>	<b>5,587</b>	<b>87%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	254	37	13%
<b>Metro Status</b>			
<b>Non-Metro</b>	71	577	89%
<b>Metro</b>	521	4,093	89%
<b>Not in Virginia</b>	244	917	79%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted throughout 2025 on the birth month of each renewing practitioner.
- 2. Target Population:** All dental hygienists who held a Virginia license at some point in 2025.
- 3. Survey Population:** The survey was available to dental hygienists who renewed their licenses online. It was not available to those who did not renew, including some dental hygienists newly licensed in 2025.

Response Rates	
<b>Completed Surveys</b>	<b>5,587</b>
<b>Response Rate, All Licensees</b>	<b>87%</b>
<b>Response Rate, Renewals</b>	<b>93%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Licensed Dental Hygienists

Number:	6,423
New:	5%
Not Renewed:	5%

Response Rates

All Licensees:	87%
Renewing Practitioners:	93%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Dental Hygienist Workforce: 5,372  
 FTEs: 3,573

### Utilization Ratios

Licenses in VA Workforce: 84%  
 Licenses per FTE: 1.80  
 Workers per FTE: 1.50

Source: Va. Healthcare Workforce Data Center

## Definitions

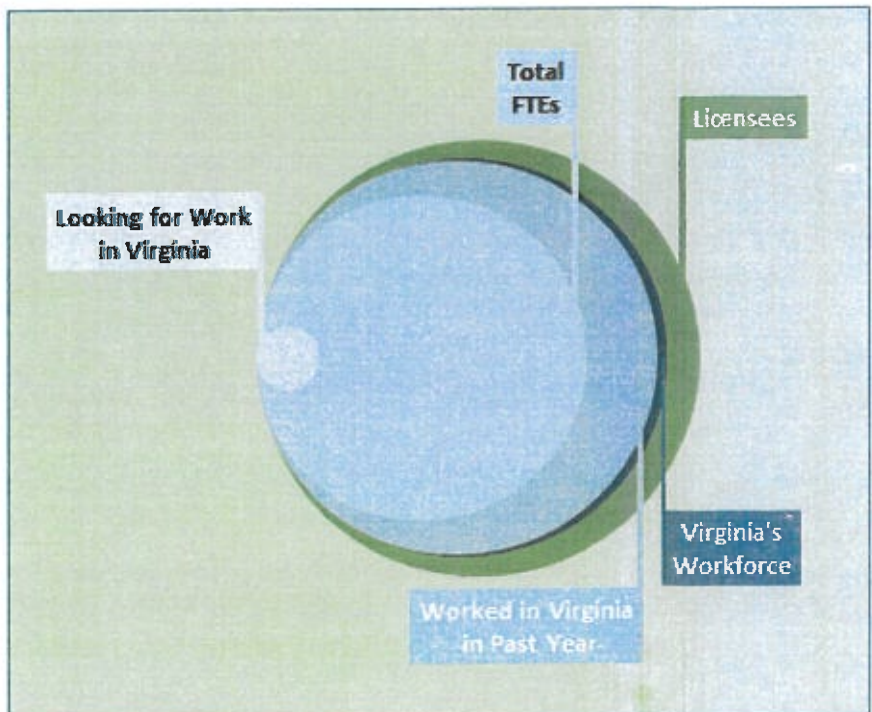
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

### Dental Hygienist Workforce

Status	#	%
<b>Worked in Virginia in Past Year</b>	5,235	97%
<b>Looking for Work in Virginia</b>	137	3%
<b>Virginia's Workforce</b>	<b>5,372</b>	<b>100%</b>
<b>Total FTEs</b>	<b>3,573</b>	
<b>Licenses</b>	<b>6,423</b>	

Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	18	3%	653	97%	672	15%
30 to 34	24	4%	603	96%	627	14%
35 to 39	22	4%	605	97%	627	14%
40 to 44	13	2%	566	98%	578	13%
45 to 49	12	3%	478	98%	490	11%
50 to 54	11	3%	416	97%	427	10%
55 to 59	3	1%	393	99%	396	9%
60 and Over	6	1%	647	99%	653	15%
<b>Total</b>	<b>109</b>	<b>2%</b>	<b>4,360</b>	<b>98%</b>	<b>4,469</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	Dental Hygienists		Hygienists Under 40	
	%	#	%	#	%
White	59%	3,357	75%	1,372	71%
Black	19%	284	6%	131	7%
Asian	7%	367	8%	175	9%
Other Race	0%	56	1%	16	1%
Two or More Races	3%	142	3%	93	5%
Hispanic	11%	292	6%	145	8%
<b>Total</b>	<b>100%</b>	<b>4,498</b>	<b>100%</b>	<b>1,932</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Gender**

% Female: 98%  
 % Under 40 Female: 97%

**Age**

Median Age: 43  
 % Under 40: 43%  
 % 55 and Over: 23%

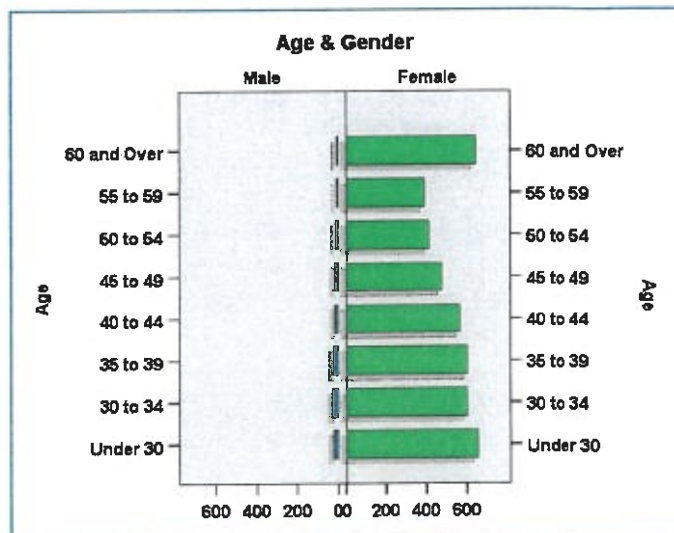
**Diversity**

Diversity Index: 43%  
 Under 40 Div. Index: 47%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two dental hygienists, there is a 43% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable diversity index is 60%.*

*Among the 47% of dental hygienists who are under the age of 40, 97% are female. In addition, the diversity index among dental hygienists who are under the age of 40 is 47%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 12%  
 Rural Childhood: 37%

### Virginia Background

HS in Virginia: 61%  
 Prof. Edu. in VA: 67%  
 HS or Prof. Edu. in VA: 73%

### Location Choice

% Rural to Non-Metro: 22%  
 % Urban/Suburban to Non-Metro: 3%

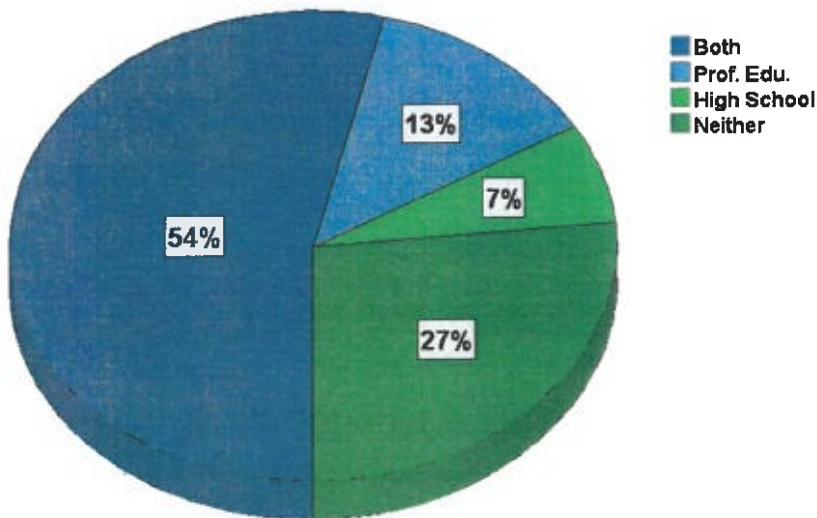
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Code	Primary Location: USDA Rural Urban Continuum Description	Rural Status of Childhood Location		
		Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	24%	62%	14%
2	Metro, 250,000 to 1 Million	57%	35%	8%
3	Metro, 250,000 or Less	64%	31%	5%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	63%	29%	8%
6	Urban, Pop. 5,000-19,999, Metro Adjacent	78%	20%	2%
7	Urban, Pop. 5,000-19,999, Non-Adjacent	93%	5%	2%
8	Rural, Metro Adjacent	83%	15%	2%
9	Rural, Non-Adjacent	75%	19%	6%
<b>Overall</b>		<b>37%</b>	<b>52%</b>	<b>12%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



*In total, 37% of all dental hygienists grew up in a rural area, and 22% of dental hygienists who grew up in a rural area currently work in a non-metro area of the state. In total, 10% of all dental hygienists currently work in a non-metro area of Virginia.*

Source: Va. Healthcare Workforce Data Center

## Top Ten States for Dental Hygienist Recruitment

Rank	All Dental Hygienists			
	High School	#	Professional Degree	#
1	Virginia	2,712	Virginia	2,924
2	Outside U.S./Canada	301	North Carolina	188
3	Pennsylvania	142	Maryland	176
4	West Virginia	134	West Virginia	129
5	Maryland	133	Pennsylvania	110
6	New York	121	New York	102
7	North Carolina	115	Florida	99
8	Florida	89	Tennessee	66
9	Michigan	67	Washington, D.C.	63
10	New Jersey	60	Michigan	58

Source: Va. Healthcare Workforce Data Center

*Among all dental hygienists, 61% received their high school degree in Virginia, and 67% received their initial professional degree in the state.*

*Among dental hygienists who obtained their initial license in the past five years, 56% received their high school degree in Virginia, and 57% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional Degree	#
1	Virginia	533	Virginia	529
2	Outside U.S./Canada	69	Maryland	55
3	West Virginia	43	West Virginia	42
4	Maryland	35	North Carolina	40
5	Pennsylvania	34	Pennsylvania	32
6	North Carolina	27	Florida	25
7	New York	19	New York	19
8	Florida	16	Tennessee	16
9	Texas	14	California	15
10	Michigan	14	Washington, D.C.	14

Source: Va. Healthcare Workforce Data Center

*In total, 16% of Virginia's licensees did not participate in the state's dental hygienist workforce. Nearly four out of every five of these licensees worked at some point in the past year, including 66% who currently work as dental hygienists.*

### At a Glance:

#### Not in VA Workforce

Total:	1,051
% of Licensees:	16%
Federal/Military:	6%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Professional Degree		
Degree	#	%
Certificate	64	1%
Associate Degree	2,477	57%
Baccalaureate Degree	1,686	39%
Post-Graduate Cert.	10	<1%
Master's Degree	121	3%
Doctorate	4	<1%
<b>Total</b>	<b>4,363</b>	<b>100%</b>

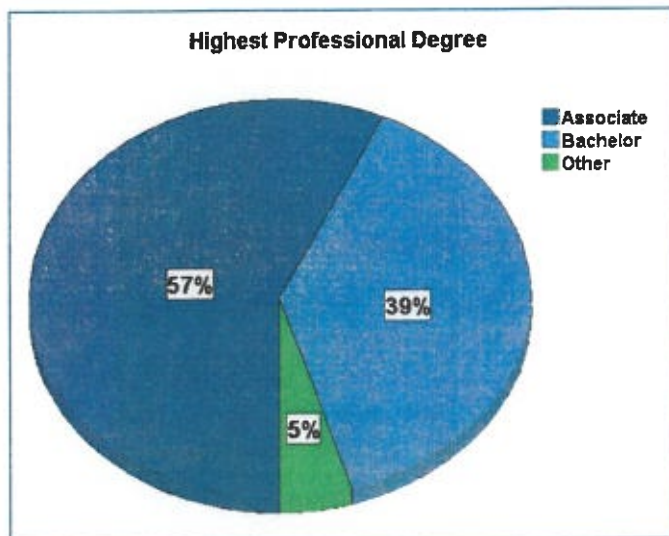
Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Associate: 57%  
 Baccalaureate: 39%

**Education Debt**  
 Carry Debt: 28%  
 Under Age 40 w/ Debt: 44%  
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Among all dental hygienists, 57% hold an associate degree as their highest professional degree, while another 39% hold a baccalaureate degree.*

*Nearly three out of every ten dental hygienists carry education debt, including 44% of those dental hygienists who are under the age of 40. For those dental hygienists with education debt, the median outstanding balance is between \$20,000 and \$30,000.*

Amount Carried	All Dental Hygienists		Hygienists Under 40	
	#	%	#	%
None	2,849	72%	955	56%
Less than \$10,000	292	7%	189	11%
\$10,000-\$19,999	243	6%	162	10%
\$20,000-\$29,999	170	4%	131	8%
\$30,000-\$39,999	102	3%	75	4%
\$40,000-\$49,999	77	2%	48	3%
\$50,000-\$59,999	65	2%	40	2%
\$60,000-\$69,999	35	1%	28	2%
\$70,000-\$79,999	30	1%	15	1%
\$80,000-\$89,999	31	1%	25	1%
\$90,000-\$99,999	10	0%	8	0%
\$100,000 or More	37	1%	26	2%
<b>Total</b>	<b>3,940</b>	<b>100%</b>	<b>1,702</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Employment

Employed in Profession: 91%  
 Involuntarily Unemployed: <1%

#### Positions Held

1 Full-Time: 57%  
 2 or More Positions: 12%

#### Weekly Hours:

40 to 49: 12%  
 60 or More: 1%  
 Less than 30: 27%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Current Work Status		
Status	#	%
<b>Employed, Capacity Unknown</b>	0	0%
<b>Employed in a Capacity Related to Dental Hygiene</b>	4,055	91%
<b>Employed, NOT in a Capacity Related to Dental Hygiene</b>	163	4%
<b>Not Working, Reason Unknown</b>	0	0%
<b>Involuntarily Unemployed</b>	8	< 1%
<b>Voluntarily Unemployed</b>	190	4%
<b>Retired</b>	46	1%
<b>Total</b>	<b>4,462</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all dental hygienists, 91% are currently employed in the profession, 57% hold one full-time job, and 54% work between 30 and 39 hours per week.*

Current Positions		
Positions	#	%
<b>No Positions</b>	244	6%
<b>One Part-Time Position</b>	1,121	25%
<b>Two Part-Time Positions</b>	203	5%
<b>One Full-Time Position</b>	2,498	57%
<b>One Full-Time Position &amp; One Part-Time Position</b>	276	6%
<b>Two Full-Time Positions</b>	1	<1%
<b>More than Two Positions</b>	59	1%
<b>Total</b>	<b>4,402</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
<b>0 Hours</b>	244	6%
<b>1 to 9 Hours</b>	165	4%
<b>10 to 19 Hours</b>	340	8%
<b>20 to 29 Hours</b>	673	15%
<b>30 to 39 Hours</b>	2,336	54%
<b>40 to 49 Hours</b>	522	12%
<b>50 to 59 Hours</b>	45	1%
<b>60 to 69 Hours</b>	11	<1%
<b>70 to 79 Hours</b>	17	<1%
<b>80 or More Hours</b>	6	<1%
<b>Total</b>	<b>4,359</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	33	1%
Less than \$20,000	172	5%
\$20,000-\$29,999	130	4%
\$30,000-\$39,999	171	5%
\$40,000-\$49,999	237	7%
\$50,000-\$59,999	371	10%
\$60,000-\$69,999	526	14%
\$70,000-\$79,999	584	16%
\$80,000-\$89,999	573	16%
\$90,000-\$99,999	397	11%
\$100,000 or More	459	13%
<b>Total</b>	<b>3,652</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Earnings**  
Median Income: \$70k-\$80k

**Benefits**  
Paid Vacation: 69%  
Retirement: 57%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 61%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,658	61%
Somewhat Satisfied	1,470	34%
Somewhat Dissatisfied	167	4%
Very Dissatisfied	53	1%
<b>Total</b>	<b>4,349</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical dental hygienist makes between \$70,000 and \$80,000 per year. In addition, 77% of dental hygienists receive at least one employer-sponsored benefit, including 57% who have access to a retirement plan.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,815	69%	69%
Retirement	2,298	57%	55%
Paid Sick Leave	1,393	34%	34%
Dental Insurance	868	21%	21%
Group Life Insurance	683	17%	16%
Signing/Retention Bonus	299	7%	7%
<b>At Least One Benefit</b>	<b>3,137</b>	<b>77%</b>	<b>77%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	37	1%
Experience Voluntary Unemployment?	330	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	189	4%
Work Two or More Positions at the Same Time?	639	12%
Switch Employers or Practices?	380	7%
Experience at Least One?	<b>1,301</b>	<b>24%</b>

Source: Va. Healthcare Workforce Data Center

*Over the past year, 1% of dental hygienists have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 3.6% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	134	3%	68	8%
Less than 6 Months	234	6%	156	19%
6 Months to 1 Year	436	10%	120	14%
1 to 2 Years	891	21%	166	20%
3 to 5 Years	1,014	24%	146	18%
6 to 10 Years	570	14%	79	10%
More than 10 Years	924	22%	94	11%
<b>Subtotal</b>	<b>4,203</b>	<b>100%</b>	<b>829</b>	<b>100%</b>
Did Not Have Location	194		4,502	
Item Missing	975		41	
<b>Total</b>	<b>5,372</b>		<b>5,372</b>	

Source: Va. Healthcare Workforce Data Center

*Among all dental hygienists, 84% receive an hourly wage at their primary work location.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 4%

**Turnover & Tenure**

Switched Jobs: 7%  
New Location: 23%  
Over 2 Years: 60%  
Over 2 Yrs., 2<sup>nd</sup> Location: 38%

**Employment Type**

Hourly Wage: 84%  
Salary/Commission: 14%

Source: Va. Healthcare Workforce Data Center

*Three out of every five dental hygienists have been employed at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	457	14%
Hourly Wage	2,674	84%
By Contract	46	1%
Business/Practice Income	8	<1%
Unpaid	11	<1%
<b>Subtotal</b>	<b>3,195</b>	<b>100%</b>
Did Not Have Location	194	
Item Missing	1,983	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.1% and a high of 3.9%. At the time of publication, the unemployment rate from November 2025 was still preliminary, and the unemployment rate from December 2025 had not yet been released.

## At a Glance:

### Concentration

Top Region:	32%
Top 3 Regions:	73%
Lowest Region:	1%

### Locations

2 or More (Past Year):	20%
2 or More (Now*):	18%

Source: Va. Healthcare Workforce Data Center

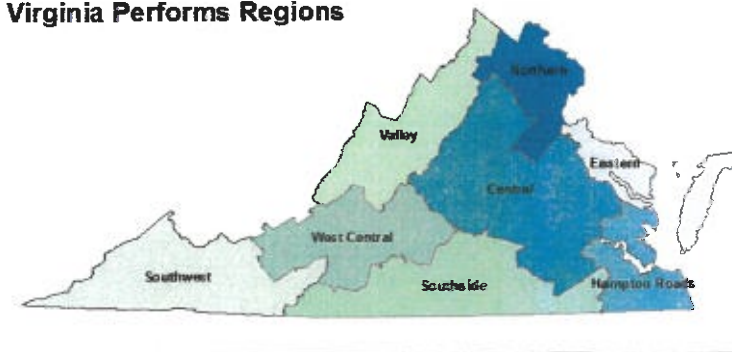
Nearly three-quarters of all dental hygienists work in Northern Virginia, Hampton Roads, and Central Virginia.

## A Closer Look:

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	759	18%	158	18%
Eastern	50	1%	5	1%
Hampton Roads	963	23%	151	18%
Northern	1,342	32%	344	40%
Southside	145	3%	14	2%
Southwest	194	5%	19	2%
Valley	264	6%	49	6%
West Central	440	11%	83	10%
Virginia Border State/D.C.	9	0%	7	1%
Other U.S. State	22	1%	31	4%
Outside of the U.S.	1	0%	1	0%
<b>Total</b>	<b>4,189</b>	<b>100%</b>	<b>862</b>	<b>100%</b>
Item Missing	988		8	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all dental hygienists, 18% currently have multiple work locations, while 20% have had multiple work locations over the past year.

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	147	3%	264	6%
1	3,326	77%	3,304	76%
2	576	13%	556	13%
3	227	5%	191	4%
4	23	1%	7	0%
5	10	0%	2	0%
6 or More	31	1%	16	0%
<b>Total</b>	<b>4,340</b>	<b>100%</b>	<b>4,340</b>	<b>100%</b>

\*At the time of survey completion, Jan. 2025-Dec. 2025 (birth month of respondent).

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	3,779	93%	732	93%
<b>Non-Profit</b>	111	3%	29	4%
<b>State/Local Government</b>	94	2%	24	3%
<b>Veterans Administration</b>	8	0%	0	0%
<b>U.S. Military</b>	36	1%	4	1%
<b>Other Federal Government</b>	27	1%	2	0%
<b>Total</b>	<b>4,055</b>	<b>100%</b>	<b>791</b>	<b>100%</b>
<b>Did Not Have Location</b>	194		4,502	
<b>Item Missing</b>	1,122		80	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit: 93%  
Federal: 2%

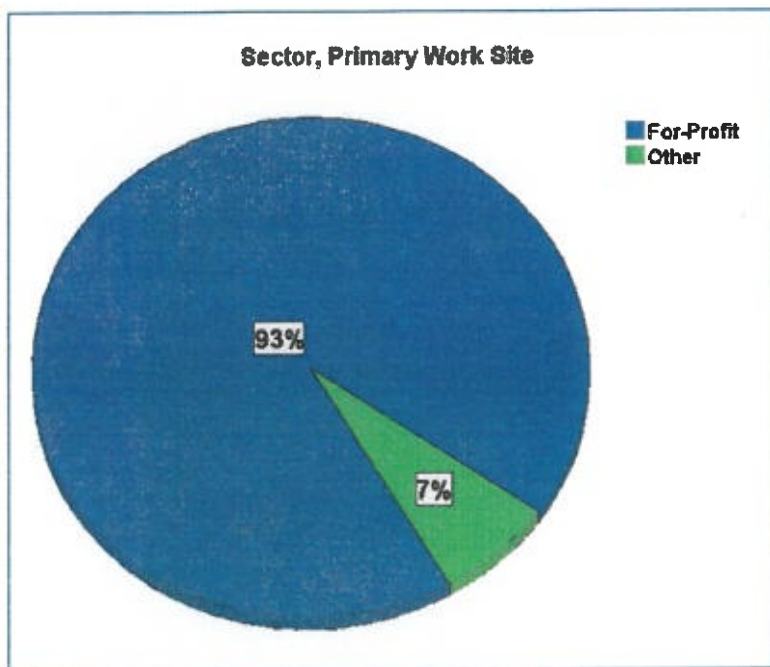
**Top Establishments**

Solo Practice: 67%  
Group Practice: 17%  
Dental/Health Clinic: 11%

**Remote Supervision**

Public Health Dentistry: 6%  
Dentistry: 4%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Most dental hygienists work in the private sector, including 93% who work in the for-profit sector.*

*Among all dental hygienists, 6% work under the remote supervision of a public health dentist, and 4% work under the remote supervision of a dentist.*

Response	Remote Supervision			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Public Health Dentistry</b>				
<b>Yes</b>	235	6%	42	5%
<b>No</b>	3,837	94%	764	95%
<b>Total</b>	<b>4,072</b>	<b>100%</b>	<b>806</b>	<b>100%</b>
<b>Dentistry</b>				
<b>Yes</b>	152	4%	55	7%
<b>No</b>	3,908	96%	754	93%
<b>Total</b>	<b>4,060</b>	<b>100%</b>	<b>809</b>	<b>100%</b>

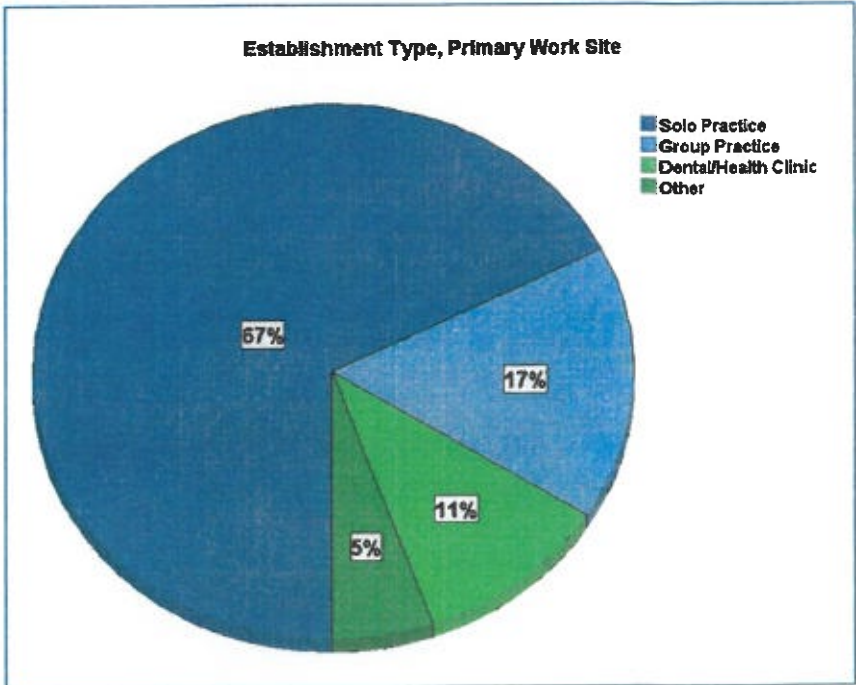
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice	2,701	67%	527	69%
Group Practice	663	17%	99	13%
Dental/Health Clinic	423	11%	79	10%
Dental School (Including Combined Dental/Dental Hygiene)	56	1%	29	4%
Public Health Program	21	1%	4	1%
Hospital/Health System	20	0%	1	0%
Insurance	16	0%	0	0%
Corrections	13	0%	3	0%
K-12 School or Non-Dental College	10	0%	0	0%
Supplier Organization	6	0%	2	0%
Nursing Home/Long-Term Care Facility	6	0%	1	0%
Other	68	2%	23	3%
<b>Total</b>	<b>4,003</b>	<b>100%</b>	<b>768</b>	<b>100%</b>
<b>Did Not Have a Location</b>	<b>194</b>		<b>4,502</b>	

Source: Va. Healthcare Workforce Data Center

Two out of every three dental hygienists work at a solo dental practice as their primary work location, while another 17% work at a group dental practice.

Among those dental hygienists who also have a secondary work location, 69% work at a solo dental practice, and 13% work at a group dental practice.



Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

#### Languages Offered

Spanish:	29%
Arabic:	5%
Korean:	5%

#### Means of Communication

Other Staff Member:	74%
Respondent:	28%
Virtual Translation:	14%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Languages Offered		
Language	#	% of Workforce
<b>Spanish</b>	<b>1,563</b>	<b>29%</b>
<b>Arabic</b>	<b>290</b>	<b>5%</b>
<b>Korean</b>	<b>276</b>	<b>5%</b>
<b>Vietnamese</b>	<b>224</b>	<b>4%</b>
<b>Persian</b>	<b>223</b>	<b>4%</b>
<b>Hindi</b>	<b>186</b>	<b>3%</b>
<b>Tagalog/Filipino</b>	<b>177</b>	<b>3%</b>
<b>Chinese</b>	<b>151</b>	<b>3%</b>
<b>French</b>	<b>122</b>	<b>2%</b>
<b>Urdu</b>	<b>120</b>	<b>2%</b>
<b>Amharic, Somali, or Other Afro-Asiatic Languages</b>	<b>89</b>	<b>2%</b>
<b>Pashto</b>	<b>73</b>	<b>1%</b>
<b>Others</b>	<b>251</b>	<b>5%</b>
<b>At Least One Language</b>	<b>1,888</b>	<b>35%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly three out of every ten dental hygienists are employed at a primary work location that offers Spanish language services for patients.*

### Means of Language Communication

Provision	#	% of Workforce with Language Services
<b>Other Staff Member is Proficient</b>	<b>1,399</b>	<b>74%</b>
<b>Respondent is Proficient</b>	<b>536</b>	<b>28%</b>
<b>Virtual Translation Services</b>	<b>266</b>	<b>14%</b>
<b>Onsite Translation Service</b>	<b>115</b>	<b>6%</b>
<b>Other</b>	<b>47</b>	<b>2%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly three out of every four dental hygienists who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.*

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 90%-99%  
Administration: 1%-9%

### Roles

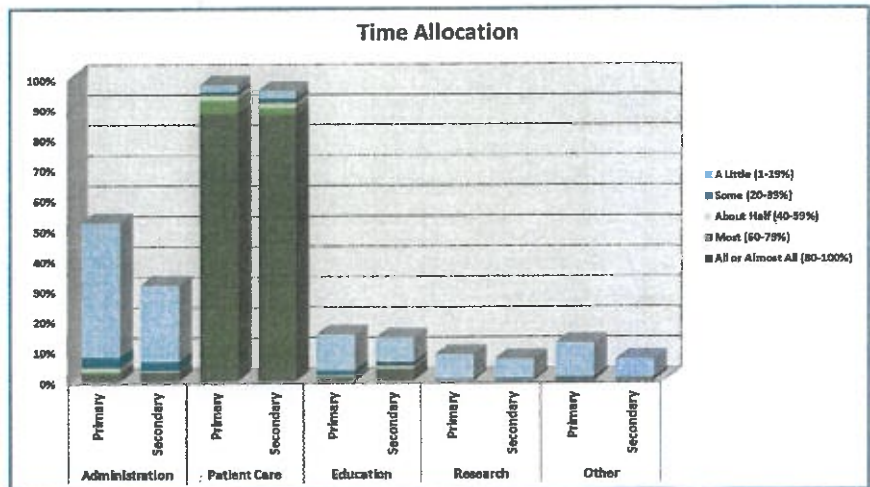
Patient Care: 92%  
Administration: 3%  
Education: 1%

### Patient Care Hygienists

Median Admin. Time: None  
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



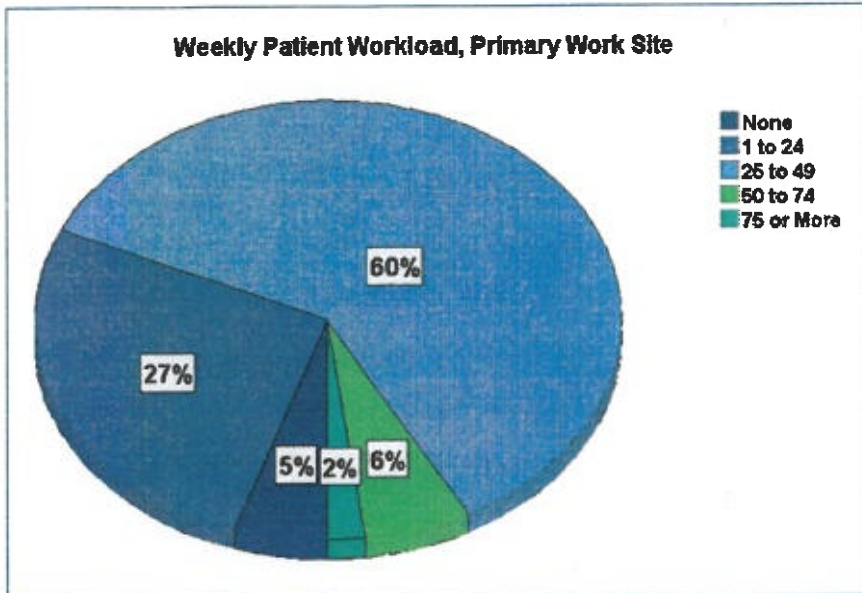
Source: Va. Healthcare Workforce Data Center

*Dental hygienists typically spend most of their time treating patients. In fact, 92% of dental hygienists fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	2%	3%	88%	87%	1%	4%	0%	0%	0%	0%
<b>Most (60-79%)</b>	1%	0%	4%	2%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	1%	0%	2%	2%	0%	1%	0%	0%	0%	0%
<b>Some (20-39%)</b>	3%	3%	1%	1%	2%	1%	1%	1%	1%	0%
<b>A Little (1-19%)</b>	44%	25%	2%	3%	12%	8%	8%	6%	11%	6%
<b>None (0%)</b>	48%	69%	3%	5%	85%	86%	92%	93%	88%	93%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Patient Workload (Median)**

Primary Location: 25-49  
 Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

*Dental hygienists typically treat between 25 and 49 patients per week at their primary work location. For those dental hygienists who also have a secondary work location, the median patient workload is between 1 and 24 patients per week.*

# of Patients Per Week	Primary		Secondary	
	#	%	#	%
<b>None</b>	208	5%	68	9%
<b>1-24</b>	1,096	27%	522	65%
<b>25-49</b>	2,458	60%	178	22%
<b>50-74</b>	236	6%	17	2%
<b>75-99</b>	39	1%	6	1%
<b>100-124</b>	15	0%	5	1%
<b>125-149</b>	11	0%	1	0%
<b>150-174</b>	8	0%	1	0%
<b>175-199</b>	2	0%	1	0%
<b>200 or More</b>	10	0%	1	0%
<b>Total</b>	<b>4,083</b>	<b>100%</b>	<b>800</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All Dental Hygienists		Hygienists 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	449	12%	-	-
<b>50 to 54</b>	462	12%	27	2%
<b>55 to 59</b>	652	17%	119	10%
<b>60 to 64</b>	1,033	27%	379	30%
<b>65 to 69</b>	826	22%	456	37%
<b>70 to 74</b>	223	6%	166	13%
<b>75 to 79</b>	44	1%	27	2%
<b>80 or Over</b>	17	0%	13	1%
<b>I Do Not Intend to Retire</b>	121	3%	58	5%
<b>Total</b>	<b>3,826</b>	<b>100%</b>	<b>1,245</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

<b>All Dental Hygienists</b>	
Under 65:	68%
Under 60:	41%
<b>Hygienists 50 and Over</b>	
Under 65:	42%
Under 60:	12%

**Time Until Retirement**

Within 2 Years:	7%
Within 10 Years:	26%
Half the Workforce:	By 2045

Source: Va. Healthcare Workforce Data Center

*More than two out of every three dental hygienists expect to retire by the age of 65. Among dental hygienists who are age 50 and over, 42% expect to retire by the age of 65.*

*Within the next two years, 8% of Virginia's dental hygienists expect to increase their patient care hours, and 6% expect to pursue additional educational opportunities.*

**Future Plans**

Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	163	3%
<b>Leave Virginia</b>	124	2%
<b>Decrease Patient Care Hours</b>	737	14%
<b>Decrease Teaching Hours</b>	11	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	421	8%
<b>Increase Teaching Hours</b>	136	3%
<b>Pursue Additional Education</b>	341	6%
<b>Return to the Workforce</b>	41	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectations to age, we can estimate the maximum years to retirement for dental hygienists. While only 7% of dental hygienists expect to retire in the next two years, 26% expect to retire within the next decade. More than half of the current workforce expect to retire by 2045.*

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	258	7%	7%
5 Years	195	5%	12%
10 Years	531	14%	26%
15 Years	571	15%	41%
20 Years	572	15%	56%
25 Years	561	15%	70%
30 Years	425	11%	81%
35 Years	318	8%	90%
40 Years	190	5%	95%
45 Years	58	2%	96%
50 Years	13	0%	96%
55 Years	4	0%	97%
In More than 55 Years	7	0%	97%
Do Not Intend to Retire	121	3%	100%
<b>Total</b>	<b>3,826</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2035. Retirement will peak at 15% of the current workforce around 2045 before declining to under 10% again around 2060.*

### At a Glance:

#### FTEs

Total: 3,573  
 FTEs/1,000 Residents<sup>2</sup>: 0.410  
 Average: 0.69

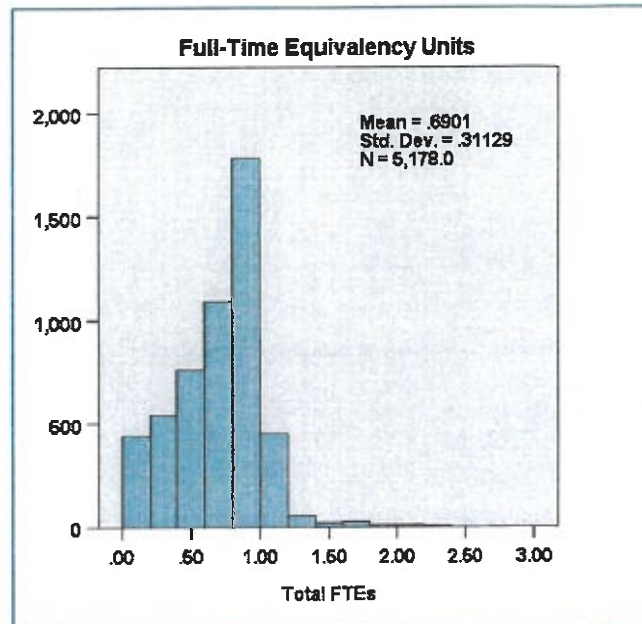
#### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Negligible  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

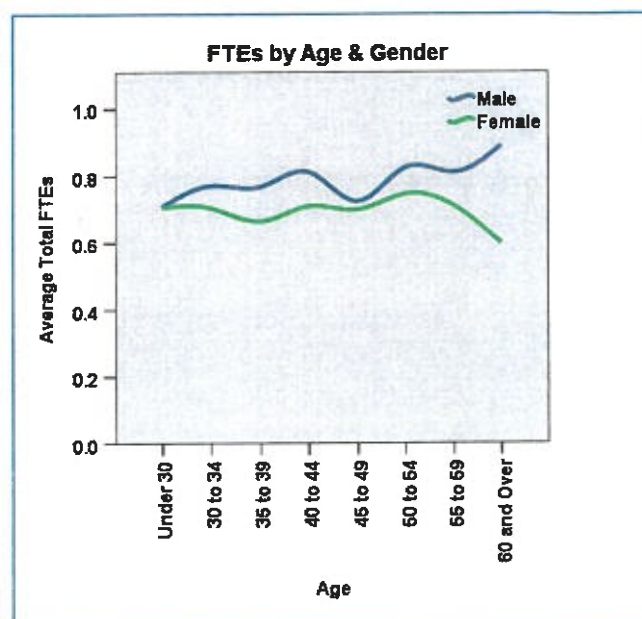


Source: Va. Healthcare Workforce Data Center

*The typical dental hygienist provided 0.77 FTEs in the past year, or approximately 31 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.70	0.77
30 to 34	0.73	0.80
35 to 39	0.63	0.67
40 to 44	0.76	0.83
45 to 49	0.69	0.66
50 to 54	0.77	0.83
55 to 59	0.73	0.80
60 and Over	0.55	0.45
Gender		
Male	0.77	0.83
Female	0.69	0.77

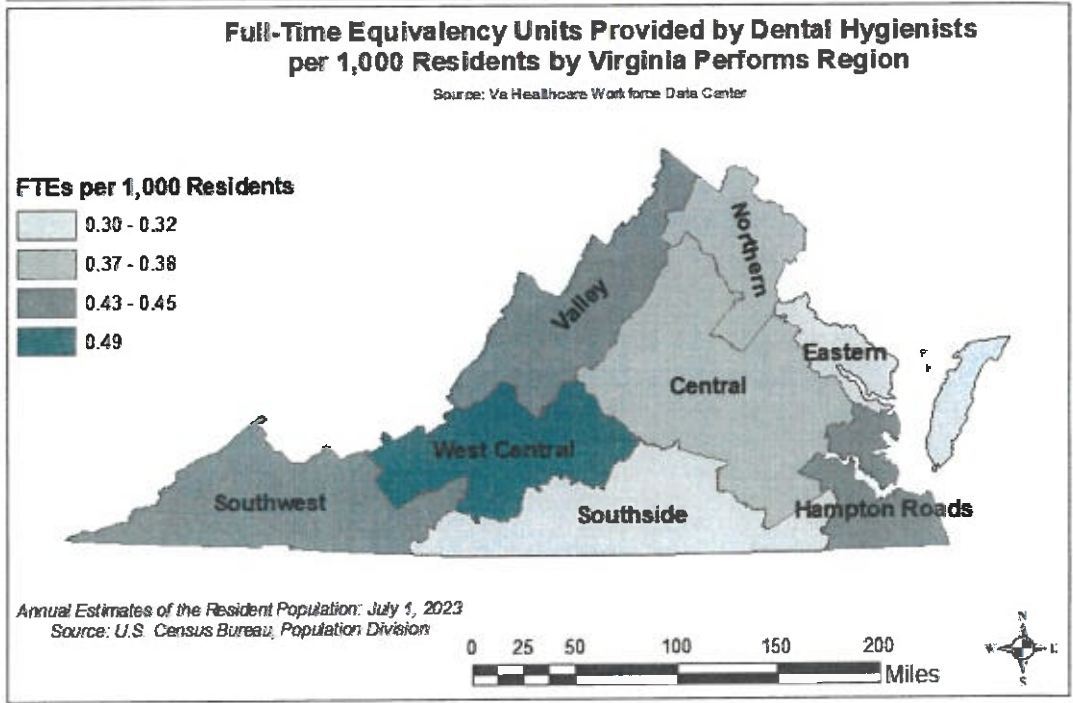
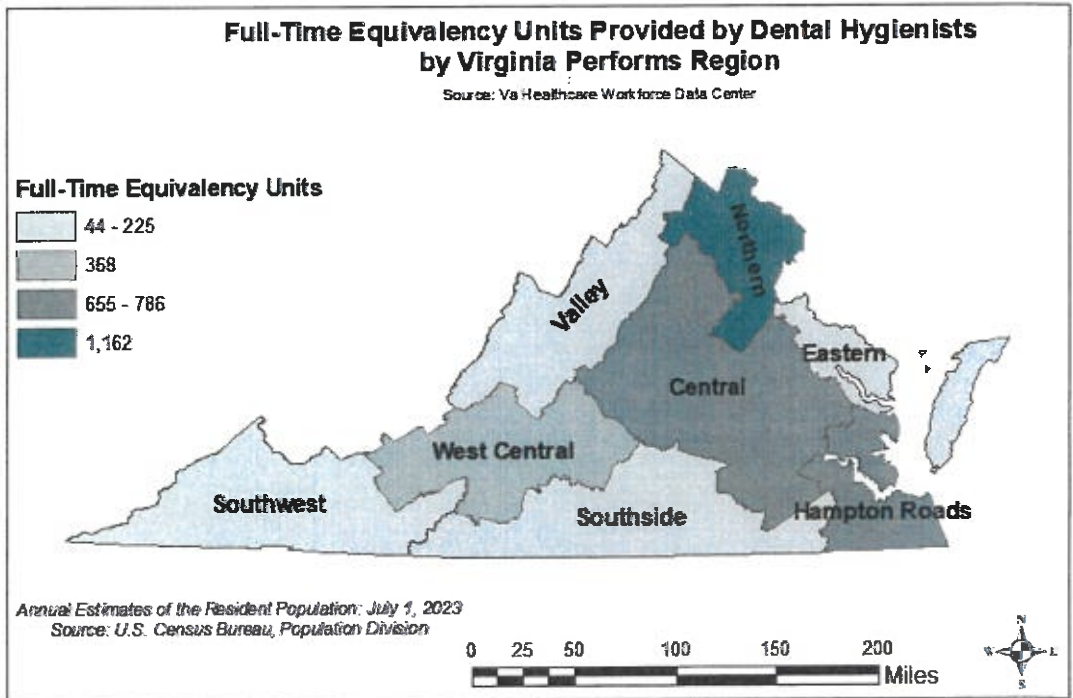
Source: Va. Healthcare Workforce Data Center

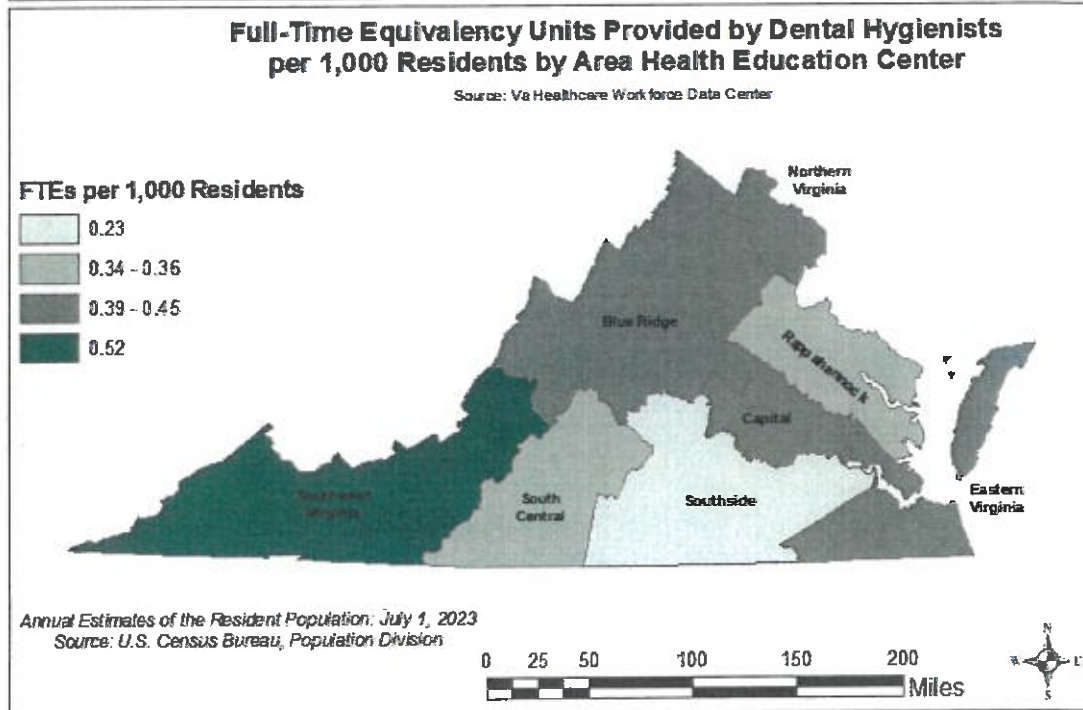
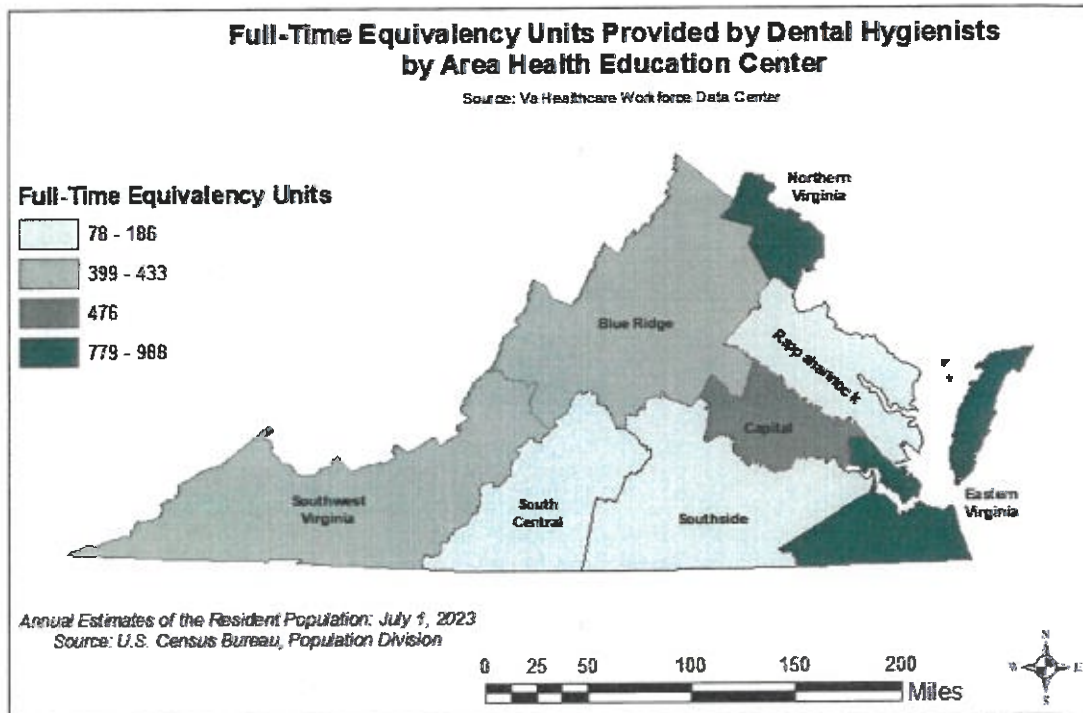


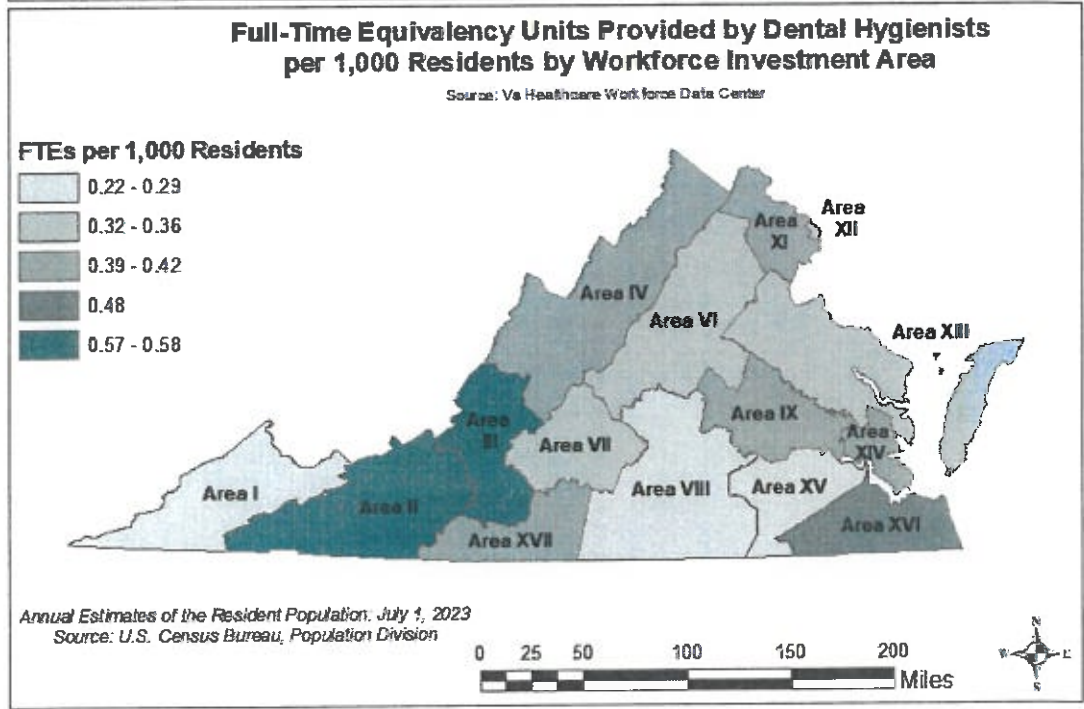
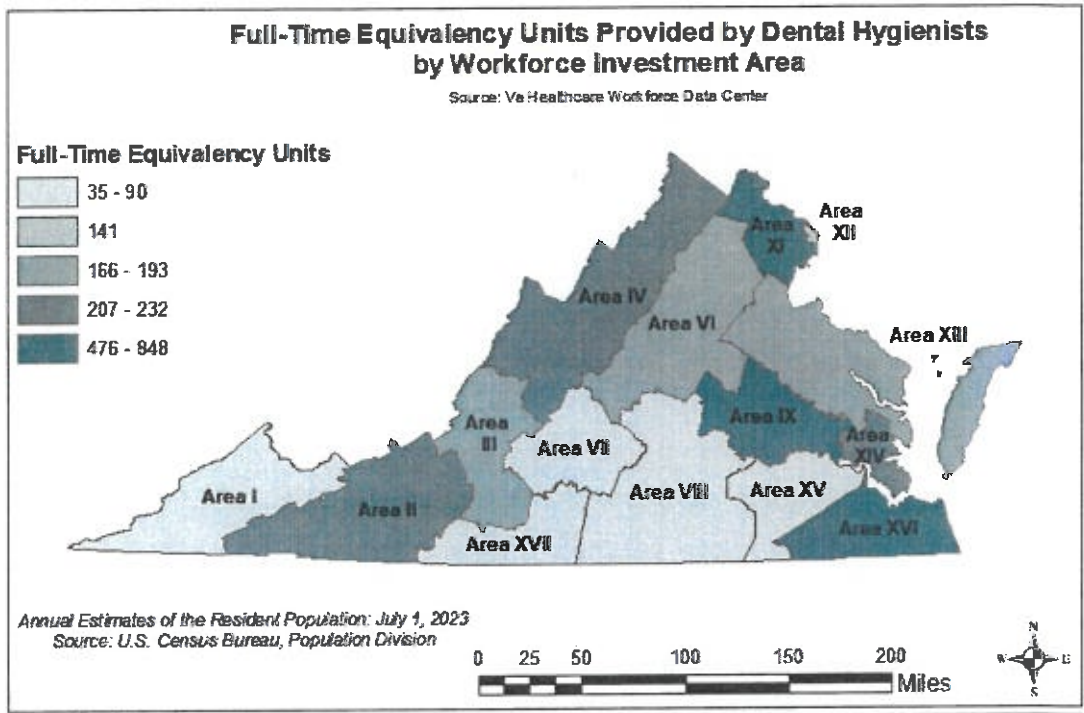
Source: Va. Healthcare Workforce Data Center

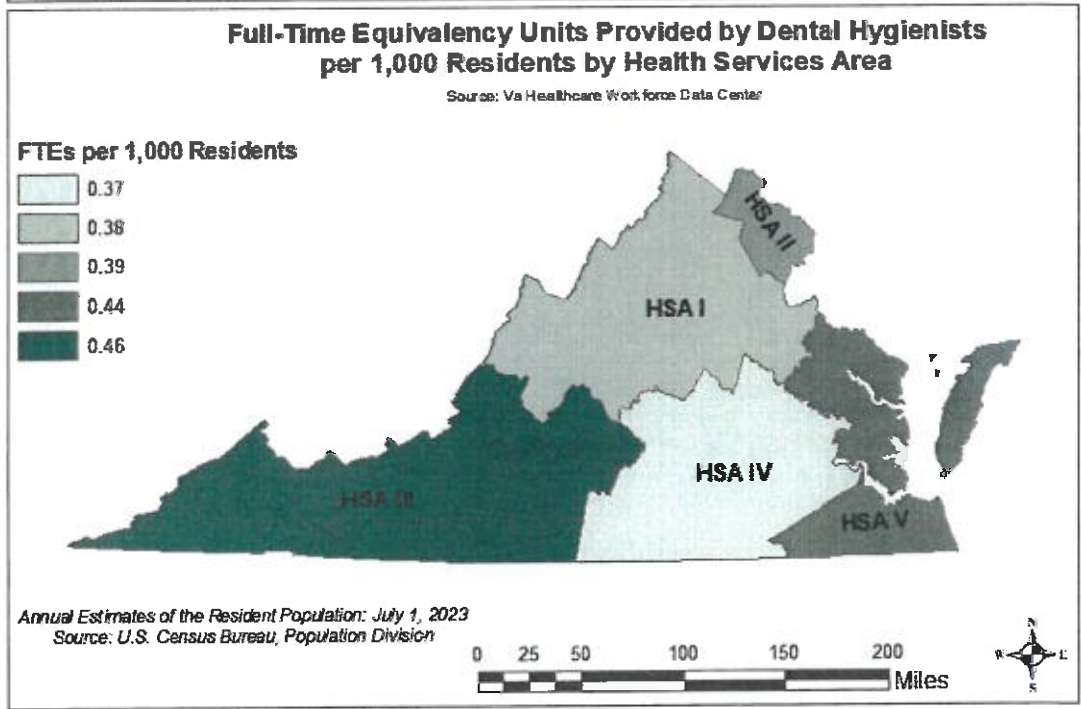
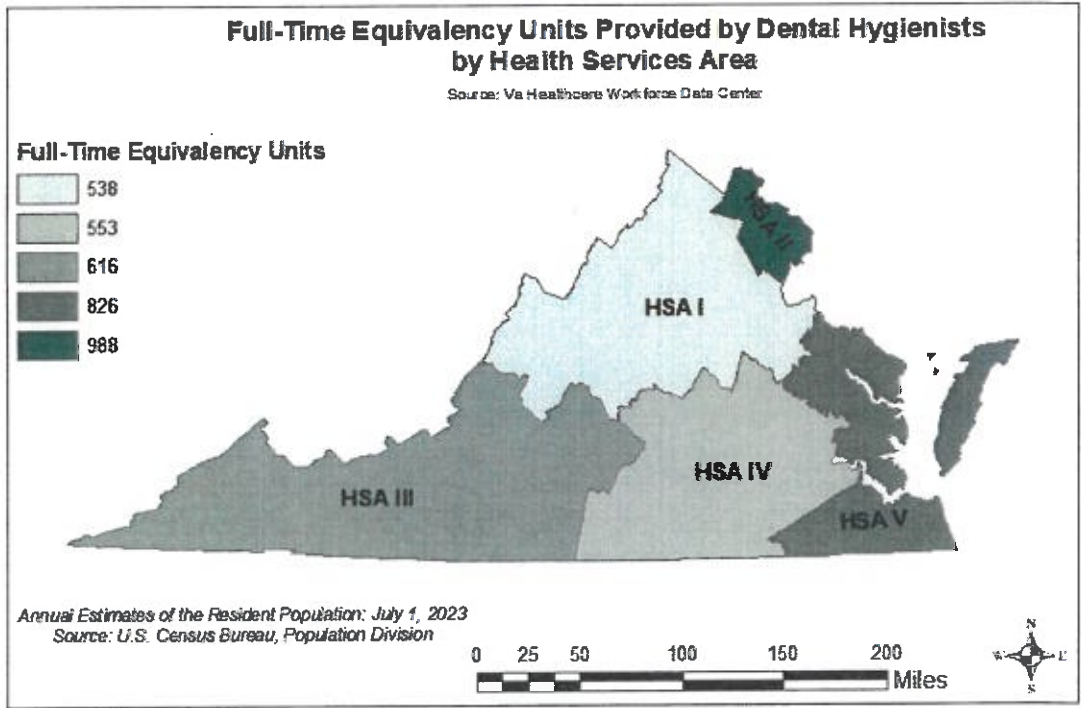
<sup>2</sup> Number of residents in 2023 was used as the denominator.

<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	3,697	88.64%	1.128	1.070	1.379
<b>Metro, 250,000 to 1 Million</b>	461	88.07%	1.135	1.077	1.387
<b>Metro, 250,000 or Less</b>	456	89.91%	1.112	1.055	1.359
<b>Urban, Pop. 20,000+, Metro Adj.</b>	102	85.29%	1.172	1.112	1.433
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	247	89.88%	1.113	1.055	1.360
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	156	96.15%	1.040	0.987	1.271
<b>Rural, Metro Adj.</b>	95	84.21%	1.188	1.126	1.451
<b>Rural, Non-Adj.</b>	48	79.17%	1.263	1.198	1.544
<b>Virginia Border State/D.C.</b>	565	82.12%	1.218	1.155	1.488
<b>Other U.S. State</b>	596	76.01%	1.316	1.248	1.608

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	819	71.18%	1.405	1.271	1.608
<b>30 to 34</b>	851	88.01%	1.136	1.028	1.300
<b>35 to 39</b>	835	91.26%	1.096	0.991	1.254
<b>40 to 44</b>	855	91.70%	1.091	0.987	1.248
<b>45 to 49</b>	730	91.10%	1.098	0.993	1.256
<b>50 to 54</b>	671	88.97%	1.124	1.017	1.286
<b>55 to 59</b>	603	89.88%	1.113	1.006	1.273
<b>60 and Over</b>	1,059	85.46%	1.170	1.059	1.339

Source: Va. Healthcare Workforce Data Center

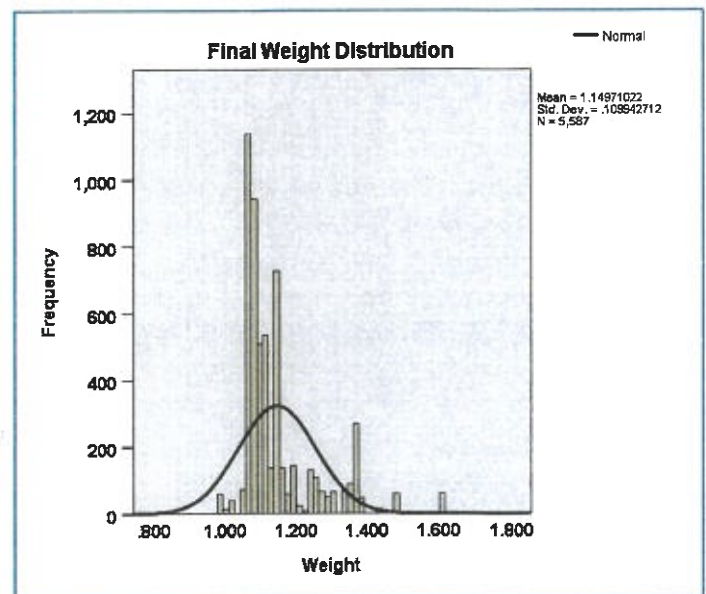
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.869843**



Source: Va. Healthcare Workforce Data Center

**Board of Dentistry**  
**Current Regulatory Actions**  
**As of May 4, 2026**

**In the Governor's Office**

None.

**In the Secretary's Office**

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC60-21 18VAC60-30	Final	Training in infection control	7/5/2022	1322 days (3.8 years)	Amendments require specific training in infection control for dental assistants. Promulgated in response to a petition for rulemaking.
18VAC60-21 18VAC60-25	NOIRA	Continuing education requirements for jurisprudence	7/12/2022	1392 days (3.8 years)	Board is considering amendments to Chapters 21 and 25 to require jurisprudence continuing education for dentists and dental hygienists.
18VAC60-25	Fast-Track	Revision of dental hygienist training and duties to eliminate need for dual licensure as a dental hygienist and registration as a DAII	1/8/2026	76 days	Removes the requirement for dental hygienists to maintain registration as a DAII to perform certain function.
18VAC60-21	NOIRA	Exemption from certain requirements for oral and maxillofacial surgeons that perform non-surgical procedures	3/16/2026	39 days	Result of a petition for rulemaking. Exempt OMSs who perform non-surgical procedures from certain requirements.
18VAC60-25 18VAC60-30	Fast-Track	Regulatory references cleanup	9/15/2025	10 days	Cleans up regulatory references from previous actions.
18VAC60-30	Final	Elimination of direct pulp-capping as a delegable task	3/20/2026	25 days	Eliminates direct pulp-capping as a delegable task for dental assistant IIs.

**At DPB**

None.

**At OAG**

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC60-21	Fast-Track	Repeal of requirement to periodically audit oral and maxillofacial surgeons for quality assurance	3/16/2026	Complete	This action will be submitted for DPB review once their office indicates they have the staffing to accommodate this action.

**Recently effective, published, or awaiting publication**

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC60-15	Fast-Track	Amendment to allow agency subordinates to hear credentials cases	3/9/2026	4/8/2026
18VAC60-21	NOIRA	Implementation of the Dentist and Dental Hygienist Compact	3/9/2026	Proposed stage language will be presented to the Board at a future time when more information is known about the compact and staff is able to determine appropriate changes and fees.
18VAC60-21	Final	Training and supervision of digital scan technicians	2/23/2026	3/25/2026
18VAC60-21	Final	Training requirements for botulinum toxin injections for cosmetic purposes	4/20/2026	5/20/2026

**Board of Dentistry  
Legislative Report  
June 12, 2026**  
(Companion bills removed)

HB 530 - Dentist and Dental Hygienist Compact; criminal background check.

**Chief Patron:** Thornton

**Status: Failed**

**Dentist and Dental Hygienist Compact; criminal background check.** Establishes the procedure by which the Board of Dentistry shall fulfill the criminal background check requirement of the Dentist and Dental Hygienist Compact. The bill requires applicants for compact-eligible licensure to provide fingerprints and personal identifying information for a criminal background check, directs the Central Criminal Records Exchange to disseminate criminal history information obtained to the Board, and establishes the process by which an applicant may obtain their criminal history record in the event that such applicant disputes the criminal history information on which a denial of licensure is based.

**02/18/2026: Left in House Committee Appropriations**

---

HB 970 - Dental assistants; supragingival scaling and coronal polishing, certification.

**Chief Patron:** Price

**Companion:** SB178 (Locke)

**Status: Approved by Governor**

**SUMMARY AS PASSED**

**Dental assistants; additional treatments; certification.** Permits any dental assistant I or dental assistant II with a minimum of 1,800 hours of clinical experience to obtain certification pursuant to the requirements of the bill to perform supragingival scaling and coronal polishing.

Passed House: Y      Passed Senate: Y

---

HB 1036 - Dental hygienist licensure; dentists eligible to practice in a foreign country or jurisdiction.

**Chief Patron:** Tran

**Companion:** SB282 (Aird)

**Status: Approved by Governor**

## SUMMARY AS PASSED

**Dental hygienist licensure; dentists eligible to practice in a foreign country or jurisdiction.** Permits the Board of Dentistry to grant a license to practice dental hygiene to persons who are eligible to practice dentistry in a country or jurisdiction outside of the United States and who are graduates of a dental school or college, or the dental department of an institution of higher education, located outside of the United States that the Board determines is acceptable.

Passed House: Y      Passed Senate: Y

---

HB 796 - Regulatory boards; adjustment of fees, recovery of disciplinary and monitoring costs, report.

**Chief Patron:** Hayes

**Companion:** SB680 (Head)

**Status:** Approved by Governor

## SUMMARY AS PASSED

**Professions and occupations; adjustment of fees by regulatory boards; recovery of disciplinary and monitoring costs.** Repeals the provision of law that requires, following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation (DPOR) shows revenue to be a certain percentage greater than expenses, such regulatory board to distribute excess revenue to current regulants and reduce its licensure or certification fees so that fees are sufficient but not excessive to cover expenses. The bill also repeals the provision with respect to the Department of Health Professions (DHP) that requires, following the close of any biennium, when the account for any regulatory board shows expenses allocated to it for the past biennium to be a certain percentage greater than moneys collected by the board, the board to revise its fees so that such fees are sufficient but not excessive to cover expenses. The bill makes it permissive for the regulatory boards within DPOR and DHP to annually revise the fees levied by it for certification, licensure, registration, or permit and renewal so that the fees are sufficient but not excessive to cover expenses. Regulatory boards are also permitted to recover reasonable administrative costs associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed from any person who is (i) licensed, registered, certified, or issued a multistate licensure privilege by any regulatory or health regulatory board and (ii) issued a finding of a violation of law or regulation from such regulatory or health regulatory board. Such administrative costs shall not exceed \$500 for regulatory boards within DPOR and \$1,500 for health regulatory boards within DHP.

Passed House: Y      Passed Senate: Y

**Action Item: Revision of Policy on Recovery of Disciplinary Costs**

**Included in your Agenda Package:**

- Revisions to the policy document regarding recovery of disciplinary costs in track changes format; and
- HB 796

**Staff Note:** HB 796, among other things, permitted all boards at DHP to recovery disciplinary costs up to \$1,500. Because Dentistry was the only board who had the ability to recoup disciplinary costs, we only need to revise this policy document to correct statutory references and the amount the board may recover. This revised policy will be effective July 1.

**Action Needed:**

- Motion to amend the policy on recovery of disciplinary costs effective July 1, 2026.

**Board of Dentistry**  
**Policy on Recovery of Disciplinary Costs**

Virginia Code § 54.1-~~2708.2~~2401.1 allows the Board to recover reasonable administrative costs from any licensee against whom disciplinary action has been imposed. The Board will recover such costs in accordance with this policy.

1. Disciplinary costs will be assessed for licensees receiving Board orders which include compliance.
2. The maximum cost for assessment, pursuant to Virginia Code § 54.1-2708.2, is ~~\$5,000.~~\$1,500.
3. The Board will specify the administrative costs to be recovered from a licensee in any pre-hearing consent order offered prior to a disciplinary proceeding or each order issued by the Board following a disciplinary hearing. These administrative costs will be in addition to the sanctions imposed by the pre-hearing consent order or Board order, which orders may include a monetary penalty.
4. The amount of administrative costs to be recovered will be calculated using the factors identified below and will be recorded on a Disciplinary Cost Recovery Worksheet. All Disciplinary Cost Recovery Worksheets will be provided to the respondent and maintained in the Board case file.
5. Assessed costs will be due within 45 days of the effective date of the order unless a payment plan has been requested and approved.

**Factors for Assessment of Cost**

The Board will calculate expenditures of the following costs for the state's fiscal year, which will be used each year to calculate the amount of funds to be specified in an Order for recovery from a licensee disciplined by the Board:

- Hourly costs for investigation, including production of an investigative report to the Board;
- Hourly costs for inspections, including production of any investigative reports or materials to the Board;
- Staff and administrative costs related to general compliance of cases, to include:
  - Cost to open, review, and close a compliance case;
  - Cost for compliance related to continuing education;
  - Cost for compliance related to monetary penalties and cost-assessment payments;
  - Costs associated with practice inspections;
  - Costs associated with ordered audits;

- Costs associated with compliance verification for clinical examinations;
- Costs associated with ordered practice restrictions;
- Costs associated with reports required in Orders.

The Board will additionally consider the amount billed to the Board by an expert for the licensee's disciplinary case for inclusion into administrative costs.

### **Inspection Fee**

In addition to the assessment of administrative costs, Board-ordered inspections will generate a \$350 charge as required in 18VAC60-21-40(F)(2), which is not inclusive of the total of the administrative costs and will be additional.

# VIRGINIA ACTS OF ASSEMBLY - 2026 RECONVENED SESSION

## CHAPTER 1071

*An Act to amend and reenact § 54.1-113 of the Code of Virginia, to amend the Code of Virginia by adding sections numbered 54.1-202.1 and 54.1-2401.1, and to repeal § 54.1-2708.2 of the Code of Virginia, relating to professions and occupations; adjustment of fees by regulatory boards; recovery of disciplinary and monitoring costs.*

[H 796]

Approved April 22, 2026

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-113 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding sections numbered 54.1-202.1 and 54.1-2401.1 as follows:

§ 54.1-113. Regulatory boards to adjust fees; certain transfer of moneys collected on behalf of health regulatory boards prohibited.

A. Following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation maintained under § 54.1-308 shows that unspent and unencumbered revenue exceeds \$100,000 or 20 percent of the total expenses allocated to the regulatory board for the past biennium, whichever is greater, the regulatory board shall (i) distribute all such excess revenue to current regulants and (ii) reduce the fees levied by it for certification, licensure, registration, or permit and renewal thereof so that the fees are sufficient but not excessive to cover expenses.

B. Following the close of any biennium, when the account for *Annually*, any regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions maintained under § 54.1-2505 shows expenses allocated to it for the past biennium to be more than 10 percent greater or less than moneys collected on behalf of the regulatory board, it shall *may* revise the fees levied by it for certification, licensure, registration, or permit and renewal thereof so that the fees are sufficient but not excessive to cover expenses. *Any regulatory board may adjust its fees to reflect up to one and one-half times the rate of inflation from the previous date that the dollar amount was established, as measured by the Consumer Price Index. No regulatory board may raise fees when the previous year's expenditures plus anticipated costs do not reasonably demonstrate a need to raise fees. Beginning July 1, 2028, except with respect to the Board of Medicine, no regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions shall accumulate a fund balance larger than the previous renewal cycle's expenditures.*

~~C. B.~~ Nongeneral funds generated by fees collected on behalf of the health regulatory boards and accounted for and deposited into a special fund by the Director of the Department of Health Professions shall be held exclusively to cover the expenses of the health regulatory boards, the Health Practitioners' Monitoring Program, and the Department of Health Professions and shall not be transferred to any agency other than the Department of Health Professions, except as provided in §§ 54.1-3011.1 and 54.1-3011.2.

C. *In order to appropriately maintain operating funds, the regulatory boards of the Department of Professional and Occupational Regulation or the Department of Health Professions may amend regulations to increase or decrease fees as needed and as demonstrated by the regulatory board maintained under such department. Such regulations shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq.), except to any extent that they may be specifically made subject to §§ 2.2-4030 and 2.2-4031. Such regulations shall, however, comply with the provisions of § 2.2-4103 of the Virginia Register Act (§ 2.2-4100 et seq.). Any regulatory board that amends its fees pursuant to this subsection shall conduct a public hearing prior to making such amendments. Thirty days prior to conducting such hearing, the regulatory board shall give written notice to the public and the Secretary of Finance by mail or electronic means of the date, time, and place of the hearing and publish notice of its intention to amend its fees in the Virginia Register of Regulations. Such public notice and notice to the Secretary of Finance shall identify the increase in fees to be considered by the regulatory board with reasonable specificity and shall include evidence demonstrating the need for such fee increase. During the public hearing, members of the public shall be given a reasonable opportunity to be heard prior to the final adoption of any regulatory amendments regarding an increase in fees.*

D. *If, following a notice and hearing as described in subsection C, a regulatory board amends its fees, the regulatory board shall report such amendments to the Department of Professional and Occupational Regulation or the Department of Health Professions as applicable. The Department of Professional and Occupational Regulation or the Department of Health Professions shall report on any such amendments to the Chairs of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations by November 1, 2026 and annually thereafter.*

§ 54.1-202.1. *Recovery of disciplinary and monitoring costs.*

*A regulatory board may recover reasonable administrative costs, not to exceed \$500, associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed from any person who is (i) licensed, registered, certified, or issued a multistate or compact licensure privilege by any regulatory board and (ii) issued a finding of a violation of law or regulation from such regulatory board. All administrative costs recovered pursuant to this section shall be paid to the regulatory board by the person licensed, registered, or certified or issued a multistate or compact licensure privilege. Such administrative costs shall be deposited into the account of the regulatory board and shall not constitute a fine or penalty. A regulatory board shall establish specific schedules of administrative costs to be recovered pursuant to this section and shall publish such cost schedule prior to imposing any costs on a regulant.*

**§ 54.1-2401.1. Recovery of disciplinary and monitoring costs.**

*A health regulatory board may recover reasonable administrative costs, not to exceed \$1,500, associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed from any person who is (i) licensed, registered, permitted, certified, or issued a multistate or compact licensure privilege by any health regulatory board and (ii) issued a finding of a violation of law or regulation from such health regulatory board. All administrative costs recovered pursuant to this section shall be paid to the health regulatory board by the person licensed, registered, permitted, certified, or issued a multistate or compact licensure privilege. Such administrative costs shall be deposited into the account of the health regulatory board and shall not constitute a fine or penalty. A health regulatory board shall establish specific schedules of administrative costs to be recovered pursuant to this section and shall publish such cost schedule prior to imposing any costs on a regulant.*

**2. That § 54.1-2708.2 of the Code of Virginia is repealed.**

**Agenda Item: Revision of Guidance Document 60-7**

**Included in your agenda package:**

- Draft revisions to Guidance Document 60-7;
- HB970 of the 2026 General Assembly Session.

**Staff Note:** HB970 and SB178 expanded duties of dental assistants. As a result, Guidance Document 60-7 should be amended by the Board.

**Action needed:**

- Motion to adopt proposed changes to Guidance Document 60-7.

**VIRGINIA BOARD OF DENTISTRY  
 DELEGATION TO DENTAL ASSISTANTS**

<b>DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS I AND II                  UNDER INDIRECT SUPERVISION OF A DENTIST</b>
<b>GENERAL SERVICES</b>
Prepare patients for treatment/seating/positioning chair/placing napkin
Perform health assessment
Preventive education and oral hygiene instruction
Perform mouth mirror inspection of the oral cavity
Chart existing restorations and conditions as instructed by the dentist
Take, record and monitor vital signs
Transfer dental instruments
Prepare procedural trays/armamentaria set-ups
Maintain emergency kit
Sterilization and disinfection procedures
Compliance with OSHA Regulations and Centers for Disease Control Guidelines
Prep lab forms for signature by the dentist
Maintenance of dental equipment
Select and manipulate gypsums and waxes
<b>RADIOLOGY and IMAGING</b>
Mount and label images
Place x-ray film and expose radiographs <b>ONLY WITH REQUIRED TRAINING</b>
Use intraoral camera or scanner to take images for tooth preparation and CAD CAM restorations
<b>RESTORATIVE SERVICES</b>
Provide pre- and post operative instructions
Maintain field of operation through use of retraction, suction, irrigation, drying
Acid Etch - Apply/wash/dry remove only when reversible
Amalgam: Place only
Amalgam: Polish only with slow-speed handpiece and prophy cup
Apply pit and fissure sealants
Apply and cure primer and bonding agents
Fabricate, cement, and remove temporary crowns/restorations
Make impressions and pour and trim study/diagnostic models and opposing models
Make impressions for athletic/night/occlusal/snore mouthguards and fluoride/bleaching trays
Matrices - place and remove
Measure instrument length
Remove excess cement from coronal surfaces of teeth, using a non-cutting instrument
Remove sutures
Dry canals with paper points
Mix dental materials
Place and remove post-extraction dressings/monitor bleeding
Rubber Dams: Place and remove
Sterilization and disinfection procedures
Take bite and occlusal registrations
<b>HYGIENE</b>
Apply dentin desensitizing solutions
Apply fluoride varnish, gels, foams and agents
Address risks of tobacco use
Give oral hygiene instruction
Polish coronal portion of teeth with slow-speed hand piece and rubber prophy cup or brush
Place and remove periodontal dressings
Clean and polish removable appliances and prostheses

**VIRGINIA BOARD OF DENTISTRY  
 DELEGATION TO DENTAL ASSISTANTS**

<u>Supragingival scaling with hand and ultrasonic scalers (certified by dentist under Va. Code § 54.1-2729.01(C)).</u>
<b>ORTHODONTICS</b>
Place and remove elastic separators
Check for loose bands and brackets
Remove arch wires and ligature ties
Place ligatures to tie in archwire
Select and fit bands and brackets for cementation by dentist
Instruct patients in placement and removal of retainers and appliances after dentist has fitted and made adjustments in the mouth
Take impressions and make study models for orthodontic treatment and retainers
<b>BLEACHING</b>
Take impressions and fabricate bleaching trays
Apply bleach/whitener
Bleach with light but not laser
Instruct pt on bleaching procedures
<b>SEDATION AND ANESTHESIA SERVICES</b>
Apply topical Schedule VI anesthetic
Monitor patient under nitrous oxide
Monitor patient under minimal sedation/anxiolysis
Monitor patient under moderate/conscious sedation <b>ONLY WITH REQUIRED TRAINING</b>
Monitor patient under deep sedation/general anesthesia <b>ONLY WITH REQUIRED TRAINING</b>
Take blood pressure, pulse and temperature
<b>DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS I AND II          UNDER INDIRECT SUPERVISION OF A DENTAL HYGIENIST</b>
Prepare patients for treatment/seating/positioning chair/placing napkin
Perform health assessment
Preventive education and oral hygiene instruction
Transfer dental instruments
Prepare procedural trays/armamentaria set-ups
Maintain emergency kit
Sterilization and disinfection procedures
Compliance with OSHA Regulations and Centers for Disease Control Guidelines
Maintenance of dental equipment
Polish coronal portion of teeth with slow-speed hand piece and rubber prophylaxis cup or brush
Place and remove periodontal dressings
Clean and polish removable appliances and prostheses
Mount and label images
Place x-ray film and expose radiographs <b>ONLY WITH REQUIRED TRAINING</b>
<b>DUTIES THAT MAY ONLY BE DELEGATED TO DENTAL ASSISTANTS II          UNDER DIRECT SUPERVISION OF A DENTIST</b>
Condense/pack and carve amalgam
Place, cure and finish composite resin restorations only with slow-speed handpiece
Apply base and cavity liners/perform indirect pulp capping procedures
Final cementation of crowns and bridges after adjustment and fitting by the dentist
Make final impressions and fabricate master casts
Place and remove non-epinephrine retraction cord

# VIRGINIA ACTS OF ASSEMBLY - 2026 SESSION

## CHAPTER 439

*An Act to amend and reenact § 54.1-2729.01 of the Code of Virginia, relating to dental assistants; supragingival scaling and coronal polishing; certification.*

[H 970]

Approved April 8, 2026

**Be it enacted by the General Assembly of Virginia:**

**1. That § 54.1-2729.01 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2729.01. Practice of dental assistants.**

A. A person who is employed to assist a licensed dentist or dental hygienist by performing duties not otherwise restricted to the practice of a dentist, dental hygienist, or dental assistant II, as prescribed in regulations promulgated by the Board may practice as a dental assistant I.

B. A person who (i) has met the educational and training requirements prescribed by the Board; (ii) holds a certification from a credentialing organization recognized by the American Dental Association; and (iii) has met any other qualifications for registration as prescribed in regulations promulgated by the Board may practice as a dental assistant II. A dental assistant II may perform duties not otherwise restricted to the practice of a dentist or dental hygienist under the direction of a licensed dentist that are reversible, intraoral procedures specified in regulations promulgated by the Board.

C. *Notwithstanding subsections A and B, a dental assistant I or dental assistant II with a minimum of 1,800 hours of clinical experience may obtain certification to provide additional treatments pursuant to subsection D, provided that:*

1. *The dental assistant I or dental assistant II has undergone training and obtained certification (i) from a licensed dentist or licensed dental hygienist employed or engaged by a licensed dentist and implementing an education curriculum provided by a statewide association that is exempt under 26 U.S.C. § 501(c)(6) of the Internal Revenue Code and primarily represents dentists licensed in the Commonwealth, (ii) from a federal program approved by or associated with the Indian Health Service or while serving on active military duty, or (iii) from an existing dental assistant education program; and*

2. *The licensed dentist who provides, supervises, or confirms the training of the dental assistant I or dental assistant II certifies under oath that the dental assistant I or dental assistant II has completed the training described in subdivision 1, as well as at least 20 supervised full-mouth supragingival scaling procedures with consent of the patients. Documentation of such certification shall be maintained in writing or electronically by the licensed dentist and produced to the Board upon request. Such certifications and documentation thereof may be relied upon and maintained by subsequent employers of a dental assistant I or dental assistant II. A licensed dentist may certify any dental assistant I or dental assistant II who presents evidence of such training completed pursuant to clause (ii) of subdivision 1.*

D. *A dental assistant I or dental assistant II, upon obtaining certification and under indirect supervision of a licensed dentist, may perform (i) supragingival scaling with hand and ultrasonic scalers and (ii) coronal polishing.*

E. *A licensed dentist shall not indirectly supervise more than two dental assistants at any given time while such dental assistants are performing supragingival scaling or coronal polishing.*

**2. That regulations promulgated by the Board of Dentistry pursuant to this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).**

# Board of Dentistry 2027 Calendar



January						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

November						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

<b>Formal Hearing: March 4, June 10, Sept. 9, Dec. 2</b>
<b>Board Meeting: March 5, June 11, Sept 10, Dec 3</b>
<b>Tentative Dates: Feb 26, May 21, July 30, Oct 29</b>

<b>SCC-A: Jan 8, Feb 5, Mar 26, May 7, July 9,</b>
<b>Aug 13, Sept 2, Oct 1, Nov 5, Dec 10</b>
<b>SCC-B: Jan 15, Feb 12, Mar 12, Apr 9, May 14</b>
<b>July 16, Aug 20, Sept 17, Oct 8, Nov 12</b>
<b>SCC-C: Jan 22, Feb 19, Mar 19, Apr 16, June 25,</b>
<b>July 23, Aug 27, Sept 24, Oct 15, Nov 19</b>



Virginia Department of  
**Health Professions**  
Board of Dentistry

Disciplinary Board Report

**February 12, 2026 – May 12, 2026**

The table below includes all cases that have received Board action from February 12, 2026 through May 12, 2026.

Year 2026	Cases Received	Cases Closed No Violation	Cases Closed W/Violation	Total Cases Closed
February	28	20	1	21
March	67	47	12	59
April	57	45	14	57
May	16	12	1	13
<b>TOTALS</b>	<b>168</b>	<b>124</b>	<b>28</b>	<b>150</b>

**Closed Cases with Violations consisted of the following:**

**Patient Care Related:**

- **14 Standard of Care: Diagnosis/Treatment:** Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also, include failure to diagnose/treat & other diagnosis/treatment issues.
- **2 Inability to Practice Safely:** Impairment due to use of alcohol, illegal substances, or prescription drugs, or incapacitation due to mental, physical, or medical conditions.
- **1 Unlicensed Activity:** Aiding and abetting the practice of unlicensed activity.

**Non-Patient Care Related:**

- **8 Business Practice Issues:** Recordkeeping or continuing education.
- **2 Reinstatement:** Application for reinstatement granted with a finding of violation.
- **1 Fraud, Non-Patient Care:** Improper patient billing.

**CCA's**

There was **1** CCA issued from February 12, 2026 through May 12, 2026.

**Suspensions/Revocations**

From February 12, 2026 through May 12, 2026 there has been **1** Summary Suspensions, **1** voluntary permanent surrender, and **1** Revocation. There have been **0** mandatory suspensions.

**Virginia Board of Dentistry**  
**FY 2026 Cash Balance through April 2026**

<b>Cash Balance as of June 30, 2025</b>	\$3,062,780.00
<b>Cash Balance as of April 30, 2026</b>	\$2,491,436.00

\$571,344 less than 2025