MDS: OCCUPATIONAL THERAPISTS

Demographics

Month   **Day**   **Year**

1. Birth date ☐☐   ☐☐   ☐☐☐☐

2. Sex
O Male   O Female

3. Race/Ethnicity (mark one or more boxes)
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino of any race
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

Education &Training

4. What degree or certificate were you awarded upon completion of your occupational therapy education?

OTR Credential
- Entry-level Master's degree
- Entry-level Doctoral degree
- OTED (including internationally educated

COTA Credential
- Associate Degree
- Certificate

5. What year did you complete your entry-level occupational therapy education? ☐☐☐☐

6. Where did you receive your occupational therapy education?
- United States (Please specify): [State]
- Other (Please specify): _____

Practice Characteristics

7. What is your current employment status? (mark all that apply)
- Actively working in a position that requires an OT license
- Actively working in a field other than OT
- Not currently working

8. If you are currently employed, what is your current employment status at your primary OT practice location?
- Self-employed
- Salaried

- o Hourly employed
- o Temporary contract
- o Other (specify): _____

9. Practice Locations

Enter the following information related to your employment settings:

Principal practice site

Zip Code of practice site: ☐☐☐☐☐

Hours worked during a typical

week at this site*: ☐☐

10. Which area of practice best describes your current primary OT employment?

	Primary
Pediatrics	
School systems	
OT professional education and/or research	
Administration and/or management	
Work and industry	
Mental health	
Developmental disability	
Rehabilitation	
Geriatrics	
Orthopedics	
Acute care	
Skilled nursing facility	
Home health	
Health and wellness	
Other (specify):	

11. Do you communicate with clients in a language other than English at your primary OT employment setting?
- o Yes (specify):
- o No

12. Do you have a National Provider Identification (NPI) number?
- o Yes ☐☐☐☐☐☐☐☐☐☐
- o No