

2022 Psychologist License Renewal Survey Instrument

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

2. Are you of Hispanic, Latina/o, or Spanish origin?
RADIO BUTTONS
 - a. Yes
 - b. No

3. 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
 - f. Some Other Race

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. 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
- 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 0 through 52 (no decimals).
TEXT BOX
10. What are your employment plans for the next 12 months?
DROP-DOWN LIST OR RADIO BUTTONS
- Increase hours
 - Decrease hours
 - Transition to a non-direct service role
 - Leave my current role to complete further training
 - Leave my current role for family reasons/commitments
 - Leave my current role due to physical demands
 - Leave my current role due to stress/burnout
 - Retire
 - Continue as you are
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
- 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
 - 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
- Clinical Child & Adolescent Psychology
 - Clinical Health Psychology
 - Clinical Neuropsychology
 - Clinical Psychology
 - 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. Child Welfare
- b. Community Health Center (RHC, FQHC, Look-alike)
- c. Community Mental Health Center (CMHC)
- d. Mental Health Clinic (Not a CMHC)
- e. Criminal Justice
- f. Detox
- g. Faith-Based Setting
- h. Federal Government Hospital
- i. In-Home Setting
- j. Methadone Clinic
- k. Non-Federal Hospital: General Medicine
- l. Non-Federal Hospital: Inpatient
- m. Non-Federal Hospital: Other- e.g. nursing home unit
- n. Non-Federal Hospital: Psychiatric
- o. Primary or Specialist Medical Care (Non-behavioral health setting)
- p. Private Practice
- q. Recovery Support Services
- r. Rehabilitation
- s. Residential Setting
- t. School Health Service
- u. Specialized Substance Abuse Outpatient Treatment Facility
- v. Telehealth
- w. Other
- x. 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
 - 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
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. Child Welfare
 - b. Community Health Center (RHC, FQHC, Look-alike)
 - c. Community Mental Health Center (CMHC)
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- f. Detox
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- u. Specialized Substance Abuse Outpatient Treatment Facility
- v. Telehealth
- w. Other
- x. 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
- Neuropsychological Assessment
- Custody Evaluation
- Forensic Assessment
- Foster and Out of Home Placements
- Gender health
- LGBTQ Counseling
- Pre-surgical Evaluations
- Vocational/Disability Assessments

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
- Veterans
- Health care workers

26. Do you use telehealth to deliver services to patients located in Indiana (telehealth as defined in Indiana Code 25-1-9.5-6: the delivery of health care services using interactive electronic communications and information technology, including: secure videoconferencing; store and forward technology; or remote patient monitoring technology; between a provider in one (1) location and a patient in another location")?

RADIO BUTTON

- a. Yes
- b. No