## 

National Council of State Boards of Nursing

THE FORMMORE CENTERS
OF STATE NURSING WORKFORCE CENTERS

## 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.

3. What is your

date of birth?

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IJН		IIKIU	hics

1	What is your gender?		□ Female
	what is your dender:	( ) IVIAIE	Eemale

2. What is your race/ethnicity? (Mark all that apply)

American Indian or Alaska NativeAsian

○ Black/African American

O Native Hawaiian or Other Pacific Islander

○ White/Caucasian

○ Hispanic/Latino

Other

4. What type of nursing degree/credential qualified you for your first US nursing license?

Vocational/practical certificate-nursing

Diploma-nursing

Associate degree-nursing

Baccalaureate degree-nursing

Master's degree-nursing

Doctoral degree-nursing (DNP)

Doctoral degree-nursing (PhD)

Doctoral degree-nursing other

5. What is your highest level of education?

Vocational/practical certificate-nursing

Diploma-nursing

Associate degree-nursing

Associate degree-other field

Baccalaureate degree-nursing

Baccalaureate degree-other field

Master's degree-nursing

Master's degree-other field

Doctoral degree-nursing practice (DNP)

Correct Mark

Doctoral degree-nursing (PhD)

Doctoral degree-nursing other

Doctoral degree-other field

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## 6. What type of license do you currently hold? □ LPN Advanced Practice RN license (include all advanced license statuses in your state) $\bigcirc$ RN 7. What year did you obtain your initial 8. In what country did you receive your entry-level education? **US licensure?** United States ○ India Canada Other, please specify 0000 11111 Philippines 2222 33333 4444 9. In what country were you initially licensed as RN or LPN? 5555 ○ India United States 6666 7777 Canada Other, please specify 8888 Philippines 9999 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 15. Please list all states in which you are currently license to practice as an RN: practicing: **Employment Informatio** 16. What is your employment status? (Mark all that apply) Actively employed in nursing Full-time **Primary position:** The position at which O Part-time you work the most hours during your regular Per diem work year. Actively employed in a field other than nursing Full-time Secondary position: The position at which O Part-time you work the second greatest number of O Per diem hours during your regular work year. Working in nursing only as a volunteer Unemployed Per diem: an arrangement wherein a nurse Seeking work as a nurse is employed directly on an as needed basis Not seeking work as a nurse and usually has no benefits. Retired

License/Certification Informa

17.	If unemployed, please indicate the real Taking care of home and family Disabled Inadequate Salary School	reasons:  Difficulty in finding a nursing position Other, please specify				
Plea	ase answer questions 18 – 26 only	if you are actively emplo	yed in nursing.			
18.	In how many positions are you curre	ntly employed as a nurse?	○ 1	☐ 3 or more		
19.	How many hours do you work during a typical week in all your nursing positions?  1 1 1 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 7 7 7 7 8 8 8 8 9 9 9	and a	e indicate the state ip code of your ary employer:	ZIP CODE         0 0 0 0 0         1 1 1 1         2 2 2 2         3 3 3 3 3         4 4 4 4 4         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.	21. Please identify the type of setting that most closely corresponds to your primary nursing practice post					
22.	Please identify the position title that Consultant Nurse Researcher Nurse Executive Nurse Manager Nurse Faculty	<ul><li>○ Advance</li><li>○ Staff Nu</li><li>○ Other-H</li></ul>	corresponds to your <u>primary</u> nursing practice position:  Advanced Practice Nurse  Staff Nurse  Other-Health Related  Other-Not Health Related			
23.	Please identify the employment special care Acute Care/Critical Care Adult Health/Family Health Anesthesia Community Geriatric/Gerontology Home Health Maternal-Child Health	cialty that most closely corn Medical Surgical Occupational Health Oncology Palliative Care Pediatrics/Neonatal Public Health Primary Care		ental Health/Substance Abuse		
24.	Please identify the type of setting th Hospital Nursing Home/Extended Care/Assiste Living Facility Home Health Correctional Facility Academic Setting Public Health	School Head Occupation Ambulatory Insurance ( Policy/Plan Other	ulth Service nal Health			



25.	Please ide	entify the pos	ition title tha	t most closely	corresponds	to your <u>sec</u>	ondary nursi	ing practice po	sition:
	Consult				<ul><li>Advanced</li></ul>		se		
	O Nurse F				<ul> <li>Staff Nurse</li> </ul>				
	O Nurse E				Other-Hea				
	○ Nurse N	-			Other-Not				
	O Nurse F	aculty			O No Second	dary Practice	Position		
26.	Please ide	entify the emp	loyment spec	ialty that mos	st closely corre	esponds to y	our <u>seconda</u>	ry nursing pra	ctice position:
	Acute C	Care/Critical Ca	re		<ul><li>Pediatrics/</li></ul>	/Neonatal			
	<ul><li>Adult H</li></ul>	ealth/Family H	ealth		<ul><li>Public Hea</li></ul>	alth			
	Anesthe	esia			Primary Care				
	Commu	ınity			<ul><li>Psychiatric</li></ul>	c/Mental Heal	th/Substance	Abuse	
	<ul><li>Geriatri</li></ul>	c/Gerontology			<ul> <li>Rehabilitat</li> </ul>	tion			
	Home H	lealth			<ul> <li>School He</li> </ul>	alth			
	<ul><li>Materna</li></ul>	al-Child Health			Tele-health	1			
	<ul><li>Medica</li></ul>	l Surgical			Trauma				
		itional Health			○ Women's H	Health			
	Oncolo				Other				
	Palliativ				○ No Second	dary Practice	Position		
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27.		-	-			· -		orimary state o I, SC, SD, TN,	
		ase specify the	e state		◯ No, skip to	question #29	9		
28.					illy or electron impact license				
	○ AR	○ IA	$\bigcirc$ MD	○ ND	○ RI	$\bigcirc$ TX			
	○ AZ	○ ID	○ MO	○ NE	○ SC	O UT			
_	○ CO	○ KY	○ MS	○ NH	○ SD	○ VA			
	O DE	○ ME		○ NM	○ TN	○ WI			
				O 14141	O 111	<u> </u>			
	◯ I do not	hold a Compa	ct license						
29.	Do vou uti	ilize tele-heal	th in vour pri	mary or seco	ndary position	ns?			
_		○ No		Insure	, , , , , , , , , , , , , , , , , , , ,				
	O 100	<u> </u>	0	Tiodio					
30.	If ves. who	en utilizina te	ele-health, are	patients eve	r located in a	different st	ate?		
_	◯ Yes	○ No		Insure		4			
	0 103	O 110	0	i i i i i i i i i i i i i i i i i i i					
	•	Thank vo	ou for vo	ur partic	ipation i	in this i	mportai	nt work!	
			Jul 101 Ju	ar barac	- pation .		po. ta.		
	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								
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