

Ellen Marie Weaver
159 Massachusetts Ave
Lunenburg MA 1462



July 2014

Dear Ellen Marie Weaver,

As a nurse you have a unique and valuable perspective on the issues that affect your profession. Because of this, the National Council of State Boards of Nursing (NCSBN) is interested in your information related to the Nurse Licensure Compact. If you are unaware of what the Nurse Licensure Compact is, we would still like you to complete this short survey.

Your responses will be completely confidential. The identification number printed on the survey will only be used to record that it has been returned. If you would prefer to complete the survey online, please type the following link into the address bar of your web browser:

www.tiny.cc/nurse2014 (ID: EWeave159 01462)

Web instruction: When prompted, please enter the ID number located in the upper right hand corner of this hard copy survey. Please complete the survey **as soon as possible**, but no later than **August 6th**. If you have any question please contact Jill Budden, PhD at jbudden@ncsbn.org or 312.525.3658.

Sincerely,



Jill Budden, PhD
Associate, Department of Research
National Council of State Boards of Nursing

1. Which state/jurisdiction is your primary residence? **(Select one)**

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AK | <input type="checkbox"/> HI | <input type="checkbox"/> MI | <input type="checkbox"/> NV | <input type="checkbox"/> UT |
| <input type="checkbox"/> AL | <input type="checkbox"/> IA | <input type="checkbox"/> MN | <input type="checkbox"/> NY | <input type="checkbox"/> VA |
| <input type="checkbox"/> AR | <input type="checkbox"/> ID | <input type="checkbox"/> MO | <input type="checkbox"/> OH | <input type="checkbox"/> VT |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IL | <input type="checkbox"/> MS | <input type="checkbox"/> OK | <input type="checkbox"/> WA |
| <input type="checkbox"/> CA | <input type="checkbox"/> IN | <input type="checkbox"/> MT | <input type="checkbox"/> OR | <input type="checkbox"/> WI |
| <input type="checkbox"/> CO | <input type="checkbox"/> KS | <input type="checkbox"/> NC | <input type="checkbox"/> PA | <input type="checkbox"/> WV |
| <input type="checkbox"/> CT | <input type="checkbox"/> KY | <input type="checkbox"/> ND | <input type="checkbox"/> RI | <input type="checkbox"/> WY |
| <input type="checkbox"/> DC | <input type="checkbox"/> LA | <input type="checkbox"/> NE | <input type="checkbox"/> SC | <input type="checkbox"/> AS |
| <input type="checkbox"/> DE | <input type="checkbox"/> MA | <input type="checkbox"/> NH | <input type="checkbox"/> SD | <input type="checkbox"/> GU |
| <input type="checkbox"/> FL | <input type="checkbox"/> MD | <input type="checkbox"/> NJ | <input type="checkbox"/> TN | <input type="checkbox"/> MP |
| <input type="checkbox"/> GA | <input type="checkbox"/> ME | <input type="checkbox"/> NM | <input type="checkbox"/> TX | <input type="checkbox"/> VI |

2. Do you hold an active nursing license in the state/jurisdiction you selected above?

☐ Yes ☐ No

3. What other state/jurisdiction(s) do you hold an active nursing license? **(Select all that apply)**

<input type="checkbox"/> AK	<input type="checkbox"/> HI	<input type="checkbox"/> MI	<input type="checkbox"/> NV	<input type="checkbox"/> UT
<input type="checkbox"/> AL	<input type="checkbox"/> IA	<input type="checkbox"/> MN	<input type="checkbox"/> NY	<input type="checkbox"/> VA
<input type="checkbox"/> AR	<input type="checkbox"/> ID	<input type="checkbox"/> MO	<input type="checkbox"/> OH	<input type="checkbox"/> VT
<input type="checkbox"/> AZ	<input type="checkbox"/> IL	<input type="checkbox"/> MS	<input type="checkbox"/> OK	<input type="checkbox"/> WA
<input type="checkbox"/> CA	<input type="checkbox"/> IN	<input type="checkbox"/> MT	<input type="checkbox"/> OR	<input type="checkbox"/> WI
<input type="checkbox"/> CO	<input type="checkbox"/> KS	<input type="checkbox"/> NC	<input type="checkbox"/> PA	<input type="checkbox"/> WV
<input type="checkbox"/> CT	<input type="checkbox"/> KY	<input type="checkbox"/> ND	<input type="checkbox"/> RI	<input type="checkbox"/> WY
<input type="checkbox"/> DC	<input type="checkbox"/> LA	<input type="checkbox"/> NE	<input type="checkbox"/> SC	<input type="checkbox"/> AS
<input type="checkbox"/> DE	<input type="checkbox"/> MA	<input type="checkbox"/> NH	<input type="checkbox"/> SD	<input type="checkbox"/> GU
<input type="checkbox"/> FL	<input type="checkbox"/> MD	<input type="checkbox"/> NJ	<input type="checkbox"/> TN	<input type="checkbox"/> MP
<input type="checkbox"/> GA	<input type="checkbox"/> ME	<input type="checkbox"/> NM	<input type="checkbox"/> TX	<input type="checkbox"/> VI
<input type="checkbox"/> None				

4. (a) In the past 24 months, have you been employed in a position that requires a nursing license?

☐ Yes ☐ No --- **(Skip to 8)**

(b) If yes, please indicate the zip code of your primary employer: _____

(c) Which of the following best describes the location of your primary employer: **(Select one)**

☐ Urban-type area ☐ Rural-type area

(d) Are you a member of a collective bargaining unit?

☐ Yes ☐ No

5. What percentage of your time over the past 24 months would you estimate you have provided nursing services or communicated with a patient or client located outside of your primary state/jurisdiction residence?

☐ Never ☐ 1 - 25% ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

6. Please indicate the state/jurisdiction(s) you were located in when providing nursing care and/or utilizing nursing knowledge in the past 24 months: **(Select all that apply)**

<input type="checkbox"/> AK	<input type="checkbox"/> HI	<input type="checkbox"/> MI	<input type="checkbox"/> NV	<input type="checkbox"/> UT
<input type="checkbox"/> AL	<input type="checkbox"/> IA	<input type="checkbox"/> MN	<input type="checkbox"/> NY	<input type="checkbox"/> VA
<input type="checkbox"/> AR	<input type="checkbox"/> ID	<input type="checkbox"/> MO	<input type="checkbox"/> OH	<input type="checkbox"/> VT
<input type="checkbox"/> AZ	<input type="checkbox"/> IL	<input type="checkbox"/> MS	<input type="checkbox"/> OK	<input type="checkbox"/> WA
<input type="checkbox"/> CA	<input type="checkbox"/> IN	<input type="checkbox"/> MT	<input type="checkbox"/> OR	<input type="checkbox"/> WI
<input type="checkbox"/> CO	<input type="checkbox"/> KS	<input type="checkbox"/> NC	<input type="checkbox"/> PA	<input type="checkbox"/> WV
<input type="checkbox"/> CT	<input type="checkbox"/> KY	<input type="checkbox"/> ND	<input type="checkbox"/> RI	<input type="checkbox"/> WY
<input type="checkbox"/> DC	<input type="checkbox"/> LA	<input type="checkbox"/> NE	<input type="checkbox"/> SC	<input type="checkbox"/> AS
<input type="checkbox"/> DE	<input type="checkbox"/> MA	<input type="checkbox"/> NH	<input type="checkbox"/> SD	<input type="checkbox"/> GU
<input type="checkbox"/> FL	<input type="checkbox"/> MD	<input type="checkbox"/> NJ	<input type="checkbox"/> TN	<input type="checkbox"/> MP
<input type="checkbox"/> GA	<input type="checkbox"/> ME	<input type="checkbox"/> NM	<input type="checkbox"/> TX	<input type="checkbox"/> VI

7. (a) In the past 24 months, have you provided nursing services or communicated with a patient or client that was located in a state/jurisdiction different from where you were located?

☐ Yes ☐ No --- (Skip to 8)

(b) If yes, please indicate the state/jurisdiction(s) where the patients or clients were located, and the mode of communication. (Select all that apply)

By Phone		Electronically		By Phone		Electronically	
AK	<input type="checkbox"/>		<input type="checkbox"/>	ND	<input type="checkbox"/>		<input type="checkbox"/>
AL	<input type="checkbox"/>		<input type="checkbox"/>	NE	<input type="checkbox"/>		<input type="checkbox"/>
AR	<input type="checkbox"/>		<input type="checkbox"/>	NH	<input type="checkbox"/>		<input type="checkbox"/>
AZ	<input type="checkbox"/>		<input type="checkbox"/>	NJ	<input type="checkbox"/>		<input type="checkbox"/>
CA	<input type="checkbox"/>		<input type="checkbox"/>	NM	<input type="checkbox"/>		<input type="checkbox"/>
CO	<input type="checkbox"/>		<input type="checkbox"/>	NV	<input type="checkbox"/>		<input type="checkbox"/>
CT	<input type="checkbox"/>		<input type="checkbox"/>	NY	<input type="checkbox"/>		<input type="checkbox"/>
DC	<input type="checkbox"/>		<input type="checkbox"/>	OH	<input type="checkbox"/>		<input type="checkbox"/>
DE	<input type="checkbox"/>		<input type="checkbox"/>	OK	<input type="checkbox"/>		<input type="checkbox"/>
FL	<input type="checkbox"/>		<input type="checkbox"/>	OR	<input type="checkbox"/>		<input type="checkbox"/>
GA	<input type="checkbox"/>		<input type="checkbox"/>	PA	<input type="checkbox"/>		<input type="checkbox"/>
HI	<input type="checkbox"/>		<input type="checkbox"/>	RI	<input type="checkbox"/>		<input type="checkbox"/>
IA	<input type="checkbox"/>		<input type="checkbox"/>	SD	<input type="checkbox"/>		<input type="checkbox"/>
ID	<input type="checkbox"/>		<input type="checkbox"/>	SC	<input type="checkbox"/>		<input type="checkbox"/>
IL	<input type="checkbox"/>		<input type="checkbox"/>	TN	<input type="checkbox"/>		<input type="checkbox"/>
IN	<input type="checkbox"/>		<input type="checkbox"/>	TX	<input type="checkbox"/>		<input type="checkbox"/>
KS	<input type="checkbox"/>		<input type="checkbox"/>	UT	<input type="checkbox"/>		<input type="checkbox"/>
KY	<input type="checkbox"/>		<input type="checkbox"/>	VA	<input type="checkbox"/>		<input type="checkbox"/>
LA	<input type="checkbox"/>		<input type="checkbox"/>	VT	<input type="checkbox"/>		<input type="checkbox"/>
MA	<input type="checkbox"/>		<input type="checkbox"/>	WA	<input type="checkbox"/>		<input type="checkbox"/>
MD	<input type="checkbox"/>		<input type="checkbox"/>	WI	<input type="checkbox"/>		<input type="checkbox"/>
ME	<input type="checkbox"/>		<input type="checkbox"/>	WV	<input type="checkbox"/>		<input type="checkbox"/>
MI	<input type="checkbox"/>		<input type="checkbox"/>	WY	<input type="checkbox"/>		<input type="checkbox"/>
MN	<input type="checkbox"/>		<input type="checkbox"/>	AS	<input type="checkbox"/>		<input type="checkbox"/>
MO	<input type="checkbox"/>		<input type="checkbox"/>	GU	<input type="checkbox"/>		<input type="checkbox"/>
MS	<input type="checkbox"/>		<input type="checkbox"/>	MP	<input type="checkbox"/>		<input type="checkbox"/>
MT	<input type="checkbox"/>		<input type="checkbox"/>	VI	<input type="checkbox"/>		<input type="checkbox"/>
NC	<input type="checkbox"/>		<input type="checkbox"/>	Didn't know the location of patient(s)	<input type="checkbox"/>		<input type="checkbox"/>

8. (a) Has anything ever prevented you from applying for a nursing license in any state/jurisdiction?

☐ Yes ☐ No

(b) Please explain:

9. Who pays your licensure fees?

☐ Self ☐ Employer ☐ Both

10. How much have you or your employer spent on your licensure fees in the past 24 months?
\$ _____ ☐ Don't Know
11. *The Nurse Licensure Compact allows a nurse to have one multistate license in the nurse's primary state/jurisdiction of residence to practice in other Compact states / jurisdictions.*
Prior to now, were you aware of the Nurse Licensure Compact?
☐ Yes, fully aware ☐ Somewhat aware ☐ Not at all aware --- **(Skip to 15)**
12. Does the state/jurisdiction of your primary residence belong to the Nurse Licensure Compact?
☐ Yes ☐ No --- **(Skip to 14)** ☐ Don't Know
13. (a) Do you hold an active Compact license?
☐ Yes ☐ No --- **(Skip to 14)** ☐ Don't Know --- **(Skip to 14)**
- (b) Has the Nurse Licensure Compact been beneficial for you?
☐ Yes ☐ Somewhat ☐ No ☐ No Opinion
- (c) Please explain:
- (d) Have you practiced in another state/jurisdiction under your Compact license in the past 24 months?
☐ Yes ☐ No --- **(Skip to 14)**
- (e) If yes, please indicate the type of position you were employed in. **(Select all that apply)**
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Camp nurse | <input type="checkbox"/> School nurse | <input type="checkbox"/> Case manager by phone or electronically |
| <input type="checkbox"/> Home health/hospice | <input type="checkbox"/> Travel nurse | <input type="checkbox"/> Transport nurse across state borders |
| <input type="checkbox"/> Nurse educator | <input type="checkbox"/> Telehealth | <input type="checkbox"/> Triage by phone across state borders |
| <input type="checkbox"/> Work for employer/facility across state border | | |
| <input type="checkbox"/> Other, please specify | | |
-
14. *If the state/jurisdiction of your primary residence does not belong to the Nurse Licensure Compact, please answer this next question.*
What is your opinion of your primary state/jurisdiction residence joining the Nurse Licensure Compact?
☐ In favor ☐ Neutral ☐ Opposed ☐ No opinion --- **(Skip to 15)**
☐ Don't know --- **(Skip to 15)** ☐ Primary state/residence belongs to the Nurse Licensure Compact -- **(Skip to 15)**
- (b) Please explain:

Demographic questions

15. In what year were you born? 1 9 _ _
16. What is your gender?
☐ Male ☐ Female
17. What type of license do you currently hold? **(Select all that apply)**
☐ LPN / VN ☐ RN ☐ ARPN