

Vermont Psychologist Census 2018

Demographics

Vermont Psychologist License Number: _____

First Name: _____

Middle Name: _____

Last Name: _____

Birth date: MM/DD/YYYY _____

Sex: 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 psychology degree?

Master's Degree (MA, MS, MED)

Specialist Degree/Certificate of Advanced Graduate Study (e.g. EdS, PsyS, SSP, CAGS)

PhD

PsyD

EdD

Other (please specify) _____

Where did you complete your highest earned psychology degree?

State/Province (postal abbreviation) _____

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

If you possess a doctoral degree in psychology, did you complete a one year (full time) or two year (half time) psychology internship as part of that doctoral program?

Yes No N/A

If yes:

Was it APA accredited? Yes No Don't Know

Was it CPA accredited? Yes No Don't Know

Did you complete one year (full time) or two years (half time) of post-doctoral supervised training?

Yes No N/A

Did you complete a program of doctoral re-specialization? Yes No N/A

If yes, please specify: _____

License & Practice

In what year did you obtain your first psychology license? _____

Which of the following licensure titles do you maintain? (Select all that apply)

- Licensed Psychologist
- Licensed Psychologist/Health Service Provider
- Licensed School Psychologist
- Licensed Psychological Assistant
- Licensed Psychological Examiner
- Licensed Psychological Associate
- Licensed Psychological Technician

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

- Art therapist
- Licensed Alcohol & Drug Counselor
- Marriage & family therapist
- Mental health counselor
- Psychoanalyst
- Social worker
- Substance abuse/addiction counselor
- None
- Other _____

In what state(s) 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 in a psychology position that requires a psychology license
- Working OUTSIDE Vermont in a psychology position that requires a psychology license
- Working in a position that does not require a psychology 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.

Which of the following best describes your current employment arrangement at your primary Vermont practice location regarding direct client/patient care?

- Self employed
- Salaried employment
- Hourly employment
- Temporary Employment
- Other (please specify): _____

What are your plans for the next 12 months regarding actively working in Vermont?

- Continue as you are
- Increase hours
- Decrease hours
- Stop working in Vermont
- Seek non-clinical job
- Retire
- Unknown

Are you able to provide services in psychology to clients/patients in a language other than English?

- Yes
- No

If yes, which language(s) (select all that apply)

- Spanish
- French
- Other (please specify): _____

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)

Hospital/Medical Center

Designated Agency

Mental Health Clinic

Substance Abuse Treatment Facility

Health Clinic/Outpatient Facility

Independent group practice

Independent solo practice

School based mental health service

Other setting (please specify): _____ +

During **how many weeks** in a year do you work at this site as a psychologist?

(48 weeks is considered "year round") _____

What is your **primary specialty** area of practice at this site?

Clinical Child & Adolescent Psychology

Clinical Health Psychology

Clinical Neuropsychology

Clinical Psychology

Cognitive Behavioral Psychology

Counseling Psychology

Couple & Family Psychology

Forensic Psychology

Professional Geropsychology

Psychoanalytic Psychology

School Psychology

Other (please specify): _____

Hours per week working as a psychologist in main specialty: _____

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

[same list]

Hours per week working as a psychologist in secondary specialty: _____

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

I will accept new patients here yes no

I participate in Medicaid here yes no

I will accept new Medicaid patients here yes no

I participate in Medicare here yes no

I will accept new Medicare patients here yes no

Number of Psychologists at this practice location:

- 1-5
- 6-10
- 11-15
- 11-20
- 21+

Are there other types of licensed health or mental health professionals working at this location?

- Yes No

If yes, which type(s): (select all that apply)

- | | |
|--|---|
| <input type="radio"/> Dentists | <input type="radio"/> Physician Assistants |
| <input type="radio"/> Licensed Professional Counselors | <input type="radio"/> Physicians other than Psychiatrists |
| <input type="radio"/> Marriage and Family Therapists | <input type="radio"/> Psychiatrists |
| <input type="radio"/> Nurse Practitioners | <input type="radio"/> Social Workers |
| <input type="radio"/> Nurses | <input type="radio"/> Other (please specify): _____ |

Please indicate the client/patient populations typically served at this site (select all that apply):

- | | | |
|---|---|--|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Adolescents(13-18 years) | <input type="radio"/> Homeless |
| <input type="radio"/> Asian or Asian American | <input type="radio"/> Adults (18-64 years) | <input type="radio"/> Rural |
| <input type="radio"/> Black or African American | <input type="radio"/> Children (under 13 years) | <input type="radio"/> Suburban |
| <input type="radio"/> Hispanic/ Latino/a | <input type="radio"/> Older Adults (65 years and older) | <input type="radio"/> Urban |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander | | <input type="radio"/> Working Poor /Unemployed |
| <input type="radio"/> White | | |
| <input type="radio"/> Other (please specify): _____ | | |

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?
