Healthcare Regulatory Research Institute

# Cross-Profession Minimum Data Set: Social Work

## CPMDS with Social Work-specific Response Options for Administration to Social Workers

June 2026

This project was hosted by the Association of Social Work Boards and funded by the Healthcare Regulatory Research Institute (HRRI). Veritas Health Solutions served as facilitators and researchers, assisting in the preparation of this tool. We are deeply grateful for the engagement and leadership of the Task Force members, the support of ASWB and HRRI, and the contributions of Veritas in advancing this effort.



## Background

Access to health workforce data is essential to inform various aspects of state and profession-specific policy and programs, such as identifying health workforce shortage areas, planning for educational programs or regulatory policy changes, forecasting employment demands, and justifying funding requests. Data can also be used to evaluate the impact that policies may have on the workforce. Detailed information about a state's health workforce is necessary to evaluate existing programs and to plan for future needs.

Many states are exploring opportunities to leverage regulatory licensing processes to capture information from health professionals. As of 2024, approximately 30 states reported collecting this information as a part of the licensing process.[1] An additional eight states reported capturing information from health professionals through some other mechanism (separate survey, telephone interviews, or in-person interviews). States and professions have developed their own strategies to collect information from health professionals. The information captured from health professionals in these states varies widely,[2] threatening comparability of supply data across professions within a single state or between states.

# About the CPMDS

The Cross-Profession Minimum Data Set (CPMDS) is a set of core questions that encompass the highest priority data elements that are considered the minimum necessary for health workforce planning. The CPMDS was developed as a collaboration between several national health care regulatory organizations.[3] The intent of the CPMDS is to standardize certain information captured from various health profession types to support within profession and between profession analyses. The CPMDS is structured to allow standardization of data elements where possible, such as with demographic data fields, but also enables customization for each profession, such as with specialty and setting questions. The CPMDS serves as a foundational data system, upon which individual profession-specific tools may be developed. The profession-specific tools include customized response options that are profession-relevant. Visit the CPMDS website to explore profession-specific and additional implementation resources.

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[1] Inventory of State Health Workforce Data Collection. 2024. Health Workforce Technical Assistance Center. Available at: https://www.healthworkforceta.org/data-collection-inventory/

[2] Profession and state-specific surveys can be accessed at: https://www.healthworkforceta.org/data-collection-inventory/

[3] Association of Social Work Boards, Association of State and Provincial Psychology Boards, Federation of State Boards of Physical Therapy, National Association of Boards of Pharmacy, National Board for Certification in Occupational Therapy, Inc; National Council of State Boards of Nursing

# Cross-Profession Minimum Data Set for Social Work (CPMDS: Social Work)

The Cross-Profession Minimum Data Set for Social Work (CPMDS: Social Work) is a profession-specific adaptation of the CPMDS developed to support consistent, high-quality workforce data collection for the social work profession.

Building upon the CPMDS framework, the CPMDS: Social Work retains the core demographic, education, licensure, employment, and practice questions that enable comparisons across health professions while incorporating social work-specific response options and workforce measures. These enhancements ensure that the data collected are both nationally comparable and directly relevant to the diverse roles, practice settings, and career pathways within the social work workforce.

The CPMDS: Social Work was developed through collaboration among workforce researchers, regulatory leaders, and subject matter experts within the social work profession. The tool was intentionally designed to accommodate all levels and areas of social work practice, ensuring that workforce information can be collected consistently across the profession, from entry-level practitioners to advanced clinical, academic, administrative, research, and policy roles.

The CPMDS: Social Work supports a broad range of workforce planning and policy objectives, including:

- Monitoring workforce supply and geographic distribution
- Understanding demographic, educational, and career pathway trends
- Assessing employment settings, practice characteristics, and workforce mobility
- Examining areas of specialization and scope of practice
- Identifying workforce shortages, gaps, and areas of unmet need
- Supporting state and national workforce planning, forecasting, and policy development efforts

The CPMDS: Social Work is structured for implementation through regulatory licensing and renewal processes and is flexible enough to accommodate varying levels of technological infrastructure across jurisdictions. The tool can be incorporated directly into licensing systems or deployed through complementary workforce survey platforms. By collecting standardized workforce information across jurisdictions, the CPMDS: Social Work helps create a more complete and comparable understanding of the social work workforce while minimizing duplication of effort and reporting burden on licensees.

The CPMDS: Social Work was developed through the leadership and endorsement of the CPMDS: Social Work Task Force, convened by the Association of Social Work Boards (ASWB) and comprised of workforce researchers, regulatory board representatives, professional associations, educators, and other key stakeholders. The resulting framework serves as a practical, consensus-based standard for workforce data collection that aligns with broader health workforce data initiatives while addressing the unique characteristics and information needs of the social work profession.

## Guidance on Implementation

Implementers are encouraged to administer the current questions as written to maintain consistency and comparability across jurisdictions. However, they may incorporate additional questions as needed to address state- or project-specific objectives, always balancing the value of additional data collection with survey burden. The CPMDS: Social Work was intentionally structured to accommodate a range of implementation platforms, whether integrated directly into a basic electronic licensing system or administered through more sophisticated survey or workforce data platforms. Questions that are already collected through other means (such as an original license application or licensing database) may be omitted to avoid redundancy.

# Cross-Profession Minimum Data Set: Social Work (CPMDS: Social Work)

1. What is your sex?[4]
   SINGLE-SELECT
   a. Female
   b. Male

2. What is your gender?
   SINGLE-SELECT
   a. Male
   b. Female
   c. Transgender
   d. Gender Non-Binary
   e. Other
   f. Prefer not to answer

3. What is your race and/or ethnicity? Select all that apply.
   MULTI-SELECT
   a. American Indian or Alaska Native
   b. Asian
   c. Black or African American
   d. Hispanic or Latino
   e. Middle Eastern or North African
   f. Native Hawaiian/Pacific Islander
   g. White

4. What is your year of birth?[5,6]
   OPEN FIELD

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[4] This is a fixed data point that is often readily available for analysis through other sources (such as initial license application). If this information is already available for respondents and can be individually linked to CPMDS: Social Work response, this question can be excluded from CPMDS: Social Work implementation.
[5] If possible through survey administration software, encode the response field as required to be numeric (number validation), with length maximum (i.e. 4 numeric characters) or validation (ex. must be a number between 1920-2010).
[6] This is a fixed data point that is often readily available for analysis through other sources (such as initial license application). If this information is already available for respondents and can be individually linked to CPMDS: Social Work response, this question can be excluded from CPMDS: Social Work implementation.

5. What type of degree/credential first qualified you for this license?[7]
   SINGLE-SELECT
   a. High school diploma (or equivalency)
   b. Some college, no degree
   c. Technical/Vocational Certificate
   d. Associate Degree
   e. Bachelor's Degree
   f. Master's Degree
   g. Professional/Doctorate Degree – PhD in Social Work
   h. Professional/Doctorate Degree – Doctorate of Social Work (DSW)
   i. Professional/Doctorate Degree – Other field

6. What year did you complete the education program/degree that first qualified you for this license?[8,9]
   OPEN FIELD

7. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed.)[10]
   SINGLE-SELECT
   a. Alabama
   b. Alaska
   c. American Samoa
   d. Arizona
   e. Arkansas
   f. California
   g. Colorado
   h. Connecticut
   i. Delaware
   j. District of Columbia
   k. Florida
   l. Georgia
   m. Guam
   n. Hawaii
   o. Idaho
   p. Illinois
   q. Indiana
   r. Iowa
   s. Kansas
   t. Kentucky
   u. Louisiana
   v. Maine
   w. Maryland
   x. Massachusetts

[7] This question has been designed for implementation by regulatory boards/agencies. Modifications may be needed to clarify the question for surveys administered outside of licensing application or renewal processes.
[8] If possible through survey administration software, encode the response field as required to be numeric (number validation), with length maximum (i.e. 4 numeric characters) or validation (ex. must be a number between 1920-2010).
[9] This is a fixed data point that is often readily available for analysis through other sources (such as initial license application). If this information is already available for respondents and can be individually linked to CPMDS: Social Work response, this question can be excluded from CPMDS: Social Work implementation.
[10] This is a fixed data point that is often readily available for analysis through other sources (such as initial license application). If this information is already available for respondents and can be individually linked to CPMDS: Social Work response, this question can be excluded from CPMDS: Social Work implementation.

y. Michigan
z. Minnesota
aa. Mississippi
bb. Missouri
cc. Montana
dd. Nebraska
ee. Nevada
ff. New Hampshire
gg. New Jersey
hh. New Mexico
ii. New York
jj. North Carolina
kk. North Dakota
ll. Northern Mariana Islands
mm. Ohio
nn. Oklahoma
oo. Oregon
pp. Pennsylvania
qq. Puerto Rico
rr. Rhode Island
ss. South Carolina
tt. South Dakota
uu. Tennessee
vv. Texas
ww. U.S. Virgin Islands
xx. Utah
yy. Vermont
zz. Virginia
aaa. Washington
bbb. West Virginia
ccc. Wisconsin
ddd. Wyoming
eee. Another Country (not U.S.)

8. What is your highest level of education?
SINGLE-SELECT
   a. High school diploma (or equivalency)
   b. Some college, no degree
   c. Technical/Vocational Certificate
   d. Associate Degree
   e. Bachelor's Degree
   f. Master's Degree
   g. Professional/Doctorate Degree – PhD in Social Work
   h. Professional/Doctorate Degree – Doctorate of Social Work (DSW)
   i. Professional/Doctorate Degree – Other field

9. Please indicate all the states where you hold a single state license. Please select all that apply.
MULTI-SELECT
   a. Not applicable
   b. Alabama
   c. Alaska
   d. American Samoa
   e. Arizona
   f. Arkansas
   g. California
   h. Colorado
   i. Connecticut
   j. Delaware
   k. District of Columbia
   l. Florida
   m. Georgia
   n. Guam
   o. Hawaii
   p. Idaho
   q. Illinois
   r. Indiana

s. Iowa
t. Kansas
u. Kentucky
v. Louisiana
w. Maine
x. Maryland
y. Massachusetts
z. Michigan
aa. Minnesota
bb. Mississippi
cc. Missouri
dd. Montana
ee. Nebraska
ff. Nevada
gg. New Hampshire
hh. New Jersey
ii. New Mexico
jj. New York
kk. North Carolina
ll. North Dakota
mm. Northern Mariana Islands
nn. Ohio
oo. Oklahoma
pp. Oregon
qq. Pennsylvania
rr. Puerto Rico
ss. Rhode Island
tt. South Carolina
uu. South Dakota
vv. Tennessee
ww. Texas
xx. U.S. Virgin Islands
yy. Utah
zz. Vermont
aaa. Virginia
bbb. Washington
ccc. West Virginia
ddd. Wisconsin
eee. Wyoming
fff. Another Country (not U.S.)

10. What is your employment status?
    MULTI-SELECT
    a. Actively working in a position in the field of social work that requires this license (e.g., employed, contracted, volunteer, etc.)
    b. Actively working in a position in the field of social work that does not require this license (e.g., employed, contracted, volunteer, etc.)
    c. Actively working in a position in a field other than social work (e.g., employed, contracted, volunteer, etc.)
    d. Not currently working
    e. Retired

11. What best describes your employment plans for the next 2 years?
    SINGLE-SELECT
    a. Increase hours in the field of social work
    b. Decrease hours in the field of social work
    c. Seek employment in a field other than social work
    d. Retire
    e. Continue as you are
    f. Unknown

12. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?
    SINGLE-SELECT
    a. Aging / Gerontology / Elder Services
    b. Behavioral Health Care (Mental Health or Substance Use)
    c. Child Welfare / Children, Youth, and Families
    d. Community Development / Organization
    e. Corrections / Forensic / Criminal Justice
    f. Disability / Rehabilitation Services (including developmental, intellectual, and physical rehab)
    g. Diversity Awareness/Justice
    h. Faculty / Teaching / Academia
    i. Generalist / Non-specialty Practice
    j. Health / Medical / Primary Care
    k. Hospice / Palliative Care
    l. Housing and Homeless Services
    m. K-12 Schools / Educational or Social Work Services
    n. Military / Veterans Services
    o. Policy Analysis / Development
    p. Public Assistance Services (including public insurance, workforce services, etc.)
    q. Violence, Abuse, or Victim Services
    r. Other[11]
    s. Telehealth

13. 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

[11] If possible through survey administration software, include branching logic to allow for an open text field if a respondent selects "Other."

**Practice Location*:* States should determine the most appropriate geographic detail (state, county, city, ZIP code, street address) to collect based on their data needs. It is generally best to always include "State" as this assists with the identification of practitioners within a state. Other common additional geographic options include: County; or City, Street Address, Zip. States may choose to include only a subset of these items or repeat the full set for up to three practice locations.**

14. In what state is your primary practice location (where the client is located, unless providing telehealth, then utilize your physical location)? If this does not apply, please select "N/A." SINGLE-SELECT

a. Not applicable
b. Alabama
c. Alaska
d. American Samoa
e. Arizona
f. Arkansas
g. California
h. Colorado
i. Connecticut
j. Delaware
k. District of Columbia
l. Florida
m. Georgia
n. Guam
o. Hawaii
p. Idaho
q. Illinois
r. Indiana
s. Iowa
t. Kansas
u. Kentucky
v. Louisiana
w. Maine
x. Maryland
y. Massachusetts
z. Michigan
aa. Minnesota
bb. Mississippi
cc. Missouri
dd. Montana
ee. Nebraska
ff. Nevada
gg. New Hampshire
hh. New Jersey
ii. New Mexico
jj. New York
kk. North Carolina
ll. North Dakota
mm. Northern Mariana Islands
nn. Ohio
oo. Oklahoma
pp. Oregon
qq. Pennsylvania
rr. Puerto Rico
ss. Rhode Island
tt. South Carolina
uu. South Dakota
vv. Tennessee
ww. Texas
xx. U.S. Virgin Islands
yy. Utah
zz. Vermont
aaa. Virginia
bbb. Washington
ccc. West Virginia
ddd. Wisconsin
eee. Wyoming
fff. Another Country (not U.S.)

15. If in [state], in what county is your primary practice location?
    SINGLE-SELECT
    a. Not applicable
    b. [Provide a standardized, pre-populated county list relevant to the state. Avoid use of open-text fields to ensure consistency.]

16. In what city is your primary practice location? If this does not apply, please indicate "not applicable."
    OPEN FIELD

17. What is the street address of your primary practice location? If this does not apply, please indicate "not applicable."
    OPEN FIELD

18. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "not applicable."
    OPEN FIELD

19. Which of the following best describes your current employment arrangement at your primary practice location?
    SINGLE-SELECT
    a. Hourly employee (e.g. W-2)
    b. Salaried employee (e.g. W-2)
    c. Self-employed/Consultant/Contractor (e.g. 1099)
    d. Temporary employment / Locum tenens
    e. Volunteer / Unpaid
    f. Other[12]
    g. Not Applicable

[12] If possible through survey administration software, include branching logic to allow for an open text field if a respondent selects "Other."

20. Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.
    MULTI-SELECT
    a. Administrator (e.g. CEO, Manager, Director, Administrative Supervisor, etc.)
    b. Case Management / Service Coordination
    c. Clinical Practice - Clinical Service Provider for individuals, couples, families, groups, organizations, or communities
    d. Direct Service (Non-Clinical) Provider for individuals, couples, families, groups, organizations, or communities
    e. Faculty / Educator
    f. Intern / Fellow
    g. Researcher
    h. Policy / Advocacy / Macro Practice (e.g., community organizing, lobbying, systems work)
    i. Other[13]
    j. Not Applicable

21. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "not applicable."
    SINGLE-SELECT
    a. Not applicable
    b. Child welfare / adoption / foster care
    c. College/university counseling, health center, or academic institution (faculty, training, research)
    d. Community health center / Federally Qualified Health Center / rural health clinic
    e. Community mental health center / behavioral health agency
    f. Correctional / criminal justice setting (prison, probation, court, drug court, parole, law enforcement) / Forensic
    g. Employee assistance program
    h. General medical hospital (inpatient, outpatient, ER)
    i. International and Global Social Work Setting
    j. K-12 school-based health or counseling services
    k. Long-term care / skilled nursing / assisted living / hospice / home health
    l. Managed care
    m. Nonprofit, charitable, faith-based, peer-run, advocacy, foundations
    n. Outpatient substance use treatment program (including detox or methadone clinics)

[13] If possible through survey administration software, include branching logic to allow for an open text field if a respondent selects "Other."

o. Public/Government social service agency
p. Primary or specialist medical care clinic (e.g., physician office, outpatient clinic)
q. Private Practice (Office)
r. Psychiatric hospital / inpatient psychiatric unit
s. Recovery support services / recovery residence / therapeutic community
t. Research
u. Residential treatment facility (mental health, ID/DD, substance use)
v. Tribal / Indigenous communities / Indian Health Service settings
w. Veterans' / military hospital or facility
x. Victims Services
y. Other[14]

22. Estimate the average number of hours per week spent at your primary practice location. 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

[14] If possible through survey administration software, include branching logic to allow for an open text field if a respondent selects "Other."

23. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. 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

24. Please indicate the population groups to which you provide services. Please select all that apply.
    MULTI-SELECT
    a. Newborns
    b. Children (ages 2-10)
    c. Adolescents (ages 11-19)
    d. Adults
    e. Geriatrics (ages 65+)
    f. Pregnant women
    g. Migrants or Refugees
    h. Indigenous Peoples
    i. Veterans
    j. Incarcerated individuals
    k. Individuals with disabilities
    l. Individuals who speak a language other than English
    m. Medicaid
    n. Medicare
    o. Sliding Fee Scale
    p. Students
    q. None of the above