

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 Registered Nurses and Advanced Practice Registered Nurses. Please take a few minutes to complete the attached workforce survey which will allow the Board of Nursing and the Health Professions Licensing Administration (HPLA) 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 2014 - 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

11. What is your highest level of education?

- a. Vocational/Practical certificate-nursing
- b. Diploma-nursing
- c. Associate degree-nursing
- d. Associate degree-other field
- e. Baccalaureate degree-nursing
- f. Baccalaureate degree-other field
- g. Master's degree-nursing
- h. Master's degree-other field
- i. Doctoral degree-nursing
- j. Doctoral degree-other field

12. What type of license do you currently hold?

- a. RN
- b. LPN
- c. Advanced Practice RN license (include all advanced license statuses in your state)

13. What is the status of the license currently held?

- a. Active
- b. Inactive

14. Are you currently licensed/certified as a...

- a. Nurse Practitioner
- b. Clinical Nurse Specialist
- c. Certified Registered Nurse Anesthetist
- d. Certified Nurse Midwife
- e. Not licensed/certified as any of the above

15. What is your employment status? (Mark all that apply)

- a. Actively employed in nursing
 - i. Yes
 - 1. Full-time
 - 2. Part-time
 - 3. Per diem
 - ii. No
- b. Actively employed in a field other than nursing
 - i. Yes
 - 1. Full-time
 - 2. Part-time
 - 3. Per diem
 - ii. No
- c. Working in nursing only as a volunteer
- d. Unemployed
 - i. Seeking work as a nurse
 - ii. Not seeking work as a nurse
- e. Retired

16. If unemployed, please indicate the reasons.

- a. Taking care of home and family
- b. Disabled
- c. Inadequate Salary
- d. School
- e. Difficulty in finding a nursing position
- f. Other _____

17. In how many positions are you currently employed as a nurse?

- a. 1
- b. 2
- c. 3 or more

18. How many hours do you work during a typical week in all your nursing positions?

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19. Please indicate the state and zip code of your primary employer.

State/Jurisdiction _____

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20. Please identify the type of setting that most closely corresponds to your primary nursing practice position.

- a. Hospital
- b. Nursing Home/Extended Care/Assisted Living Facility
- c. Home Health
- d. Correctional Facility
- e. Academic Setting
- f. Public Health
- g. Community Health
- h. School Health Service
- i. Occupational Health
- j. Ambulatory Care Setting
- k. Insurance Claims/Benefits
- l. Policy/Planning/Regulatory/Licensing Agency
- m. Other

21. Please identify the position title that most closely corresponds to your primary nursing practice position.

- a. Consultant/Nurse Researcher
- b. Nurse Executive
- c. Nurse Manager
- d. Nurse Faculty
- e. Advanced Practice Nurse
- f. Staff Nurse
- g. Other-Health Related
- h. Other-Not Health Related

22. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
- i. Acute care/Critical Care
 - ii. Adult Health/Family Health
 - iii. Anesthesia
 - iv. Community
 - v. Geriatric/Gerontology
 - vi. Home Health
 - vii. Maternal-Child Health
 - viii. Medical Surgical
 - ix. Occupational health
 - x. Oncology
 - xi. Palliative Care
 - xii. Pediatrics/Neonatal
 - xiii. Public Health
 - xiv. Psychiatric/Mental Health/Substance Abuse
 - xv. Rehabilitation
 - xvi. School Health
 - xvii. Trauma
 - xviii. Women's Health
 - xix. Other
- b. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
- i. Hospital
 - ii. Nursing Home/Extended Care/Assisted Living Facility
 - iii. Home Health
 - iv. Correctional Facility
 - v. Academic Setting
 - vi. Public Health
 - vii. Community Health
 - viii. School Health Service
 - ix. Occupational Health
 - x. Ambulatory Care Setting
 - xi. Insurance Claims/Benefits
 - xii. Policy/Planning/Regulatory/Licensing Agency
 - xiii. Other
 - xiv. No Secondary Practice Position
- c. Please identify the position title that most closely corresponds to your secondary nursing practice position.
- i. Consultant/Nurse Researcher
 - ii. Nurse Executive
 - iii. Nurse Manager
 - iv. Nurse Faculty
 - v. Advanced Practice Nurse
 - vi. Staff Nurse
 - vii. Other-Health Related
 - viii. Other-Not Health Related
 - ix. No Secondary Practice Position

- d. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.
- i. Acute care/Critical Care
 - ii. Adult Health/Family Health
 - iii. Anesthesia
 - iv. Community
 - v. Geriatric/Gerontology
 - vi. Home Health
 - vii. Maternal-Child Health
 - viii. Medical Surgical
 - ix. Occupational health
 - x. Oncology
 - xi. Palliative Care
 - xii. Pediatrics/Neonatal
 - xiii. Public Health
 - xiv. Psychiatric/Mental Health/Substance Abuse
 - xv. Rehabilitation
 - xvi. School Health
 - xvii. Trauma
 - xviii. Women's Health
 - xix. Other
 - xx. No Secondary Practice Position

- e. Please list all states in which you hold an active license to practice as an RN:

- f. Please list all states in which you are currently practicing:

- g. In what country did you receive your entry-level education?
