Utah’s audiologist workforce report, 2026

September 29, 2026

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Executive summary

Utah's audiology workforce exhibits solid growth in wages, strong local educational training capacity, and high career stability. However, the profession faces key challenges, including severe geographic maldistribution in rural areas, an aging patient population driven by widespread environmental noise exposure, increasing debt-to-income ratios, and a notable lack of demographic diversity.

Unemployment Insurance (UI) data identified 293 total active audiologist providers in Utah between 2021 and 2025. Out of 485 providers invited to take the DOPL survey, 271 responded providing about a 56% response rate, of which 115 are actively working in Utah.

Over the next two years, 85% of respondents plan to maintain their current working hours, 5% plan to increase hours, and 3% plan to retire. Zero respondents reported plans to decrease their hours while continuing practice.

Median annual wages for Utah audiologists grew by approximately 26% from 2021 ($77,140) to 2025 ($96,858).

Females account for approximately 67% of Utah's audiology workforce, which is substantially lower than the national female distribution of 92.8%. The workforce is predominantly white (nearly 93%) with a median age of 45.3 years.

Adults and geriatric populations constitute the primary patient groups served by responding audiologists.

While urban centers hold stable provider concentrations, rural and frontier counties face critical access shortages. Specialized pediatric audiologists are concentrated in major health systems, forcing rural families to travel long distances for timely care.

Key findings

- Approximately 67% of respondents are female.
- Nearly 93% of respondents are white.
- About 54% of respondents earned their qualifying degree in Utah.

- Roughly 43% of respondents precept.
- The median wage has increased around 26% from 2021 to 2025.
- Adults and geriatrics are the most common patient population groups of respondents.
- In the next two years, 85% of respondents plan to continue working the same hours as they do currently, 5% plan to increase their hours, and 3% plan to retire.

Introduction

The Utah Health Workforce Information Center (HWIC, https://hwic.utah.gov/) was created in 2022 through HB176 (https://le.utah.gov/~2022/bills/static/HB0176.html) and is a key entity in the state's efforts to gather and analyze healthcare workforce data. This legislation also established the Health Workforce Advisory Council (HWAC), which offers strategic guidance and oversight on policies and initiatives designed to strengthen the state's healthcare workforce across all sectors.

The Department of Professional Licensing (DOPL), responsible for licensing healthcare professionals in Utah, is now required to include optional workforce survey questions as part of the licensing process. These survey questions, known as the Utah Cross-Profession Minimum Data Set (UCPMDS), were developed by the HWAC in 2023. The surveys help inform decisions regarding workforce supply, employment trends and demand, and options for training and education. Data collected from the DOPL surveys will help the HWAC in health workforce planning and make data-driven recommendations for Utah.

The HWAC provides information and recommendations to support the growth and strengthening of Utah's health workforce. Chaired by Heather Borski, Assistant Deputy Commissioner, Community Health & Well-Being, of the Department of Health and Human Services, the Council includes fourteen additional members representing both state and private organizations.

Background

An audiologist diagnoses, treats, and helps manage hearing or balance conditions (American Academy of Audiology, 2026). Most audiologists "earn a doctor of audiology (AuD) degree" although some "earn a doctor of philosophy (PhD) or doctor of science (ScD) degree in the hearing and balance sciences" (American Academy of Audiology, 2026).

Utah audiologist workforce in context

Table 1. Comparing Utah median to national median, 2024

Measure	National	Utah
Median wage	$92,120	$96,520
Employment per 100k population	4.2	5.8
Projected employment per 100k population	4.7	7.8

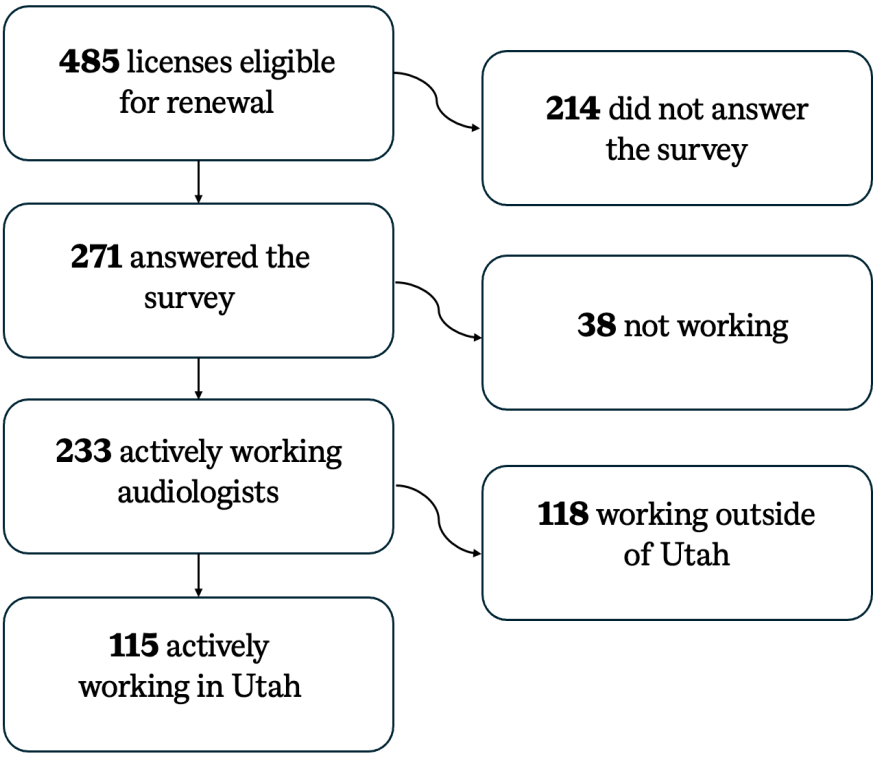
Measure	National	Utah
Median age	42.4	45.3
Female distribution	92.8%	66.9%

Department of Workforce Services, 2024; Data USA, 2024; Unemployment insurance data, 2024

Methods

DOPL Survey

Figure 1. DOPL survey population and respondents



DOPL survey responses data, 2025

All practitioners who were eligible for online renewal were offered the survey during their license renewal process and participation in the survey was voluntary. These types of sampling designs are often referred to as convenience samples or non-probability samples. Providers who chose to respond to the survey may not be representative of the entire workforce. Therefore, the statistical analysis included in this report only represents individuals who participated in the survey and does not attempt to make inferences about the entire population. Comprehensive unit and item non-

response rates are also provided to guide interpretation of the results (see Appendix A). Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

DOPL data preparation and analysis

Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed, including how to evaluate duplicate respondent records, questions with multiple responses, and null-type values. Only data from respondents who replied to a question and provided a valid license number are included in the analysis. It was observed that invalid license numbers can introduce bias, as the missing data might represent a distinct group that could potentially skew results.

Audiologists whose license expired during the previous two years were eligible for online renewal and were invited to participate in the survey. DOPL reported that 485 audiologists were sent a renewal link and survey invitation. Of those, 271 responded to at least one survey question and provided a valid license number.

Other data sources

While the focus of this analysis is on the audiologist DOPL survey, supplemental data are also used to help contextualize the survey results and provide deeper insights into the audiologist workforce in Utah. The other data sources used in this report are Unemployment Insurance (UI), National Plan and Provider Enumeration System (NPPES), and IPEDS education data.

Unemployment Insurance data includes those with reported wages and shows that there were 293 providers during 2021-2025. UI analysis is based on data captured through the Utah Department of Workforce Services' Unemployment Insurance program. Employers pay unemployment taxes based on the wages earned by their employees. A data sharing agreement is in place that allows HWIC to request data for individuals found in healthcare workforce professional licenses.

Unemployment Insurance data has limitations. Notably, the data contains an industry code and employer name but does not specify geographic area, job title, or scope of work performed by the individual. The data indicates a provider was employed in a healthcare-related industry based on the North American Industry Classification System (NAICS) code, which all start with "62". In addition, self-employed healthcare workers like those in private practice do not report their wages since they do not pay into the Utah unemployment insurance program. Also, the data does not include federal employees such as audiologists working in Veterans Affairs or military installation clinics.

The NPPES serves as the national system designed to assign unique identifiers to health care providers and health plans who apply for a National Provider Identifier (NPI). NPIs are being used across the health care industry and government health care programs for billing purposes. Limitations include that most professionals who do not bill for services do not keep their information up to date or have not provided information at all.
Graduation counts and the number of programs come from the Integrated Postsecondary Education Data System (IPEDS) Graduates data. Data is available through the Urban Institute Education Data Portal (UIEDP) API directory: https://educationdata.urban.org/documentation/colleges.html#ipeds-awards-by6-digit-cip-code.

Additional API information is available at: https://urbaninstitute.github.io/education-datapackage-r/

Job postings are obtained from Conference Board–Lightcast Help Wanted OnLine data, provided by the Department of Workforce Services (DWS). DWS provides monthly counts of jobs by Standard Occupational Classification (SOC) codes associated with audiologists.

Caution should be exercised when interpreting **all** 2020 data. The COVID-19 pandemic caused significant disruptions in healthcare staffing, hiring patterns, and workforce demand that may not reflect typical trends.

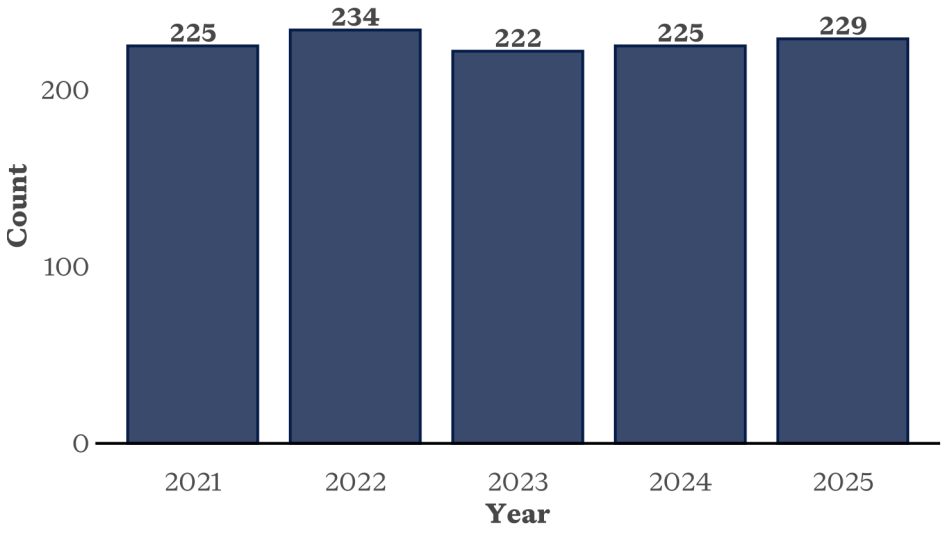
Results

Licensed and active workforce

Audiologists renewing their licenses and those whose license expired within the previous two years were invited to participate in a voluntary survey upon renewal of their license. DOPL reports that 485 providers were sent a renewal link and survey invitation. Of those, 271 responded to at least one survey question and provided a valid license number that matched provider licenses from DOPL's database view, representing a response rate of 56%.

Figure 2. Count of providers from UI data

The count of audiologists has been consistent

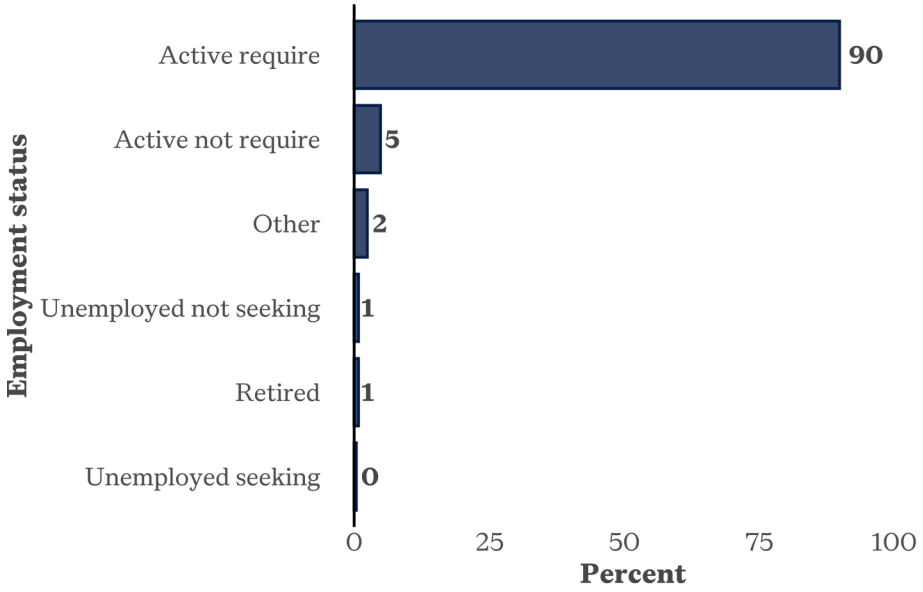


Unemployment insurance data, 2025

Unemployment insurance (UI) data is an excellent source to approximate the count of providers actively providing services in Utah. UI provides temporary income to workers who lose their jobs through no fault of their own. Contributions are collected from Utah employers through the state unemployment program to exclusively pay benefits to unemployed workers. UI data is collected primarily through employer quarterly wage reports. To ensure only valid providers were counted, only providers with an active license from DOPL data matching those in UI data are included. The results show there were 293 providers between 2021 and 2025.

Figure 3. Employment status

90% are active in a position requiring licensure



DOPL survey responses data, 2025

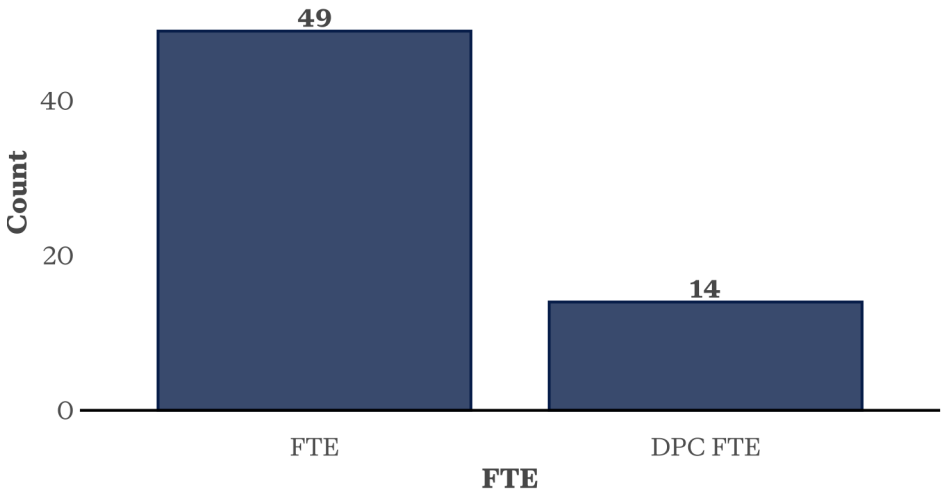
Response options were modified for the presentation of the chart. What is displayed as "Active require" appeared on the survey as "Actively working in a position that requires this license". "Active not require" appeared on the survey as "Actively working in a position in the field of speech/audiology that does not require this license". "Unemployed seeking" appeared on the survey as "Unemployed and seeking work that requires this license". "Volunteer" appeared on the survey as "Volunteer work only". "Unemployed not seeking" appeared on the survey as "Unemployed and not seeking work that requires this license". "Active not in audiology" appeared on the survey as "Actively working in a position in a field other than speech/audiology".

Full-time equivalence (FTE) and direct patient care

FTE stands for full-time equivalent and DPC stands for direct patient care. Full-time equivalence is calculated based on the respondent working 37+ hours a week. This was indicated on the survey as one of two options: "37-40 hours a week" or "41+ hours a week." Direct patient care (DPC) is recorded in the same way, allowing us to see how many audiologists are working full time versus how many audiologists are working full time in DPC.

Figure 4. Primary practice full-time equivalence & direct patient care

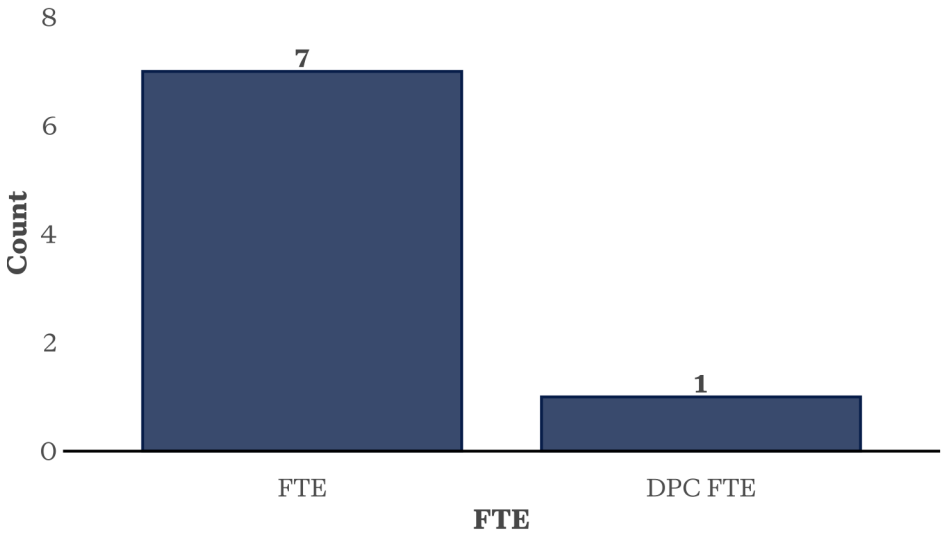
Most respondents are not full-time in direct patient care



DOPL survey responses data (primary practice), 2025

Figure 5. Secondary practice full-time equivalence & direct patient care

Very few work FTE or FTE DPC at a secondary practice



DOPL survey responses data (secondary practice), 2025

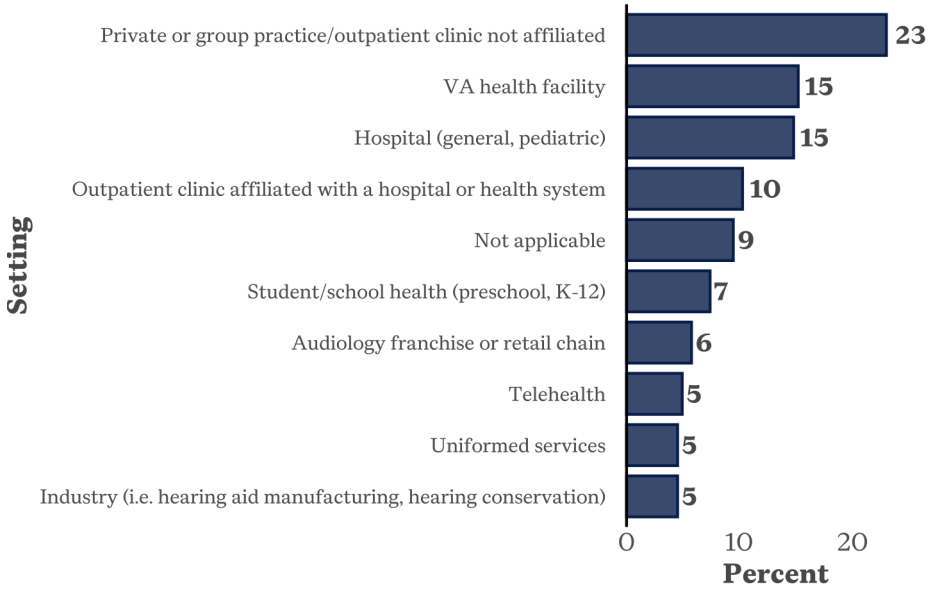
Practice characteristics

This section includes practitioner survey response information on practices where they provide services, such as setting type and geographic distribution

Setting

Figure 6. Primary practice setting

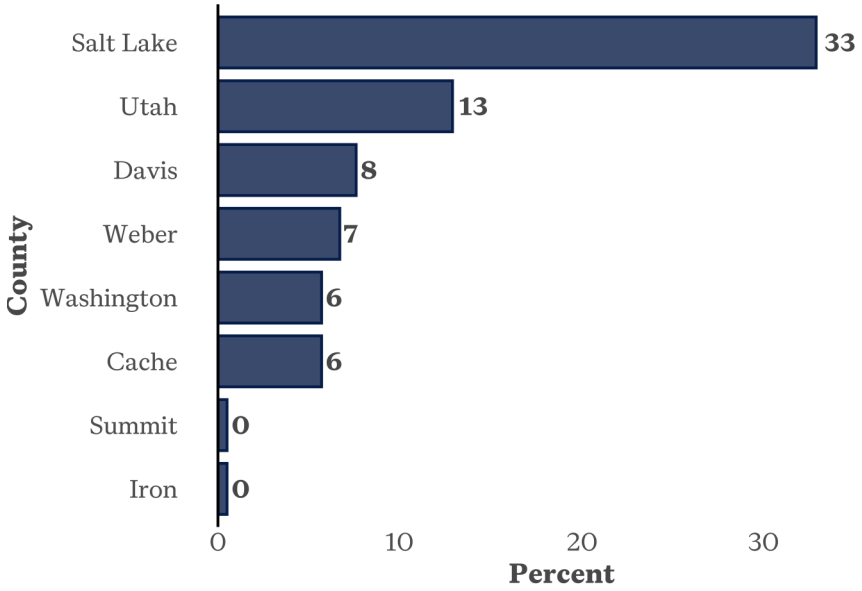
Private or group practices are the most common settings



DOPL survey responses data, 2025

Figure 7. Primary practice location

Urban counties are the most common



DOPL survey responses data, 2025

Table 2. Comparing county providers per 100k residents

County name	Audiologists per 100k residents
Cache	8
Davis	4
Iron	1
Salt Lake	5
Summit	2
Utah	4
Washington	6
Weber	5

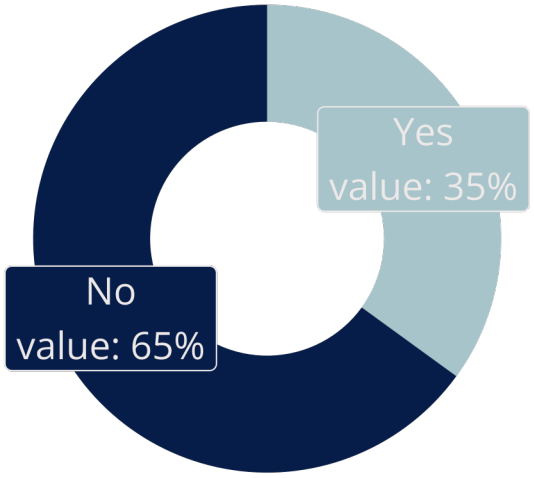
DOPL survey responses data, 2025

Table 2 shows providers per 100,000 residents by county excluding counties without any providers. All but five Utah counties are considered rural. However, about 75% of the state's estimated

population lives in those five counties, and those counties will generally be disproportionately represented by counts. While this is necessary to get an understanding of the state's distribution of providers, it is limited in terms of controlling for the population. The "Providers per 100k population" map uses the ratio of responding providers to county population rather than the percentage of responding providers for the value to better account for differences in population. While geographic features like distance and terrain still need to be considered, this additional statistic can better represent providers in relation to the relevant patient population.

Telehealth services

Figure 8. Teleheath services
35% provide telehealth services



DOPL survey responses data, 2025

The ratio for responding audiologist providers' working hours versus hours spent providing telehealth services was found to be **29:4**. This means that responding audiologists who provide telehealth services work an average of around 29 hours per week and provide an average of 4 hours of telehealth a week. Note that these are averages due to the responses being provided in a range format (i.e. "21-24 hours worked a week", etc.)

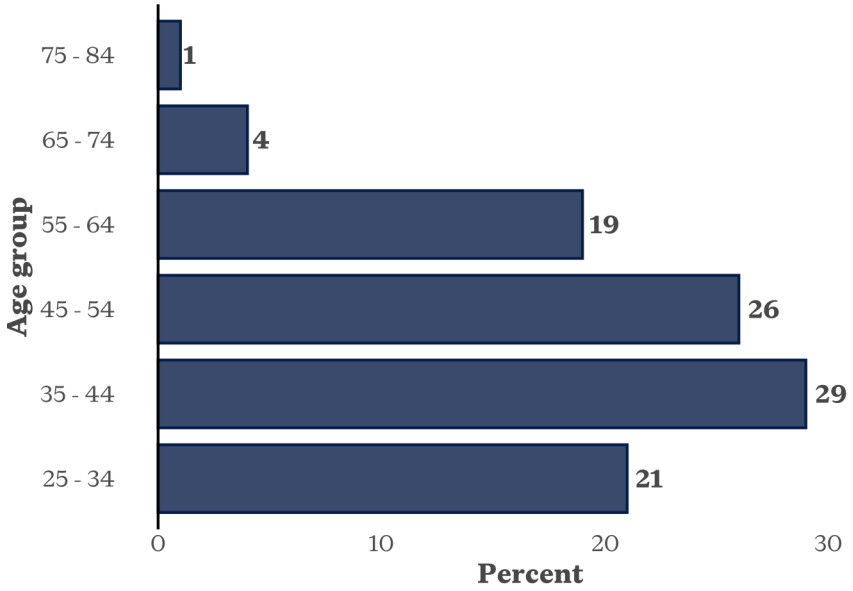
Demographics

The following section includes practitioner survey response information on demographic information such as age, race/ethnicity, and sex.

Age

Figure 9. Age of respondents

Most are 35 - 44 years old



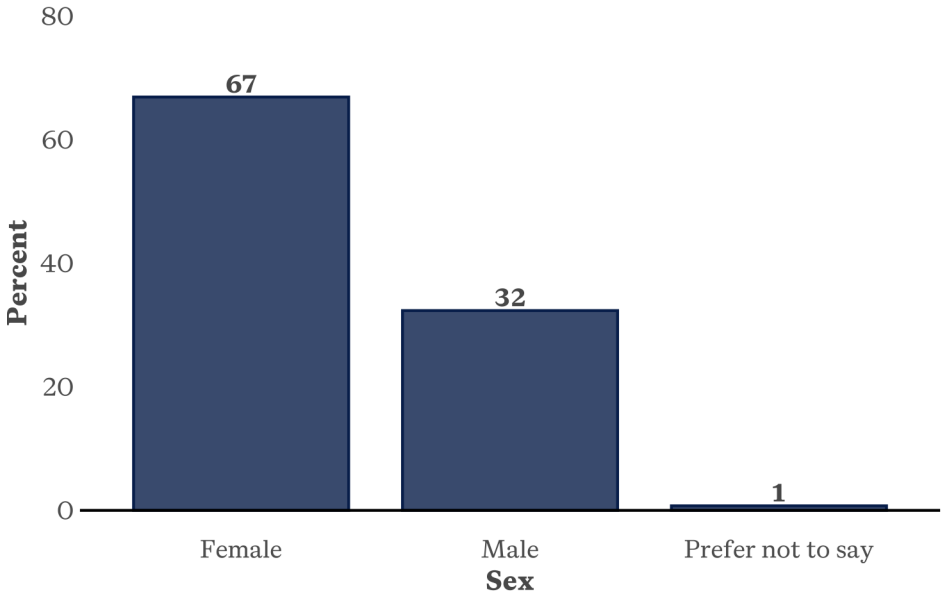
DOPL survey responses data, 2025

Age data comes from DOPL and not from the survey data. Age is calculated by determining whether the individual's birth date preceded the date the survey became available. The median age of survey respondents is 45 years old.

Sex

Figure 10. Sex of respondents

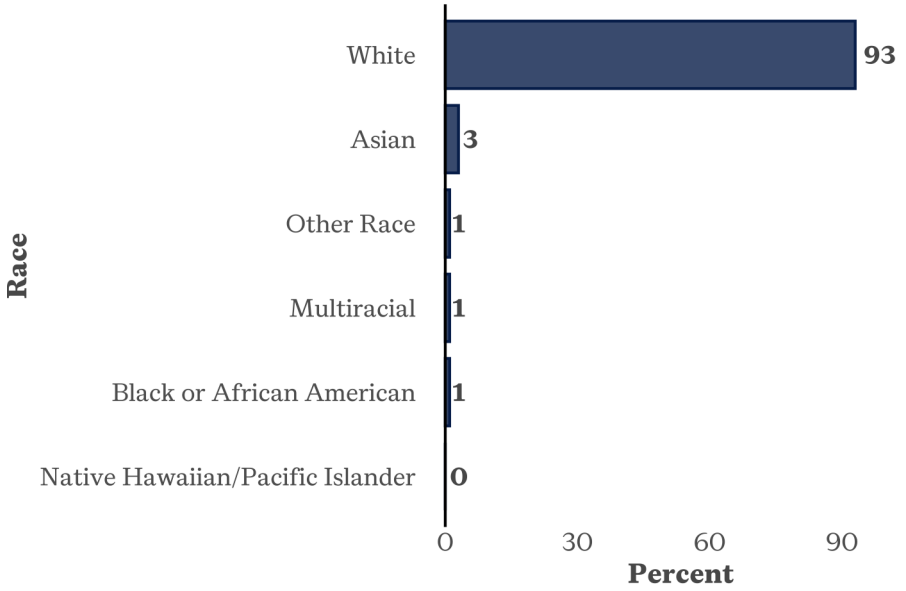
67% of respondents are female



DOPL survey responses data, 2025

Figure 11. Race of respondents

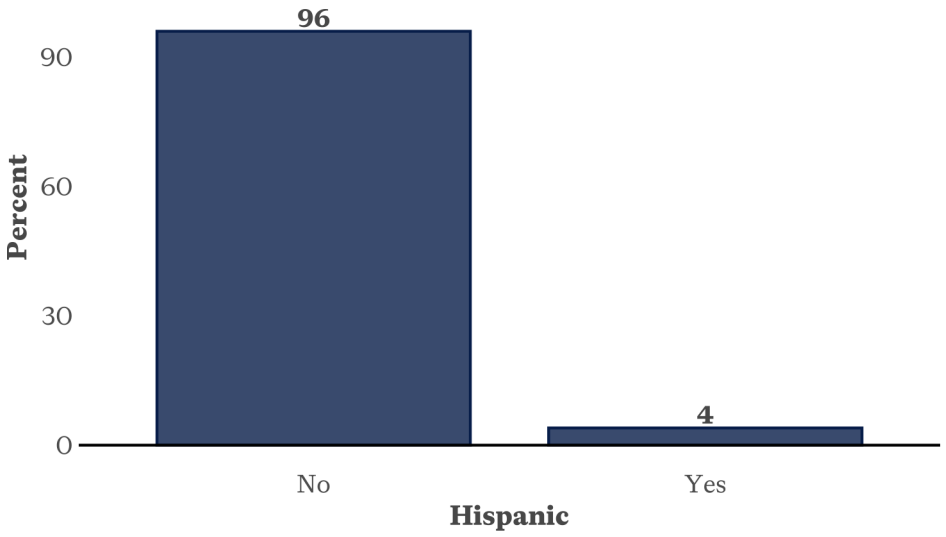
92% of respondents are white



DOPL survey responses data, 2025

Figure 12. Ethnicity of respondents

4% are Hispanic



DOPL survey responses data, 2025

"Multiracial" did not appear as a response option but was created for this report by counting respondents who selected multiple racial options.

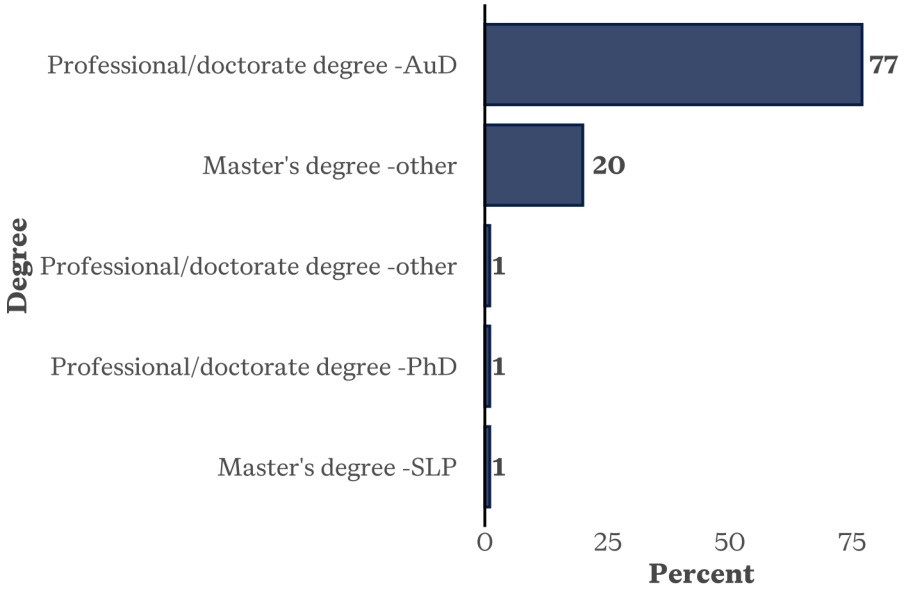
Education

This section includes practitioner survey response information on education information, including qualifying education and highest education.

Qualifying education

Figure 13. Qualifying education

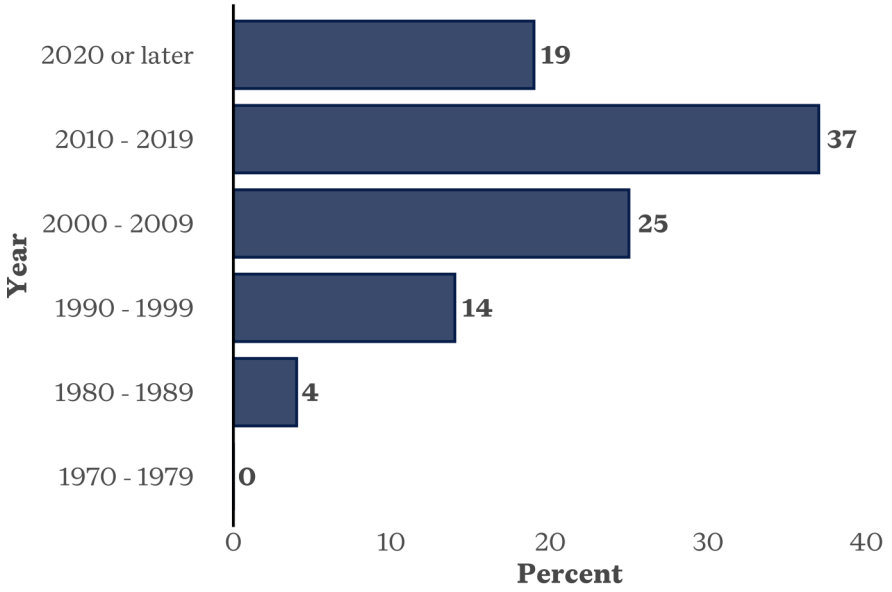
77% have a professional or doctorate degree



DOPL survey responses data, 2025

Figure 14. Year of qualifying degree

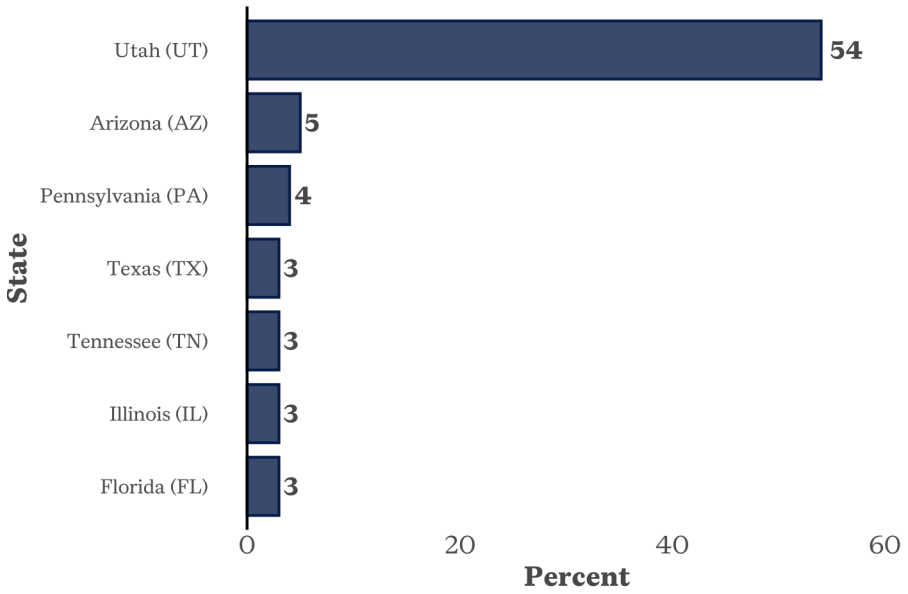
Most graduated during 2010 - 2019



DOPL survey responses data, 2025

Figure 15. Qualifying degree location

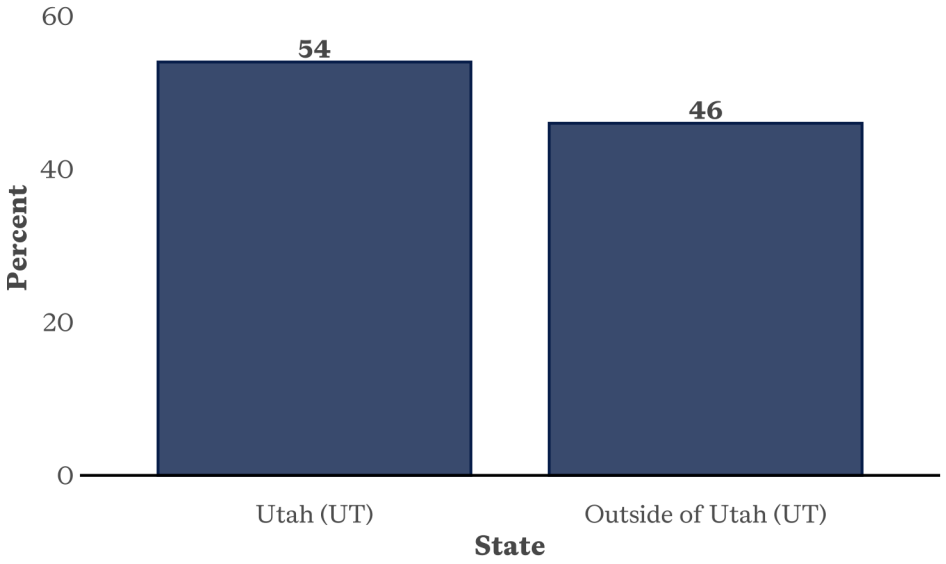
62% earned their degree in Utah



DOPL survey responses data, 2025

Figure 16. Inside/outside Utah

46% earned their degree outside Utah



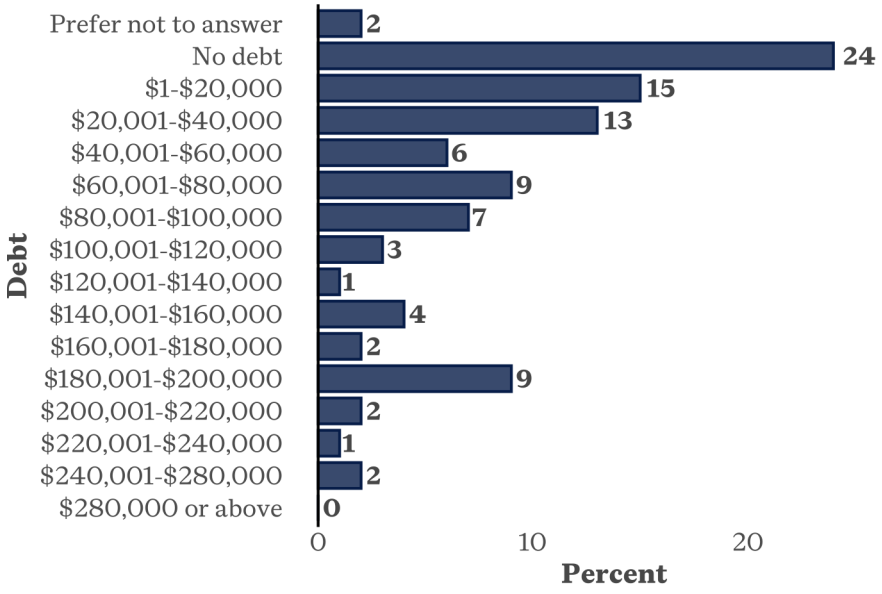
DOPL survey responses data, 2025

Education debt

This section includes practitioner survey response information on educational debt.

Figure 17. Educational debt

74% have educational debt



DOPL survey responses data, 2025

Table 3. Educational debt by age group

Debt	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84
No debt	16	12	27	47	50	50
$1-$20,000	5	5	21	31	40	25
$20,001-$40,000	12	13	18	11	0	25
$40,001-$60,000	9	11	3	2	0	0
$60,001-$80,000	16	11	9	0	0	0
$80,001-$100,000	16	12	1	0	0	0
$100,001-$120,000	3	7	1	0	0	0
$120,001-$140,000	2	3	0	0	0	0
$140,001-$160,000	5	8	1	0	0	0
$160,001-$180,000	3	1	3	0	0	0
$180,001-$200,000	5	11	12	9	10	0
$200,001-$220,000	2	3	1	0	0	0

Debt	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84
$220,001-$240,000	3	0	1	0	0	0
$240,001-$280,000	3	4	0	0	0	0
$280,000 or above	0	1	0	0	0	0

DOPL survey responses data, 2025

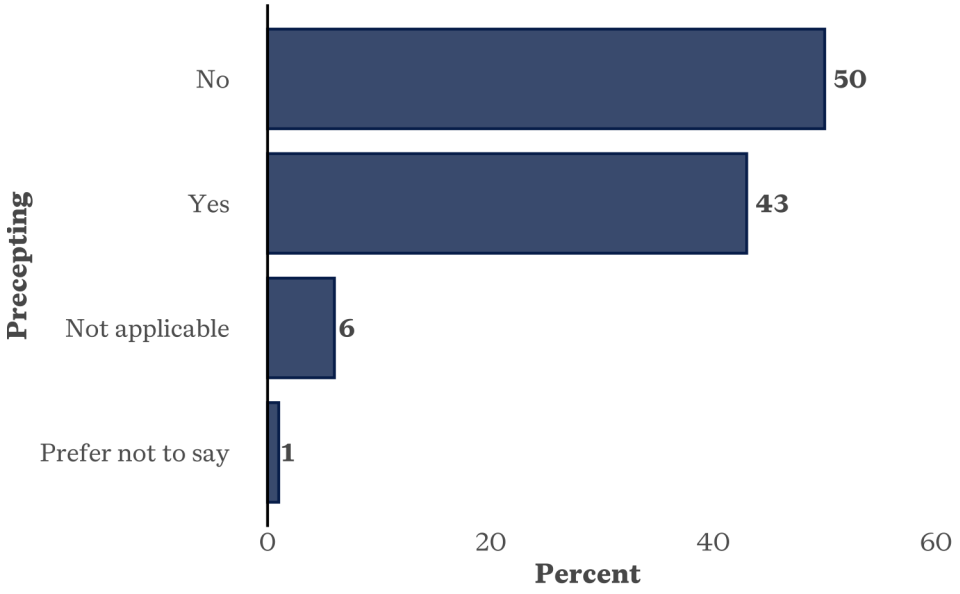
Employment characteristics

This section includes practitioner survey response information on their employment such as specialty, role, telehealth hours, precepting status, and patient types.

Precepting

Figure 18. Respondents precepting

43% of respondents precept

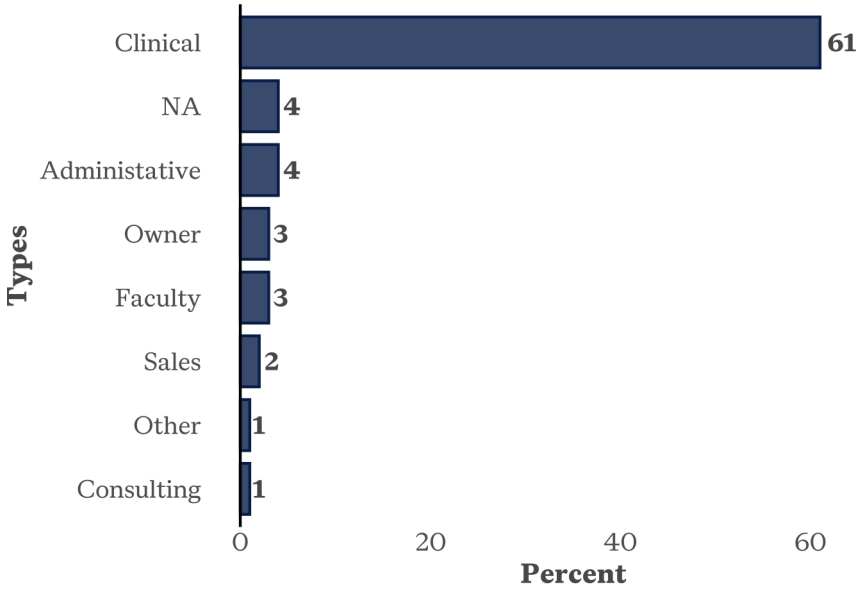


DOPL survey responses data, 2025

Precepting refers to audiologist providers mentoring, teaching, or instructing a student or new staff member. The chart above illustrates the percentage of responding speech-language pathologists who act as preceptors, excluding respondents who selected “prefer not to say” and combining “not applicable” responses with “no.”

Figure 19. Primary practice role

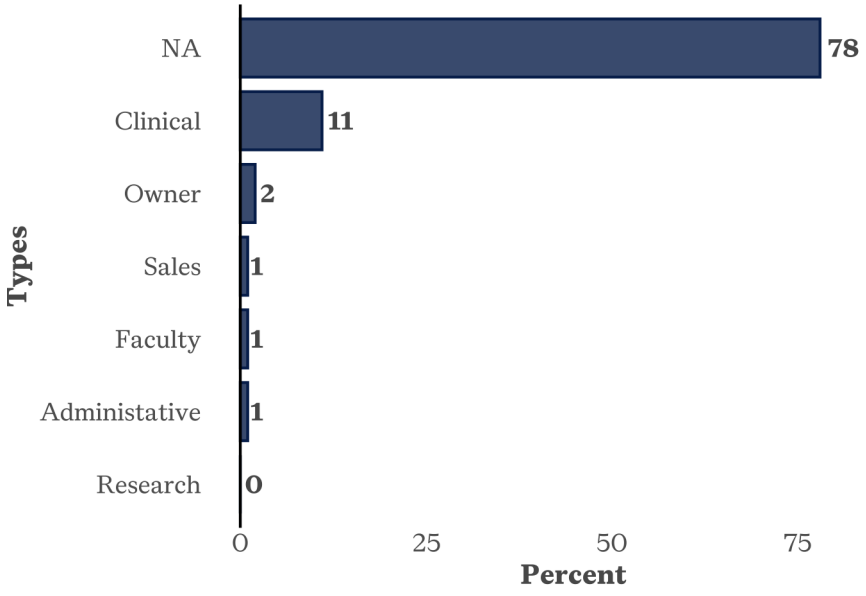
61% work in a clinical role



DOPL survey responses data, 2025

Figure 20. Secondary practice role

78% do not have a secondary practice role



DOPL survey responses data, 2025

"Multiple" did not appear as a response option on the survey but was constructed for this report by counting respondents who selected multiple response options.

Income

Table 4. Median wage and counts

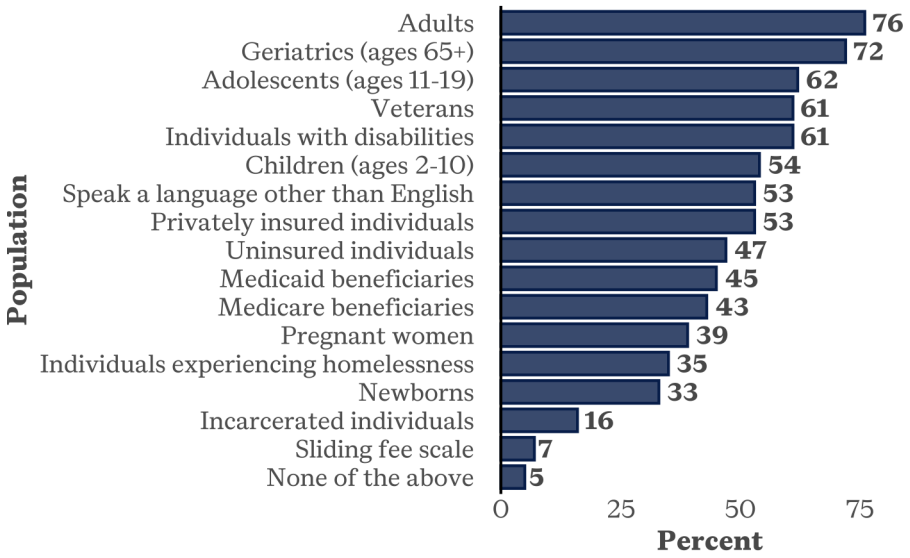
Year	Audiologist count	Employer count	Total wages	Median wage
2021	225	100	$ 17,356,482	$ 77,139.92
2022	234	113	$ 19,445,870	$ 83,102.01
2023	222	106	$ 19,176,412	$ 86,380.23
2024	225	101	$ 21,189,625	$ 94,176.11
2025	229	105	$ 22,180,384	$ 96,857.57

Unemployment insurance data, 2025

Income data including employment and wages comes from matching audiologist providers from DOPL data to unemployment insurance (UI) data from DWS. "Audiologist count" are of distinct audiologist providers while "Employer Count" are of distinct employers of audiologist providers. "Total wages" are the sum of audiologist provider wages while "Median wage" represents the midpoint of audiologist provider wages. The median audiologist wage from UI data increased approximately 26% from 2021 to 2025.

Figure 21. Patient populations

Sliding fee scale patients and pregnant women are the least likely to be served



DOPL survey responses data, 2025

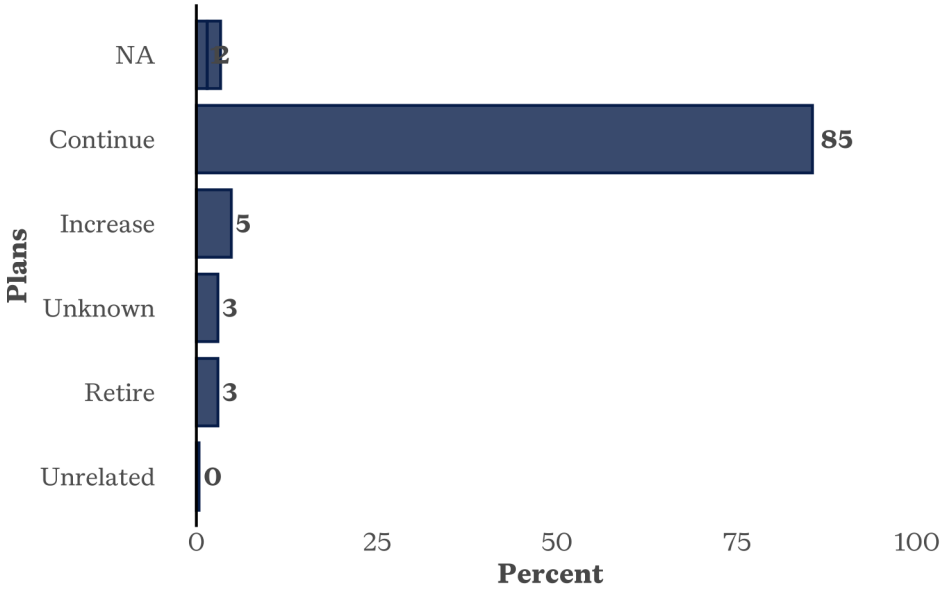
Future employment

This section includes practitioner survey response information on employment intentions, including employment plans for the next two years, anticipated changes in hours worked (change in FTE status), and projections.

Two-year employment intentions

Figure 22. Two-year employment plans

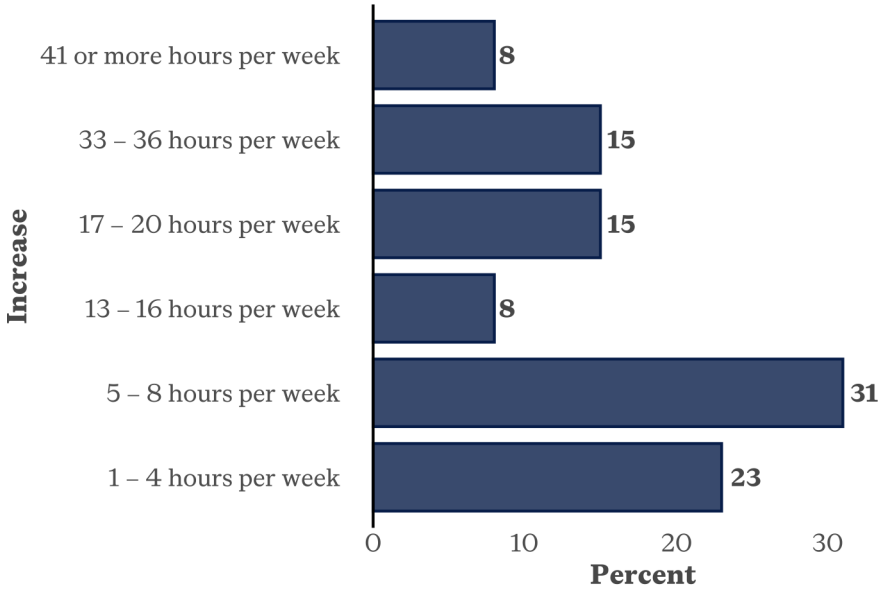
85% plan to continue with no change



DOPL survey responses data, 2025

Figure 23. Plan to increase hours

Most want modist increases in hours



DOPL survey responses data, 2025

Table 5. % plan to increase hours by age

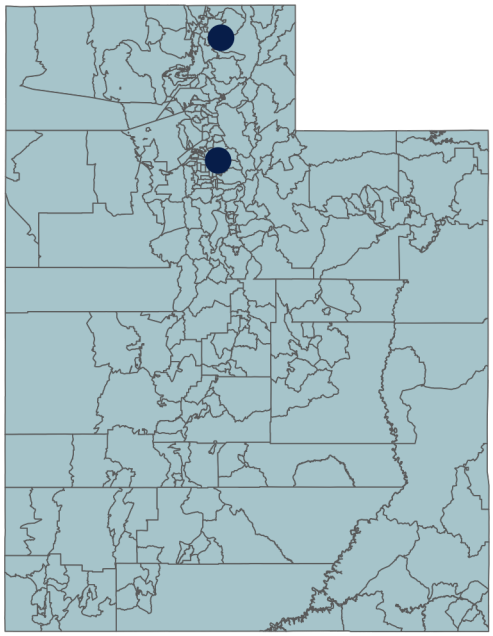
Hours	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74
1 – 4 hours per week	50	20	33	0	0
5 – 8 hours per week	0	40	33	50	0
9 – 12 hours per week	0	0	0	0	0
13 – 16 hours per week	50	0	0	0	0
17 – 20 hours per week	0	20	33	0	0
21 – 24 hours per week	0	0	0	0	0
25 – 28 hours per week	0	0	0	0	0
29 – 32 hours per week	0	0	0	0	0
33 – 36 hours per week	0	20	0	0	100
37 – 40 hours per week	0	0	0	0	0
41 or more hours per week	0	0	0	50	0

DOPL survey responses data, 2025

No respondents indicated they plan to decrease their hours, although 7% say their two-year plans are unknown and 3% plan to retire.

Programs

Figure 24. Audiology academic locations



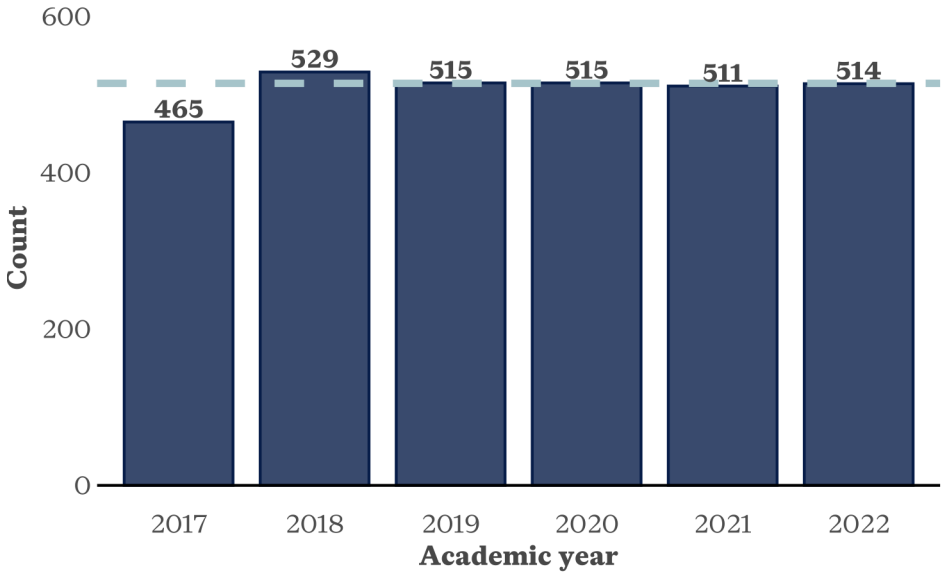
County	School count	Program count
Cache	1	1
Salt Lake	1	1

Integrated Postsecondary Education Data System, 2022

Graduates

Figure 25. Counts of graduates

Graduates from 2017-2022



Integrated Postsecondary Education Data System, 2022

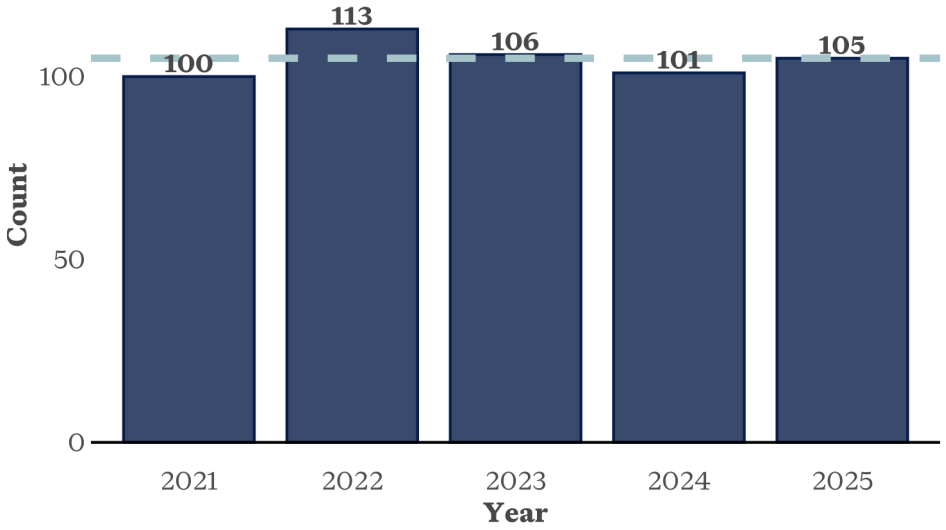
The chart above displays audiology graduates based on Classification of Instructional Programs or CIP code completions by academic year. Data comes from Integrated Postsecondary Education Data System (IPEDS), via Education Data Portal v. 0.22.0, Urban Institute, under ODC Attribution License. 2022 provisional data files from the IPEDS Data Center, were accessed November 2024.

Workforce indicators

This section includes workforce indicators and job posting data.

Figure 26. Audiologist counts from UI data

2025 was at the 5-year average

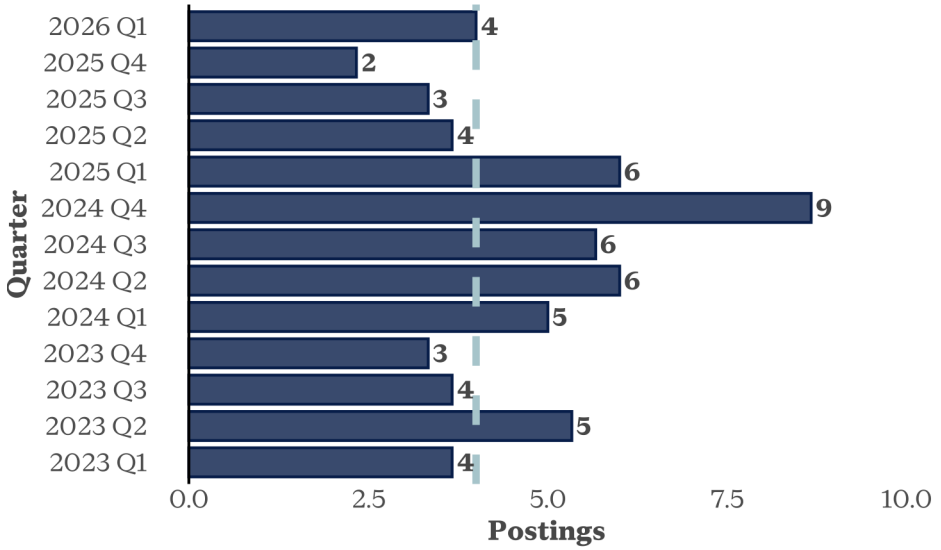


Unemployment insurance data, 2025

Job postings

Figure 27. Job postings from Conference Board–Lightcast Help Wanted OnLine data

Job postings have remained faily consistent



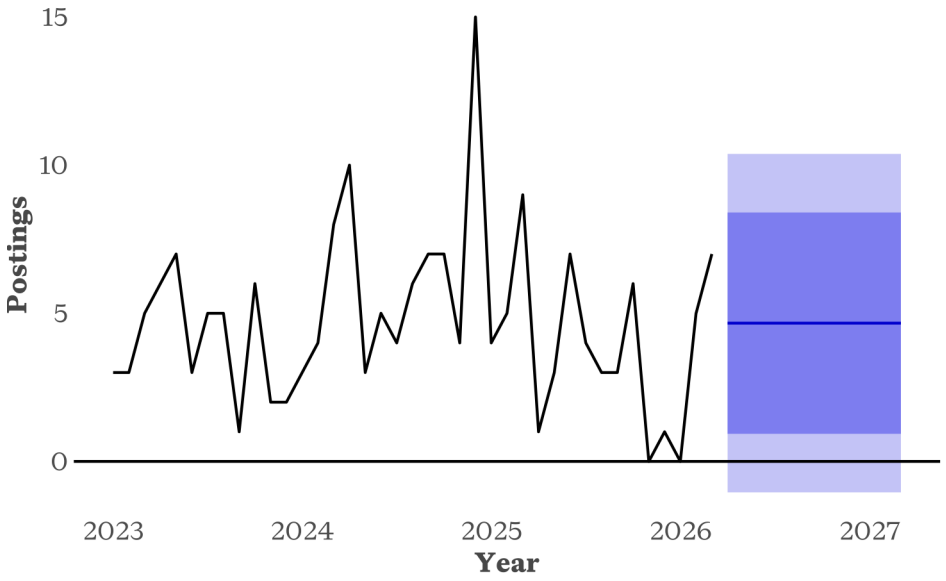
Conference Board–Lightcast Help Wanted OnLine data, 2026

Data comes from Conference Board–Lightcast Help Wanted OnLine data, provided by DWS using Standard Occupational Classification (SOC) codes. Job postings are received as monthly counts of unique listings. For the purposes of this report, those counts are used to calculate quarterly averages. Advertised wages represent averages specified in monthly job postings and are used for subsequent forecasting.

Averages or means are based on monthly distinct counts of job postings. Displaying mean values rather than cumulative counts was chosen to avoid potential inflation from duplicate listings. While the same job may be listed across multiple months, using the mean prevents overrepresenting duplicate postings.

Figure 28. Audiologist job postings

Audiologist job postings are projected to fall to 2025 levels

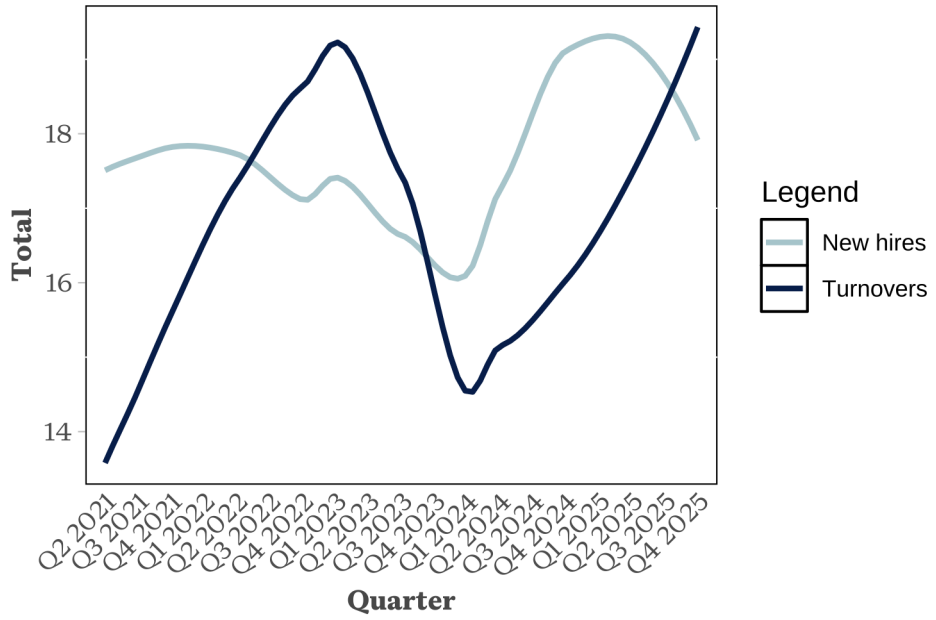


Conference Board–Lightcast Help Wanted OnLine data, 2026

Projections are done using an ARIMA model. The blue line is the averaged prediction over the next year, giving us the most likely scenario. Simulated predictions like these are healthy estimates of future projections, but they should not be taken as concrete truth as unpredictable factors are in play (COVID being a great example).

Figure 29. New hires and turnover

Turnover overtook new hires in Q3 2025



Unemployment insurance data, 2025

Unemployment insurance data workforce activity

Unemployment insurance data is used to determine the general yearly trend of job growth and loss. Jobs "Added" are counts of new hires while "Loss" are counts of providers leaving a specific job or employment. The "Net" is simply the sum of the "Added" and "Loss" aggregates.

Table 6. UI activity

Year	Added	Loss	Net
2021	55	50	5
2022	73	69	4
2023	60	62	-2
2024	68	58	10
2025	83	78	5

Unemployment insurance data, 2025

A major limitation to unemployment insurance data is that not all practitioners are captured in the data such as those working in a self-employed practice.

Table 7. Provider counts by NAICS settings from UI data

NAICS group	2021	2022	2023	2024	2025
Ambulatory Health Care Services	74	82	76	70	75
Hospitals	50	47	48	51	50
Nursing and Residential Care Facilities	1	1	3	1	2
Social Assistance	1	1	2	2	1

Unemployment insurance data, 2025

Discussion

While the Salt Lake, Utah, Davis, and Cache counties have a relatively stable concentration of hearing healthcare professionals, rural and frontier areas of Utah face stark supply and access issues. Convincing new providers to move and work in rural and frontier counties can be challenging. Finding specialized pediatric audiologists outside of major health systems like Primary Children's or the University of Utah can lead to significant travel times and delayed diagnoses for families in rural and frontier areas.

The economics of audiology can be strained. Obtaining a Doctor of Audiology (Au.D.) requires four years of post-graduate education and the debt-to-income ratio for new graduates is increasing. Private practices and clinics face declining insurance reimbursements and rising overhead costs, impacting a practice's ability to offer highly competitive salaries or robust support staff which can contribute to recruitment and retention struggles (Audigy, 2025).

A significant portion of Utah's population is heavily exposed to noise (University of Utah College of Health, 2026). This is driven by prominent local industries like mining, construction, and manufacturing combined with a highly active outdoor culture involving ATVs, snowmobiles, power tools, and recreational shooting (University of Utah College of Health, 2026). As these active, heavy noise exposed generations age, the demand for tinnitus management, noise-induced hearing loss treatment, and cognitive decline prevention through hearing health can outpace the state's provider supply.

Limitations

While these findings offer valuable insights, they should be interpreted considering several limitations. The data are drawn from a voluntary survey administered during license renewal, with an average response rate of about 50%, which may not fully represent the entire audiologist workforce. Because the survey is neither a complete census nor a statistically valid random sample, results generalized to all audiologists in Utah must be interpreted with caution. Additionally, license counts from the DOPL include all individuals holding an active license but do not confirm whether the licensee is currently practicing, practicing in Utah, or working in an audiologist role. All employment and demographic information are self-reported, which introduces the potential for misclassification, recall bias, and error. Finally, the data represents a single point in time and does not reflect changes in the workforce that may occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's audiologist workforce.

The Conference Board–Lightcast Help Wanted OnLine job postings data, provided by DWS, does not easily equate into net job growth. Job postings may only be needed to replace staff turnover. Not all new hires are publicly posted and not all job postings lead to new hires. Some postings remain online long after hiring is complete. Companies may post jobs to build candidate pipelines or for market testing of recruitment and salary expectations. These can sometimes be referenced as "ghost jobs". The existence of ghost jobs is one reason many are cautious about using online job postings to estimate future employment growth. Many of postings can make the labor market look stronger than actual hiring activity.

UI wage data provided by DWS includes quarterly gross earnings reported by employers operating in Utah and exclude self-employment and wages from federal agencies, religious organizations, some small non-profit organizations, and certain agricultural and domestic workers. UI data does not include hourly pay rates or total hours worked per quarter. Full-time and part-time analysis is cross-referenced from the workforce survey data.

Appendix A

DOPL supply survey

Questions were asked about the practitioners' Utah status, practice characteristics, demographics, employment plans, and patient population types. The survey can be found online at: https://ruralhealth.utah.gov/wp-content/uploads/Audiology-and-speech-language-pathology-workforce-survey-Final.pdf

Objectives

The HWAC has developed and adopted, with support from the Data Subcommittee, the Utah Cross-Profession Minimum Data Set (UCPMDS). UCPMDS is the underlying set of questions covering the highest priority data elements needed for health workforce planning throughout Utah.

Seven national healthcare regulatory organizations worked with Veritas Health Solutions, a consultant in health workforce data, policy, and planning, to create the UCPMDS. UCPMDS intends to standardize certain information captured from various health professions to support within-profession and between-profession analyses to better inform health policies and strategies. UCPMDS serves as a fundamental data system, upon which individual profession-specific tools are being developed and implemented into the re-licensure process.

Profession-specific surveys are being created for all licensed health professions. They are optional and are being implemented into the application process through the Division of Professional Licensing.

Target population

All DOPL audiologist-related licenses were included in the license renewal process. Audiology-related license types include "Audiologist" and "Speech Lang Pathologist & Audiologist" license names.

Response rates

Observing the count of eligible practitioners provided by DOPL, the survey response rate was about 55.88%. The following response rates are based on those who provided a valid license number and responded to at least one question rather than those who were eligible to receive the survey. These rates may be slightly higher than the response rates provided throughout the analysis as those excluded not applicable items.

Table 8. Survey item response rates

Number	Text	%
1	What is your sex?	99.3
2	What is your race? Mark one or more boxes.	100.0
3	Are you of Hispanic, Latina/o, or Spanish origin?	100.0
4	What type of degree/credential first qualified you for this license?	97.4
5	What year did you complete the education program/degree that first qualified you for this license?	100.0
6	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)	100.0
7	What is your highest level of education?	100.0
8	Please indicate the ASHA certificates you hold. Check all that apply.	86.3
9	Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your audiology/speech language pathology program (exclude non-audiology/speech language pathology and non-educational debt).	98.2
10	Did/do you participate in a loan forgiveness/repayment program (LRP)?	99.6
11	If yes, which loan forgiveness/repayment programs did you participate in?	24.0
12	Do you participate in the Utah Teacher Salary Supplement Program (TSSP)?	100.0
13	What is your employment status?	90.8
14	What best describes your employment plans for the next 2 years?	98.9
15	If you indicated you plan to increase or decrease hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select “not applicable.”	15.5
16	Of the hours per week spent in direct patient care, estimate the average number of hours per week delivering patient care via telehealth.	91.5
17	Please indicate the population groups to which you provide clinical services. Please check all that apply.	98.2

Number	Text	%
18	What is your primary practice location? If this does not apply, please enter “N/A”.	92.6
19	Which of the following best describes your current employment arrangement at your principal practice location?	98.9
20	Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.	98.5
21	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select not applicable.	97.8
22	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable." Does not include time on call.	97.4
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."	97.4
24	What is your secondary practice location? If this does not apply, please enter “N/A”.	77.5
25	Which of the following best describes your current employment arrangement at your secondary practice location?	76.0
26	Please identify the role/title(s) that most closely corresponds to your secondary employment/practice type.	74.9
27	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select not applicable.	89.7
28	Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select "not applicable." Does not include time on call.	79.7
29	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select "not applicable."	80.4
30	Have you mentored/precepted students within the past 2 years?	98.2
31	If you indicated that you mentor/precept students, how many students have you precepted in the past 2 years?	83.4

Number	Text	%
32	If you have not mentored/precepted students within the past 2 years, what are your reasons you chose not to?	80.8
33	Would you like to precept in the future?	86.7
34	Would you consider participating in alternative models of precepting, outside the standard 1:1 ratio (2:1 ratios, split caseloads, etc.)?	96.3

DOPL survey responses data, 2025

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Contact information

Holly Uphold: huphold@utah.gov
Matt Cottrell: mattc@utah.gov
Jordan Miller: jordanmiller@utah.gov
Jiehong Jiang: jjiang@utah.gov
Department of Health and Human Services
Multi-Agency State Office Building
195 North 1950 West
Salt Lake City, Utah
84116
https://hwic.utah.gov/
Phone: 801-538-9375