



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

2024 Psychologist License Renewal Information Fields

1. What is your sex?
SINGLE-SELECT
 - a. Female
 - b. Male

2. What is your race? Mark one or more boxes.
MULTI-SELECT
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Some Other Race

3. Are you of Hispanic, Latina/o, or Spanish origin?
SINGLE-SELECT
 - a. Yes
 - b. No

4. What type of psychology degree/credential qualified you for your first U.S. psychologist license?
DROP-DOWN LIST OR RADIO BUTTONS
 - a. Master's degree
 - b. Doctoral degree
 - c. Other1. OPEN TEXT BOX

5. 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.)

6. Where did you complete your doctoral internship 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.)

7. Where did you complete your psychology practicum or post-doctoral internship experience that qualified you for your first U.S. psychologist license? If this does not apply, please select "Not Applicable"

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.)
 - h. Not Applicable
8. 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

9. What is your highest earned degree/credential in psychology?

SINGLE-SELECT

- a. Master's degree (MA, MS, MED)
 - b. Specialist degree/Certificate of Advanced Graduate Study (e.g., EdS, PsyS, SSP, CAGS)
 - c. PhD – Counseling Psychology
 - d. PhD – Clinical Psychology
 - e. PhD - School Psychology
 - f. PhD - Psychology
 - g. PhD – Other
 - h. PsyD – Counseling Psychology
 - i. PsyD - Clinical Psychology
 - j. PsyD - School Psychology
 - k. PsyD - Psychology
 - l. PsyD - Other
 - m. Other
1. OPEN TEXT BOX

10. What is your employment status?

SINGLE-SELECT

- a. Actively working in a position that requires a psychology license
- b. Actively working in a position in the field of psychology that does not require a license
- c. Actively working in a position in a field other than psychology
- d. Not actively working
- e. Retired

11. What are your employment plans for the next 12 months?

SINGLE-SELECT

- a. Increase hours
- b. Decrease hours
- c. Transition to a non-direct service role
- d. Leave my current role to complete further training
- e. Leave my current role for family reasons/commitments
- f. Leave my current role due to physical demands
- g. Leave my current role due to stress/burnout
- h. Retire
- i. Continue as you are

Note to PLA for survey coding: Please display the remaining questions on the survey if an individual selects "a-d" on Q10 and "a-g" on Q11. In other words, if an individual selects BOTH "e." Retired" on Q10 AND "h or i". retire, or continue as you are" on Q11, no additional questions would be displayed.

12. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Do you use telehealth to deliver services to patients?

SINGLE-SELECT

- a. No
- b. Yes

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

MULTI-SELECT CHECKBOXES

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Inmates
- h. Disabled individuals
- i. Individuals in recovery
- j. Veterans
- k. Healthcare workers
- l. None of the above

14. 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.

MULTI-SELECT CHECKBOXES

- a. Addiction counseling
- b. Dementia/Alzheimer's care
- c. Psychotherapy
- d. Psychological testing
- e. Research on human behavior
- f. Supervision of Pre-Doctoral psychology students/trainees
- g. Supervision of Post-Doctoral psychologist students/trainees

- h. Treatment of OUD-affected Pregnant Women
 - i. Neuropsychological Assessment
 - j. Custody Evaluation
 - k. Forensic Assessment
 - l. Foster and Out of Home Placements
 - m. Gender health
 - n. LGBTQ+ Counseling
 - o. Pre-surgical Evaluations
 - p. Vocational/Disability Assessments
15. 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"
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]
16. Please provide the following information regarding your principal practice location. If this does not apply, please indicate "N/A".
 Street Address: [Free text]
 City: [Free text]
 Zip Code: [Free text]
17. What is your primary specialty area of practice at your primary practice location? If this does not apply, please select "Not Applicable"
 SINGLE SELECT
- 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. Pediatric Psychology
 - l. Police & Public Safety Psychology
 - m. Professional Geropsychology
 - n. Psychoanalytic Psychology
 - o. Rehabilitation Psychology
 - p. Not Applicable
 - q. Other
1. OPEN TEXT BOX
18. Estimate the average number of hours per week spent at your primary practice or place of employment. *If this does not apply, please select "not applicable."*
 SINGLE-SELECT
- a. 0 hours per week/Not applicable
 - 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

19. Please indicate in which major activity you spend most of your time. If this does not apply, please select "Not Applicable":

DROP-DOWN LIST OR RADIO BUTTONS

- a. Administration Management
 - b. Direct Client Care/Healthcare Services
 - c. Clinical Supervision
 - d. Clinical/Community Consultation & Prevention
 - e. Other Human Services (e.g. forensics, consulting)
 - f. Non-clinical Consultation
 - g. Teaching/Education/Research
 - h. Not Applicable
 - i. Other
1. OPEN TEXT BOX

20. Estimate the average number of hours per week spent in direct patient care per week at primary practice location? If this does not apply, please select "Not Applicable"

SINGLE SELECT

- 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

21. Which of the following best describes the practice setting at your primary practice location? If this does not apply select "not applicable"

SINGLE-SELECT

- 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. Not Applicable
- x. Other
 - 1. OPEN TEXT BOX

22. Do you have a secondary location or place of employment?
- a. Yes
 - b. No

Note to PLA for survey coding: Please display Q23-30 if individual selects “a” on Q22. If an individual selects “b” on Q22, please end survey.

23. 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”
 [LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

24. 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]

25. What is your primary specialty area of practice at your secondary practice location? If this does not apply, please indicate “Not Applicable”

SINGLE SELECT

- 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) Pediatric Psychology
- l) Police & Public Safety Psychology
- m) Professional Geropsychology
- n) Psychoanalytic Psychology

- o) Rehabilitation Psychology
 - p) Not Applicable
 - q) Other
1. OPEN TEXT BOX

26. Estimate the average number of hours per week spent at your secondary practice or place of employment. *If this does not apply, please select "not applicable."*
SINGLE-SELECT

- a. 0 hours per week/Not applicable
- 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
- h. 21 – 24 hours per week
- i. 25 – 28 hours per week
- j. 29 – 32 hours per week
- k. 33 – 36 hours per week
- l. 37 – 40 hours per week
- m. 41 or more hours per week

27. Estimate the average number of hours per week spent in direct care at your secondary practice location or place of employment? *If this does not apply, please select "Not Applicable"*
SINGLE-SELECT

- 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

28. Which of the following best describes the practice setting at your secondary practice location?
If this does not apply select "not applicable"

SINGLE-SELECT

- 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. Not Applicable
- x. Other
 - 1. OPEN TEXT BOX