2015 Licensed Professional Counselors Re-Licensure Survey Instrument (including Social Worker, Clinical Social Worker, Marriage & Family Therapist, Marriage & Family Associate, Mental Health Counselor, Mental Health Associate)

1. Sex
   a. Male
   b. Female

2. What is your racial background? Please select all that apply.
   a. American Indian or Alaska Native
   b. Black or African American
   c. White
   d. Asian
   e. Native Hawaiian or Other Pacific Islander

3. Ethnicity: Are you Hispanic or Latino?
   a. Yes
   b. No

4. What type of counseling degree/credential qualified you for your first U.S. counseling license?
   a. DROP-DOWN LIST OR RADIO BUTTONS
   b. Vocational/Practical certificate – counseling or related field
   c. Diploma – counseling or related field
   d. Associate degree – counseling or related field
   e. Baccalaureate degree – counseling or related field
   f. Master’s degree – counseling or related field
   g. Doctoral degree – counseling or related field

5. Where did you complete your initial counseling degree?
   a. Indiana
   b. Michigan
   c. Illinois
   d. Kentucky
   e. Ohio
   f. Another State (not listed)
   g. Another Country (not U.S.)
6. What is your highest level of education?
   a. DROP-DOWN LIST OR RADIO BUTTONS
   b. Baccalaureate degree – counseling or related field
   c. Baccalaureate degree – other field
   d. Master’s degree – counseling or related field
   e. Master’s degree – other field
   f. Doctoral degree – counseling or related field
   g. Doctoral degree – other field

7. Please mark all counseling certifications you currently hold (please select all that apply).
   a. National Certified Counselor (NCC)
   b. Approved Clinical Supervisor (ACS)
   c. Other

8. What is your employment status?
   a. Actively working in a counseling position that requires a counseling license
   b. Actively working in a counseling position that does not require a counseling license
   c. Actively working in a field other than counseling
   d. Not currently working
   e. Retired

9. Please indicate which languages you are able to use to communicate with your patients.
   a. CHECK BOXES
   b. English
   c. Spanish

10. What are your employment plans for the next 12 months?
    a. Increase hours in patient care
    b. Decrease hours in patient care
    c. Seek employment in a field outside of patient care
    d. Leave direct patient care to complete further training
    e. Leave direct patient care for family reasons/commitments
    f. Leave direct patient care due to physical demands
    g. Leave direct patient care due to stress/burnout
    h. Retire
    i. Continue as you are

11. What is the street address of your primary practice location?
    a. TEXT-BOX

12. In what city is your principal practice location?
    a. TEXT-BOX

13. In what state is your principal practice location? Please indicate state using 2-letter postal abbreviation.
    a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

14. What is the 5-digit ZIP code of your principal practice location?
    a. TEXT-BOX
15. How many hours do you spend in direct patient care at your principal practice location?
   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

16. Which best describes the type of setting that most closely corresponds to your principal practice location(s):
   a. Ambulatory Care Facility – Community health center
   b. Ambulatory Care Facility – Community Mental Health Center/Mental health clinic
   c. Ambulatory Care Facility – Methadone clinic
   d. Ambulatory Care Facility – Primary or specialist medical care
   e. Ambulatory Care Facility – Specialized substance abuse treatment facility
   f. Child welfare
   g. Criminal justice
   h. Hospital – Federal Government hospital
   i. Hospital – Non-federal hospital: General Medical
   j. Hospital – Non-federal hospital: Psychiatric
   k. Hospital – Non-federal hospital: Other – e.g. nursing home unit
   l. Private practice
   m. Rehabilitation
   n. Residential setting
   o. School health service
   p. In-home setting
   q. Other

17. What is the street address of your secondary practice location? If you do not have a secondary practice location, please skip this question.
   a. TEXT-BOX

18. In what city is your secondary practice location? If you do not have a secondary practice location, please skip this question.
   a. TEXT-BOX

19. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. If you do not have a secondary practice location, please skip this question.
   a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

20. What is the 5-digit ZIP code of your secondary practice location? If you do not have a secondary practice location, please skip this question.
   a. TEXT-BOX
21. How many hours do you spend in direct care at your secondary practice location? If you do not have a secondary practice location, please skip this question.
   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

2. Which best describes the type of setting that most closely corresponds to your secondary practice location(s): (If you do not have a secondary practice site, please skip this question.)
   a. Ambulatory Care Facility – Community health center
   b. Ambulatory Care Facility – Community Mental Health Center/Mental health clinic
   c. Ambulatory Care Facility – Methadone clinic
   d. Ambulatory Care Facility – Primary or specialist medical care
   e. Ambulatory Care Facility – Specialized substance abuse treatment facility
   f. Child welfare
   g. Criminal justice
   h. Hospital – Federal Government hospital
   i. Hospital – Non-federal hospital: General Medical
   j. Hospital – Non-federal hospital: Psychiatric
   k. Hospital – Non-federal hospital: Other – e.g. nursing home unit
   l. Private practice
   m. Rehabilitation
   n. Residential setting
   o. School health service
   p. In-home setting
   q. Other