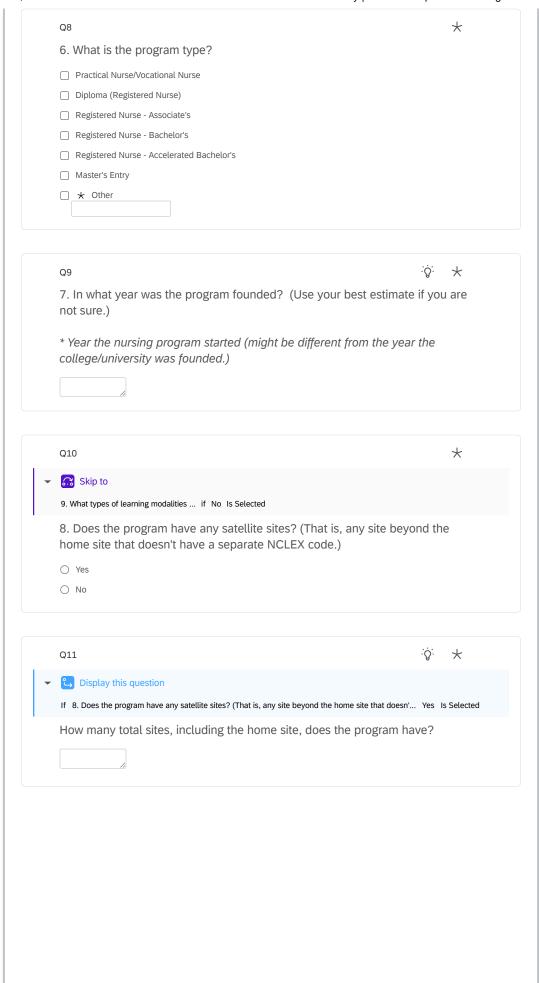
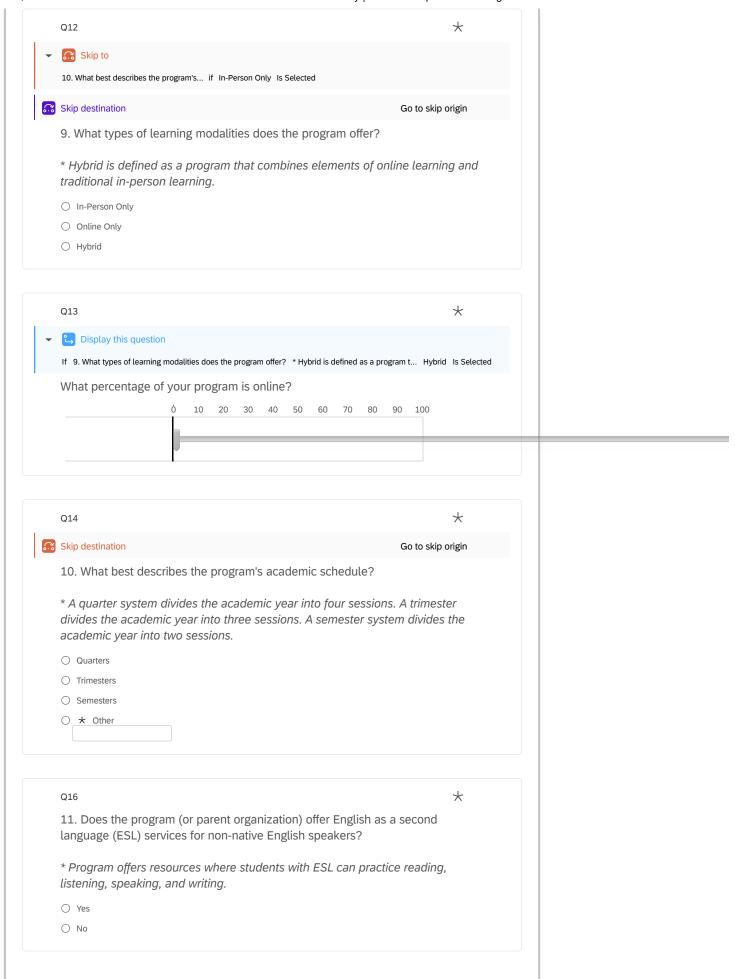


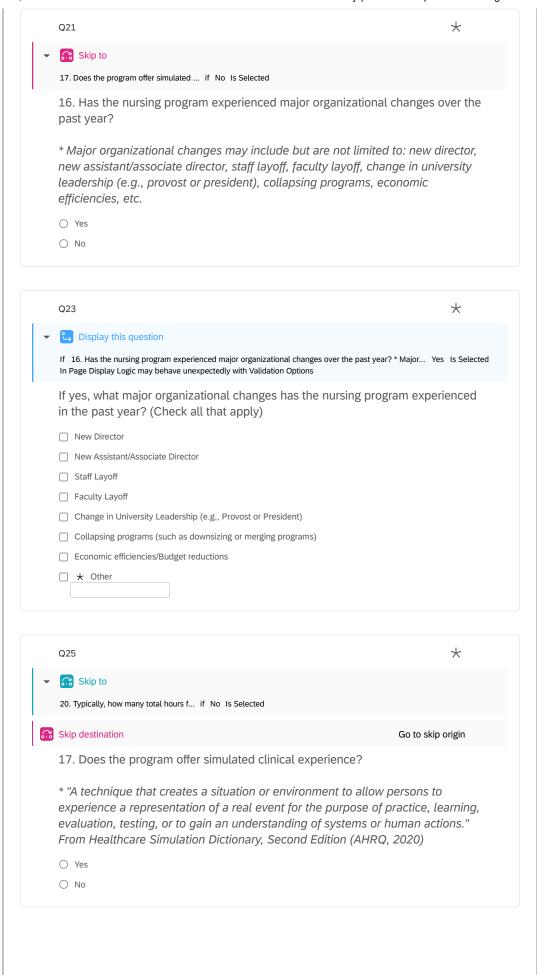
Full Name of Program		
Mailing Address of the Program		
City		
★ State		
★ Zip Code		
First and Last Name of Person Completing Form		
★ Direct Phone # of Person Completing Form		
Email Address of Person Completing Form	<u>l</u>	
NCLEX Program Code	<i>y</i>	
Q4		*
1. Is the program nation	nally nursing accredited?	*
	nally nursing accredited?	*
1. Is the program nation Yes	nally nursing accredited?	*
1. Is the program nation Yes	nally nursing accredited?	*
1. Is the program nation Yes No	nally nursing accredited?	
1. Is the program nation Yes No No Display this question If 1. Is the program nationally nurs		
1. Is the program nation Yes No No Q101 Display this question If 1. Is the program nationally nurs In Page Display Logic may behave	sing accredited? Yes Is Selected	*
1. Is the program nation Yes No No Q101 Display this question If 1. Is the program nationally nurs In Page Display Logic may behave If yes, by which national ACEN	sing accredited? Yes Is Selected unexpectedly with Validation Options	*
1. Is the program nation Yes No No Q101 Display this question If 1. Is the program nationally nurs in Page Display Logic may behave If yes, by which national ACEN CCNE	sing accredited? Yes Is Selected unexpectedly with Validation Options	*
1. Is the program nation Yes No No Q101 Display this question If 1. Is the program nationally nurs In Page Display Logic may behave If yes, by which national ACEN	sing accredited? Yes Is Selected unexpectedly with Validation Options	*
1. Is the program nation Yes No No Q101 Display this question If 1. Is the program nationally nurs in Page Display Logic may behave If yes, by which national ACEN CCNE	sing accredited? Yes Is Selected unexpectedly with Validation Options	*
1. Is the program nation Yes No No Q101 Display this question If 1. Is the program nationally nurs in Page Display Logic may behave If yes, by which national ACEN CCNE	sing accredited? Yes Is Selected unexpectedly with Validation Options	*

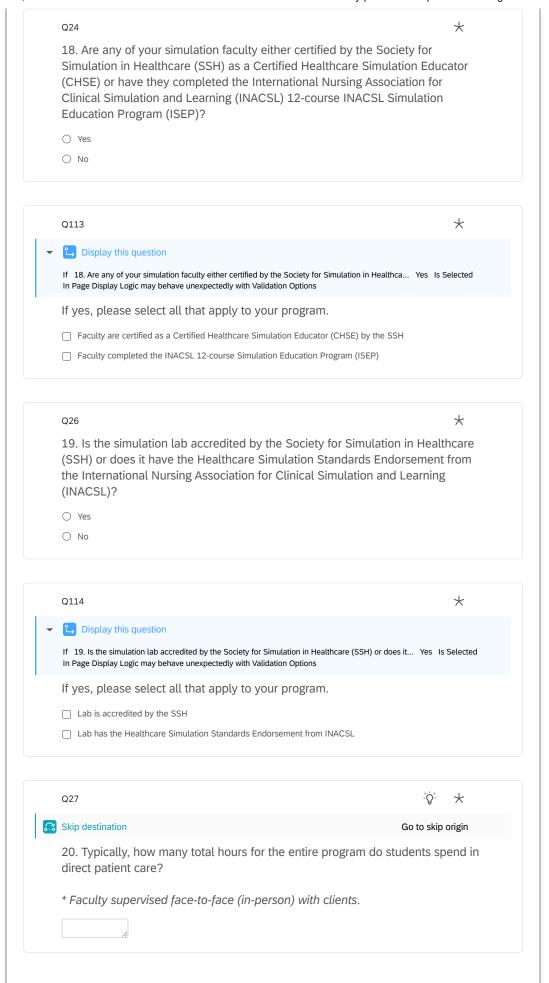
board of Hursing or	state-desigi	nated progra	m approval	status.	
Full Approval					
 Conditional/Probationary 	or Warning statu	ıs			
Non-Approved					
○ ★ Other					
Q112		01 57	res feedback	(=)	*
3. Please report the	program's No	CLEX pass ra	ites for the I	ast five (5)	years.
Please only provide	e the numbe	er for your p	ass rate pe	rcentage.	
Diagon outon 0 000	:e	do	at house on	NCI EV acc	fa
Please enter 0.000 i specific year.	ir your prog	ram does no	ot nave an	NCLEX SCO	re for a
. ,	2018	2019	2020	2021	2022
NOI EV Deservates	2018	2019	2020	2021	2022
NCLEX Pass rates:					
Q6					*
	os the progr	amia daadrar	bia lacation		^
4. What best describ	es the progra	am's geograp	onic location	1?	
Urban					
Suburban (Not rural and	not in the core c	ity boundaries)			
Rural					
★ Other					
* Other					
* Other					ı
Q7	Minus II	-hi-o			*
Q7	tional owner	ship?			*
Q7 5. What is the institut Public	tional owners	ship?			*
Q7 5. What is the institut	tional owner:	ship?			*





Q17	*
12. Does the program (or parent organization	n) offer disability support services?
* Nursing program has procedures for makin students who qualify under the American Dis	-
○ Yes	
○ No	
Q18	*
13. Does the program (or parent organization socioeconomic students access available resservices, tuition assistance, a work-study pro	ources (e.g., peer mentoring
* Students have books and resources throug has strategies to help students who can't affo	
○ Yes	
○ No	
Q19	*
14. Does the program have a formal remedia needing academic support?	ition process in place for students
* The remediation process is designed to pro at risk of failure and should include the follow deficient areas; an outline of specific, measu success; individualized plan for each student upon by the faculty and student.	ving elements: description of the rable goals to demonstrate
○ Yes	
○ No	
Q20	*
15. Does the program have a formal remedia who commit errors/near misses in their clinic	
* Program has policies and procedures in pla near misses in student clinical experiences a system/educational improvements.	
○ Yes	
○ No	





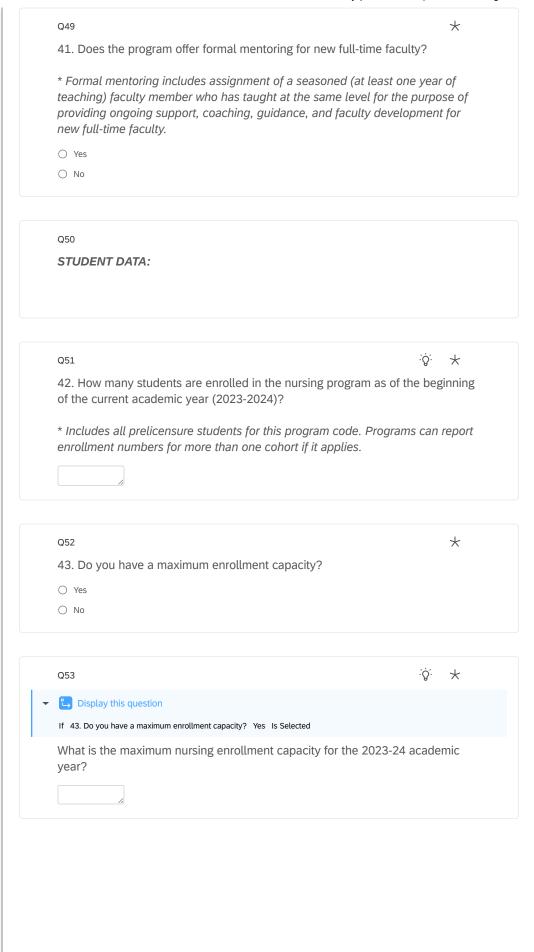
Q28 : Ŷ.	*
21. Typically, how many total hours for the entire program do students sp simulation?	end in
* "A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, le evaluation, testing, or to gain an understanding of systems or human acti From Healthcare Simulation Dictionary, Second Edition (AHRQ, 2020)	arning,
Q29 :\doc_{\angle\cap}}}}}}}} \end_{\doc_{\angle\chirk}\}}}}} \end_{\doc_{\angle\ta}\}}}}}}} \eng_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\angle\to \angle\} \doc_{\doc_{\doc_{\angle\ta}\doc_{\doc_{\angle\angle\lap}}}}}} \eng_{\doc_{\doc_{\doc_{\angle\angle\lap}}}}} \eng_{\doc_{\doc_{\doc_{\angle\angle\lap}}}}}}} \eng_{\doc_{\doc_{\doc_{\angle\angle\lap}}}}}} \eng_{\doc_{\doc_{\doc_{\angle\angle\lap}}}}}} \eng_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\angle\angle\lap}}}}}} \eng_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\angle\angle\lap}}}}}} \eng_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\doc_{\angle\angl	*
22. Typically, how many hours for the entire program do students spend i skills lab?	
* A skills lab is equipped with manikins, task trainers, and hospital equipn where students can apply basic procedural skills such as administering injections.	nent
Q103	*
23. Does your program provide support devoted to faculty development?	
O Yes	
○ No	
0104	۔ا۔
Q104	*
Display this question	*
	*
Display this question If 23. Does your program provide support devoted to faculty development? Yes Is Selected	*
Display this question If 23. Does your program provide support devoted to faculty development? Yes Is Selected In Page Display Logic may behave unexpectedly with Validation Options	*
Display this question If 23. Does your program provide support devoted to faculty development? Yes Is Selected In Page Display Logic may behave unexpectedly with Validation Options If yes, which of the following is provided? Monetary support: If selected, what is the monetary amount, per faculty member, for	*
If 23. Does your program provide support devoted to faculty development? Yes Is Selected In Page Display Logic may behave unexpectedly with Validation Options If yes, which of the following is provided? Monetary support: If selected, what is the monetary amount, per faculty member, for professional development? Substantive periodic workshops (such as bringing in paid consultants/speakers to discuss methods of instruction, how to conduct student assessments, teaching in simulation settings,	*
If 23. Does your program provide support devoted to faculty development? Yes Is Selected In Page Display Logic may behave unexpectedly with Validation Options If yes, which of the following is provided? Monetary support: If selected, what is the monetary amount, per faculty member, for professional development? Substantive periodic workshops (such as bringing in paid consultants/speakers to discuss methods of instruction, how to conduct student assessments, teaching in simulation settings, etc.) ** Other, please explain.	
If 23. Does your program provide support devoted to faculty development? Yes Is Selected In Page Display Logic may behave unexpectedly with Validation Options If yes, which of the following is provided? * Monetary support: If selected, what is the monetary amount, per faculty member, for professional development? Substantive periodic workshops (such as bringing in paid consultants/speakers to discuss methods of instruction, how to conduct student assessments, teaching in simulation settings, etc.) * Other, please explain.	*
If 23. Does your program provide support devoted to faculty development? Yes Is Selected In Page Display Logic may behave unexpectedly with Validation Options If yes, which of the following is provided? Monetary support: If selected, what is the monetary amount, per faculty member, for professional development? Substantive periodic workshops (such as bringing in paid consultants/speakers to discuss methods of instruction, how to conduct student assessments, teaching in simulation settings, etc.) ** Other, please explain.	*
Display this question If 23. Does your program provide support devoted to faculty development? Yes Is Selected In Page Display Logic may behave unexpectedly with Validation Options If yes, which of the following is provided? * Monetary support: If selected, what is the monetary amount, per faculty member, for professional development? Substantive periodic workshops (such as bringing in paid consultants/speakers to discuss methods of instruction, how to conduct student assessments, teaching in simulation settings, etc.) * Other, please explain. Q106 24. Does your program have a systematic evaluation plan of the curriculus.	*

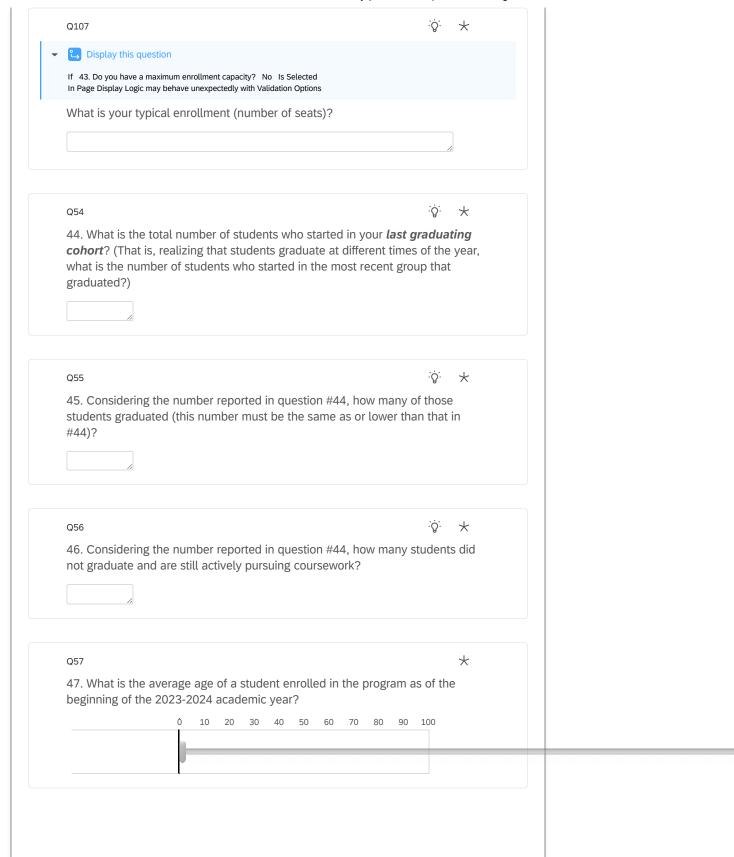
PROGRAM DIRECTOR DATA:	
	1
232 25. What is the program director's highest nursing degree achieved?	*
O Diploma	
Associate Degree in Nursing	
Baccalaureate of Science in Nursing	
Master of Science in Nursing	
O Doctor of Nursing Practice	
O Doctor of Philosophy in Nursing	
O N/A	
* Other	
333	*
	^
26. What is the program director's highest non-nursing degree achieved?	
Associate Degree	
Bachelor's Degree	
Master of Education	
Other Master's Degree	
Octor of Education	
Octor of Philosophy	
Other Doctoral Degree	
○ N/A	
* Other	
Ω34 ∵☆:	*
·	
27. In the past five years, how many directors, including interim directors, the program had?	nas
Q35	*
28. Does the program director have administrative responsibility for allied nealth?	
* Allied health is a broad field of health care professions made up of spec trained individuals such as physical therapists and respiratory therapists.	ially
○ Yes	

○ Yes ○ No	
Q37	*
30. Does the program director have dedicated administrative	support?
* Administrative support includes general office management phones and doing clerical work and a variety of other tasks.	such as answering
○ Yes	
○ No	
022	
Q38 FACULTY DATA:	
7.1002.7 57.17.1	
Q39	·\$· *
31. How many full-time faculty are in the prelicensure progra	•
* Full-time equivalent (FTE) faculty are expected to work at leweek and to teach, participate in curriculum development, he student advisement, attend faculty meetings, participate in converse, attend professional development events, take part in etc.	old office hours for ampus-wide
Q40	.ģ. *
	·
Q40	program?
Q40 32. How many clinical adjunct faculty are in the prelicensure * Clinical adjunct faculty are typically staff at the clinical facilistudents and they supervise students during clinical rotations	program?

assuming teaching resp	less than 37.5 hours per week and are responsible for consibilities, usually collaborating with the full-time evailability to students and communicate effectively with s.
Q42	
each faculty member or	ll-time faculty have the following degrees? (Only count nce, using their highest degree. If they have more than a level, such as PhD and DNP, please select one.)
Baccalaureate of Science in Nursing	
★ Master of Science in Nursing	
★ Master of Science (other than nursing)	
★ Other Master's	
★ Doctor of Nursing Practice	
★ Doctor of Philosophy	
★ Other Doctoral Degree	
Q102	·ÿ· ★
each faculty member or	art-time faculty have the following degrees? (Only count nce, using their highest degree. If they have more than e level, such as PhD and DNP, please select one.)
Nursing ★ Master of Science in Nursing	
★ Master of Science (other than nursing)	
★ Other Master's	
★ Doctor of Nursing Practice	
★ Doctor of Nursing Practice★ Doctor of Philosophy	//

Please specify the typical number o didactic/theory courses.	. Statistic to one reducty member for
Q44	. <u></u>
37. Please specify the number of studer	nts to one clinical faculty member.
* All levels of faculty (full-time, part-time	e, and clinical adjunct) in all types of
Q45	*
38. Does the program offer formal orien	tation for new adjunct clinical faculty?
* Formal orientation for new adjunct clir orogram and the particular course they' teaching responsibilities, supervision of conferences, evaluation of students, etc	students, role modeling, planning post
○ Yes	
○ No	
Q46	*
For the following two questions, we a orientation for new faculty.	are going to ask you about formal
* Formal orientation of new faculty inclu faculty resources, policies and procedur curriculum and syllabus development, s teaching responsibilities, student advise	res, workload, faculty appraisal, student assessment, didactic and clinical
39. Does the program offer formal orier	ntation for new part-time faculty?
○ Yes	
○ No	
	*
Q48	tation for new full-time faculty?
	itation for new full-time faculty?
Q48 40. Does the program offer formal orien Yes	itation for new full-time faculty?





each category) of the st	udents currently enrolled in the program (2023-2024	4).
★ American Indian or Alaska Native		
★ Asian		
★ Black or African American		
★ Native Hawaiian or Other Pacific Islander		
* White		
★ Multi-Racial		
* Other		
	· · ·	
059		<u> </u>
	ંું: ન tailed breakdown (number of students in each categ on of the students currently enrolled in the program	
49. Please provide a de of the ethnic composition (2023-2024). * Hispanic or Latino or	tailed breakdown (number of students in each categ	
49. Please provide a de of the ethnic compositio (2023-2024).	tailed breakdown (number of students in each categ	
49. Please provide a de of the ethnic composition (2023-2024). * Hispanic or Latino or Spanish Origin * Non-Hispanic or Latino or Spanish Origin	tailed breakdown (number of students in each categon of the students currently enrolled in the program	gory)
49. Please provide a de of the ethnic composition (2023-2024). * Hispanic or Latino or Spanish Origin * Non-Hispanic or Latino or Spanish Origin	tailed breakdown (number of students in each categon of the students currently enrolled in the program	gory)
49. Please provide a de of the ethnic composition (2023-2024). * Hispanic or Latino or Spanish Origin * Non-Hispanic or Latino or Spanish Origin	tailed breakdown (number of students in each categon of the students currently enrolled in the program . \(\displays{c} \):	gory)
49. Please provide a de of the ethnic composition (2023-2024). * Hispanic or Latino or Spanish Origin * Non-Hispanic or Latino or Spanish Origin 060 50. Please provide a de	tailed breakdown (number of students in each categon of the students currently enrolled in the program . \(\displays{c} \):	gory)
49. Please provide a de of the ethnic composition (2023-2024). * Hispanic or Latino or Spanish Origin * Non-Hispanic or Latino or Spanish Origin 060 50. Please provide a de by student sex (2023-20)	tailed breakdown (number of students in each categon of the students currently enrolled in the program . \(\displays{c} \):	gory)
49. Please provide a de of the ethnic composition (2023-2024). * Hispanic or Latino or Spanish Origin * Non-Hispanic or Latino or Spanish Origin Q60 50. Please provide a de by student sex (2023-26).	tailed breakdown (number of students in each categon of the students currently enrolled in the program . \(\displays{c} \):	gory)

End of Survey We thank you for your time spent taking this survey. Your response has been recorded. (Your respondent's response summary will appear here)