

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.

Correct Mark

Female

Make no stray marks on this form Do not tear or mutilate this form.

Incorrect Marks

_	What is		 \	/n /	 	

) Male

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White/Caucasian

1. What is your gender?

- 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 (PhD)

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

- Doctoral degree-nursing (DNP)
- Doctoral degree-nursing other

- Master's degree-nursing
- Master's degree-other field
- Doctoral degree-nursing practice (DNP)
- Doctoral degree-nursing (PhD)
- Doctoral degree-nursing other
- Doctoral degree-other field

3. In what year YEAR were you born? 9

100
20
33
4
5 (
6
7
3

99

00

SCANTRON.

EliteView™ EM-291676-2:654321

DO NOT WRITE IN THIS AREA

SERIAL#

License/Certification Informa 6. What type of license do you currently hold? (Mark all that apply) 8. What year did you obtain YEAR □ LPN/VN Advanced Practice RN license your initial US licensure? 7. Indicate whether you are credentialed in your state to practice as any of the following: 0000 Nurse Practitioner Certified Registered Nurse Anesthetist Not licensed/certified as any Clinical Nurse Specialist Certified Nurse Midwife of the above 2222 3333 9. In what country did you receive your entry-level education? 4444 United States Philipines Other, please specify 5555 Canada 6666 India 7777 10. In what country were you initially licensed as RN or LPN? 8888 United States Philipines Other, please specify 9999Canada India 11. Please indicate the states in which you hold an 12. Please indicate the states in which you are active license to practice as an RN or LPN/VN: currently practicing as an RN or LPN/VN: \bigcirc AK O ND \bigcirc TN \bigcirc AK \bigcirc IL \bigcirc ND \bigcirc TN \bigcirc AL O NE \bigcirc TX \bigcirc AL O IN O NE \bigcirc TX O AR O UT \bigcirc AR → KS O UT \bigcirc NH \bigcirc NH O KY \bigcirc AZ \bigcirc KY \bigcirc NJ O VA \bigcirc AZ \bigcirc NJ O VA O CA O LA \bigcirc NM O VT CA **⊘**LA \bigcirc NM O VT \bigcirc CO \bigcirc MA O NV O WA φ/co O-MA \bigcirc NV O WA O CT NY OWI → MD O NY \bigcirc WI O DC O ME O WV ○\ME O WV OH OH O DC OH O DE \bigcirc MI OK\ WY O DE MI OK O WY **⊕**OR O FL \bigcirc MN C FL \bigcirc MN OR O GA O MO ○ PA **⊕**\GU O GA O MO \bigcirc PA O GU **◯** MP \bigcirc HI \bigcirc MP \bigcirc HI O MS O BL O MS \bigcirc RI OSC VI \bigcirc IA O SC \bigcirc IA \bigcirc MT \bigcirc MT O NC ⊃ SĎ O NC O SD **Primary position:** The position at which 13. What is your employment status? (Mark all that apply) you work the most hours during your regular Actively employed in nursing full-time work year. Actively employed in nursing part-time Actively employed in nursing per diem **Secondary position:** The position at which Actively employed in a field other than nursing full-time you work the second greatest number of Actively employed in a field other than nursing part-time hours during your regular work year. Actively employed in a field other than nursing per diem Working in nursing only as a volunteer Per diem: an arrangement wherein a nurse Unemployed, seeking work as a nurse is employed directly on an as needed basis Unemployed, not seeking work as a nurse and usually has no benefits. Retired

School

Other, please specify

Difficulty in finding a nursing position



Disabled

Inadequate Salary

14. If unemployed, please indicate the reasons:

Taking care of home and family

15. In how many positions are you currently employed as a nurse? \bigcirc 1 **2** 3 or more 16. How many hours 17. Please indicate if you work in any of these areas HOURS do you work during or specialty settings: a typical week in a. Camp Nurse O No Yes all your nursing b. Correctional 000Yes O No positions? 1111 c. Developmental Disability Yes O No d. Faith-based (ex: Parish Nurse) 222 Yes O No 333 e. Forensic Yes O No f. Holistic 444 Yes O No g. Military/uniform Services 555 Yes O No h. Telehealth Yes 666 O No i. Travel Nurse 777 Yes O No 888 999 18. Please indicate the state and zip code of your 19. Please estimate primary employer: your 2014 pre-tax .00 per year ○ AK ○ IL \bigcirc TN ZIP CODE annual earnings 0000000O NE \bigcirc TX from your primary \bigcirc AL \bigcirc IN \bigcirc NH O UT nursing position. ○ AR ○ KS 222222 Include overtime ○ AZ ○ KY \bigcirc NJ O VA 000003333333 ○ CA ○ LA O NM O VT **10000** and bonuses, but 4444444 ○ CO ○ MA \bigcirc NV O WA exclude sign-on 22222 555555 bonuses. O CT \bigcirc MD \bigcirc NY \bigcirc WI 33333 666666 **WV** OH ODC OME 4444 ODE OMI OK O WY 5555 888888 d AS O FL \bigcirc MN OR OR 6666 999999 ○ GA ○ MO O PA → GU 00000 \bigcirc HI O MS \bigcirc RI ○ MP 8888 O SC ◯ VI \bigcirc MT 99999 \bigcirc IA O NC O SD 20. Please identify the type of setting that most closely corresponds to your primary nursing practice position: Home Health Policy/Planning/Regulatory/Licensing Agency Academic Setting Ambulatory Care Setting Hospital Public Health Assisted Living Facility Insurance Claims/Benefits School Health Service Community Health Nursing Home/Extended Care Other Correctional Facility Occupational Health 21. Please identify the position title that most closely corresponds to your primary nursing practice position: Advanced Practice Nurse Consultant Other-Not Health Related Nurse Manager Case Manager Nurse Executive Nurse Researcher Staff Nurse Clinical Nurse Leader Nurse Faculty Other-Health Related 22. Please identify the employment specialty that most closely corresponds to your primary nursing practice position: Acute Care/Critical Care Medical Surgical Primary Care Adult Health/Family Health Neonatal O Psychiatric/Mental Health/Substance Abuse O Public Health Anesthesia Nephrology Community Neurology/Neurosurgical Radiology Emergency/Trauma Occupational Health Rehabilitation Genetics Oncology School Health Geriatric/Gerontology Orthopedic Urologic Women's Health Home Health Palliative Care/Hospice Informatics Pediatrics Other Maternal-Child Health Perioperative

PageTHREE

Please answer questions 15 - 31 only if you are actively employed in nursing, if you are not actively

employed in nursing you have completed the survey.

- - 23.	Please indicate	the state and	zip code		24.	Please estimate				
•	of your second		•	ZIP CODE		your 2014 pre-			.00 per year	
	OAK OIL	_ OND	○ TN			tax <u>annual</u>	000		lee per year	
	O AL O IN	N ONE	→ TX			earnings from				
	O AR O K		O UT	00000	D	your secondary		00000		
	O AZ O K		O VA	00000		nursing position.		33333		
	○ CA ○ L		O VT	22222		Include overtime		04444		
_	OCO ON		O WA	33333		and bonuses, but		5555		
_	OCT ON		O WI	4444		exclude sign-on		0666		
	ODC ON		O WV	5555		bonuses.		00000		
	ODE ON		O WY	6666				3888		
	○ FL ○ N		O AS	00000		 No Secondary 		9999		
	○ GA ○ N		O GU	8888		Practice Position				
_	OHI ON		○ MP	99999						
_	O IA O M		○ VI							
	OID ON			condary Practic	e Pos	tion				
-				, , , , , , , , , , , , , , , , , , , ,						
25.	Please identify	the type of set	ting that m	ost closely co	rresp	onds to your <u>second</u>	lary nursi	ng practice	position:	
	 No Secondary 	/ Practice Position	Comm	unity Health		nsurance Claims/Benef	its	O Public H	ealth	
	 Academic Se 	tting	Correct	tional Facility	\bigcirc N	Jursing Home/Extende	d Care	School F	lealth Service	
	 Ambulatory C 	Care Setting	Home	O Home Health		Occupational Health		Other		
-	Assisted Livin	ng Facility	Hospit	al	O F	olicy/Planning/Regulat	ory/Licens	/Licensing Agency		
-										
2 6.				st closely corre	espoi	nds to your <u>secondar</u>	y nursing	practice po	sition:	
		y Practice Positic		ical Nurse Lead	er	Nurse Faculty	\bigcirc C	ther-Health F	Related	
	Advanced Practice			nsultant	11	Nurse Manager Other-Not Health Relate				
	Case Manage	er	O Nur	se Executive	-\\	Nurse Researcher	∵ ⊝ S	taff Nurse		
-			$\sqrt{1}$		\\			_		
2 7.			F 1 12	/ / \ \ \ \	- \	corresponds to your	<u>secondai</u>	y nursing p	ractice positio	
		y Practice Positio	1 1 1	_ \ \ \	\ 9	Perioperative				
	Acute Care/C	\	/ /	al Surgical		Primary Care				
	Adult Health/Family Health Neonatal Psychiatric/Mental Health/Substance Abuse									
	Anesthesia	\	O Nephro			Public Health				
	 Community Neurology/Neurosurgical Radiology 									
	○ Emergency/Tr	rauma	•	Occupational Health Rehabilitation						
	○ Genetics		Oncolo			School Health				
	Geriatric/Gero		Orthop			Urologic				
	O Home Health			ve Care/Hospic		Women's Health				
	Informatics		Pediat	rics		Other				
28.	What paraenta	as of the time	la vau aatii	moto vou provi	ido n	reing comicos or or	mmunico	to with a no	tiont or	
28.						ursing services or co ted, via phone or ele			itient or	
			⊃ 26 – 50%	-		○ 76 – 100%	ctionical	.y.		
29.						emote patient or clie	ent via ph	one or elect	ronically.	
	what percentag	-		_		cinote patient of one	int via pii	one or elect	i omoany,	
_		e; I do not provid			lever	○ 1 – 25% ○ 26	- 50% C	51 – 75%	 76 - 100%	
_		ate with remote p				C . 20/0 C 20		2		
30.	When providing	a nursina servic	es or comi	municating wif	th a r	emote patient or clie	ent via ph	one or elect	ronically.	
-	what percentag	-		_		•	•		• .	
-	 Not applicabl 	e; I do not provid	e nursing se	rvices ON	lever	○ 1 – 25% ○ 26	- 50% C	51 – 75%	○ 76 – 100%	
-	or communic	ate with remote p	atients or cl	ients						
3 1.	Please describ	e the mode(s) o	f communi	cation you use	e to p	rovide nursing servi	ces or co	mmunicate v	with a	
-	remote patient	or client: (Mark	k all that ap	oply)						
-	Not applicabl	e; I do not provid	e nursing se	rvices or comm	unica	te with remote patients	or clients			
-	 Electronic me 	○ Electronic messaging (ex: text message, instant message)								
-	Voice over int	ternet protocol (V	oIP) (Skype,	Skype, FaceTime) — Email						
-	─ Virtual ICU (also known as: tele-ICU, remote ICU, eICU)─ Video call									
<u>_</u>	TO FAITE -									
- וינילו										
			O NOT WRITE							