

NRP Resident Demographic Form

All fields are required

1. Resident ID: _____
2. First Name: _____
3. Last Name: _____
4. Organization Email: _____
5. Cohort Date: _____
6. Employment Start Date: _____
7. Type of Unit (*select one*):

<input type="checkbox"/> Ambulatory Setting	<input type="checkbox"/> Obstetrics/Labor & Delivery Inpatient Unit
<input type="checkbox"/> Burn Care Inpatient Unit	<input type="checkbox"/> Oncology Inpatient Unit
<input type="checkbox"/> Cardiac/Heart/Vascular Critical Care	<input type="checkbox"/> Orthopedic/Neurology Inpatient Unit
<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Pediatric Emergency Department
<input type="checkbox"/> Float Pool	<input type="checkbox"/> Pediatric ICU Inpatient Unit
<input type="checkbox"/> General Medical Inpatient Unit	<input type="checkbox"/> Pediatric Inpatient Unit
<input type="checkbox"/> General Surgical Inpatient Unit	<input type="checkbox"/> Pediatric Intermediate Unit
<input type="checkbox"/> Home Care	<input type="checkbox"/> Pediatric Oncology Inpatient Unit
<input type="checkbox"/> Hospice/Palliative Care Inpatient Unit	<input type="checkbox"/> Peds/Adolescent Psychiatric Inpatient Unit
<input type="checkbox"/> Medical ICU Inpatient Unit	<input type="checkbox"/> Perioperative OR
<input type="checkbox"/> Medical/Surgical ICU Inpatient Unit	<input type="checkbox"/> Perioperative PACU
<input type="checkbox"/> Medical/Surgical Inpatient Unit	<input type="checkbox"/> Psychiatric Inpatient Unit
<input type="checkbox"/> Medical/Surgical Intermediate Unit	<input type="checkbox"/> Rehabilitation Inpatient Unit
<input type="checkbox"/> Mother/Baby Unit	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Neonatal ICU Inpatient Unit	<input type="checkbox"/> Surgical ICU Inpatient Unit
<input type="checkbox"/> Neonatal Intermediate Unit	<input type="checkbox"/> Telemetry Unit
<input type="checkbox"/> Neurology/Neurosurgical ICU Inpatient	<input type="checkbox"/> Transplant Unit
<input type="checkbox"/> Newborn Nursery	<input type="checkbox"/> Other (<i>specify below</i>): _____

8. Age in Years (at time of hire): _____

9. Gender (*select one*): ☐ Female ☐ Male ☐ Non-binary/Other

10. Ethnicity (*select one*):

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian or Native Alaskan |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Unknown |

11. Basic Nursing Education Completed at: _____

12. Degree Received (*select one*):

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Accelerated BSN | <input type="checkbox"/> BS | <input type="checkbox"/> Masters |
| <input type="checkbox"/> ADN | <input type="checkbox"/> BSN | <input type="checkbox"/> MSN (CNL) |
| <input type="checkbox"/> BA in Nursing | <input type="checkbox"/> Diploma | <input type="checkbox"/> Other (<i>specify below</i>): |

13. Previous Non-nursing Degree (*select one*):

- | | | |
|--|------------------------------------|-------------------------------|
| <input type="checkbox"/> AD | <input type="checkbox"/> Master | <input type="checkbox"/> None |
| <input type="checkbox"/> Baccalaureate | <input type="checkbox"/> Doctorate | |

Major: _____

14. Overall Grade Point Average (*select one*):

- | | | |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> 3.5 and above | <input type="checkbox"/> 2.5 – 2.99 | <input type="checkbox"/> Below 2.0 |
| <input type="checkbox"/> 3.0 – 3.49 | <input type="checkbox"/> 2.0 – 2.49 | |

15. Grant NRP Meeting Place Access: ☐ Yes ☐ No