



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2016 Occupational Therapist Re-Licensure Survey Instrument

1. Sex
Dropdown List
 - a. Male
 - b. Female

2. Ethnicity: Are you Hispanic or Latino?
Yes/No Dropdown
 - a. Yes
 - b. No

3. Race (Check all that apply.)
Multi Checkbox
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander
 - f. Other

4. Where did you complete the occupational therapy degree/credential that qualified you for your first U.S. occupational therapist license?
Dropdown List
 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. Another Country (not U.S.)

5. What type of occupational therapy degree/credential qualified you for your first U.S. occupational therapist license?
Dropdown List
 - a. Certificate
 - b. Associate Degree
 - c. Bachelor's degree
 - d. Master's degree
 - e. Doctoral degree
 - f. Other

6. What year did you complete the occupational therapy education that first qualified you for your U.S. occupational therapist license? Please indicate using the four digit year.

TEXT BOX

7. What is your highest earned degree/credential in occupational therapy?

Dropdown List

- a. Certificate
 - b. Associate Degree
 - c. Bachelor's degree
 - d. Master's degree
 - e. Doctoral degree
 - f. Other
8. Please indicate whether you have completed a Board and/or Specialty Certification from the American Occupational Therapy Association, Inc. (AOTA)

Multi Checkbox

- a. Driving and Community Mobility (SCDCM or SCDCM-A)
 - b. Environmental Modification (SCEM or SCEM-A)
 - c. Feeding, Eating, and Swallowing (SCFES or SCFES-A)
 - d. Gerontology (BCG)
 - e. Low Vision (SCLV or SCLV-A)
 - f. Mental Health (BCMH)
 - g. Pediatrics (BCP)
 - h. Physical Rehabilitation (BCPR)
 - i. School Systems (SCSS or SCSS-A)
 - j. I did not complete a Board and/or Specialty Certification.
9. What is your employment status?

Dropdown List

- a. Actively working in a position that requires an occupational therapist license
 - b. Actively working in an occupational therapy related field that does not require an occupational therapist license
 - c. Actively working in a field that does not require an occupational therapist license
 - d. Not currently working, disabled
 - e. Not currently working, seeking work in a position that requires an occupational therapist license
 - f. Not currently working, seeking work in a position that does not require an occupational therapist license
 - g. Student
 - h. Leave of absence or Sabbatical
 - i. Retired
10. How many weeks did you work in occupational therapy in the past year? Please approximate and enter a number 1 through 52 (no decimals).

Text box

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

Dropdown List

- a. Increase hours in the field of occupational therapy
- b. Decrease hours in the field of occupational therapy
- c. Leave employment in the field of occupational therapy and seek unemployment elsewhere
- d. Retire
- e. No planned change

12. In how many locations do you provide occupational therapy services?

Dropdown List

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4 or more

13. Where is your primary practice (the location you spend the majority of your time as an occupational therapist) located?

Dropdown List

- a. Indiana
- b. Michigan
- c. Illinois
- d. Kentucky
- e. Ohio
- f. Another State (not listed)
- g. Another Country (not U.S.)

14. If your primary practice is located in Indiana, please provide the county in which it is located.

TEXT-BOX

15. Please identify the type of setting that most closely corresponds to your primary practice location.

Dropdown List

- a. Academia
- b. Community
- c. Early Intervention
- d. Free-Standing Outpatient
- e. Home Health
- f. Hospital (Non-Mental Health)
- g. Long-Term Care / Skilled Nursing Facility
- h. Mental Health
- i. School
- j. Other

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

Dropdown List

- a. Pediatrics
- b. School system
- c. OT Professional Education and/or Research
- d. Administration and/or management
- e. Work and Industry
- f. Mental Health
- g. Developmental disability
- h. Rehabilitation
- i. Geriatrics
- j. Orthopedics
- k. Acute Care
- l. Skilled Nursing Facility
- m. Home health
- n. Health and wellness
- o. Other

17. How many hours do you spend in direct care per week at primary practice location?

Dropdown List

- 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