

License/Certification Information

6. What type of license do you currently hold?

- RN
 LPN
 Advanced Practice RN license (include all advanced license statuses in your state)

7. What year did you obtain your initial US licensure?

YEAR			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

8. In what country did you receive your entry-level education?

- United States India
 Canada Other, please specify _____
 Philippines

9. In what country were you initially licensed as RN or LPN?

- United States India
 Canada Other, please specify _____
 Philippines

10. What is the name of the school (education program) you graduated from that qualified you for your first US RN license?

11. In what city and state was this education program located?

City _____

State _____

12. What is the status of the license currently held? Active Non Active

13. Are you currently licensed/certified as a...

- Nurse Practitioner Certified Nurse Midwife
 Clinical Nurse Specialist Not licensed/certified as any of the above
 Certified Registered Nurse Anesthetist

14. Please list all states in which you hold an active license to practice as an RN:

15. Please list all states in which you are currently practicing:

Employment Information

16. What is your employment status? (Mark all that apply)

- Actively employed in nursing
 Full-time
 Part-time
 Per diem
 Actively employed in a field other than nursing
 Full-time
 Part-time
 Per diem
 Working in nursing only as a volunteer
 Unemployed
 Seeking work as a nurse
 Not seeking work as a nurse
 Retired

Primary position: The position at which you work the most hours during your regular work year.

Secondary position: The position at which you work the second greatest number of hours during your regular work year.

Per diem: an arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits.

17. If unemployed, please indicate the reasons:

- Taking care of home and family
- Disabled
- Inadequate Salary
- School
- Difficulty in finding a nursing position
- Other, please specify _____

Please answer questions 18 – 26 only if you are actively employed in nursing.

18. In how many positions are you currently employed as a nurse? 1 2 3 or more

19. How many hours do you work during a typical week in all your nursing positions?

HOURS		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

20. Please indicate the state and zip code of your primary employer:

_____ State

ZIP CODE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

21. Please identify the type of setting that most closely corresponds to your primary nursing practice position:

- Hospital
- Nursing Home/Extended Care/Assisted Living Facility
- Home Health
- Correctional Facility
- Academic Setting
- Public Health
- Community Health
- School Health Service
- Occupational Health
- Ambulatory Care Setting
- Insurance Claims/Benefits
- Policy/Planning/Regulatory/Licensing Agency
- Other

22. Please identify the position title that most closely corresponds to your primary nursing practice position:

- Consultant
- Nurse Researcher
- Nurse Executive
- Nurse Manager
- Nurse Faculty
- Advanced Practice Nurse
- Staff Nurse
- Other-Health Related
- Other-Not Health Related

23. Please identify the employment specialty that most closely corresponds to your primary nursing practice position:

- Acute Care/Critical Care
- Adult Health/Family Health
- Anesthesia
- Community
- Geriatric/Gerontology
- Home Health
- Maternal-Child Health
- Medical Surgical
- Occupational Health
- Oncology
- Palliative Care
- Pediatrics/Neonatal
- Public Health
- Primary Care
- Psychiatric/Mental Health/Substance Abuse
- Rehabilitation
- School Health
- Tele-health
- Trauma
- Women's Health
- Other

24. Please identify the type of setting that most closely corresponds to your secondary nursing practice position:

- Hospital
- Nursing Home/Extended Care/Assisted Living Facility
- Home Health
- Correctional Facility
- Academic Setting
- Public Health
- Community Health
- School Health Service
- Occupational Health
- Ambulatory Care Setting
- Insurance Claims/Benefits
- Policy/Planning/Regulatory/Licensing Agency
- Other
- No Secondary Practice Position

25. Please identify the position title that most closely corresponds to your secondary nursing practice position:

- Consultant
- Nurse Researcher
- Nurse Executive
- Nurse Manager
- Nurse Faculty
- Advanced Practice Nurse
- Staff Nurse
- Other-Health Related
- Other-Not Health Related
- No Secondary Practice Position

26. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position:

- Acute Care/Critical Care
- Adult Health/Family Health
- Anesthesia
- Community
- Geriatric/Gerontology
- Home Health
- Maternal-Child Health
- Medical Surgical
- Occupational Health
- Oncology
- Palliative Care
- Pediatrics/Neonatal
- Public Health
- Primary Care
- Psychiatric/Mental Health/Substance Abuse
- Rehabilitation
- School Health
- Tele-health
- Trauma
- Women's Health
- Other
- No Secondary Practice Position

Nurse Licensure Compact Information

27. The following states are a part of the Nurse Licensure Compact, please indicate if your primary state of residence is one of these states: AR, AZ, CO, DE, IA, ID, KY, ME, MD, MO, MS, NC, ND, NE, NH, NM, RI, SC, SD, TN, TX, UT, VA, WI

- Yes, please specify the state _____
- No, skip to question #29

28. How many other Compact states have you physically or electronically/ telephonically practiced in since receiving your Compact license?

- AR
- IA
- MD
- ND
- RI
- TX
- AZ
- ID
- MO
- NE
- SC
- UT
- CO
- KY
- MS
- NH
- SD
- VA
- DE
- ME
- NC
- NM
- TN
- WI
- I do not hold a Compact license

29. Do you utilize tele-health in your primary or secondary positions?

- Yes
- No
- Unsure

30. If yes, when utilizing tele-health, are patients ever located in a different state?

- Yes
- No
- Unsure

Thank you for your participation in this important work!

If you have any questions, contact Jill Budden, PhD (jbudden@ncsbn.org; 312.525.3658)
or Elizabeth Zhong, PhD (ezhong@ncsbn.org; 312.525.3636)

Please return your completed questionnaire in the postage-paid envelope to:
Scantron, PO Box 64928, St. Paul MN 55164

