

Ellen Marie Weaver
159 Massachusetts Ave
Lunenburg MA 1462



July 2014

Dear Ellen Marie Weaver,

As an employer of nurses you have a unique and valuable perspective on the issues that affect the nursing 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/employer2014 (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. How familiar are you with the Nurse Licensure Compact?

☐ Very familiar ☐ Familiar ☐ Somewhat familiar ☐ Not familiar --- (Skip to 8)

2. (a) Does the Nurse Licensure Compact help expedite nurse hiring at your organization?

☐ Yes ☐ Somewhat ☐ No ☐ Don't know

(b) Please explain:

3. (a) Approximately, how many nurses in your organization are practicing on a Compact license issued by another state/jurisdiction? _____

☐ None --- (Skip to 4) ☐ Don't know --- (Skip to 4)

(b) Please indicate which of the following categories apply to the nurses practicing on a Compact license, issued by another state, within your organization: **(Select all that apply)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Travel nurse(s) | <input type="checkbox"/> Newly relocated | <input type="checkbox"/> Live across state/jurisdiction border |
| <input type="checkbox"/> Telehealth | <input type="checkbox"/> Transport | <input type="checkbox"/> Case management by phone or electronically |
| <input type="checkbox"/> Home health/hospice | <input type="checkbox"/> Don't know | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Other, please specify | | |

4. (a) Do any nurses working in your organization require multiple nursing licenses from other state/jurisdiction(s) to perform their job?

☐ Yes ☐ No --- (Skip to 5) ☐ Don't know --- (Skip to 5)

(b) If yes, please indicate which of the following categories apply to the nurses that require multiple licenses: **(Select all that apply)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Telehealth | <input type="checkbox"/> Case management | <input type="checkbox"/> Post discharge follow-up |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Home health/hospice | |
| <input type="checkbox"/> Other, please specify | | |

5. (a) Have there been advantages of the Nurse Licensure Compact for your organization?

☐ Yes ☐ No ☐ Don't know

(b) If yes, please explain:

6. (a) Have there been disadvantages of the Nurse Licensure Compact for your organization?

☐ Yes ☐ No ☐ Don't know

(b) If yes, please explain:

7. (a) Do you have recommendations on how to improve the Nurse Licensure Compact?

☐ Yes ☐ No

(b) If yes, please explain:

Demographics

8. Please indicate the state/jurisdiction where your organization is located. **(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"/> DE | <input type="checkbox"/> MA | <input type="checkbox"/> NH | <input type="checkbox"/> SD | |
| <input type="checkbox"/> FL | <input type="checkbox"/> MD | <input type="checkbox"/> NJ | <input type="checkbox"/> TN | |
| <input type="checkbox"/> GA | <input type="checkbox"/> ME | <input type="checkbox"/> NM | <input type="checkbox"/> TX | |

9. Please indicate the zip code of your organization: ____ _

10. Which of the following best describes the location of your organization: **(Select one)**

- ☐ Urban-type area ☐ Rural-type area

11. Approximately how many full-time equivalent (FTE) nurses are currently employed by your organization? _____

12. Approximately what percentage of your organization's nurses are members of a collective bargaining union?

- ☐ None ☐ 25% ☐ 50% ☐ 75% ☐ All ☐ Don't know

13. Which of the following best describes your organization:

- ☐ Medical practice ☐ Hospital ☐ Federal facility (Military or VA)
☐ Retail clinic/urgent care ☐ Community health center ☐ Nursing home/Long-term care
☐ Ambulatory surgery center, not hospital owned ☐ Health Maintenance Organization, managed care, insurance company
☐ Other, please specify

14. What best describes your title at your organization? **(Select one)**

- ☐ Nurse executive ☐ HR executive
☐ Other, please specify

15. What type of license do you currently hold? (select all that apply)

- ☐ Not applicable ☐ LPN/VN ☐ RN ☐ APRN