

2022 Occupational Therapist Re-Licensure Survey Instrument

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

2. Are you of Hispanic, Latina/o, or Spanish origin?
RADIO BUTTONS
 - a. Yes
 - b. No

3. What is your race? Mark one or more boxes.
MULTI CHECK BOX
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Some Other Race

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. I did not complete a Board or Specialty Certification.
 - b. Driving and Community Mobility (SCDCM or SCDCM-A)
 - c. Environmental Modification (SCEM or SCEM-A)
 - d. Feeding, Eating, and Swallowing (SCFES or SCFES-A)
 - e. Gerontology (BCG)
 - f. Low Vision (SCLV or SCLV-A)
 - g. Mental Health (BCMh)
 - h. Pediatrics (BCP)
 - i. Physical Rehabilitation (BCPR)
 - j. School Systems (SCSS or SCSS-A)
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 0 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. Please indicate the population groups to which you provide services:
CHECKBOXES

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 10-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Inmates
- h. Disabled individuals
- i. Individuals in recovery
- j. None of the above

14. Please indicate which of the following services you routinely provide or support 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.

CHECKBOXES

- a. Cancer screening
- b. Dementia/Alzheimer's care
- c. Diabetes screening
- d. Hepatitis C Treatment/Management
- e. High-risk pregnancy services
- f. HIV/AIDS Treatment/Management
- g. Labor and delivery services
- h. Obesity screening and/or counseling
- i. Post-natal services
- j. Pre-natal services
- k. Screening for substance use or behavioral health conditions (ex: SBIRT)
- l. Screening for high-risk pregnancy
- m. STD screening
- n. Tobacco use counseling
- o. None of the above

15. Where is your primary practice (the location you spend the majority of your time as an occupational therapist) located? If this does not apply, please select "not applicable."

Dropdown List

- a. Not applicable
- b. Indiana
- c. Michigan
- d. Illinois
- e. Kentucky
- f. Ohio

- g. Another State (not listed)
 - h. Another Country (not U.S.)
16. If your primary practice is located in Indiana, please provide the county in which it is located. If this does not apply, please write “not applicable.”
TEXT-BOX
17. Please identify the type of setting that most closely corresponds to your primary practice location. If this does not apply, please select “not applicable.”
Dropdown List
- a. Not applicable
 - b. Academia
 - c. Community
 - d. Early Intervention
 - e. Free-Standing Outpatient
 - f. Home Health
 - g. Hospital (Non-Mental Health)
 - h. Long-Term Care / Skilled Nursing Facility
 - i. Mental Health
 - j. School
 - k. Other
18. Which area of practice best describes your current primary OT employment? If this does not apply, please select “not applicable.”
Dropdown List
- a. Not applicable
 - b. Pediatrics
 - c. School system
 - d. OT Professional Education and/or Research
 - e. Administration and/or management
 - f. Work and Industry
 - g. Mental Health
 - h. Developmental disability
 - i. Rehabilitation
 - j. Geriatrics
 - k. Orthopedics
 - l. Acute Care
 - m. Skilled Nursing Facility
 - n. Home health
 - o. Health and wellness
 - p. Other
19. How many hours do you spend in direct care per week at primary practice location? If this does not apply, please select “not applicable.”
Dropdown List
- a. Not applicable
 - b. 0 hours per week
 - c. 1 – 4 hours per week
 - d. 5 – 8 hours per week
 - e. 9 – 12 hours per week
 - f. 13 – 16 hours per week

- g. 17 – 20 hours per week
- h. 21 – 24 hours per week
- i. 25 – 28 hours per week
- j. 29 – 32 hours per week
- k. 33 – 36 hours per week
- l. 37 – 40 hours per week
- m. 41 or more hours per week