



National Nursing Education Database: 2024–2025 Aggregate Data

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Introduction

In the fall of 2020 NCSBN launched the Annual Report Program, which is the first-ever national program to collect annual education data from all nursing programs in participating U.S. nursing regulatory bodies (NRBs). This program is based on NCSBN's studies of quality indicators of nursing schools (Spector et al., 2020), where NCSBN's Annual Report team collects demographic data and evidence-based quality indicators of nursing programs for the NRBs. In 2026 NCSBN's Research Department and the Nursing Education Policy team collaborated to update the nursing education quality indicators with 5 years of data from the Annual Report Program. Most NRBs require nursing education annual report data as part of their approval process of nursing programs. Regulatory approval of nursing programs ensures the NRBs that the programs are graduating safe and competent nurses.

Each nursing program in participating states/jurisdictions receives a report of their metrics and each participating NRB receives a report of all their programs' metrics, including how well their programs are meeting the quality indicators. Please note that all outlier data are verified by the NCSBN Annual Report team before the data are analyzed. This report includes the 2024–2025 aggregate data of the participating NRBs, and these data can be used by all U.S. nursing programs for benchmarking. The NRBs and nursing programs can then work together to identify needed improvements — *before* NCLEX® Exam pass rates and other outcomes fall. It is important to remember that NCLEX pass rates are lagging indicators, meaning that they don't begin to fall until other key quality indicators have not been met (Spector et al., 2020).

In 2025 NCSBN launched the National Nursing Education Database dashboard*, which illustrates Annual Report aggregate data from nursing programs related to demographics and evidence-based quality indicators. This database provides an in-depth look at the characteristics and performance of nursing education programs. It is interactive so that comparisons can be made, and unique data can be identified. In 2026 the Annual Report team is collaborating with IT to develop individual dashboards for the participating NRBs so that they can make comparisons with the national dashboard. The individual dashboards will be released to the participating NRBs by the end of summer 2026.

Participating NRBs

Table 1 illustrates the number of participating NRBs in the Annual Report Program from 2020, when the program began, to 2025. All the participating NRB's prelicensure nursing programs (practical nursing and all types of registered nursing programs) complete the surveys, and each question on the survey requires the programs to respond. **Table 1** also cites the number of programs, enrolled students, and faculty in each academic year. It is interesting to note the number of adjunct faculty the programs are using, particularly considering that an evidence-based quality indicator is that programs should employ at least 35% full-time faculty.



*Scan to visit the National Nursing Education Database Dashboard
ncsbn.org/EduDashboard

Table 1. Trend of Participating NRBs

	2020–2021	2021–2022	2022–2023	2023–2024	2024–2025
Participating NRBs	20	23	30	33	35
Number of Programs	843	972	1,539	1,695	1,978
Enrolled Students	112,147	124,912	185,321	194,914	237,226
Full-time Faculty	8,263	9,653	14,101	15,490	17,489
Part-time Faculty	3,104	4,402	6,542	7,243	13,760
Adjunct Faculty – Employed by Program	7,296	8,822	14,108	14,605	17,529
Adjunct Faculty – Not Employed by Program	472	837	915	900	1,167

Results

Table 2 illustrates program demographics and characteristics, which are similar to previous years' data. The majority of bachelor's, accelerated BSN and master's entry programs are located in urban areas; the majority of LPN/VN, associate's degree, and diploma programs are located in rural areas. 75.6% of the LPN/VN and 79.2% of the associate's programs are public, while the majority of bachelor's programs are either public (39.3%) or private not-for-profit (47.3%).

The majority of LPN/VN (66.8%) use in-person only learning modalities, and this has decreased from the 2024 aggregate report, where also the majority of associate's and diploma programs had in-person only modalities. In bachelor's programs, 46.4% use in-person-only and 53.4% use hybrid strategies, while the majority of accelerated BSN (68.5%) and master's entry (69.6%) programs use hybrid strategies. Interestingly, from previous Annual Report data (2020–21; 2021–22; 2022–23; and 2023–24), all six program types have increased their use of hybrid learning modalities in 2024–2025. The literature in higher education supports the use of hybrid modalities (Müller & Mildenerger, 2021). As in previous years, a large majority of the programs in all six program types report using simulation in their programs (from 83.3% to 100%).

When asked if the program director is responsible for allied health, the vast majority reported they do not have that responsibility, which is consistent with data from previous years. Similar to previous years, the majority of the programs (ranging from 59.3% to 72.9%) reported not having an assistant or associate director. Yet, with a range of 80.4% to 90.8%, most of the programs have dedicated administrative support, again consistent with previous years. The majority of programs have formal orientation for adjunct, full-time and part-time new faculty, as well as mentoring of new full-time faculty. Formal orientation has increased slightly from previous years.

Table 2. Program Demographics and Characteristics¹

	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Geographic Location						
Urban	192 (29.2%)	7 (23.3%)	216 (29.3%)	188 (41.3%)	33 (61.1%)	31 (67.4%)
Suburban	160 (24.4%)	7 (23.3%)	161 (21.9%)	116 (25.5%)	13 (24.1%)	13 (28.3%)
Rural	297 (45.2%)	16 (53.3%)	350 (47.6%)	142 (31.2%)	7 (13.0%)	1 (2.2%)

Table 2. Program Demographics and Characteristics ¹						
	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Other	8 (1.2%)	0 (0.0%)	9 (1.2%)	9 (2.0%)	1 (1.9%)	1 (2.2%)
Institutional Ownership						
Public	497 (75.6%)	16 (53.3%)	583 (79.2%)	179 (39.3%)	16 (29.6%)	16 (34.8%)
Private, Not-for-profit	44 (6.7%)	10 (33.3%)	55 (7.5%)	215 (47.3%)	32 (59.3%)	28 (60.9%)
Private, For-profit	116 (17.7%)	4 (13.3%)	98 (13.3%)	61 (13.4%)	6 (11.1%)	2 (4.3%)
Learning Modalities						
In-person Only	439 (66.8%)	14 (46.7%)	372 (50.5%)	211 (46.4%)	16 (29.6%)	11 (23.9%)
Online Only	0 (0.0%)	0 (0.0%)	2 (0.3%)	1 (0.2%)	1 (1.9%)	3 (6.5%)
Hybrid	218 (33.2%)	16 (53.3%)	362 (49.2%)	243 (53.4%)	37 (68.5%)	32 (69.6%)
Simulated Clinical Experience Offered						
Yes	559 (85.1%)	25 (83.3%)	709 (96.3%)	441 (96.9%)	54 (100.0%)	46 (100.0%)
No	98 (14.9%)	5 (16.7%)	27 (3.7%)	14 (3.1%)	0 (0.0%)	0 (0.0%)
Director Has Administrative Responsibility for Allied Health						
Yes	158 (24.0%)	5 (16.7%)	184 (25.0%)	36 (7.9%)	2 (3.7%)	4 (8.7%)
No	499 (76.0%)	25 (83.3%)	552 (75.0%)	419 (92.1%)	52 (96.3%)	42 (91.3%)
Program Has Assistant/Associate Director						
Yes	178 (27.1%)	12 (40.0%)	233 (31.7%)	165 (36.3%)	22 (40.7%)	18 (39.1%)
No	479 (72.9%)	18 (60.0%)	503 (68.3%)	290 (63.7%)	32 (59.3%)	28 (60.9%)
Director Has Dedicated Administrative Support						
Yes	561 (85.4%)	26 (86.7%)	668 (90.8%)	394 (86.6%)	45 (83.3%)	37 (80.4%)
No	96 (14.6%)	4 (13.3%)	68 (9.2%)	61 (13.4%)	9 (16.7%)	9 (19.6%)
Formal Orientation for New Adjunct Clinical Faculty						
Yes	596 (90.7%)	28 (93.3%)	689 (93.6%)	420 (92.3%)	51 (94.4%)	41 (89.1%)
No	61 (9.3%)	2 (6.7%)	47 (6.4%)	35 (7.7%)	3 (5.6%)	5 (10.9%)
Formal Orientation for New Full-time Faculty						
Yes	638 (97.1%)	30 (100.0%)	724 (98.4%)	451 (99.1%)	53 (98.1%)	44 (95.7%)
No	19 (2.9%)	0 (0.0%)	12 (1.6%)	4 (0.9%)	1 (1.9%)	2 (4.3%)
Formal Orientation for New Part-time Faculty						
Yes	586 (89.2%)	29 (96.7%)	667 (90.6%)	407 (89.5%)	49 (90.7%)	42 (91.3%)
No	71 (10.8%)	1 (3.3%)	69 (9.4%)	48 (10.5%)	5 (9.3%)	4 (8.7%)
Formal Mentoring for New Full-time Faculty						
Yes	594 (90.4%)	25 (83.3%)	701 (95.2%)	414 (91.0%)	51 (94.4%)	42 (91.3%)
No	63 (9.6%)	5 (16.7%)	35 (4.8%)	41 (9.0%)	3 (5.6%)	4 (8.7%)

Table 3 displays the data related to the credentials of a program's director and full- and part-time faculty. From NCSBN's national study of nursing education evidence-based quality indicators (Spector et al., 2020), the director of an LPN/VN program should have a graduate degree and the director of an RN program should be doctorally educated. Faculty in an LPN/VN program should have at least a BSN degree, while faculty in an RN

program should have a graduate degree. In [Table 3](#) the majority of LPN/VN, diploma, and associate's degree program directors have less than a doctoral degree, while in the other three types of programs, the majority of the directors have a doctoral degree. With full-time faculty, the range of faculty with graduate degrees is 64.7% (LPN/VN programs) to 97.4% (master's entry), which is consistent with previous years. Regarding part-time faculty, the trend of high levels of graduate educated faculty remains, though it is at a lower level than for full-time faculty, with a range of 52.1% for LPN/VN programs to 91.4% in master's entry programs.

Table 3. Director, Full-time and Part-time Faculty Highest Degree							
	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry	Grand Total
Director's Highest Degree (Nursing or Non-nursing)							
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)	1,978
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Less Than Doctoral Degree	411 (62.5%)	20 (66.7%)	406 (55.2%)	51 (11.2%)	12 (22.2%)	2 (4.3%)	902 (45.6%)
Doctoral Degree	187 (28.4%)	10 (33.3%)	314 (42.7%)	395 (86.8%)	41 (75.9%)	43 (93.5%)	990 (50.0%)
Other or N/A	60 (9.1%)	0 (0.0%)	16 (2.2%)	9 (2.0%)	1 (1.9%)	1 (2.2%)	87 (4.4%)
Full-time Faculty Highest Degree							
N	2,943 (16.8%)	186 (1.1%)	6,591 (37.7%)	6,340 (36.3%)	620 (3.5%)	809 (4.6%)	17,489
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Less Than Master's Degree	1,038 (35.3%)	21 (11.3%)	641 (9.7%)	283 (4.5%)	24 (3.9%)	21 (2.6%)	2,028 (11.6%)
Graduate Degree (Master's or Doctoral Degree)	1,905 (64.7%)	165 (88.7%)	5,950 (90.3%)	6,057 (95.5%)	596 (96.1%)	788 (97.4%)	15,461 (88.4%)
Part-time Faculty Highest Degree							
N	2,412 (17.5%)	107 (0.8%)	6,117 (44.5%)	3,843 (27.9%)	907 (6.6%)	374 (2.7%)	13,760
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Less Than Master's Degree	1,156 (47.9%)	30 (28.0%)	2,253 (36.8%)	648 (16.9%)	204 (22.5%)	32 (8.6%)	4,323 (31.4%)
Graduate Degree (Master's or Doctoral Degree)	1,256 (52.1%)	77 (72.0%)	3,864 (63.2%)	3,195 (83.1%)	703 (77.5%)	342 (91.4%)	9,437 (68.6%)

[Table 4](#) provides the mean direct patient care hours (experiences with actual patients), simulation hours, and skills lab hours for the six program types. Since the 2021-2022 aggregate report, the direct care clinical hours, a quality indicator for nursing programs (Spector et al., 2020), have decreased for all six program types. In the last five years, there has been a precipitous drop in direct patient care hours for diploma programs (612 hours in 2021–2022 versus 401.4 hours in 2024–2025). However, it should be noted that there were only 5 diploma programs in 2021–2022 and 30 in 2024–2025.

[Table 4](#) also reports the mean simulation and skills lab hours of the six program types. While most programs have simulation ([Table 2](#)), the programs do not have a lot of simulation (range of 40.6–106.5 hours), and this is similar to the findings in the 2021–2022 aggregate report. Associate's and diploma programs decreased their simulation hours since 2023-2024, while the rest of the programs increased their simulation hours slightly. The nursing education community should study what is holding programs back from implementing more simulation. NCSBN's Member Board Profiles (NCSBN, 2025) reports that 35 (62%) of the U.S. NRBs allow programs to use up to 50% simulation to replace clinical experiences (NCSBN, 2025), as long as guidelines

are met. Therefore, in most states, regulation is not a barrier to programs using simulation. With some slight variations, the programs’ use of skills labs were similar to those in 2023-2024.

Table 4. Breakdown of Program Hours by Program Type						
	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)
Direct Patient Care Hours						
Mean	361.0	401.4	459.0	585.0	549.0	663.4
SD	±147.7	±236.2	±147.0	±157.1	±166.5	±190.7
Simulation Hours						
Mean	46.7	40.6	68.6	84.4	106.5	73.4
SD	±45.5	±37.3	±55.2	±60.0	±81.9	±41.5
Skills Lab Hours						
Mean	124.9	89.5	126.6	125.5	120.1	113.6
SD	±74.7	±54.8	±79.6	±72.6	±62.9	±82.4

Table 5 illustrates the trend of direct care clinical hours for the last 15 years (2010 to 2025). The 2010 and 2017 clinical experience hours were reported in national studies (Smiley, 2019), while the rest of the data are from the aggregate Annual Reports from those years. In each of the six program types, the direct care clinical hours have decreased since 2010. While direct care clinical hours are an evidence-based quality indicator for nursing programs (Spector et al., 2020), currently we do not have evidence for the numbers of direct care clinical experience hours that programs should have. However, we do know that the U.S. lags behind other English-speaking countries regarding direct care clinical experience hours for nursing education (Hungerford et al., 2019). In Hungerford’s et al. (2019) scoping review, Australia requires 800 hours; New Zealand requires 1,100; and the United Kingdom requires 2300 hours. Currently our Research Department is reviewing the numbers of hours to see if this decrease in hours negatively impacts outcomes. Future nursing education research should address best practices of direct care experiences with patients, as well as the minimum hours students that all program types should have.

Table 5. Trend of Direct Care Clinical Hours from 2010–2025							
	2010 (median hours)	2017 (median hours)	2020–21 (mean hours)	2021–22 (mean hours)	2022–23 (mean hours)	2023–24 (mean hours)	2024–25 (mean hours)
Master's Entry	770	780	665	736.57	651.33	678.33	663.4
Bachelor's	765	712	625.64	610.29	607.65	599.22	585.0
Associate's	628	573	437.61	445.43	462.13	464.19	459.0
Diploma	720	683	530.21	612.00	442.32	414.91	401.4
LPN/VN	(data not collected)	565	386.3	406.13	382.27	374.53	361.0

Table 6 highlights the key evidence-based quality indicators of nursing education programs that were identified in NCSBN’s mixed-methods study of nursing education (Spector et al., 2020). It is crucial for nursing programs to identify any quality indicators that have not been met so that the programs can be proactive in making improvements before their outcomes plummet. Therefore, the Annual Reports that the NRBs receive have a summary of the key quality indicators that each of their programs does not meet. This can foster a

collaborative relationship between the NRBs and their programs. The programs can benchmark their metrics with the aggregate data, providing national evidence to their administrators that they need more resources and/or faculty.

Compared to the 2020–2021 data, while there are some minor differences, these 2024–2025 data are similar. Some of the concerns that should be addressed include:

- While the national nursing accreditation of LPN/VN programs has improved slightly since 2020–2021 (17.1% in 2020–2021 versus 22.4% in 2024–2025), that accreditation status needs improving. The NCSBN mixed-methods study of quality indicators (Spector et al., 2020) found that national nursing accreditation is statistically related to better program outcomes. The nursing community should identify strategies for increasing the accreditation of LPN/VN programs.
- Nearly half the programs (48.4%) reported major organizational changes that adversely affect their programs. This lack of support of higher administration negatively impacts the quality of programs (Spector et al., 2020). These major changes include, but are not limited to: new director or assistant/associate director; staff or faculty layoff; changes to the leadership of the parent program; merging of programs; economic efficiencies that impact the programs. Programs might use these national data to approach higher administration and make some recommendations.
- 11.2% of all programs had more than three directors in a five-year period, and this has increased over the past 5 years. In 2020–2021 the director turnover was 8.5%. Director turnover negatively impacts the program's outcomes (Spector et al., 2020), and strategies should be employed to retain program directors.
- Programs with less than 35% full-time faculty are at risk for having significantly poorer program outcomes (Spector et al., 2020). This quality indicator has decreased over the past 5 years. In 2020–2021, 26.3% of all the programs did not meet this quality indicator, while in 2024–2025, 37% of the programs had less than 35% full-time faculty. Presenting these aggregate data to administration, along with the evidence-based quality indicators, will assist nursing programs in hiring more full-time faculty.
- Nearly ½ of the programs (48.3%) had on-time graduation rates of less than 70%, and on-time graduation rates have fluctuated over the past 5 years. In 2020–2021 they were 41.9%, though in 2023–2024 they were 51.4%. On-time graduation rates of 70% are not only significantly linked to better program outcomes, but it is also important to recognize that students who enroll in nursing programs plan their lives around graduating on-time.

Table 6. Key Quality Indicators Across Nursing Program Types

	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry	Grand Total
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)	1,978
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Accreditation Status							
Yes	147 (22.4%)	11 (36.7%)	582 (79.1%)	429 (94.3%)	52 (96.3%)	44 (95.7%)	1,265 (64.0%)
No	510 (77.6%)	19 (63.3%)	154 (20.9%)	26 (5.7%)	2 (3.7%)	2 (4.3%)	713 (36.0%)
Programs' Approval Status							
Fully Approved	576 (87.7%)	24 (80.0%)	652 (88.6%)	402 (88.4%)	44 (81.5%)	42 (91.3%)	1,740 (88.0%)
Not Approved/ Conditional/ Probationary or Warning Status (Less Than Full Approval)	81 (12.3%)	6 (20.0%)	84 (11.4%)	53 (11.6%)	10 (18.5%)	4 (8.7%)	238 (12.0%)

Table 6. Key Quality Indicators Across Nursing Program Types							
	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry	Grand Total
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)	1,978
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Experienced Major Organizational Changes							
Yes	273 (41.6%)	9 (30.0%)	329 (44.7%)	275 (60.4%)	38 (70.4%)	33 (71.7%)	957 (48.4%)
No	384 (58.4%)	21 (70.0%)	407 (55.3%)	180 (39.6%)	16 (29.6%)	13 (28.3%)	1,021 (51.6%)
Director Turnover							
Less than or Equal to Three Directors over the Past Five Years	580 (88.3%)	29 (96.7%)	657 (89.3%)	404 (88.8%)	43 (79.6%)	43 (93.5%)	1,756 (88.8%)
More than Three Directors over the Past Five Years	77 (11.7%)	1 (3.3%)	79 (10.7%)	51 (11.2%)	11 (20.4%)	3 (6.5%)	222 (11.2%)
Less Than 50% Direct Care Clinical Experience							
Greater than 50% Direct Care Clinical Experience	590 (89.8%)	28 (93.3%)	703 (95.5%)	446 (98.0%)	46 (85.2%)	45 (97.8%)	1,858 (93.9%)
Less than 50% Direct Care Clinical Experience	67 (10.2%)	2 (6.7%)	33 (4.5%)	9 (2.0%)	8 (14.8%)	1 (2.2%)	120 (6.1%)
Less Than 35% Full-Time Faculty							
Greater than 35% Full-time Faculty	423 (64.4%)	20 (66.7%)	480 (65.2%)	273 (60.0%)	23 (42.6%)	27 (58.7%)	1,246 (63.0%)
Less than 35% Full-time Faculty	234 (35.6%)	10 (33.3%)	256 (34.8%)	182 (40.0%)	31 (57.4%)	19 (41.3%)	732 (37.0%)
Less Than 70% Graduation Rate							
Greater than 70% Graduation Rate	300 (45.7%)	16 (53.3%)	381 (51.8%)	260 (57.1%)	30 (55.6%)	36 (78.3%)	1,023 (51.7%)
Less than 70% Graduation Rate	357 (54.3%)	14 (46.7%)	355 (48.2%)	195 (42.9%)	24 (44.4%)	10 (21.7%)	955 (48.3%)
Programs Established 2017 or Before 2017/After 2018							
Programs 7 years or older	580 (88.3%)	21 (70.0%)	654 (88.9%)	383 (84.2%)	39 (72.2%)	23 (50.0%)	1,700 (85.9%)
Programs 6 years or newer	77 (11.7%)	9 (30.0%)	82 (11.1%)	72 (15.8%)	15 (27.8%)	23 (50.0%)	278 (14.0%)

Table 7 presents other quality indicators that are important to nursing education programs. One finding that has improved from the 2021–2022 aggregate report is providing services for non-native English speakers. In 2021–2022, 43.7% of the programs provided resources to students who are non-native English speakers. However, in 2024–2025 that improved to 59%. Nursing education still has a long way to go with providing these resources, but it is clear that programs have recognized that deficiency and are working on it. In 2021–2022, 18.2% of the nursing programs reported that they did not provide formal remediation for students who make errors or report near misses in their clinical experiences. While this improved to 15.7% in 2024–2025, this remains an area where improvements should be made. The vast majority of programs do not have accredited or endorsed simulation labs, and this has not improved since 2020–2021. However, there has been a slight improvement in certified simulation faculty since 2020–2021 (22.7% in 2021–2022 versus 26.7% in 2024–2025). This is an area where the programs should focus in the future.

Table 7. Other Quality Indicators							
	LPN/VN	Diploma	Associate's	Bachelor's	Accelerated BSN	Master's Entry	Grand Total
N	657 (33.3%)	30 (1.5%)	736 (37.2%)	455 (23.0%)	54 (2.7%)	46 (2.3%)	1,978
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Disability Support Services							
Yes	649 (98.8%)	30 (100.0%)	735 (99.9%)	454 (99.8%)	54 (100.0%)	45 (97.8%)	1,967 (99.4%)
No	8 (1.2%)	0 (0.0%)	1 (0.1%)	1 (0.2%)	0 (0.0%)	1 (2.2%)	11 (0.6%)
Non-native English Speaker Services							
Yes	352 (53.6%)	7 (23.3%)	471 (64.0%)	260 (57.1%)	41 (75.9%)	36 (78.3%)	1,167 (59.0%)
No	305 (46.4%)	23 (76.7%)	265 (36.0%)	195 (42.9%)	13 (24.1%)	10 (21.7%)	811 (41.0%)
Services for Low Socioeconomic Class Students							
Yes	630 (95.9%)	23 (76.7%)	724 (98.4%)	447 (98.2%)	52 (96.3%)	45 (97.8%)	1,921 (97.1%)
No	27 (4.1%)	7 (23.3%)	12 (1.6%)	8 (1.8%)	2 (3.7%)	1 (2.2%)	57 (2.9%)
Formal Remediation Process for Students Needing Academic Support							
Yes	583 (88.7%)	23 (76.7%)	653 (88.7%)	415 (91.2%)	50 (92.6%)	41 (89.1%)	1,765 (89.2%)
No	74 (11.3%)	7 (23.3%)	83 (11.3%)	40 (8.8%)	4 (7.4%)	5 (10.9%)	213 (10.8%)
Formal Remediation Process for Students Committing Errors/Near Misses							
Yes	546 (83.1%)	20 (66.7%)	620 (84.2%)	394 (86.6%)	49 (90.7%)	39 (84.8%)	1,668 (84.3%)
No	111 (16.9%)	10 (33.3%)	116 (15.8%)	61 (13.4%)	5 (9.3%)	7 (15.2%)	310 (15.7%)
Certified Simulation Faculty							
Yes	100 (15.2%)	5 (16.7%)	185 (25.1%)	184 (40.4%)	26 (48.1%)	29 (63.0%)	529 (26.7%)
No	456 (69.4%)	20 (66.7%)	523 (71.1%)	257 (56.5%)	28 (51.9%)	17 (37.0%)	1,301 (65.8%)
Does not offer simulated clinical experience	101 (15.4%)	5 (16.7%)	28 (3.8%)	14 (3.1%)	0 (0.0%)	0 (0.0%)	148 (7.5%)
Simulation Lab Accredited by SSH or Endorsed by INACSL							
Yes	16 (2.4%)	2 (6.7%)	16 (2.2%)	38 (8.4%)	11 (20.4%)	8 (17.4%)	91 (4.6%)
No	540 (82.2%)	23 (76.7%)	692 (94.0%)	403 (88.6%)	43 (79.6%)	38 (82.6%)	1,739 (87.9%)
Does not offer simulated clinical experience	101 (15.4%)	5 (16.7%)	28 (3.8%)	14 (3.1%)	0 (0.0%)	0 (0.0%)	148 (7.5%)

Conclusions

In this 2024–2025 aggregate report, 35 U.S. NRBs participated so that data were collected from 1,978 programs that had enrolled 237,226 students. Therefore, this is an excellent document for benchmarking nursing education program metrics with national data. Additionally, with the launch of the National Nursing Education dashboard, which is interactive, programs can analyze these data with more depth.

Some positive findings included:

- Programs were using more hybrid learning modalities in 2024–2025, as compared to previous years, which is supported as a best practice in higher education literature.

- Compared to previous years, there was an increase in the formal orientation of faculty, which is a quality indicator of nursing education programs.
- In RN programs, with the exception of Associate's and Diploma programs, the majority of the deans/directors had doctoral degrees. In both RN and LPN/VN programs the majority of faculty had graduate degrees.
- Compared to previous years, there has been an increase in the number of programs that provide resources for non-English-speaking students.

Some areas of concern included:

- Clinical hours continue to decrease from previous years. The nursing education community needs to take action on this. For example, regulators and educators are calling for robust research on best practices of direct care clinical experiences, considering minimum numbers of clinical hours and alternative practice sites and times.
- Simulation hours continue to be low (range of 40.6 – 106.5 hours across the six program types). Future research might investigate why this is happening and provide strategies to increase the use of simulation.
- While formal remediation for student errors and near misses in clinical experiences has increased over the past five years, it is still a concern that 15.7% of all programs do not provide remediation for students who are responsible for patient errors and near misses. One longitudinal study of more than 200 programs found that medication errors account for more than ½ of the errors students make in their clinical experiences. Nursing education leaders should provide faculty with evidence-based strategies for developing policies and providing remediation for student errors and near misses in clinical experiences. This is a patient safety issue.

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