

Vermont Clinical Social Workers 2018 Census

Demographics

Vermont Clinical Social Worker License Number: _____

First Name: _____

Middle Name: _____

Last Name: _____

Birth date: MM/DD/YYYY _____

Gender: Male Female Other

Are you Hispanic or Latino/a? Yes No Prefer not to answer

Race (select all that apply)

American Indian or Alaska Native

Asian or Asian American

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other (please specify): _____

Prefer not to answer

Education & Training

What is your highest earned social work degree?

Bachelor's Degree (BSW, BA)

Master's Degree (MSW, MA)

Doctoral Degree (DSW, PhD)

No Social Work Degree

Other

Please enter the two letter code for the state where you completed your highest earned social work degree:
(Use 2-letter abbreviations for states; CC for Canada, XX for other foreign countries) _____

If completed outside the U.S. or Canada, please specify country: _____

License & Practice

In what year did you obtain your first clinical social worker license? _____

Which of the following other licenses, certifications or registrations do you maintain? (Select all that apply)

- Art therapist
- Licensed Alcohol and Drug Counselor
- Marriage & family therapist
- Mental health counselor

- Psychoanalyst
- Psychologist
- Substance abuse/addiction counselor (CADC, AAP)
- None
- Other _____

Are you certified as a clinical social worker by the American Board of Examiners in Clinical Social Work?

Yes No Don't Know

Are you listed on the National Association of Social Workers Clinical Register?

Yes No Don't Know

In what state(s) (other than Vermont) do you hold an active _____ license? State (postal) abbreviation(s)

Do you have a National Provider Identification (NPI) number?

No Yes: _____

What is your employment status? (select all that apply)

Working IN Vermont as a clinical social worker. **[SKIP logic for "active in VT" or not based on selecting this option]**

Working OUTSIDE Vermont as a clinical social worker.

Actively working in a position that does not require a clinical social worker license

Not currently working

Retired

If Not active in Vermont:

Do you plan to start (or resume) work and/or clinical practice in Vermont within the next 12 months?

Yes No

If not active in VT, stop here.

In what year did you first work as a licensed clinical social worker in Vermont? _____

What are your plans regarding working in Vermont as a social worker for the next 12 months?

Continue as you are

Increase hours

Decrease hours

Stop working in Vermont

Seek non-clinical job

Retire

Unknown

Please answer the following questions regarding your primary Vermont practice site:

Vermont town within which this practice site is located: _____

ZIP Code of the practice site location: _____

Practice Name: _____

Street address of practice site (not a mailing address): _____

Public (main line) **phone number** of practice: _____

Which best describes the type of **setting** that most closely corresponds to this practice location(s): (**select one**)

Private Solo Practice

Private Group Practice

Designated Agency

Substance Abuse Treatment Facility

Health Clinic/Outpatient Facility

Social Service Agency

Psychiatric Hospital

Hospital/Medical Center

School or College

Other Setting, please specify: _____

During **how many weeks** in a year do you work at this site as a clinical social worker:

(48 weeks is considered "year round") _____

What is your **primary specialty** area of practice at this site? (select one)

Mental Health

Health

Addiction

Interpersonal Violence

Other, please specify: _____

Hours per week working as a clinical social worker in main specialty: _____

What is your **secondary specialty** area of practice at this site, if any?

[same list]

Hours per week working as a clinical social worker in secondary specialty: _____

Please answer the following questions for your work at this site:

I will accept new patients here O yes O no

I participate in Medicaid here O yes O no

I will accept new Medicaid patients here O yes O no

I participate in Medicare here O yes O no

I will accept new Medicare patients here O yes O no

- | | | |
|--|---------------------------|--------------------------|
| I serve children and families here | <input type="radio"/> yes | <input type="radio"/> no |
| I serve adolescents (13-18 years old) here | <input type="radio"/> yes | <input type="radio"/> no |
| I serve adults (18-65 years old) here | <input type="radio"/> yes | <input type="radio"/> no |
| I serve older adults (65+ years old) here | <input type="radio"/> yes | <input type="radio"/> no |
| I serve veterans here | <input type="radio"/> yes | <input type="radio"/> no |

Number of clinical social workers at this practice location: _____

Is supervision available at this site? Yes No Don't Know

Anything else you want to tell us about this practice site?

Do you have a second practice site in Vermont?

Yes No

[SKIP LOGIC: if No, skip to end of form.]

If yes, the same questions as above will be asked for up to four practice sites.

[this is "end of form":]

{an open-ended question here often gathers valuable insights}

1) Anything else you want to tell us about your practice or this census?
