

# REFUGEEWORKS GUIDE

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## OPPORTUNITIES FOR REFUGEE DENTISTS

*By Linda Rabben*

## INTRODUCTION

Tens of thousands of refugees, asylees, Cuban/Haitian entrants and victims of human trafficking resettle in the United States every year. In FY 2008 alone, 60,279 refugees were resettled by 10 national voluntary agencies. All make lives for themselves in cities, towns and suburbs across the country, and all strive for the same things: freedom and opportunity. Many of these newcomers bring a few reminders of home, their families if they are lucky, and their past experience. This experience is vast and varied. Now more than ever, most resettlement agencies are greeting individuals at the airport who are physicians, lawyers, teachers, professional interpreters, engineers, and so on.

In a recent survey conducted by RefugeeWorks, at least 74 percent of resettlement agencies around the country had one or more physicians in their caseload. About 25 clients per agency are seeking recertification in their previous occupation. These people represent an enormous amount of human capital. However, the issue for many of these new Americans is that they do not know how to navigate the employment and advancement systems in place in their particular profession. How does a teacher from Nepal obtain a job in education? How does a doctor from Iraq get into the medical field?

To answer these questions and many more, RefugeeWorks has created a series of in-depth guides that can be used to help newcomers regain their professional career. The first of the series focused on engineers, the second on teachers, the third on physicians and nurses, and the fourth on pharmacists. This guide is about the dental profession: its structure and future, the skills, credentials and training needed to enter this line of work—and most important, how to find employment as a dentist or dental hygienist.

If you are someone who is working in the field of refugee resettlement, we urge you to use this research to help your clients navigate what can sometimes be a perplexing road to regaining entry into a particular profession. If you are a new American seeking to use your skills in your chosen occupation, we hope this guide will make your journey a littler easier.

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## 1. A REFUGEE DENTIST IN THE UNITED STATES

Maryam graduated from dental school in 2006, in the midst of civil war in Iraq. As a result, she could neither work nor leave her house. She and her parents fled to Jordan, where she was not permitted to practice dentistry. They arrived in Illinois as refugees in May 2008. She started looking for work as a dental assistant while doing research on how to requalify as a dentist in the United States. Finding the Chicago area too expensive, she and her parents moved to southern Illinois, where job opportunities are scarce. She found part-time work as an Arabic interpreter, but the salary was too low to support her and her parents. So Maryam traveled back to Chicago to look for work and was lucky enough to find a dental assistant job. After a few months there, she moved her parents to the city. Studying for the national dental examination has been difficult. She cannot take private exam preparation courses because of the expense. She estimates it will take her two years to prepare for the dental exam while working full-time.

## 2 .THE DENTAL PROFESSION

Dentists diagnose and treat problems of the teeth and mouth tissues. They perform surgery, administer anesthetics, write prescriptions and use special equipment. As most dentists own their practice, they administer it and employ assistants, hygienists, laboratory technicians and receptionists. Some work with partners or associates, and a few work in hospitals or physicians' offices. There are nine dental specialties: orthodontics, oral surgery, pediatrics, periodontics, prosthodontics, endodontics, public health, oral pathology and oral radiology. Most dentists work 35 to 40 hours per week, although those trying to establish a new practice may work more. Some experienced or retired dentists work part-time. According to the Bureau of Labor Statistics (BLS), "Dentistry requires diagnostic ability and manual skills. . . . Good business sense, self-discipline and good communication skills are helpful for success in private practice."

Dental hygienists work with dentists. Using various types of equipment, they “remove soft and hard deposits from teeth, teach patients how to practice good oral hygiene and provide other preventive dental care. They examine patients’ teeth and gums, recording diseases or abnormalities,” according to the BLS. In some states, they administer anesthetics, place and carve filling materials and carry out other treatment operations. Because they work closely with dentists, dental assistants and patients, “dental hygienists should work well with others.” They also should have good manual dexterity “because they use dental instruments within a patient’s mouth, with little room for error.”

All 50 states and the District of Columbia require dentists to be licensed. Candidates for licensure must graduate from an accredited dental school and pass written and clinical examinations. (See below, “Skills, Training, Credentials,” for more information about licensure.)

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In 2009, the American Dental Association’s Commission on Dental Accreditation recognized 58 public and private dental schools in the United States. Dental schools offer a four-year course of study culminating in a DDS (doctor of dental surgery) or DMD (doctor of dental medicine) degree. In 1975, dental schools recorded the highest number of first-time enrollees: 15,734. But enrollments decreased markedly between 1982 and 2000 as seven dental schools closed. In the past few years, several new dental schools have opened, most associated with colleges of osteopathic medicine. In 2007, there were 13,742 first-time enrollees, up from about 10,000 per year in the mid-1990s. A perceived shortage of dentists is expected to increase as the elderly keep their own teeth and new generations require pediatric care.

The average debt load for dental school graduates was \$122,000 in 2002, higher than that of medical school graduates, according to Henderson. The average net

income of dentists was \$178,000 in 2000. Dental positions in the government and dental school faculty positions pay less, but self-employed dentists must cover their own medical insurance, life insurance and retirement plan.

Like dentists, dental hygienists must be licensed by the state where they work. Almost all states “require candidates to graduate from an accredited dental hygiene school and pass both a written and clinical examination,” the BLS reported. Most states also require dental hygienists to pass an exam on legal aspects of the practice. Qualified hygienists’ hourly earnings ranged from around \$19 to more than \$40 per hour in 2006.

In 2009, there were 310 dental hygiene training programs recognized by the Commission on Dental Accreditation. Most programs are two years long. Admission requirements for accredited programs vary from a high school diploma to a year or more of college. According to the BLS, “Most dental hygiene programs grant an associate degree, although some also offer a certificate, a bachelor’s degree or a master’s degree.” Courses include laboratory, clinical and classroom instruction in anatomy, physiology, chemistry, microbiology, pharmacology, nutrition, radiography, histology, periodontology, pathology, dental materials, clinical dental hygiene and social and behavioral sciences.

Founded in 1859, the American Dental Association (ADA) reports some 157,000 members. In addition to the ADA and local and state dental societies, various ethnic and national groups have established their own associations, including the Indian Dental Association (USA), the Korean-American Dental Association, the National Association of Filipino Dentists of America and the Hispanic Dental Association.

### 3. DENTAL WORKFORCE COMPOSITION

According to the BLS, U.S. dentists held 161,000 jobs in 2006. There were 136,000 general practitioners, 9,200 orthodontists, 7,700 oral surgeons, 1,000 prosthodontists and 6,900 dentists in other

specializations. The American Dental Education Association (ADEA) estimated 230,000 dentists, of whom 180,000 were professionally active in 2009. More than 70 percent of dentists are in private practice. One-third of dentists are self-employed, and three-quarters (or 90 percent, according to the ADEA) of self-employed dentists are sole proprietors. The rest are associates or partners in private practices or are salaried employees of institutions (including dental school faculty).

*More than 70 percent of dentists are in private practice.*

The gender, racial and ethnic distribution of dentists and hygienists is “among the least diverse of the health professions,” Henderson found. Eighty percent of dentists in the United States are male, and more than 86 percent are white, according to Valachovic. Only 3.4 percent of dentists are African American, and 3.4 percent are Hispanic. The profession is aging, too: Two-thirds of dentists are 45 or older. Ninety-seven percent of dental hygiene students are female, and 88.6 percent are white, the American Dental Hygienists’ Association (ADHA) reported in 2009.

Dental hygienists held some 167,000 jobs in 2006, according to the BLS. Because they often work in several dental offices on a part-time basis or as contractors, there are more jobs than hygienists. The ADHA reported that hygienists also work as clinicians, educators, researchers, administrators, managers, health advocates and consultants in dental offices, schools, public health clinics, hospitals, managed care organizations, correctional institutions and nursing homes.

According to a senior dentist who hires associates, recent dental-school graduates are increasingly interested in working for a salary instead of following the traditional path of buying an established practice or setting up a new one. Their educational debts are high and the cost of building up a practice is prohibitive. New dentists would prefer to share expenses and overhead. However, the personalized

nature of the dentist-patient relationship has led to the predominance of solo practice in the profession.

The overwhelming majority of dentists in private practice provide their services to those who can pay or have insurance. Less than 5 percent of dentists specialize in pediatrics. Very few devote “a small proportion of their time” to Medicaid and low-income patients. (Dental care for the elderly is not covered by Medicare.) Only a few hundred dentists are public health specialists; fewer than 700 public health dentists were practicing in 2001, and only 18 dental public health programs employed 42 postgraduate residents in 2004. The Indian Public Health Service and the National Health Service Corps (NHSC) employ 650 dentists in underserved areas. The NHSC has 600 dental and 150 dental hygiene vacancies. Salaries for these positions are low. The lack of dentists in public health agencies means that provision of dental care receives little attention from federal and state governments.

Dental schools have difficulty in recruiting and retaining faculty. According to Valachovic, in 2002, more than 11,330 dentistry instructors were working full-time or part-time, and 350 positions were vacant. Many dental school professors leave teaching to enter private practice. Half of faculty members are over age 50; 20 percent are 60 and older.

## 4. FUTURE OF THE PROFESSION

The number of jobs for dentists is expected to grow only 9 percent by 2016—the average for all occupations. At present, not enough dentists are working to treat what Henderson has called a “silent epidemic of poor oral health,” whose victims include children and the elderly in poor, underserved and rural areas. In addition, Henderson wrote, “State laws and requirements and customary affiliates with dentists often restrict access to care by limiting the type of practice settings, imposing restrictive supervision requirements and not allowing direct reimbursement to allied dental professionals, especially dental hygienists. . . . Much of the oral health workforce has little preparation in providing

culturally competent care to racially and ethnically diverse populations.”

The profession is also rapidly aging: By 2014, Henderson reported, “the number of dentists retiring is estimated to exceed the number of students graduating from dental school.” Allison and Bryan predicted in 2005 that the ratio of dentists to the population would continue to decline, from 55 per 100,000 in 1994 to 50 per 100,000 in 2025, with an even lower ratio (40 per 100,000) in rural areas. Percentages of women and minorities in the U.S. dental workforce are likely to increase. But the recent openings of new dental schools and the changing demographic characteristics of dental students will have a long-term, not a short-term, effect on the numbers of practicing dentists. These longstanding conditions will affect the future provision of dental care in the United States.

*Percentages of women and minorities in the U.S. dental workforce are likely to increase.*

In the short term, because “demand for dental services tends to follow the business cycle. . . . during slow times in the economy, demand for dental services can decrease [and] dentists may have difficulty finding employment,” Allison and Bryan found. Even so, expanding dental insurance coverage means that more people will use dental services in the coming years. Consequently, dentists are likely to hire more hygienists and assistants as their workload increases.

The ADEA has made several recommendations that may be adopted in the coming years. According to Valachovic, recommendations include the establishment of new dental schools and the hiring of additional faculty; encouragement of greater diversity in the profession through recruitment of minority students and provision of scholarships; expansion of dental public health programs; expansion of dental hygienists’ duties; “licensure-by-credentials” for dentists and dental hygienists in all states; and guest licenses for out-of-state dental professionals who practice in public health and low-income settings.

## 5. SKILLS, TRAINING, CREDENTIALS

International dental graduates (IDGs) face special challenges in gaining licensure in the United States. Certification requirements vary by state. According to Allison and Bryan, a few states still require U.S. citizenship for licensure. States require passage of a particular state or regional clinical examination; there are five regional and four state clinical examinations. Some states will accept results of more than one examination.

The ADA reported that “many U.S. dental schools accept international dental graduates for advanced standing by admitting them into the second or third year of the program.” Dental school tuition is expensive, however—often \$40,000 per year or more. Thirty-five dental schools accepted IDGs into advanced standing in 2005-06. Most schools require passage of TOEFL for admission. IDGs should apply for admission to these programs at least one year in advance. They must present diplomas and transcripts for evaluation to be eligible to take the National Board Dental Examination (NBDE). The ADA’s Joint Commission on the National Board Dental Examinations uses only one evaluation firm, Educational Credential Evaluators, Inc., to determine an IDG’s eligibility to take the exam. Only in Florida may an IDG take the written and clinical dental hygiene exams to qualify as a dental hygienist without going through a dental hygiene educational program.

A few schools offer preparatory courses for the NBDE. They include Florida Dental Board Preps, the University of California at Los Angeles review course for IDGs and Duggan Study Institute’s Gateway Program for IDGs.

Approximately 18 schools offer graduate international dental programs. They include the Professional Program for International Dentists at UCLA, which accepts up to 12 IDGs each year for a two-year course of study. Applicants first must pass Part 1 of the NBDE to be accepted. The University of Illinois/Chicago charges \$138,000 for a two-year IDG program.

Federal funding is available through dental schools for special educational and research programs for minority graduate students. Sources include the Health Careers Opportunity Program, Centers of Excellence in Minority Health Profession Education, Minority Access to Research Careers, the Minority Biomedical Research Support Program and the National Institutes of Health Summer Internship and Clinical Electives Programs. Permanent resident status is required for application to some of these programs; others, administered by universities, may have different requirements for eligibility.

*Permanent resident status is required for application for federal aid at some dental education programs.*

Allison and Bryan mention “an innovative program in Maryland” that “allows foreign-trained dentists who complete a U.S.-based pediatric dentistry residency full scope-of-practice opportunities in underserved settings such as federally qualified health centers. They remain under contract with the state for at least two years, or until they pass their U.S. [pediatric] board exams. Most of the handful of dentists that have graduated from the program have remained in Maryland. . . . If they pass their boards, they are able to apply for full state licensure at the end of their service.” It should be noted that it could take several years for an IDG to pass the NBDE, find a pediatric dentistry residency and complete it before being eligible for admission to the Maryland program.

Seventeen states grant a license or certificate to dentists to practice specialties requiring two to four years’ postgraduate education and, in some states, passage of a special exam. However, most state dental licenses permit practice of general dentistry or a specialty. A few states, including Maryland and Minnesota, issue limited or provisional dental licenses on a case-by-case basis, the Web site [foreigntraineddentists.org](http://foreigntraineddentists.org) reported. For more information on licensure for international dentists, see the ADA’s very useful *Resource Guide for the International Dentist* and [www.ada.org/prof/prac/licensure/us.asp](http://www.ada.org/prof/prac/licensure/us.asp).

According to the ADA, some states grant temporary or provisional licensure “to permit a student to participate in an advanced education program” or to teach full-time at a dental school. But such licenses may not be used for private practice.

All states require dental hygienists to obtain a license. According to the ADHA, candidates must graduate from an accredited dental hygiene program, take the National Board Dental Hygiene Examination, and pass a state or regional clinical exam and a state jurisprudence exam before applying for licensure. IDGs should check with educational programs and state dental hygiene boards to determine additional requirements. The ADHA reported that most states conduct background checks on a case-by-case basis. The extent of hygienists’ autonomy varies by state: In some places they can set up independent practices and bill Medicaid for their services to poor patients. Allison and Bryan found that in most states, hygienists are regulated by boards composed of dentists—unlike most other professions, which are self-regulating.

## 6. HOW TO FIND A DENTAL JOB

- **Networking.** For successful job hunting in the dental field, networking is essential. Job seekers must “sell” their qualifications, experience and talents, not only to human resource personnel but also to dentists, intermediaries and mentors who can advise and inform them about job opportunities. Initiative, persistence and skillful self-presentation are important qualities for job seekers in all professions.
- **Self-Presentation.** American cultural norms for self-presentation may be very different from those in the refugee’s home country. Mock interviews and exercises in meeting and greeting should be helpful to the refugee job seeker. Mentors can also give good counsel and feedback.
- **Résumés/CVs.** Résumés should be tailored to demonstrate specific accomplishments in the field as well as certificates and degrees. The job seeker

should be prepared to present a résumé at job fairs and networking events and to consult it during telephone screening interviews.

- **Training.** Obtaining licensure as a dentist is time-consuming, complicated and expensive. In the meantime, refugee dentists may want to take courses in a new area, such as dental hygiene, or enroll in a retraining program in another healthcare field at a university or community college. No matter what experience a dentist may already have, professional education is a good long-term investment and provides an opportunity to update knowledge and improve vocational language skills.
- **University Employment.** An administrative or support position at a university may include free courses, since many offer tuition benefits to employees. University employment also provides opportunities to interact with potential colleagues, mentors and employers. Dentists who come to the United States with an interest in teaching or research may want to investigate faculty positions at dental schools or pre- or post-doctoral fellowships at universities and government research institutes. Fellowships are temporary and may pay less than work for a private employer, but they do provide a living wage, opportunities to do advanced research and relevant professional experience. Openings for medical or dental interpreters of Arabic, Spanish, French and other languages may also be available at hospitals, clinics and dental offices.
- **Growth Areas.** Shortages of dentists are common in many parts of the United States, but it takes a long time to qualify as a dentist, and licensure requirements are stringent. For an unlicensed dentist, it may be possible to find a teaching position at a dental school. However, dental hygienists have excellent job prospects, and it is quicker, cheaper and easier to obtain licensure in that field. Refugee dentists should consider taking dental hygiene courses that would help qualify them for hygienist positions in areas where shortages are prevalent.

Unlicensed IDGs may find openings in dental office management, dental supply, pharmaceutical companies, teaching and university or government research facilities. IDGs might also consider seeking dental assistant and dental laboratory technician positions that do not require licenses as entry-level jobs. Public clinics and hospitals might accept IDGs as volunteers, but they cannot expect to practice dentistry without a license.

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A number of programs retrain dental and medical practitioners for work in other healthcare professions, such as physical therapy or public health. For example, the Welcome Back Centers in California, Washington state, Massachusetts, Rhode Island and Maryland have helped hundreds of healthcare professionals retrain to find jobs in related fields. Upwardly Global, which describes itself as “a nonprofit organization that helps highly-skilled immigrants, refugees and asylees reclaim their careers here in the United States and helps American employers discover and understand this hidden talent pool,” assists refugee and immigrant jobseekers, including health professionals, in New York, Chicago and San Francisco.

The federally funded National Health Service Corps consists of 4,000 clinicians who provide primary care to about 4 million people in underserved or poor areas. Applicants must be “fully trained and licensed, U.S. citizens or nationals” to qualify for the NHSC’s loan repayment and scholarship programs, which are geared to graduates of U.S. professional schools. However, refugee dentists may apply on their own for paid “volunteer” jobs listed on the NHSC Web site.

A number of Web sites list dental positions. They include [www.monster.com](http://www.monster.com); [www.dentaljobs.com](http://www.dentaljobs.com); [www.dentistjobs.com](http://www.dentistjobs.com); [www.dentalpracticejobs.com](http://www.dentalpracticejobs.com); and [www.dentalworkers.com](http://www.dentalworkers.com). Some state dental societies have employment agencies that list dental assistant, lab technician and dental hygienist jobs.

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## 8. LINKS

American Dental Association. [www.ada.org](http://www.ada.org)

American Dental Education Association. [www.adea.org](http://www.adea.org)

American Dental Hygienists Association. [www.adha.org](http://www.adha.org)

National Health Service Corps. <http://nhsc.hrsa.gov>

Upwardly Global. [www.upwardlyglobal.org](http://www.upwardlyglobal.org)

Welcome Back Initiative. [www.e-welcomeback.org](http://www.e-welcomeback.org)

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