



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

2026 Indiana Physical Therapist License Renewal Information Fields

1. What is your 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, Latina/o, or Spanish origin?
SINGLE SELECT
 - a. No
 - b. Yes

4. What is your birth year?
OPEN FIELD

5. What type of degree/credential qualified you for your first U.S. physical therapist license?
SINGLE-SELECT
 - a. Certificate
 - b. Associate
 - c. Bachelors
 - d. Masters
 - e. Doctor of Physical Therapy

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

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

8. What is your employment status?
SINGLE-SELECT

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field of physical therapy that does not require this license
- c. Actively working in a position in a field other than physical therapy
- d. Not currently working
- e. Retired

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

SINGLE-SELECT

- a. Increase hours in the field of physical therapy
- b. Decrease hours in the field of physical therapy
- c. Seek employment in a field unrelated to this license
- 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-e" on Q8 and "a-c, or f" on Q9. In other words, if an individual selects BOTH "e." Retired" on Q8 AND "d or e." "retire" or continue as you are" on Q9, no additional questions would be displayed.

10. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?

SINGLE-SELECT

- a. Cardiovascular or Pulmonary
- b. Chronic infectious and metabolic disorders (AIDs, Diabetes, etc.)
- c. Electrophysiologic
- d. Geriatric
- e. Industrial or Workplace Related
- f. Integumentary or Wound Care
- g. Neurologic
- h. Oncology
- i. Orthopedic
- j. Pediatric
- k. Research
- l. Sports
- m. Wellness, Prevention, or Health
- n. Women's Health
- o. Other

1. OPEN TEXT BOX

11. 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

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

MULTI-SELECT CHECKBOXES

- a. Newborns
- b. Children (ages 2-10)

- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals who speak a language other than English
- k. Medicaid
- l. Medicare
- m. Sliding Fee Scale
- n. None of the above

13. In what state is your primary practice location or place of employment?

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

14. If located in Indiana, what is the county of your primary practice location or place of employment?

[LIST OF INDIANA COUNTIES AND OPTION FOR N/A]

15. What is the 5 digit zip code of your primary practice location or place of employment?

_____ (5-digit number with validation)

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

SINGLE SELECT

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

1. OPEN TEXT BOX

17. Please identify the role/title(s) that most closely correspond(s) to your primary employment/practice type.

MULTI-SELECT

- a. Administrator
- b. Clinical Practice
- c. Faculty/Educator
- d. Researcher
- e. Other
 - i. OPEN TEXT BOX
- f. Not Applicable

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

SINGLE SELECT

- a. Academic Institution (post-secondary)
- b. Acute Care Hospital

- c. Health and Wellness Facility
- d. Industry
- e. Inpatient Rehab Facility (IRF)
- f. Non-patient care or non-clinical environment related to physical therapy
- g. Outpatient Clinic affiliated with a hospital, health system, military or other government agency
- h. Outpatient Clinic not affiliated with a hospital, health system, military or other government agency
- i. Patient's home/home care
- j. Pediatric Clinic (non-school based)
- k. Research Center/ Lab
- l. School System (preschool/primary/secondary)
- m. Skilled Nursing Facility, Long Term Care Facility, Assistive Living Facility or Group Home
- n. Telehealth
- o. US Military/Veterans Administration
- p. Other

1. OPEN TEXT BOX

19. Estimate the average number of hours per week spent at your primary practice location or place of employment.

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

20. Estimate the average number of hours per week spent in direct patient care at your primary practice location or place of employment.

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

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

SINGLE-SELECT

- a. Yes
- b. No

Note to PLA for survey coding: Please display Q21-27 if individual selects "a" on Q20. If an individual selects "b" on Q20 no additional questions will be displayed. End of survey.

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

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

23. If located in Indiana, what is the county of your secondary practice location or place of employment?

[LIST OF INDIANA COUNTIES AND OPTION FOR N/A]

24. What is the 5 digit zip code of your secondary practice location or place of employment?

_____ (5-digit number with validation)

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

SINGLE SELECT

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

1. OPEN TEXT BOX

26. Please identify the role/title(s) that most closely correspond(s) to your primary employment/practice type.

MULTI-SELECT

- g. Administrator
- h. Clinical Practice
- i. Faculty/Educator
- j. Researcher
- k. Other
- i. OPEN TEXT BOX
- l. Not Applicable

27. Which of the following best describes the practice setting at your secondary practice location or place of employment? If this does not apply, please select "not applicable."

SINGLE SELECT

- a. Academic Institution (post-secondary)
- b. Acute Care Hospital
- c. Health and Wellness Facility

- d. Industry
- e. Inpatient Rehab Facility (IRF)
- f. Non-patient care or non-clinical environment related to physical therapy
- g. Outpatient Clinic affiliated with a hospital, health system, military or other government agency
- h. Outpatient Clinic not affiliated with a hospital, health system, military or other government agency
- i. Patient's home/home care
- j. Pediatric Clinic (non-school based)
- k. Research Center
- l. School System (preschool/primary/secondary)
- m. Skilled Nursing Facility, Long Term Care Facility, Assistive Living Facility or Group Home
- n. Telehealth
- o. US Military/Veterans Administration
- p. Other
 - 1. OPEN TEXT BOX

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

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

29. Estimate the average number of hours per week spent in direct patient care at your secondary practice location or place of employment.

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