National RN Workforce Survey

Marking Instructions
Use a No. 2 pencil or blue or black ink pen only.
Do not use pens with ink that soaks through the paper.
Make solid marks that fill the oval completely.
Make no stray marks on this form.
Do not tear or mutilate this form.

1. What is your gender?  ○ Male  ○ Female

2. What is your race/ethnicity? (Mark all that apply)
   ○ American Indian or Alaska Native
   ○ Asian
   ○ Black/African American
   ○ Native Hawaiian or Other Pacific Islander
   ○ White/Caucasian
   ○ Hispanic/Latino
   ○ Other

3. What is your date of birth?

4. What type of nursing degree/credential qualified you for your first US nursing license?
   ○ Vocational/practical certificate-nursing  ○ Master’s degree-nursing
   ○ Diploma-nursing  ○ Doctoral degree-nursing (DNP)
   ○ Associate degree-nursing  ○ Doctoral degree-nursing (PhD)
   ○ Baccalaureate degree-nursing  ○ Doctoral degree-nursing other

5. What is your highest level of education?
   ○ Vocational/practical certificate-nursing  ○ Master’s degree-nursing
   ○ Diploma-nursing  ○ Master’s degree-other field
   ○ Associate degree-nursing  ○ Doctoral degree-nursing practice (DNP)
   ○ Associate degree-other field  ○ Doctoral degree-nursing (PhD)
   ○ Baccalaureate degree-nursing  ○ Doctoral degree-nursing other
   ○ Baccalaureate degree-other field  ○ Doctoral degree-other field

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PageONE
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?
   - 2015
   - 2016
   - 2017
   - 2018

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?

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:

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**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
- Difficulty in finding a nursing position
- Disabled
- Other, please specify
- Inadequate Salary
- School

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?

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

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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