



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2020 Psychologist Re-Licensure Survey Instrument

1. Sex
DROP-DOWN LIST
 - a. Male
 - b. Female

2. Race (Check all that apply.)
MULTI CHECKBOX
 - a. White
 - b. American Indian or Alaska Native
 - c. Native Hawaiian or Other Pacific Islander
 - d. Black or African American
 - e. Asian
 - f. Some Other Race

3. Are you of Hispanic or Latino origin?
RADIO BUTTONS
 - a. Yes
 - b. No

4. Where did you complete the psychology degree/credential that qualified you for your first U.S. psychologist license?
DROP-DOWN LIST OR RADIO BUTTONS
 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. Another Country (not U.S.)

5. What type of psychology degree/credential qualified you for your first U.S. psychologist license?
DROP-DOWN LIST OR RADIO BUTTONS
 - a. Bachelor's degree
 - b. Master's degree
 - c. Doctoral degree
 - d. Military training certification
 - e. Other

6. What year did you complete the psychology education that first qualified you for your U.S. psychologist license? Please indicate using the four digit year.
TEXT BOX

7. What is your highest earned degree/credential in psychology?
DROP-DOWN LIST OR RADIO BUTTONS

- a. Master's degree (MA, MS, MED)
 - b. Specialist degree/Certificate of Advanced Graduate Study (e.g., EdS, PsyS, SSP, CAGS)
 - c. PhD
 - d. PsyD
 - e. Other
8. What is your employment status?
DROP-DOWN LIST OR RADIO BUTTONS
 - a. Actively working in the field of psychology
 - b. Actively working in a field other than psychology
 - c. Unemployed but seeking work in psychology
 - d. Unemployed, not seeking work in psychology
 - e. Retired
9. How many weeks did you work in psychology in the past year? Please approximate and enter a number 0 through 52 (no decimals).
TEXT BOX
10. What are your employment plans for the next 12 months?
DROP-DOWN LIST OR RADIO BUTTONS
 - a. Increase hours in the field of psychology
 - b. Decrease hours in the field of psychology
 - c. Increase hours in direct patient care
 - d. Decrease hours in direct patient care
 - e. Leave employment in the field of psychology
 - f. No planned change
11. Please indicate in which major activity you spend the majority of your time. If this does not apply, please select "Not Applicable":
DROP-DOWN LIST OR RADIO BUTTONS
 - a. Administration Management
 - b. Direct Client Care/Healthcare Services
 - c. Clinical Supervision
 - d. Clinical/Community Consultation & Prevention
 - e. Other Human Services (e.g. forensics, consulting)
 - f. Non-clinical Consultation
 - g. Teaching/Education/Research
 - h. Other
 - i. Not Applicable
12. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select "N/A"
DROP-DOWN LIST including NA
13. If located in Indiana, what is the county of your primary practice location? If this does not apply, please indicate "N/A" _____ (free text)

14. If located in Indiana, what is the zip code of your primary practice location? If this does not apply, please indicate "N/A" _____ (free text)

15. What is your primary specialty area of practice at your primary practice location? If this does not apply, please select "Not Applicable"

DROP-DOWN LIST OR RADIO BUTTONS

- a. Clinical Child & Adolescent Psychology
- b. Clinical Health Psychology
- c. Clinical Neuropsychology
- d. Clinical Psychology
- e. Cognitive Behavioral Psychology
- f. Counseling Psychology
- g. Couple & Family Psychology
- h. Forensic Psychology
- i. Group Psychology
- j. Organizational & Business Consulting Psychology
- k. Police & Public Safety Psychology
- l. Professional Geropsychology
- m. Psychoanalytic Psychology
- n. Rehabilitation Psychology
- o. Other
- p. Not Applicable

16. How many hours do you spend in direct care per week at primary practice location? If this does not apply, please select "Not Applicable"

DROP-DOWN LIST OR RADIO BUTTONS

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week
- m. Not Applicable

17. Please identify the type of setting that most closely corresponds to your primary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- a. Federal government hospital
- b. Non-federal hospital: General medical
- c. Non-federal hospital: Psychiatric
- d. Community health center
- e. Mental health clinic
- f. Primary or specialist medical care
- g. Child welfare facility
- h. College/University Counseling/Health Center
- i. Correctional Facility
- j. Criminal Justice Facility
- k. Hospice
- l. Independent group practice
- m. Independent solo practice
- n. Long-term care facility (e.g. nursing home, assisted living)
- o. Organization/Business setting
- p. Rehabilitation
- q. Residential setting
- r. School-based mental health service
- s. Veterans Facility
- t. Other
- u. Not Applicable

18. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select "N/A"

DROP-DOWN LIST including N/A

19. If located in Indiana, what is the county of your secondary practice location? If this does not apply, please indicate "N/A" _____ (free text)

20. If located in Indiana, what is the zip code of your secondary practice location? If this does not apply, please indicate "N/A" _____ (free text)

21. What is your primary specialty area of practice at your secondary practice location? If this does not apply, please indicate "Not Applicable"

DROP-DOWN LIST

- a. Clinical Child & Adolescent Psychology
- b. Clinical Health Psychology
- c. Clinical Neuropsychology
- d. Clinical Psychology
- e. Cognitive Behavioral Psychology
- f. Counseling Psychology
- g. Couple & Family Psychology
- h. Forensic Psychology
- i. Group Psychology
- j. Organizational & Business Consulting Psychology
- k. Police & Public Safety Psychology
- l. Professional Geropsychology
- m. Psychoanalytic Psychology
- n. Rehabilitation Psychology
- o. Other

- p. Not applicable
22. How many hours do you spend in direct care per week at secondary practice location? If this does not apply, please select “Not Applicable”

DROP-DOWN LIST

- a. 0 hours per week
 - b. 1 – 4 hours per week
 - c. 5 – 8 hours per week
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 - f. 17 – 20 hours per week
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23. Please identify the type of setting that most closely corresponds to your secondary practice location. If this does not apply, please select “Not Applicable”

DROP-DOWN LIST

- a. Federal government hospital
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 - q. Residential setting
 - r. School-based mental health service
 - s. Veterans Facility
 - t. Other
 - u. Not Applicable
24. Please indicate which of the following services you routinely provide as a part of your practice (Note: The purpose of this services list is to gather information on key health issues in Indiana). Please check all that apply.

(Question format: check all that apply)

- I am a Health Service Provider in Psychology (HSPP)
- Addiction counseling
- Dementia/Alzheimer's care
- Psychotherapy
- Psychological testing
- Research on human behavior
- Supervision of other psychologists or trainees
- Treatment of OUD-affected Pregnant Women

25. Please indicate the population groups to which you provide services:

- Newborns
- Children (ages 2-10)
- Adolescents (ages 11-19)
- Adults
- Geriatrics (ages 65+)
- Pregnant women
- Inmates
- Disabled individuals
- Individuals in recovery

26. Do you use telepsychology to deliver services to patients located in Indiana (telepsychology as defined in Indiana Code 25-33-3-3: the practice of psychology using electronic communications and information technology, including the following means: Videoconferencing, Telephone, Internet based communications)?

RADIO BUTTON

- a. Yes
- b. No