



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

2024 Indiana Pharmacist License Renewal Information Fields

1. 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, Latino/a, or Spanish origin?
 - a. No
 - b. Yes

4. What type of degree/credential qualified you for your first U.S. pharmacist license?
RADIO BUTTONS
 - a. Certificate
 - b. Associate
 - c. Bachelors
 - d. Masters
 - e. Doctor of Pharmacy

5. Where did you complete your pharmacist education/degree that first qualified you for this U.S. pharmacist license?
SINGLE-SELECT
 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. Another Country (not U.S.)

6. What year did you complete the pharmacist education that first qualified you for your U.S. pharmacist license? Please indicate using the four digit year.
TEXT BOX

7. In what state(s) and/or jurisdiction(s) do you hold an active license or have authority to practice? (select all that apply)
[LIST OF U.S. STATES and Territories]

8. If you have completed a residency, in which specialty was your residency program? If you did not complete a residency, if this does not apply, please indicate "Not Applicable"

CHECK BOXES

- a. Ambulatory Care
- b. Cardiology
- c. Community
- d. Critical Care
- e. Drug Information
- f. Emergency Medicine
- g. Geriatric
- h. Infectious Diseases
- i. Informatics
- j. Internal Medicine
- k. Health-System Pharmacy Administration
- l. Managed Care Pharmacy Systems
- m. Medication-Use Safety
- n. Nuclear
- o. Nutrition Support
- p. Oncology
- q. Pediatric
- r. Pharmacotherapy
- s. Psychiatric
- t. Solid Organ Transplant
- u. Other
- 1. OPEN TEXT BOX
- v. Not Applicable

9. If you have completed a fellowship, in which specialty was your fellowship program? If you did not complete a fellowship, if this does not apply, please indicate "Not Applicable"

CHECK BOXES

- a. Academia
- b. Ambulatory Care
- c. Cardiology
- d. Clinical Pharmacogenomics
- e. Clinical Pharmacology
- f. Critical Care Pharmacy
- g. Digital Health and Informatics
- h. Drug Development
- i. Drug Information
- j. Emergency Medicine Pharmacy
- k. Geriatric Pharmacy
- l. Health Policy and Advocacy
- m. HIV/AIDS
- n. Infectious Diseases Pharmacy
- o. Internal Medicine
- p. Investigational Drugs and Research
- q. Medication Use Safety and Policy
- r. Neonatology Pharmacy
- s. Nephrology Pharmacy
- t. Neurology Pharmacy
- u. Oncology Pharmacy
- v. Outcomes Research
- w. Pain Management and Palliative Care
- x. Pharmaceutical Industry
- y. Pediatric Pharmacy

- z. Pharmacokinetics
- aa. Pharmacotherapy
- bb. Pharmacy Informatics
- cc. Pharmacy Outcomes and Healthcare Analytics
- dd. Population Health Management and Data Analysis
- ee. Psychiatric Pharmacy
- ff. Regulatory Affairs
- gg. Solid Organ Transplant Pharmacy
- hh. Toxicology
- ii. Translational Research
- jj. Other

1. OPEN TEXT BOX

10. What is your employment status?

SINGLE-SELECT

- a. Actively working in a position that requires a pharmacist license
- b. Actively working in a pharmacy related field that does not require a pharmacist license
- c. Actively working in a field other than pharmacy
- d. Not currently working, leave of absence or Sabbatical
- e. Student
- f. Retired

11. What best describes your employment plans for the next 2 years?

SINGLE-SELECT

- a. Increase hours in the pharmacy field
- b. Decrease hours in the pharmacy field
- c. Seek employment in a field unrelated to pharmacy
- d. Retire
- e. Continue as you are
- f. Unknown

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

12. Which of the following best describes the area of practice in which you spend most of your professional time?

SINGLE-SELECT

- a. Medication Dispensing
- b. Patient Care Services
- c. Business/Organization Management
- d. Research
- e. Education
- f. Not applicable
- g. Other

1. OPEN TEXT BOX

13. 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

14. Please indicate the population groups to which you provide services. Please check all that apply.

MULTI-SELECT CHECKBOXES

- Newborns
- Children (ages 2-10)
- Adolescents (ages 11-19)
- Adults
- Geriatrics (ages 65+)
- Pregnant women
- Veterans
- Incarcerated individuals
- Individuals with disabilities
- Individuals who speak a language other than English
- Individuals in recovery
- None of the above

15. 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.

CHECKBOXES

- a. None of the above
 - b. Administer immunizations
 - c. Drug evaluation, drug utilization review, and drug regimen review.
 - d. Drug or drug-related research
 - e. Obtain/maintain patient drug histories and other pharmacy records
 - f. Prescribe contraceptive care
 - g. Prescribe permitted devices or supplies (Ex: Inhalation spacer, Nebulize, Supplies for medical devices, Normal saline and sterile water for irrigation for wound care, Diabetes blood sugar testing supplies, Pen needles, Syringes for medication use)
 - h. Remote patient care services (telepharmacy/telehealth)
 - i. Selection, storage, and distribution of drugs, dietary supplements, and devices.
 - j. Supervise pharmacy interns, pharmacy technicians, or pharmacy technicians in training
 - k. Supervise a licensed pharmacy technician employed at a remote dispensing facility
 - l. Tobacco cessation services
 - m. Utilize Prescription Drug Monitoring Program (PDMP – INSPECT in Indiana)
 - n. Practice under collaborative agreement or similar arrangement
16. Do you currently serve as an uncompensated preceptor (i.e. you are not employed as faculty and do not receive payment, stipends, or other monetary incentives for precepting students)?

SINGLE SELECT

- a. Yes
- b. No

17. In what state is your primary practice location or place of employment? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select "N/A"
LIST OF U.S. STATES AND TERRITORIES (including N/A)

18. If located in Indiana, what is the county of your primary practice location or place of employment? If this does not apply, please indicate "N/A"

_____ (free text) OPEN TEXT FIELD

19. What is the 5 digit zip code of your primary practice location or place of employment? If this does not apply, please indicate "N/A"

_____ (5-digit number with validation)

20. Which of the following best describes your current employment arrangement at your principal practice location or place of employment?

- a. Self-employed/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment/Locum tenens
- e. Not Applicable
- f. Other

1. OPEN TEXT BOX

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

SINGLE SELECT

- a. Community Pharmacy
- b. Mass Merchandiser (i.e. Big Box store)
- c. Supermarket Pharmacy
- d. Clinic-Based Pharmacy
- e. Mail Service Pharmacy
- f. Health Center (CHC/FQHC/FQHC look-alike)
- g. Federal Government Hospital/Health System – Inpatient
- h. Federal Government Hospital/Health System - Outpatient clinic owned by or located at hospital
- i. Non-government Hospital/Health System - Inpatient
- j. Non-government Hospital/Health System - Outpatient clinic owned by or located at hospital
- k. Non-government Hospital/Health System - Other
- l. Nursing Home/Long Term Care
- m. Home Health/Infusion
- n. Pharmacy Benefit Administration (e.g. PBM, managed care)
- o. School-based health service
- p. Academic Institution
- q. Occupational health
- r. Telepharmacy
- s. Ambulatory care office-based practice
- t. Ambulatory care community pharmacy-based practice
- u. Not Applicable
- v. Regulatory Practice

w. Other

1. OPEN TEXT BOX

22. Estimate the average number of hours per week you spend at your primary practice location 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

23. Estimate the average number of hours per week spent providing direct patient care services at your primary practice location or place of employment (**excluding** medication dispensing, education, research, and business activities). 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

24. Do you have a secondary location or place of employment?

SINGLE-SELECT

- a. Yes
- b. No

Note to PLA for survey coding: Please display Q24-30 if an individual selects "a" on Q23. If an individual selects "b" on Q23 please do not display Q24-30.

25. In what state is your secondary practice location or place of employment?

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

26. If located in Indiana, what is the county of your secondary practice location or place of employment? If this does not apply, please indicate "N/A" _

_____ (free text)OPEN TEXT FIELD

27. What is the 5 digit zip code of your secondary practice location or place of employment? If this does not apply, please indicate "N/A"

_____ (5-digit number with validation)

28. Which of the following best describes your current employment arrangement at your secondary practice location or place of employment?

SINGLE-SELECT

- a. Self employment/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment/ Locum tenens
- e. Other

29. Which of the following best describes the practice setting at your secondary practice location or place of employment?

SINGLE-SELECT

- a. Community Pharmacy
- b. Mass Merchandiser (i.e. Big Box store)
- c. Supermarket Pharmacy
- d. Clinic-Based Pharmacy
- e. Mail Service Pharmacy
- f. Health Center (CHC/FQHC/FQHC look-alike)
- g. Federal Government Hospital/Health System – Inpatient
- h. Federal Government Hospital/Health System - Outpatient clinic owned by or located at hospital
- i. Non-government Hospital/Health System - Inpatient
- j. Non-government Hospital/Health System - Outpatient clinic owned by or located at hospital
- k. Non-government Hospital/Health System - Other
- l. Nursing Home/Long Term Care
- m. Home Health/Infusion
- n. Pharmacy Benefit Administration (e.g. PBM, managed care)
- o. School-based health service
- p. Academic Institution
- q. Occupational health
- r. Telepharmacy
- s. Ambulatory care office-based practice
- t. Ambulatory care community pharmacy-based practice
- u. Regulatory Practice
- v. Other

30. Estimate the average number of hours per week spent at your secondary practice location or place of employment?

SINGLE-SELECT

- o. 0 hours per week
- p. 1 – 4 hours per week

- q. 5 – 8 hours per week
- r. 9 – 12 hours per week
- s. 13 – 16 hours per week
- t. 17 – 20 hours per week
- u. 21 – 24 hours per week
- v. 25 – 28 hours per week
- w. 29 – 32 hours per week
- x. 33 – 36 hours per week
- y. 37 – 40 hours per week
- z. 41 or more hours per week

31. Estimate the average number of hours per week spent providing direct patient care services at your secondary practice location or place of employment (**excluding** medication dispensing, education, research, and business activities).

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