

Practitioner Questionnaire

Last Name:	First:	Middle:
Practice Website/ URL:		

Section 1: Clinical practice and acquired skills

Data provided in this section will be used in the Provider Directory to aid members in selecting a health care provider. This section is NOT used to make credentialing decisions.

Practice Location

Wheelchair / Handicap Access at site of service offices, exam rooms, restrooms and equipment:	Ages served:					
☐ Yes	☐ Pediatrics Only					
☐ No	☐ Adults Only					
☐ Some: Please list: _____	☐ Adults and Pediatrics					
Address/Service location gender restrictions:						
☐ Male Only ☐ Female Only ☐ No Restrictions						
Does your clinic offer interpretation services?						
☐ Yes ☐ In-Person ☐ Phone ☐ Video ☐ Other: _____ What languages: _____	☐ No					
Hours of operation:						
M: _____	Tu: _____	W: _____	Th: _____	F: _____	Sa: _____	Su: _____

Languages

If you read, write or speak a language other than English, please enter the name of the language and mark all that apply:

Languages	Read	Write	Speak	Verifiable Fluency (such as clinical training in a foreign country or clinical language testing)
	☐	☐	☐	
	☐	☐	☐	

Cultural sensitivity

Health care organizations are recognizing the need to enhance services for culturally and linguistically diverse populations. Providing culturally and linguistically appropriate healthcare services requires an understanding of cultural sensitivity.

Have you completed cultural sensitivity/competency courses?	☐ Yes	☐ No
If yes, please list cultural sensitivity/competency courses:		

Cultural sensitivity/ competence emphasizes the idea of effectively operating in different cultural contexts, and altering practices to reach different cultural groups. If you have established culturally-specific practices, please mark all that apply:

Race, Ethnicity and Communities of Color:		Communities of Interest:
☐ Asian/Pacific Islander		☐ Blind/Low Vision
☐ Black/African American		☐ Cognitive Disability/Delay
☐ Eastern European/Slavic		☐ Deaf/Hard of Hearing
☐ Indigenous/Native American		☐ Homeless
☐ Latino/a/x		☐ Intimate Partner Violence
☐ Middle Eastern		☐ LGBTQ+
Other specific community:		☐ Military/Military Families
		☐ Obesity/Overweight
		☐ Physical Disability
		☐ Refugees/Torture Survivors
		☐ Transgender
		☐ Veterans
Religious Communities:		
☐ Amish	☐ Confucianism	☐ Mormon/LDS
☐ Atheism/Non-Religious	☐ Hinduism	☐ Scientology
☐ Baha'i	☐ Islam	☐ Seventh Day Adventist
☐ Buddhism	☐ Jehovah's Witnesses	☐ Sikhism
☐ Christian – Catholic	☐ Judaism	☐ Taoism
☐ Christian – Protestant	☐ Pagan	Other:

Special Focus Areas: Behavioral Health ONLY

If you would like to communicate special clinical focus areas to members in the Provider Directory, please mark all that apply below.

☐ Abuse	☐ Grief and Bereavement
☐ Anxiety	☐ LGBTQ+
☐ Applied Behavior Analysis Therapy (ABA)	☐ Marriage and Family
☐ Attention Deficit Disorders (ADHD)	☐ Medication Assisted Treatment (MAT)
☐ Autism Spectrum Disorders	☐ Mental Health Counseling
☐ Counseling - Adults	☐ Neuropsychological Testing
☐ Counseling - Children	☐ Pain Management
☐ Counseling - Adolescents	☐ Pregnant (pre-and post-partum)
☐ Counseling - Geriatric	☐ Post-Partum Depression
☐ Depression	☐ Post-Traumatic Stress Disorder (PTSD)
☐ Dialectical Behavior Therapy (DBT)	☐ Psychological Testing
☐ Eating Disorder	☐ Substance Use
☐ EMDR	☐ Transgender
☐ Forensic Psychiatry	☐ Traumatic Brain Injury
Other:	☐ Trauma

Section 2: Personal Characteristics and Attributes

This section is NOT used to make credentialing decisions and completion is entirely voluntary.¹ Data provided in this section will be used in Health Plan Directories and Customer Service to aid members in selecting a health care provider. Health care organizations are recognizing the need to better meet patient needs by supplying information about practitioners in their community that have a common lived experience.

If you do not want this data publicly displayed, please do not feel any pressure to answer.

Race and Ethnicity²

Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply.

American Indian or Alaska Native ☐ American Indian ☐ Alaska Native ☐ Canadian Inuit, Metis, or First Nation ☐ Indigenous Mexican, Central American, or South American Hispanic or Latino/a ☐ Hispanic or Latino/a/x Central American ☐ Hispanic or Latino/a/x Mexican ☐ Hispanic or Latino/a/x South American ☐ Other Hispanic or Latino/a/x Middle Eastern/North African ☐ North African ☐ Middle Eastern	Asian ☐ Asian Indian ☐ Chinese ☐ Filipino/a ☐ Hmong ☐ Japanese ☐ Korean ☐ Laotian ☐ South Asian ☐ Vietnamese ☐ Other Asian Native Hawaiian or Pacific Islander ☐ Guamanian or Chamorro ☐ Micronesian ☐ Native Hawaiian ☐ Samoan ☐ Tongan ☐ Other Pacific Islander	Black or African American ☐ African American / Black ☐ African (Black) ☐ Caribbean (Black) ☐ Afro-Latinx/Bi-racial/Other White ☐ Caucasian/White (no national affiliation) ☐ Eastern European / Slavic ☐ Western European ☐ Other White (African, Australian, New Zealand descent) Other Categories Other (please list)
--	---	--

¹ To the greatest extent possible, COIPA adopted the questions and response options with the Oregon Health Authority REAL-D questionnaire.

Personal Identity

What are your pronouns?

☐ She/her/hers

☐ They/them/their

☐ He/him/his

☐ Ze, zir, zirs

Do you identify as part of
the LGBTQ+ Community?

☐ Yes

☐ No

Signature: _____ Date: _____