

**Government of the District of Columbia
Department of Health**



**Health Regulation and Licensing Administration
Board of Nursing**

Dear Nurse Colleagues,

On behalf of the District of Columbia Board of Nursing, I want to thank you for participating in this important workforce survey for Licensed Practical Nurses. Please take a few minutes to complete the attached workforce survey which will allow the Board of Nursing and the Health Regulation Licensing Administration (HRLA) to accurately capture, quantify, and analyze our current nursing workforce demographics. This survey will provide the information needed by the DC health care community to develop strategies for building the capacity needed to meet the workforce needs of the future.

The data will be used for workforce statistical analyses and reporting purposes ONLY.

We appreciate your cooperation and support.

Thank you,

Cathy S. Borris-Hale, RN, MHA, BSN
Chairperson
District of Columbia Board of Nursing

District of Columbia Board of Nursing 2015 - Nursing Workforce Survey

1. Jurisdiction

2. License Number

3. First Name _____

4. Last Name _____

5. What is your gender?

- a. Male
- b. Female

6. What is your race/ethnicity? (Mark all that apply)

- a. American Indian or Alaska Native
- b. Asian
- c. Black/African American
- d. Native Hawaiian or Other Pacific Islander
- e. White/Caucasian
- f. Hispanic/Latino

7. What is your date of birth?

<input type="text"/>					
Month		Day		Year	

8. What type of nursing degree/credential qualified you for your first U.S. nursing license?

- a. Vocational/Practical certificate-nursing
- b. Diploma-nursing
- c. Associate degree-nursing
- d. Baccalaureate degree-nursing
- e. Master's degree-nursing
- f. Doctoral degree-nursing

9. What is the name of the school (education program) you graduated from that qualified you for your first U.S. RN license?

10. In what city and state was this education program located?

City

State