



## SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH  
WORKFORCE RESEARCH & POLICY

### Indiana 2026 Physician Assistant 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. physician assistant license?  
SINGLE-SELECT
  - a. Certificate/diploma
  - b. Associate degree
  - c. Bachelor's degree
  - d. Master's degree
  - e. Doctorate degree
  - f. Military training certification
  - g. Other1. OPEN TEXT BOX
  
6. Where did you complete the physician assistant degree/credential that first qualified you for this first U.S. physician assistant 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?

DROP DOWN

- a. Actively working in a position that requires a physician assistant license
- b. Actively working in a physician assistant related field that does not require a physician assistant license
- c. Actively working in a field other than physician assistant
- d. Not currently working, disabled
- e. Not currently working, seeking work in a position that requires a physician assistant license
- f. Not currently working, leave of absence or Sabbatical
- g. Student
- h. Retired

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

RADIO BUTTONS

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

Note to PLA for survey coding: Please display the remaining questions on the survey if an individual selects "a-g" on Q8 and "a-c, or f" on Q9. In other words, if an individual selects BOTH "h." Retired" on Q8 AND "d or f". Continue as you are, or retire" on Q9, no additional questions would be displayed.

10. If you have completed a Physician Assistant Post-Graduate Training program, in which specialty was your training? If you have not completed a Physician Assistant Post-Graduate Training program, please select "No Post-Graduate Training Completed."

SINGLE-SELECT

- a. No Post-Graduate Training Completed
- b. Acute Care Medicine
- c. Cardiology
- d. Cardiothoracic
- e. Critical Care/Trauma
- f. Emergency Medicine
- g. Family Medicine
- h. Hematology/Oncology
- i. Hospitalist
- j. Internal Medicine
- k. Neonatology
- l. Neurosurgery
- m. OB-GYN
- n. Orthopedic Surgery
- o. Otolaryngology
- p. Pediatrics
- q. Psychiatry
- r. Surgery
- s. Urgent Care

- t. Urology
  - u. 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. Individuals in recovery
- l. None of the above

13. Please indicate which of the following services you routinely provide as a part of your practice:  
(Note: The purposes of this services list is to gather information on key health issues in Indiana)

Please check all that apply.

MULTI-SELECT CHECKBOXES

- a. Addiction counseling
- b. Dementia/Alzheimer's care
- c. Hepatitis C Treatment/Management
- d. High-risk Pregnancy services
- e. HIV/AIDS Treatment/Management
- f. Labor and delivery services
- g. MAT (Medication Assisted Treatment) – Methadone
- h. MAT (Medication Assisted Treatment) – Buprenorphine
- i. MAT (Medication Assisted Treatment) – Naltrexone
- j. Post-natal services
- k. Pre-natal services
- l. Screening for addiction (ex: SBIRT)
- m. Screening for high-risk pregnancy
- n. Treatment of OUD-affected Pregnant Women
- o. None of the above

14. Do you currently serve as an uncompensated clinical 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

15. (If yes is selected for #14) What type of students do you typically precept?

MULTI-SELECT

- a. Physician assistant (PA) students
- b. Graduate nursing students (Nurse Practitioner, Clinical Nurse Specialist, etc.)
- c. Other

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

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

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

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

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

\_\_\_\_\_ (5-digit number with validation)

17. 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

18. Which of the following best describes the practice specialty or area of practice of your supervising physician(s) in your primary clinical position. If this does not apply, please select "Not Applicable."

SINGLE-SELECT

- a. Not applicable
- b. Adolescent medicine
- c. Anesthesiology
- d. Critical Care Medicine
- e. Dermatology
- f. Emergency Medicine
- g. Family Medicine/General Practice
- h. General Pediatrics
- i. Gynecology Only
- j. Hospital Medicine (Hospitalist)

- k. Internal Medicine – General Practice
  - l. Internal Medicine – Allergy & Immunology
  - m. Internal Medicine – Cardiology
  - n. Internal Medicine – Endocrinology
  - o. Internal Medicine – Gastroenterology
  - p. Internal Medicine – Geriatrics
  - q. Internal Medicine – Hematology
  - r. Internal Medicine – Infectious Disease
  - s. Internal Medicine – Nephrology
  - t. Internal Medicine – Oncology
  - u. Internal Medicine – Pulmonology
  - v. Internal Medicine – Rheumatology
  - w. Internal Medicine – Sports Medicine
  - x. Neurology
  - y. Obstetrics & Gynecology
  - z. Occupational Medicine
  - aa. Ophthalmology
  - bb. Otolaryngology
  - cc. Pathology
  - dd. Pediatric Subspecialties
  - ee. Physical Medicine/Rehabilitation
  - ff. Psychiatry
  - gg. Radiation Oncology
  - hh. Radiology
  - ii. Surgery – General
  - jj. Surgery – Cardiothoracic
  - kk. Surgery – Colon & Rectal
  - ll. Surgery – Obstetrics & Gynecology
  - mm. Surgery – Neurologic
  - nn. Surgery – Ophthalmic
  - oo. Surgery – Oral & Maxillofacial
  - pp. Surgery – Orthopedic
  - qq. Surgery – Otorhinolaryngology
  - rr. Surgery – Pediatric
  - ss. Surgery – Plastic & Maxillofacial
  - tt. Surgery – Urology
  - uu. Surgery – Vascular
  - vv. Other
1. OPEN TEXT BOX

19. Which of the following best describes the practice setting at your primary clinical physician assistant position is located? *If this does not apply, please select “not applicable”*

SINGLE-SELECT

- a. Not applicable
- b. Office/Clinic – Solo Practice
- c. Office/Clinic – Partnership
- d. Office/Clinic – Single Specialty Group
- e. Office/Clinic – Multi Specialty Group
- f. Hospital – Inpatient
- g. Hospital – Outpatient
- h. Hospital – Emergency Department
- i. Hospital – Ambulatory Care Center
- j. Federal Government Hospital
- k. Research Laboratory

- l. Medical School
  - m. Nursing Home or Extended Care Facility
  - n. Home Health Setting
  - o. Hospice Care
  - p. Federal/State/Community Health Center(s)
  - q. Local Health Department
  - r. Telemedicine
  - s. Volunteer in a Free Clinic
  - t. Other
1. OPEN TEXT BOX

20. Estimate the average number of hours per week spent 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

21. Estimate the average number of hours per week spent in direct patient care 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

22. Please indicate in which field you spend the majority of your time at your primary practice location or place of employment. *If this does not apply, please select "not applicable"*

SINGLE-SELECT

- a. Not applicable
- b. Patient Care/Documentation
- c. Teaching/Precepting/Orienting
- d. Supervision/Management/Administration

- e. Research
  - f. Other
1. OPEN TEXT BOX

23. Do you have a secondary location or place of employment?
- a. Yes
  - b. No

Note to PLA for survey coding: Please display Q24-33 if individual selects "a" on Q23. If an individual selects "b" on Q23, please end survey.

24. In what state is your secondary practice location or place of employment?  
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

25. If located in Indiana, what is the county of your secondary practice location?  
[LIST OF INDIANA COUNTIES AND OPTION FOR N/A]

26. What is the 5 digit zip code of your secondary practice location or place of employment?  
\_\_\_\_\_ (5-digit number with validation)

27. Which of the following best describes your current employment arrangement at your secondary 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
  - d. Other
1. OPEN TEXT BOX

28. Which of the following best describes the practice specialty or area of practice of your supervising physician(s) in your secondary clinical position. (If you do not have a secondary practice location or place of employment, please *select "not applicable"*.)

SINGLE-SELECT

- a. Not applicable
- b. Adolescent medicine
- c. Anesthesiology
- d. Critical Care Medicine
- e. Dermatology
- f. Emergency Medicine
- g. Family Medicine/General Practice
- h. General Pediatrics
- i. Gynecology Only
- j. Hospital Medicine (Hospitalist)
- k. Internal Medicine – General Practice
- l. Internal Medicine – Allergy & Immunology
- m. Internal Medicine – Cardiology
- n. Internal Medicine – Endocrinology
- o. Internal Medicine – Gastroenterology
- p. Internal Medicine – Geriatrics

- q. Internal Medicine – Hematology
  - r. Internal Medicine – Infectious Disease
  - s. Internal Medicine – Nephrology
  - t. Internal Medicine – Oncology
  - u. Internal Medicine – Pulmonology
  - v. Internal Medicine – Rheumatology
  - w. Internal Medicine – Sports Medicine
  - x. Neurology
  - y. Obstetrics & Gynecology
  - z. Occupational Medicine
  - aa. Ophthalmology
  - bb. Otolaryngology
  - cc. Pathology
  - dd. Pediatric Subspecialties
  - ee. Physical Medicine/Rehabilitation
  - ff. Psychiatry
  - gg. Radiation Oncology
  - hh. Radiology
  - ii. Surgery – General
  - jj. Surgery – Cardiothoracic
  - kk. Surgery – Colon & Rectal
  - ll. Surgery – Obstetrics & Gynecology
  - mm. Surgery – Neurologic
  - nn. Surgery – Ophthalmic
  - oo. Surgery – Oral & Maxillofacial
  - pp. Surgery – Orthopedic
  - qq. Surgery – Otorhinolaryngology
  - rr. Surgery – Pediatric
  - ss. Surgery – Plastic & Maxillofacial
  - tt. Surgery – Urology
  - uu. Surgery – Vascular
  - vv. Other
1. OPEN TEXT BOX

29. Which of the following best describes the practice setting in which your secondary clinical physician assistant position is located? (If you do not have a secondary practice location or place of employment, *please select “not applicable”*.)

DROP DOWN OR RADIO BUTTONS

- a. Not applicable
- b. Office/Clinic – Solo Practice
- c. Office/Clinic – Partnership
- d. Office/Clinic – Single Specialty Group
- e. Office/Clinic – Multi Specialty Group
- f. Hospital – Inpatient
- g. Hospital – Outpatient
- h. Hospital – Emergency Department
- i. Hospital – Ambulatory Care Center
- j. Federal Government Hospital
- k. Research Laboratory
- l. Medical School
- m. Nursing Home or Extended Care Facility
- n. Home Health Setting
- o. Hospice Care
- p. Federal/State/Community Health Center(s)

- q. Local Health Department
  - r. Telemedicine
  - s. Volunteer in a Free Clinic
  - t. Other
1. OPEN TEXT BOX

30. Estimate the average number of hours per week spent at your secondary practice location or place of employment. (If you do not have a secondary practice location or place of employment, 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

31. Estimate the average number of hours per week spent in direct patient care at your secondary practice location or place of employment. (If you do not have a secondary practice location or place of employment, *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

32. Please indicate in which field you spend the majority of your time at your secondary practice location or place of employment. *If this does not apply, please select "not applicable"*

SINGLE-SELECT

- a. Not Applicable
  - b. Patient Care/Documentation
  - c. Teaching/Precepting/Orienting
  - d. Research
  - e. Supervision/Management/Administration
  - f. Other
1. OPEN TEXT BOX

