



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

2023 Speech Language Pathologist and Audiologist License Renewal Information Fields

1. What is your employment status?

RADIO BUTTONS

- a. Actively employed in speech-language pathology or audiology full-time
 - b. Actively employed in speech-language pathology or audiology part-time
 - c. Actively employed in speech-language pathology or audiology per diem
 - d. Working in speech-language pathology or audiology only as volunteer
 - e. Actively employed in a field other than speech-language pathology or audiology
 - f. Unemployed and seeking work as speech-language pathologist or audiologist
 - g. Unemployed and not seeking work as speech-language pathologist or audiologist
 - h. Retired
2. What is your race? Mark one or more boxes.

MULTI CHECK BOX

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian/Pacific Islander
- e. White/Caucasian
- f. Some Other Race

3. Are you of Hispanic, Latina/o, or Spanish origin?

RADIO BUTTONS

- a. Yes
- b. No

4. Where did you complete the education that first qualified you for this 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 is your highest level of education?

RADIO BUTTONS

- a. Master's Degree
- b. Professional/Doctorate Degree
- c. Other

6. Do you currently hold an ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) or Audiology (CCC-A)?

RADIO BUTTONS

- a. Yes
- b. No

7. What is your current employment arrangement at your primary employment setting?

RADIO BUTTONS

- a. Self-employed
- b. Full-time salaried
- c. Part-time salaried
- d. Hourly employed
- e. Contractor/Consultant (e.g., per diem, temporary)
- f. Other

8. Please identify the type of setting that most closely corresponds to your primary employment.

DROP DOWN LIST

- a. Education—Early Intervention
- b. Education—Preschool
- c. Education—K-12 Schools
- d. Education—College and University
- e. Hospitals (i.e. acute care, rehabilitation, psychiatric, pediatric, etc.)
- f. Residential Health Care Facilities (i.e. skilled nursing facilities, assisted living facilities, etc.)
- g. Nonresidential Health Care Facilities (i.e. home health, outpatient settings)
- h. Private or Group Practice
- i. Corporate Speech-Language Pathology (i.e. working as a consultant for a company)
- j. Federal Government
- k. Public Health Department (State)
- l. Uniformed Services (i.e. U.S. Air Force, Army, Navy, U.S. Public Health Services, etc.)
- m. Audiology Franchise or Retail Chain
- n. Industry (i.e. hearing aid manufacturing, hearing conservation)
- o. Other

9. 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 OF STATE ABBREVIATIONS]

Please include all states' 2-letter postal abbreviation along with an option for N/A

10. Please provide the following information regarding your primary practice location. If this does not apply, please indicate N/A.

Street Address: [Free text]

City: [Free text]

Zip Code: [Free text]

11. Estimate the average number of hours per week spent at your primary employment setting.

DROP-DOWN 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

12. Please identify the type of setting that most closely corresponds to your secondary employment.

DROP DOWN LIST

- a. Education—Early Intervention
- b. Education—Preschool
- c. Education—K-12 Schools
- d. Education—College and University
- e. Hospitals (i.e. acute care, rehabilitation, psychiatric, pediatric etc.)
- f. Residential Health Care Facilities (i.e. skilled nursing facilities, assisted living facilities, etc.)
- g. Nonresidential Health Care Facilities (i.e. home health, outpatient settings)
- h. Private or Group Practice
- i. Corporate Speech-Language Pathology (i.e. working as a consultant for a company)
- j. Federal Government
- k. Public Health Department (State)
- l. Uniformed Services (i.e. U.S. Air Force, Army, Navy, U.S. Public Health Services, etc.)
- m. Audiology Franchise or Retail Chain
- n. Industry (i.e. hearing aid manufacturing, hearing conservation)
- o. Other

13. 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 OF STATE ABBREVIATIONS]

Please include all states’ 2-letter postal abbreviation along with an option for N/A

14. Please provide the following information regarding your secondary practice location. If this does not apply, please indicate N/A.

Street Address: [Free text]

City: [Free text]

Zip Code: [Free text]

15. Estimate the average number of hours per week spent at your secondary practice location. Please skip this question if you do not have a secondary practice location.

DROP DOWN LIST

- 0 hours per week
- 1 – 4 hours per week
- 5 – 8 hours per week
- 9 – 12 hours per week
- 13 – 16 hours per week
- 17 – 20 hours per week
- 21 – 24 hours per week
- 25 – 28 hours per week
- 29 – 32 hours per week
- 33 – 36 hours per week
- 37 – 40 hours per week
- 41 or more hours per week

16. How many paid positions do you currently hold in your field?

RADIO BUTTONS

- 1 position
- 2 positions
- 3 positions
- 4 or more positions

17. Do you use telehealth to deliver services to patients located in Indiana (as defined in IC 25-1-9.5-6; "telehealth" means the delivery of health care services using interactive electronic communications and information technology, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), including: (1) secure videoconferencing; (2) store and forward technology; or (3) remote patient monitoring technology; between a provider in one location and a patient in another location)?

RADIO BUTTONS

- a. Yes
- b. No

18. Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purposes of this services list is to gather information on key health issues in Indiana) Please check all that apply.

CHECKBOXES

- a. Multilingual Services
- b. Treatment of Autism Spectrum disorders
- c. Services via telehealth to patients/clients outside of Indiana
- d. I hold an Original Communication Disorders License from the Indiana Department of Education.
- e. I supervise support personnel (SLP Aides or Associates).
- f. None of the above

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

CHECKBOXES

- a. Newborns
- b. Children (ages 2-5)
- c. Children (ages 6-10)
- d. Adolescents (ages 11-19)
- e. Adults
- f. Geriatrics (ages 65+)
- g. Pregnant Women
- h. Individuals who are incarcerated
- i. Individuals with disabilities
- j. Individuals in recovery
- k. Veterans/Individuals who have served in the military
- l. None of the above

20. What best describes your employment plans for the next 2 years?

DROP-DOWN LIST OR RADIO BUTTONS

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Retire
- e. Continue as you are
- f. Unknown

21. Approximately how many clients are you serving in an average week?

FREE TEXT