MDS: PSYCHOLOGISTS

Demographics

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

2. Birth date: MM/DD/YYYY

3. Sex: O Male   O Female

4. Are you Hispanic or Latino/a?  O Yes       O No
   If yes, specify: (select all that apply)
   O Mexican or Mexican American
   O Puerto Rican
   O Cuban or Cuban American
   O Other Hispanic, Latino/a, or of Spanish Origin

5. Race (select all that apply)
   O American Indian or Alaska Native
   O Asian or Asian American
   O Black or African American
   O Native Hawaiian or Other Pacific Islander
   O White
   O Other (specify):

Education & Training

6. What is your highest earned psychology degree?
   O Master’s Degree (MA, MS, MED)
   O Specialist Degree/Certificate of Advanced Graduate Study (e.g. EdS, PsyS, SSP, CAGS)
   O PhD
   O PsyD
   O EdD
   O 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?
   O Yes O No O N/A

September 1, 2013
If yes:
Was it APA accredited?  O Yes  O No  O Don't Know
Was it CPA accredited?  O Yes  O No  O Don't Know

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

11. Did you complete a program of doctoral re-specialization?  O Yes  O 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)
O Licensed Psychologist  O Licensed Psychologist/Health Service Provider
O Licensed School Psychologist  O Licensed Psychological Assistant
O Licensed Psychological Examiner  O Licensed Psychological Associate
O Not licensed  O 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?  O No  O Yes:
□□□□□□□□□□□□□

17. What is your employment status? (select all that apply)
O Actively working in a psychology position that requires a psychology license
O Actively working in a psychology position that does not require a psychology license
O Actively working in a field other than psychology
O Not currently working
O 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?

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Child &amp; Adolescent Psychology</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Clinical Health Psychology</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Clinical Neuropsychology</td>
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<td>O</td>
</tr>
<tr>
<td>Clinical Psychology</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
20. Which best describes the type of setting that most closely corresponds to your primary and secondary (if applicable) practice location(s): (Select One)

**Hospital**
- Federal Government hospital
- Non-federal hospital: General Medical
- Non-federal hospital: Psychiatric

**Ambulatory Care Facility**
- Community health center
- Mental health clinic
- Primary or specialist medical care
- Specialized substance abuse treatment facility

**Child Welfare Facility**

**College/University Counseling/ Health Center**

**Correctional Facility**

**Criminal Justice Facility**

**Hospice**

**Independent group practice**

**Independent solo practice**

**Long-term care facility** (e.g. nursing home, assisted living)

**Organization/Business Setting**

**Rehabilitation**

**Residential setting**

**School based mental health service**

**Veterans Facility**

**Other setting** (specify): ____________________________

21. Practice Locations

<table>
<thead>
<tr>
<th>Primary Practice Site</th>
<th>Secondary Practice Site (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
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<tr>
<td>State:</td>
<td>State:</td>
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<tr>
<td>Zip Code: □□□□□□</td>
<td>Zip Code: □□□□□□</td>
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</table>

22. Number of Psychologists at each practice location:
23. Please indicate the average number of hours spent per week (excluding emergency call) on each psychology major activity:

- Administration Management
- Direct Client/Patient Care/Healthcare Services
- Clinical Supervision
- Clinical/Community Consultation & Prevention
- Other Human Services (e.g. forensics, consulting)
- Non clinical consultation
- Teaching/Education/Research
- Other

<table>
<thead>
<tr>
<th>Activity</th>
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<th>Secondary</th>
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<tr>
<td>Other</td>
<td>_______</td>
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24. Are there other licensed health or mental health professionals working at the primary practice setting?  
   O Yes      O 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):

   - American Indian or Alaska Native
   - Asian or Asian American
   - Black or African American
   - Hispanic/Latino/a
   - Native Hawaiian or Other Pacific Islander
   - White
   - Other (specify):

   - Adolescents (13-18 years)
   - Adults (18-64 years)
   - Children (under 13 years)
   - Older Adults (65 years and older)
   - Homeless
   - Rural
   - Suburban
   - Urban
   - Working Poor
   - Unemployed

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