

MDS: PSYCHOLOGISTS

Demographics

1. Name Last Name: First Name: Middle Name: Maiden Name:

2. Birth date: MM/DD/YYYY

3. Sex: Male Female

4. Are you Hispanic or Latino/a? Yes No

If yes, specify: (select all that apply)
 Mexican or Mexican American
 Puerto Rican
 Cuban or Cuban American
 Other Hispanic, Latino/a, or of Spanish Origin

5. 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 (specify):

Education & Training

6. 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 (specify) _____

7. What year did you complete your highest earned psychology degree?

YYYY

8. Where did you complete your highest earned psychology degree?

State/Province (postal abbreviation)

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

Institution of Higher Education Attended:

Program Title or Area of Concentration:

9. 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

10. Did you complete one year (full time) or two years (half time) of post-doctoral supervised training? Yes No

11. Did you complete a program of doctoral re-specialization? Yes No

If yes, specify: _____

License & Practice

12. What year did you obtain your first psychology license? YYYY

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

- Licensed Psychologist
- Licensed School Psychologist
- Licensed Psychological Examiner
- Not licensed
- Licensed Psychologist/Health Service Provider
- Licensed Psychological Assistant
- Licensed Psychological Associate
- Licensed Psychological Technician

14. In what state(s) do you hold an active license? (select all that apply)

State (postal abbreviation)

15. In what state(s) do you hold an inactive license? (select all that apply)

State (postal abbreviation)

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

No Yes:

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

- Actively working in a psychology position that requires a psychology license
- Actively working in a psychology position that does not require a psychology license
- Actively working in a field other than psychology
- Not currently working
- Retired

18. How many weeks did you work as a psychologist in the past year: _____

Practice Characteristics

19. What is your primary and secondary (if applicable) specialty area of practice?

	Primary	Secondary
Clinical Child & Adolescent Psychology	<input type="radio"/>	<input type="radio"/>
Clinical Health Psychology	<input type="radio"/>	<input type="radio"/>
Clinical Neuropsychology	<input type="radio"/>	<input type="radio"/>
Clinical Psychology	<input type="radio"/>	<input type="radio"/>

Cognitive Behavioral Psychology	<input type="radio"/>	<input type="radio"/>
Counseling Psychology	<input type="radio"/>	<input type="radio"/>
Couple & Family Psychology	<input type="radio"/>	<input type="radio"/>
Forensic Psychology	<input type="radio"/>	<input type="radio"/>
Group Psychology	<input type="radio"/>	<input type="radio"/>
Organizational & Business Consulting Psychology	<input type="radio"/>	<input type="radio"/>
Police & Public Safety Psychology	<input type="radio"/>	<input type="radio"/>
Professional Geropsychology	<input type="radio"/>	<input type="radio"/>
Psychoanalytic Psychology	<input type="radio"/>	<input type="radio"/>
Rehabilitation Psychology	<input type="radio"/>	<input type="radio"/>
School Psychology	<input type="radio"/>	<input type="radio"/>
Other (specify): _____	<input type="radio"/>	<input type="radio"/>

20. Which best describes the type of setting that most closely corresponds to your primary and secondary (if applicable) practice location(s): (Select One)

	Primary	Secondary
Hospital		
Federal Government hospital	<input type="radio"/>	<input type="radio"/>
Non-federal hospital: General Medical	<input type="radio"/>	<input type="radio"/>
Non-federal hospital: Psychiatric	<input type="radio"/>	<input type="radio"/>
Ambulatory Care Facility		
Community health center	<input type="radio"/>	<input type="radio"/>
Mental health clinic	<input type="radio"/>	<input type="radio"/>
Primary or specialist medical care	<input type="radio"/>	<input type="radio"/>
Specialized substance abuse treatment facility	<input type="radio"/>	<input type="radio"/>
Child Welfare Facility	<input type="radio"/>	<input type="radio"/>
College/University Counseling/ Health Center	<input type="radio"/>	<input type="radio"/>
Correctional Facility	<input type="radio"/>	<input type="radio"/>
Criminal Justice Facility	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>
Independent group practice	<input type="radio"/>	<input type="radio"/>
Independent solo practice	<input type="radio"/>	<input type="radio"/>
Long-term care facility (e.g. nursing home, assisted living)	<input type="radio"/>	<input type="radio"/>
Organization/Business Setting	<input type="radio"/>	<input type="radio"/>
Rehabilitation	<input type="radio"/>	<input type="radio"/>
Residential setting	<input type="radio"/>	<input type="radio"/>
School based mental health service	<input type="radio"/>	<input type="radio"/>
Veterans Facility	<input type="radio"/>	<input type="radio"/>
Other setting (specify): _____	<input type="radio"/>	<input type="radio"/>

21. Practice Locations

<u>Primary Practice Site</u>	<u>Secondary Practice Site (if applicable)</u>
City/Town:	City/Town:
State:	State:
Zip Code: □□□□□	Zip Code: □□□□□

22. Number of Psychologists at each practice location:

- | | Primary | Secondary |
|-----------------------|----------------|-----------------------------|
| <input type="radio"/> | 1-5 | <input type="radio"/> 1-5 |
| <input type="radio"/> | 6-10 | <input type="radio"/> 6-10 |
| <input type="radio"/> | 11-15 | <input type="radio"/> 11-15 |
| <input type="radio"/> | 11-20 | <input type="radio"/> 11-20 |
| <input type="radio"/> | 21+ | <input type="radio"/> 21+ |

23. Please indicate the average number of hours spent per week (excluding emergency call) on each psychology major activity:

- | | Primary | Secondary |
|---|-----------------------------|-----------------------------|
| Administration Management | <input type="radio"/> _____ | <input type="radio"/> _____ |
| Direct Client/Patient Care/ Healthcare Services | <input type="radio"/> _____ | <input type="radio"/> _____ |
| Clinical Supervision | <input type="radio"/> _____ | <input type="radio"/> _____ |
| Clinical/ Community Consultation & Prevention | <input type="radio"/> _____ | <input type="radio"/> _____ |
| Other Human Services (e.g. forensics, consulting) | <input type="radio"/> _____ | <input type="radio"/> _____ |
| Non clinical consultation | <input type="radio"/> _____ | <input type="radio"/> _____ |
| Teaching/Education/Research | <input type="radio"/> _____ | <input type="radio"/> _____ |
| Other | <input type="radio"/> _____ | <input type="radio"/> _____ |

24. Are there other licensed health or mental health professionals working at the primary practice setting? Yes No

If yes, specify: (select all that apply)

- Dentists
- Licensed Professional Counselors
- Marriage and Family Therapists
- Nurse Practitioners
- Nurses
- Physician Assistants
- Physicians other than Psychiatrists
- Psychiatrists
- Social Workers
- Other (specify): _____

25. Please indicate the client/patient populations typically served (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 (specify): | | |

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

- Yes No
- If yes, specify: (select all that apply)
- Spanish
 - French
 - Other (specify): _____

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

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

28. What are your plans for the next 12 months regarding direct client/patient care?

- Increase hours
- Decrease hours
- Seek non-clinical job
- Retire
- Continue as you are
- Unknown