

**INDIANA UNIVERSITY**

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2016 Psychologist Re-Licensure Survey Instrument

1. Sex
Dropdown List
 - a. Male
 - b. Female

2. Ethnicity: Are you Hispanic or Latino?
Yes/No Dropdown
 - a. Yes
 - b. No

3. Race (Check all that apply.)
Multi Checkbox
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

4. Where did you complete the psychology degree/credential that qualified you for your first U.S. psychologist license?
Dropdown List
 - 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?
Dropdown List
 - 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?
Dropdown List
- Master's degree (MA, MS, MED)
 - Specialist degree/Certificate of Advanced Graduate Study (e.g., EdS, PsyS, SSP, CAGS)
 - PhD
 - PsyD
 - Other
8. What is your employment status?
Dropdown List
- Actively working in the field of psychology
 - Actively working in a field other than psychology
 - Unemployed but seeking work in psychology
 - Unemployed, not seeking work in psychology
 - Retired
9. How many weeks did you work in psychology in the past year? Please approximate and enter a number 1 through 52 (no decimals).
Text box
10. What are your employment plans for the next 12 months?
Dropdown List
- Increase hours in the field of psychology
 - Decrease hours in the field of psychology
 - Increase hours in direct patient care
 - Decrease hours in direct patient care
 - Leave employment in the field of psychology
 - No planned change
11. Please indicate in which major activity you spend the majority of your time:
Dropdown List
- Administration Management
 - Direct Client Care/Healthcare Services
 - Clinical Supervision
 - Clinical/Community Consultation & Prevention
 - Other Human Services (e.g. forensics, consulting)
 - Non-clinical Consultation
 - Teaching/Education/Research
 - Other
12. What is the street address of your primary practice location?
TEXT-BOX
13. In what city is your primary practice location?
TEXT-BOX
14. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.
DROP-DOWN LIST OF STATES (2LETTER ABV.)
15. What is the 5-digit ZIP code of your primary practice location?
TEXT-BOX

16. What is your primary specialty area of practice at your primary practice location?

Dropdown 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

17. How many hours do you spend in direct care per week at primary practice location?

Dropdown List

- 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

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

Dropdown List

- 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

19. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.

TEXT-BOX

20. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.

TEXT-BOX

21. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. Please skip this question if you do not have a secondary practice location.

DROP-DOWN LIST OF STATES

22. What is the 5-digit ZIP code of your secondary practice location? Please skip this question if you do not have a secondary practice location.

TEXT-BOX

23. What is your primary specialty area of practice at your secondary practice location? Please skip this question if you do not have a secondary practice location.

Dropdown 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

24. How many hours do you spend in direct care per week at secondary practice location?

Dropdown List

- 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
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- h. 25 – 28 hours per week
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25. Please identify the type of setting that most closely corresponds to your secondary practice location.

Dropdown List

- a. Federal government hospital
- b. Non-federal hospital: General medical
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- d. Community health center
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