



2008 National Sample Survey of Registered Nurses

DRAFT – FOR REVIEW

OMB No. 0915-0276

Exp. Date:

The **2008 National Sample Survey of Registered Nurses (NSSRN)** is being conducted by the Health Resources and Services Administration of the U.S. Department of Health and Human Services and is the ninth cycle of the survey. **All information will be kept private and your name will not be identified.**

Instructions

How do I complete the survey electronically?

On your Web browser, log onto <https://xxxplaceholderxxx> and type in your unique Access Code that is printed in the box below. If you complete the survey online, you do not need to return this paper questionnaire.

What if I received more than one questionnaire?

We may not have been able to eliminate all of the duplicates in our list of nurses. **Please complete only one questionnaire but return any extra copies you receive, preferably in the same envelope as your completed survey. Please write "DUPLICATE" at the top of these blank surveys.** By returning extra surveys, we can avoid unnecessary follow-up mailings to you.

What if I have questions about this survey?

If you have any questions about this survey or about how to complete it electronically, please call (toll-free) 1-888-XXX-XXXX, or send an e-mail to xxxplaceholderxxx.

Please correct any errors in the name/address information and States where you are actively licensed.

<input type="text"/>	<input type="text"/>
Corrections to First Name	Corrections to M.I.

<input type="text"/>
Corrections to Last Name

<input type="text"/>
Corrections to Number and Street

<input type="text"/>
Corrections to City/Town

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Corrections to State		Corrections to ZIP Code					

If there are any corrections to the "STATE" in the box above, please re-list ALL of the states where you are actively licensed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[First Name M.I. Last Name]
[Street Address]
[City, State ZIP Code]

State(s) Where Actively Licensed:
[State 1, State 2, State 3]

Web site URL: <https://xxxplaceholderxxx>
Access Code: [XXXXXX]

Quex # [X]

OMB No.: 0915-0276

Expiration Date: x/xx/200X

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0915-0276. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Please mark an [X] in the box corresponding to your answer for each question, or supply the requested information. Use blue or black ink.

EXAMPLE

RIGHT WAY

[X] [9] [8]

WRONG WAY

[X] [9] [8]

Section A. Eligibility and Education

1. On March 10, 2008, were you *actively licensed* to practice as a registered nurse (RN) in any U.S. State or the District of Columbia (whether or not you were employed in nursing at that time)?

- 1 Yes → If Yes Go to Question 2.
- 2 No → If No, you do not need to complete this questionnaire. Please mark "no" and return this questionnaire so we know you are not eligible.

2. In what U.S. State, Territory, or District of Columbia were you issued your first RN license?

State/Territory code: Year:

3. Which type of degree or credential qualified you for your first U.S. RN license? Mark one box only

- 1 Diploma Program
- 2 Associate Degree
- 3 Bachelor's Degree
- 4 Master's Degree
- 5 Doctorate
- 6 Other (specify) _____

4. In what month and year did you graduate from this program?

Month: Year:

5. In which U.S. State (including the District of Columbia), U.S. Territory, or foreign country was this program located?

US:
State/Territory code
(Specify: _____)

Other country:
1 Philippines
2 Australia
3 Canada
4 England/Ireland/Scotland
5 Other
(Specify: _____)

6. Please indicate all post-high-school degrees you received before starting your initial RN educational program. Mark all that apply.

- 0 None → If None, Go to Question 8
- 1 Associate Degree
- 2 Bachelor's Degree
- 3 Master's Degree
- 4 Doctorate
- 5 Other (Specify: _____)

7. What was the field of study for your highest degree identified in Question 6?

Mark one box only.

- 1 Health-related field or Non-Health related field
- 2 Biological or Physical Science
- 3 Business or Management
- 4 Education
- 5 Liberal Arts, Social Science, or Humanities
- 6 Law
- 7 Computer Science
- 8 Social Work
- 9 Other non-health-related field
(Specify: _____)

8. Have you ever been licensed as a licensed practical nurse (LPN) or licensed vocational nurse (LVN) in the U.S.?

- 1 Yes
- 2 No

9. Before completing your initial RN educational program, please indicate if you ever were employed as any of the following:

Mark all that apply.

- 1 Nursing Aide/Nursing Assistant
- 2 Home health aide/assistant
- 3 Licensed Practical/Vocational Nurse
- 4 Emergency Medical Technician (EMT) or Paramedic
- 5 Medical assistant
- 6 Dental assistant
- 7 Allied Health technician/technologist (such as, radiological technician, laboratory technician)
- 8 Manager in health care setting
- 9 Clerk in health care setting
- 10 Military medical corps
- 11 Medical doctor
- 12 Midwife
- 13 Another type of health-related position
(Specify: _____)
- 14 No health-related job before RN education

10. How did you finance your initial RN education?

Mark all that apply.

- 1 Earnings from your health-care-related employment
- 2 Earnings from your non-health-care-related employment
- 3 Earnings from other household members
- 4 Personal household savings
- 5 Other family resources (parents or other relatives)
- 6 Employer tuition reimbursement plan (including Veterans Administration employer tuition plan)
- 7 Federal traineeship, scholarship, or grant
- 8 Federally-assisted loan
- 9 Other type of loan
- 10 State/local government scholarship, or grant
- 11 Non-government scholarship, or grant
- 12 Other resources

11. Since January 2001, please indicate if you have received, or provided training, in recognizing or responding to the following disasters or emergencies.

Mark all that apply.

- 0 None → *If None, Go to Question 12, page 4*
- 2 Chemical accident or attack
- 3 Nuclear/radiological accident or attack
- 4 Infectious disease epidemics
- 5 Biological accident or attack
- 6 Natural disaster
- 7 Other public health emergencies

11a. If you have marked any of the above types of training, then please specify the TOTAL number of hours spent in the above training(s) since January 2001.

	Hours of training received				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					Hours of training provided

11b. Pertaining to the training in the area in which you are best prepared, how prepared are you to effectively participate in a response to such an emergency?

- 1 Very prepared 2 Somewhat prepared
- 3 Poorly prepared 4 Not at all prepared

11c. How well do you know the disaster/emergency plan at your place of employment?

- 1 Full understanding of disaster/emergency plan
- 2 Some understanding of disaster/emergency plan
- 3 No understanding of disaster/emergency plan
- 4 No plan exists at my place of employment
- 5 Not employed or self-employed

12. Did you earn any additional academic degrees **AFTER** graduating from your initial registered nurse education program that you described in Question 3? Do not include degrees you are currently working towards.

- 1 Yes Please complete all columns of the following table for each degree you earned.
 2 No → If No, Go to Question 13, page 5

	A	B	C	D	E	F
Type of Degree	Did you receive this degree? <i>Mark all that apply.</i>	What was the primary focus of this degree? <i>Enter two-digit code from table below.</i>	Has this degree been related to your career in nursing?	In what year did you receive the degree?	In what state or country did you receive this degree?	Was this degree program undertaken through a distance-based learning program? (more than 50% of coursework through correspondence or online)
Nursing degrees						
a. Associate Degree in nursing	<input type="checkbox"/>	01		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Bachelor's degree in nursing	<input type="checkbox"/>	01		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Master's in nursing	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Another Master's in nursing	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Doctorate in nursing (such as PhD, ScD, DNS, ND, DNP)	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-nursing degrees						
f. Associate Degree in non-nursing field	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Bachelor's degree in non-nursing field	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Master's in non-nursing field	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Another Master's in non-nursing field	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Doctorate in non-nursing (such as Ph.D., J.D., M.D., Ed.D.)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

▽
For Column B, enter the two-digit code for your Bachelor's (other), Master's, or Doctorate degree above.

Primary Focus of Degree

01 Clinical Practice	07 Humanities, Liberal Arts, or Social Sciences
02 Administration/Business/Management	08 Informatics
03 Education	09 Computer Science
04 Public health/community health	10 Research
05 Law	11 Social Work
06 Biological or Physical Sciences	12 Other health field
	13 Other non-health field

13. Since graduating from the initial nursing program you described in Question 3, have you completed a formal educational program preparing you as a nurse practitioner, clinical nurse specialist, nurse-midwife or nurse anesthetist?

- 1 Yes Please complete questions 12a-f for each specialty you have obtained.
 2 No If No, Go to Question 14, Page 6

	A Nurse Practitioner (NP)	B Clinical Nurse Specialist (CNS)	C Nurse- Midwife (NM)	D Nurse Anesthetist (NA)
Information on preparation and credentials				
13a. Did you receive preparation as a ...? <i>Mark each column if yes.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13b. What was the length of the program? <i>(Mark one)</i> 1. Less than 8 months 2. 8 -12 months 3. 13-36 months 4. 37 months or more	(Mark one) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	(Mark one) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	(Mark one) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	(Mark one) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
13c. What was the highest credential you received in that program? 1. Certificate/Award 2. Bachelor's degree 3. Master's degree 4. Post-Master's Certificate 5. Doctorate	(Mark one) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	(Mark one) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	(Mark one) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	(Mark one) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
13d. In what year did you receive this credential?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13e. Do you have certification from a national certifying organization for this specialty? <i>IF YES:</i> 13e-2 Is this certification required by your employer for your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13f. Do you have certification or recognition from a State Board of Nursing for this specialty? <i>IF YES:</i> 13f-2. Is this certification or recognition required by your employer for your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

13g. Which specialties were the focus of your studies? Mark all that apply.

- | | | |
|---|---|---|
| 1 <input type="checkbox"/> Critical Care | 9 <input type="checkbox"/> Geriatric/Gerontology | 16 <input type="checkbox"/> Rehabilitation |
| 2 <input type="checkbox"/> Acute Care | 10 <input type="checkbox"/> Maternal-Child Health | 17 <input type="checkbox"/> Occupational Health |
| 3 <input type="checkbox"/> Adult Health | 11 <input type="checkbox"/> Neonatal | 18 <input type="checkbox"/> Home Health |
| 4 <input type="checkbox"/> General Medical Surgical | 12 <input type="checkbox"/> Nurse-Midwifery | 19 <input type="checkbox"/> Palliative Care |
| 5 <input type="checkbox"/> Anesthesia | 13 <input type="checkbox"/> Obstetric/Gynecology | 20 <input type="checkbox"/> School Health |
| 6 <input type="checkbox"/> Cardiac Care | 14 <input type="checkbox"/> Oncology | 21 <input type="checkbox"/> Women's Health |
| 7 <input type="checkbox"/> Community Health | 15 <input type="checkbox"/> Pediatrics | 22 <input type="checkbox"/> Other |
| 8 <input type="checkbox"/> Family care | 14 <input type="checkbox"/> Psychiatric/Mental Health | (Specify: _____) |

14. As of March 10, 2008, were you enrolled in a **formal** education program leading to an academic degree or certificate?

- 1 Yes
- 2 No → If No, Go to Section B

15. Was this formal education program...?
Mark one box only.

- 1 In nursing
- 2 In a non-nursing field to enhance your career/employment in nursing
- 3 In a non-nursing field to allow you to pursue career/employment opportunities *outside of nursing*
- 4 In an area of personal interest without regard to future employment

16. Were you a full-time or part-time student?

- 1 Full-time student
- 2 Part-time student

Section B. Principal Nursing Employment

For this section, employment means receiving pay from nursing work, even if on a temporary leave of absence from your nursing position; on vacation; on sick leave; or working through an employment service or practicing private duty nursing and not on a case at the moment

18. On March 10, 2008, were you employed or self-employed in nursing?

- 1 Yes
- 2 No → If No Go to Section D on Page 11

For all the questions in this section (Questions 19 through 31), your principal nursing position is the nursing position in which you spent the largest share of your working hours, as of March 10, 2008.

19. Are you required to maintain an active RN license in order to hold your principal nursing position?

- 1 Yes
- 2 No

16a. What percent of your coursework was distance-based (online or correspondence)?

- 1 0%
- 2 1-25%
- 3 26-50%
- 4 51-75%
- 5 76-100%

17. What type of degree or award have you been working toward in this program?

Mark one box only.

- 1 Associate Degree
- 2 Bachelor's Degree
- 3 Master's Degree
- 4 Doctorate
- 5 Post-Master's Certificate
- 6 Other Certificate

20. Where was the location of your **principal** nursing position on March 10, 2008? This information is critical for developing State employment estimates and supply and demand projections. (If you are not employed in a fixed location, enter the location that best reflects where you practice.)

City/Town:

County:

State (or country if not USA):

ZIP+4 code: -
(if available)

21. In your principal nursing position on March 10, 2008, were you...

Mark one box only

- 1 An employee of the organization or facility where you were working?
- 2 Employed through an employment agency, but not as a traveling nurse?

- 3 Employed through an employment agency as a traveling nurse?
- 4 Self-employed, per diem, or working as-needed ?

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22. Which one of the following best describes the employment setting of your principal nursing position on March 10, 2008? *Mark one box only*

<p>Hospital (including all types of care at a hospital location)</p> <p>Community hospital or medical center, non-Federal, short stay</p> <p>111 <input type="checkbox"/> Inpatient unit</p> <p>112 <input type="checkbox"/> Nursing home unit in hospital</p> <p>113 <input type="checkbox"/> Outpatient clinic/medical practice owned by a hospital</p> <p>114 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital but not owned by the hospital</p> <p>115 <input type="checkbox"/> Other administrative or functional area</p> <p>Specialty hospital, Non-Federal (such as children's, heart, cancer)</p> <p>121 <input type="checkbox"/> Inpatient unit</p> <p>123 <input type="checkbox"/> Outpatient clinic/medical practice owned by a hospital</p> <p>124 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital but not owned by the hospital</p> <p>125 <input type="checkbox"/> Other administrative or functional area</p> <p>Long-term hospital, Non-psychiatric, Non-Federal</p> <p>131 <input type="checkbox"/> Inpatient unit</p> <p>132 <input type="checkbox"/> Nursing home unit in hospital</p> <p>135 <input type="checkbox"/> Other administrative or functional area</p> <p>Psychiatric hospital, Non-Federal</p> <p>141 <input type="checkbox"/> Inpatient unit</p> <p>142 <input type="checkbox"/> Nursing home unit in hospital</p> <p>143 <input type="checkbox"/> Outpatient clinic/medical practice owned by a hospital</p> <p>144 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital but not owned by the hospital</p> <p>145 <input type="checkbox"/> Other administrative or functional area</p> <p>Federal Government hospital (such as Military, VA, NIH or IHS-supported)</p> <p>151 <input type="checkbox"/> Inpatient unit</p> <p>152 <input type="checkbox"/> Nursing home unit in hospital</p> <p>153 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital</p> <p>155 <input type="checkbox"/> Other administrative or functional area</p> <p>Hospital unit in an institution or part of university or correctional facility</p> <p>160 <input type="checkbox"/> All types</p> <p>Other Type of hospital</p> <p>171 <input type="checkbox"/> Inpatient unit</p> <p>172 <input type="checkbox"/> Nursing home unit in hospital</p> <p>173 <input type="checkbox"/> Outpatient clinic/medical practice owned by a hospital</p> <p>174 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital but not owned by the hospital</p> <p>175 <input type="checkbox"/> Other administrative or functional area</p> <p>(Specify: _____)</p> <p><u>Nursing Home/Extended Care Facility</u></p> <p>210 <input type="checkbox"/> Nursing home/extended care facility (not in a hospital)</p> <p>220 <input type="checkbox"/> Facility for mentally retarded or developmentally disabled</p> <p>230 <input type="checkbox"/> Residential care/assisted living facility</p> <p>240 <input type="checkbox"/> Other type of extended care facility</p> <p>(Specify: _____)</p> <p><u>Academic Education Program</u></p> <p>310 <input type="checkbox"/> LPN/LVN program</p> <p>320 <input type="checkbox"/> Diploma program (RN)</p> <p>330 <input type="checkbox"/> Associate degree RN program</p> <p>340 <input type="checkbox"/> Bachelor's and/or higher degree RN program</p> <p>350 <input type="checkbox"/> Associate degree RN and LPN/LVN program</p> <p>360 <input type="checkbox"/> Associate degree RN and BSN program</p> <p>370 <input type="checkbox"/> Other education program, not patient education</p> <p>(Specify: _____)</p>	<p><u>Home Health Setting</u></p> <p>410 <input type="checkbox"/> Visiting nurse service (VNS/VNA)</p> <p>420 <input type="checkbox"/> Home health service unit (hospital-based)</p> <p>430 <input type="checkbox"/> Home health agency (non-hospital based)</p> <p>440 <input type="checkbox"/> Private duty in a home setting</p> <p>450 <input type="checkbox"/> Hospice</p> <p>460 <input type="checkbox"/> Other home health setting</p> <p><u>Public or Community Health Setting</u></p> <p>510 <input type="checkbox"/> State Health or Mental Health Agency</p> <p>520 <input type="checkbox"/> City or County Health Department</p> <p>530 <input type="checkbox"/> Correctional Facility (non-hospital)</p> <p>540 <input type="checkbox"/> Community mental-health organization or clinic</p> <p>550 <input type="checkbox"/> Substance abuse center/clinic</p> <p>560 <input type="checkbox"/> Other community setting</p> <p>(Specify: _____)</p> <p><u>School Health Service</u></p> <p>610 <input type="checkbox"/> School or school system (K-12)</p> <p>620 <input type="checkbox"/> College or university</p> <p>630 <input type="checkbox"/> Other school health setting</p> <p><u>Occupational Health (Employee Health Service)</u></p> <p>710 <input type="checkbox"/> Private industry</p> <p>720 <input type="checkbox"/> Government occupational health services</p> <p>730 <input type="checkbox"/> Other occupational health setting</p> <p><u>Ambulatory Care Setting, not located in a hospital</u></p> <p>810 <input type="checkbox"/> Medical/physician practice</p> <p>820 <input type="checkbox"/> Nurse practice</p> <p>830 <input type="checkbox"/> In-store or retail clinic</p> <p>840 <input type="checkbox"/> Community health center</p> <p>850 <input type="checkbox"/> Federal clinic (such as Military, VA, NIH or IHS-supported)</p> <p>860 <input type="checkbox"/> Federally-supported clinic (not a community health center)</p> <p>870 <input type="checkbox"/> Hospital-owned <i>off-site</i> clinic or surgery center</p> <p>880 <input type="checkbox"/> Ambulatory surgical center, not hospital-owned</p> <p>890 <input type="checkbox"/> Urgent care</p> <p>900 <input type="checkbox"/> Dialysis center or clinic, not in a hospital</p> <p>905 <input type="checkbox"/> Other ambulatory setting</p> <p>(Specify: _____)</p> <p><u>Insurance Claims/Benefits/Utilization Review</u></p> <p>910 <input type="checkbox"/> Government insurer/benefits department: federal, state, or local</p> <p>920 <input type="checkbox"/> Insurance company or other private claims/benefits/utilization review organization</p> <p><u>Other</u></p> <p>930 <input type="checkbox"/> Policy, planning, regulatory, or licensing agency</p> <p>940 <input type="checkbox"/> Consulting organization</p> <p>950 <input type="checkbox"/> Home-based self-employment</p> <p>960 <input type="checkbox"/> Telehealth, telenursing or call center</p> <p>970 <input type="checkbox"/> Pharmaceutical/medical device/medical software</p> <p>980 <input type="checkbox"/> Other</p> <p>(Specify: _____)</p>
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23. Which one of the following best corresponds to the job title for your principal nursing position, as of March 10, 2008? Mark one box only.

- 01 Staff nurse or direct care nurse
- 02 Charge nurse or team leader
- 03 First-line management (such as nurse manager, head nurse, floor supervisor)
- 04 Middle management/administration (such as Assistant director, House Supervisor, Associate Dean, department head)
- 05 Senior management/administration (such as, CEO, Vice President, Nursing Executive, Dean)
- 06 Certified nurse anesthetist (CRNA)
- 07 Clinical nurse specialist
- 08 Certified nurse-midwife
- 09 Nurse practitioner
- 10 School nurse
- 11 Public health nurse
- 12 Community health nurse
- 13 Patient educator
- 14 Staff educator or instructor in clinical setting
- 15 Staff development director
- 16 Instructor/lecturer
- 17 Professor
- 18 Patient care coordinator, case manager, discharge planner
- 19 Quality improvement nurse, utilization review nurse
- 20 Infection control
- 21 Advice/triage nurse
- 22 Informatics nurse
- 23 Consultant
- 24 Legal nurse
- 25 Researcher
- 26 Surveyor/auditor/regulator
- 27 No position title
- 28 Other (Specify: _____)

24. For your principal nursing position on March 10, 2008, please estimate the percentage of your time spent in the following activities during a usual workweek. (The total should equal 100%. Do not use decimal places.)

- a. Patient care, hands-on %
- b. Patient care, not hands-on (such as charting, patient education, family communication, communication with other health care providers) %
- c. Non-nursing tasks (such as housekeeping, transport, locating supplies) %

- d. Consultation with agencies and/or professionals %
- e. Supervision and management %
- f. Administration %
- g. Research %
- h. Teaching, precepting or orienting students or new hires (include preparation time) %
- i. Other %
- j. TOTAL (confirm sum is 100%) %

25a. During a typical workweek in the principal nursing position you held on March 10, 2008, in what level of care or type of work do you spend the majority of your time? Mark one or more boxes.

- 01 General or specialty inpatient
- 02 Critical/intensive care
- 03 Step-down, transitional, progressive, telemetry
- 04 Sub-acute care
- 05 Emergency
- 06 Urgent care
- 07 Rehabilitation
- 08 Long-term care/nursing home
- 09 Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)
- 10 Ambulatory care (including primary care, outpatient settings, except surgical)
- 11 Ancillary care (such as radiology, laboratory)
- 12 Home health
- 13 Public health/community health
- 14 Education
- 15 Business, administration, review, case management
- 16 Research
- 17 Other (Specify: _____)

25b. During a typical workweek in your principal nursing position, with what patient population do you spend at least 50% of your patient care time?

- 01 No patient care → **If No Patient Care, Go To Question 26**
- 02 Adult
- 03 Geriatric
- 04 Pre-natal
- 05 Newborn or neonatal
- 06 Pediatric
- 07 Adolescent

08 Multiple age groups (no more than 50% of time spent with any of the above)

25c. During a typical workweek in your principal nursing position, in what type of clinical specialty do you spend most of your patient care time? Mark one or more boxes.

- 01 No patient care
- 02 Primary care
- 03 General care
- 04 General medical surgical
- 05 Cardiac or cardiovascular care
- 06 Chronic care
- 07 Dermatology
- 08 Emergency or trauma care
- 09 Gastrointestinal (GI)
- 10 Gynecology (including women's health)
- 11 Hospice
- 12 Infectious/communicable disease
- 13 Labor and delivery
- 14 Obstetrics
- 15 Neurological
- 16 Occupational health
- 17 Oncology
- 18 Orthopedics
- 19 Psychiatric or mental health (including substance abuse and counseling)
- 20 Pulmonary/respiratory
- 21 Radiology (diagnostic or therapeutic)
- 22 Renal/dialysis
- 23 No specific area
- 24 Other specialty for a majority of my time
(Specify one area: _____)

26. When you work at this principal nursing position, do you work...?
(Mark one box only.)

- 1 Full-time (including full-time for an academic year)
- 2 Part-time (including working only part of the calendar or academic year)

27. How many weeks were there in your normal work year for that principal nursing position? Include in your work year professional training and meetings, sick leave, paid vacation, training, holidays, and other administrative leave.
Enter a number from 01 to 52.

weeks

28. Please provide information about the number of hours you work in a typical workweek at that principal nursing position.

Hours
(enter 000 if

- none)
- a. Number of hours worked in your last full workweek, including all overtime and on-call hours, except on-call hours that were stand-by only
- b. Number of hours you stated above in "a" that were worked from on-call duty. Do not include stand-by hours
- c. Number of hours you stated above in "a" that were paid as overtime. Include ALL overtime
- d. Number of paid overtime hours you stated above in "c" that were mandatory overtime
- e. Number of paid or unpaid on-call hours that were stand-by only
- f. Number of stand-by hours you stated above in "e" that were paid at an on-call stand-by rate

29. Please estimate your gross annual earnings (pre-tax) from your principal nursing position this year. Include overtime and bonuses, but exclude sign-on bonuses.

\$, , .00 per year

30. Were you represented by a labor union or collective bargaining unit in the principal nursing position you held on March 10, 2008?

- 1 Yes
2 No

31. Do you plan to leave or have you left the principal nursing position you held on March 10, 2008?

- Yes, have left or will leave within the next 12 months
 Yes, in 1 year to 3 years
 No plans to leave within next 3 years
➔ If No, Go to Question 32
 Undecided ➔ If Undecided, Go to Question 32

31a. Do you plan to remain in the nursing profession after you leave that position?

- Yes
 No
 Unsure

Section C. Secondary Employment in Nursing

32. Aside from the principal nursing position you just described, on March 10, 2008, did you hold any other positions in nursing for pay?

- 1 Yes
2 No ➔ If No, Go to Section E on Page 12.

33. In your other nursing position(s), are you...?

Mark all that apply.

- 1 An employee of the organization or facility for which you are working?
2 Employed through an employment agency, but not as a traveling nurse?
3 Employed through a traveling agency?
4 Self-employed, per diem, or on as-needed basis?

34. What type of work settings best describe where you work for your other nursing position(s)?

Mark all that apply.

- 01 Hospital
02 Nursing home/Extended care facility
03 Academic education program
04 Home health setting
05 Public or community health setting
06 School health service
07 Occupational health
08 Ambulatory care setting
09 Insurance claims/benefits

- 10 Telehealth, telenursing or call center
 11 Other (Specify: _____)

35. In your additional nursing position(s), please indicate how much you work, and where the job is located:

	Weeks per year	Average hours per week, during weeks of work	Location of where most of work is done (state, territory, or country)
Additional job #1			
Additional job #2			
All other jobs			N/A

36. Please estimate your current, gross annual earnings (pre-tax) from all your other nursing position(s). Do not include your earnings from your principal nursing position.

\$, , .00 per year

Section D. Nurses Not Working in Nursing

If you were working for pay in nursing on March 10, 2008, please go to *Section E on Page 12*

37. What are your intentions regarding work in registered nursing?

- Currently seeking employment in nursing
 How long have you been seeking employment in nursing? _____ weeks
 Are you looking for a position that is ___ Full-time ___ Part-time ___ either?
- Plan to return to nursing in the future
 ___ less than one year or have returned since March 10, 2008
 ___ 1-2 years
 ___ 3-4 years
 ___ 5 or more years
- No intention to work for pay in nursing or retired
- Undecided at this time

38. If you are not working for pay in nursing, how long has it been since you last were employed or self-employed as a registered nurse?

Years (if one or more)

- 1 Less than one year
 0 Never worked as a registered nurse

39. What are the primary reasons you are not working in a nursing position for pay? Mark yes or no for each item.

	Yes	No		Yes	No
a. Retired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	f. Disability.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Taking care of home and family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	g. Illness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Burnout/stress on the job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	h. Inadequate staffing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Stressful work environment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	i. Salaries too low/better pay elsewhere.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Scheduling/inconvenient hours/too many hours.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	j. Skills are out-of-date.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Physical demands of job.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	k. Liability concerns.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			l. Lack of collaboration/communication between health care professionals.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			m. Inability to practice nursing on a professional level.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			n. Lack of advancement opportunities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			o. Lack of good management or leadership.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			p. Career change.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			q. Difficult to find a nursing position.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			r. Travel	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			s. Volunteering in nursing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			t. Went back to school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			u. Other (Specify: _____)		

Section E. Employment Outside Nursing

40. Are you currently employed for pay in an occupation other than nursing?

- 1 Yes
 2 No → If No, Go to Section F

41. Is this employment with a health-related organization or in a health-related position?

- 1 Yes
 2 No

42a. Please select from the list below the item that best describes the field of your principal position outside of nursing.

- 01 Computer services
 02 Consulting organization
 03 Emergency response (ambulance, fire, police)
 04 Financial, accounting, and insurance services
 05 Legal
 06 Elementary and secondary education
 07 Food services
 08 Government
 09 Health-related services, outside nursing
 10 Pharmaceutical, biotechnology, or medical equipment
 11 Real estate
 12 Retail sales and services
 13 Other (Specify: _____)

42b. Which of the following best describes your job title for your principal position outside of nursing?

- 1 Business owner or proprietor
 2 Management
 3 Administrative or clerical support
 4 Consultant or researcher
 5 Other type of employee (Specify: _____)

43. How many weeks are there in the normal work year of this principal position outside of nursing?

weeks per year

44. What is the average number of hours you work per week in your principal position outside of nursing?

hours per week

45. Please estimate your current, gross annual earnings (pre-tax) from your principal position outside of nursing.

\$, , .00 per year

Section F. Prior Nursing Employment

46. For this question count only the years you worked at least 50% of the calendar year in nursing. Since receiving your first RN license how many years have you worked in nursing?

Years (if one or more)

--	--

0 Less than one year

47. Have you left work in nursing for one or more years in your career?

1 Yes Total years (if one or more)

0 No

99 Have not worked in nursing more than one year

48. Were you employed in nursing one year ago?

1 Yes

2 No → If No, Go to Section G, page 15.

49. In that principal nursing position, did you work...? Mark one box.

1 Full-time (including full-time for an academic year)

2 Part-time (including working only part of the calendar or academic year)

50. How would you describe your principal nursing position on March 10, 2007?

1 Same position/same employer as principal nursing position on March 10, 2008 → Go to Section G, page 15

2 Different position/same employer as current one

3 Different employer than current one

51. What was the location of your principal nursing position on March 10, 2007? (If you were not employed in a fixed location enter the location that best reflects where you practice.)

City/Town:

County:

State (or country if not USA):

ZIP+4 code: -
(if available)

52. Were any of the following the primary reason(s) for your employment change?

Mark yes or no for each item.

	Yes	No
a. Burnout/stress on the job.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Stressful work environment		
b. Interested in another position/job.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Lack of advancement opportunities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Lack of collaboration/communication between health care professionals.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Lack of good management or leadership.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Career advancement/promotion.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Inadequate staffing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Interpersonal differences with colleagues or supervisors.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Physical demands of job.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Opportunity to do the kind of nursing that I like.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Pay/benefits better.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. Scheduling/inconvenient hours/too many hours.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. Relocated to different geographic area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n. Reorganization that shifted positions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
o. Laid off/downsizing of staff.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
p. Sign-on bonus offered.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
q. Personal/family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
r. Went back to school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
s. Retired.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
t. Disability.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
u. Illness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
v. Other (Specify: _____)		

53. Which one of the following best describes the employment setting of your principal nursing position on March 10, 2007? *Mark one box only*

<p>Hospital (including all types of care at a hospital location) Community hospital or medical center, non-Federal, short stay</p> <p>111 <input type="checkbox"/> Inpatient unit 112 <input type="checkbox"/> Nursing home unit in hospital 113 <input type="checkbox"/> Outpatient clinic/medical practice owned by a hospital 114 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital but not owned by the hospital 115 <input type="checkbox"/> Other administrative or functional area</p> <p>Specialty hospital, Non-Federal (such as children's, heart, cancer)</p> <p>121 <input type="checkbox"/> Inpatient unit 123 <input type="checkbox"/> Outpatient clinic/medical practice owned by a hospital 124 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital but not owned by the hospital 125 <input type="checkbox"/> Other administrative or functional area</p> <p>Long-term hospital, Non-psychiatric, Non-Federal</p> <p>131 <input type="checkbox"/> Inpatient unit 132 <input type="checkbox"/> Nursing home unit in hospital 135 <input type="checkbox"/> Other administrative or functional area</p> <p>Psychiatric hospital, Non-Federal</p> <p>141 <input type="checkbox"/> Inpatient unit 142 <input type="checkbox"/> Nursing home unit in hospital 143 <input type="checkbox"/> Outpatient clinic/medical practice owned by a hospital 144 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital but not owned by the hospital 145 <input type="checkbox"/> Other administrative or functional area</p> <p>Federal Government hospital (such as Military, VA, NIH or IHS-supported)</p> <p>151 <input type="checkbox"/> Inpatient unit 152 <input type="checkbox"/> Nursing home unit in hospital 153 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital 155 <input type="checkbox"/> Other administrative or functional area</p> <p>Hospital unit in an institution or part of university or correctional facility</p> <p>160 <input type="checkbox"/> All types</p> <p>Other Type of hospital</p> <p>171 <input type="checkbox"/> Inpatient unit 172 <input type="checkbox"/> Nursing home unit in hospital 173 <input type="checkbox"/> Outpatient clinic/medical practice owned by a hospital 174 <input type="checkbox"/> Outpatient clinic/medical practice located at a hospital but not owned by the hospital 175 <input type="checkbox"/> Other administrative or functional area <i>(Specify: _____)</i></p> <p><u>Nursing Home/Extended Care Facility</u></p> <p>210 <input type="checkbox"/> Nursing home/extended care facility (not in a hospital) 220 <input type="checkbox"/> Facility for mentally retarded or developmentally disabled 230 <input type="checkbox"/> Residential care/assisted living facility 240 <input type="checkbox"/> Other type of extended care facility <i>(Specify: _____)</i></p> <p><u>Academic Education Program</u></p> <p>310 <input type="checkbox"/> LPN/LVN program 320 <input type="checkbox"/> Diploma program (RN) 330 <input type="checkbox"/> Associate degree RN program 340 <input type="checkbox"/> Bachelor's and/or higher degree RN program 350 <input type="checkbox"/> Associate degree RN and LPN/LVN program 360 <input type="checkbox"/> Associate degree RN and BSN program 370 <input type="checkbox"/> Other education program, not patient education <i>(Specify: _____)</i></p>	<p><u>Home Health Setting</u></p> <p>410 <input type="checkbox"/> Visiting nurse service (VNS/VNA) 420 <input type="checkbox"/> Home health service unit (hospital-based) 430 <input type="checkbox"/> Home health agency (non-hospital based) 440 <input type="checkbox"/> Private duty in a home setting 450 <input type="checkbox"/> Hospice 460 <input type="checkbox"/> Other home health setting</p> <p><u>Public or Community Health Setting</u></p> <p>510 <input type="checkbox"/> State Health or Mental Health Agency 520 <input type="checkbox"/> City or County Health Department 530 <input type="checkbox"/> Correctional Facility (non-hospital) 540 <input type="checkbox"/> Community mental-health organization or clinic 550 <input type="checkbox"/> Substance abuse center/clinic 560 <input type="checkbox"/> Other community setting <i>(Specify: _____)</i></p> <p><u>School Health Service</u></p> <p>610 <input type="checkbox"/> School or school system (K-12) 620 <input type="checkbox"/> College or university 630 <input type="checkbox"/> Other school health setting</p> <p><u>Occupational Health (Employee Health Service)</u></p> <p>710 <input type="checkbox"/> Private industry 720 <input type="checkbox"/> Government occupational health services 730 <input type="checkbox"/> Other occupational health setting</p> <p><u>Ambulatory Care Setting, not located in a hospital</u></p> <p>810 <input type="checkbox"/> Medical/physician practice 820 <input type="checkbox"/> Nurse practice 830 <input type="checkbox"/> In-store or retail clinic 840 <input type="checkbox"/> Community health center 850 <input type="checkbox"/> Federal clinic (such as Military, VA, NIH or IHS-supported) 860 <input type="checkbox"/> Federally-supported clinic (not a community health center) 870 <input type="checkbox"/> Hospital-owned <i>off-site</i> clinic or surgery center 880 <input type="checkbox"/> Ambulatory surgical center, not hospital-owned 890 <input type="checkbox"/> Urgent care 900 <input type="checkbox"/> Dialysis center or clinic, not in a hospital 905 <input type="checkbox"/> Other ambulatory setting <i>(Specify: _____)</i></p> <p><u>Insurance Claims/Benefits/Utilization Review</u></p> <p>910 <input type="checkbox"/> Government insurer/benefits department: federal, state, or local 920 <input type="checkbox"/> Insurance company or other private claims/benefits/utilization review organization</p> <p><u>Other</u></p> <p>930 <input type="checkbox"/> Policy, planning, regulatory, or licensing agency 940 <input type="checkbox"/> Consulting organization 950 <input type="checkbox"/> Home-based self-employment 960 <input type="checkbox"/> Telehealth, telenursing or call center 970 <input type="checkbox"/> Pharmaceutical/medical device/medical software 980 <input type="checkbox"/> Other <i>(Specify: _____)</i></p>
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Section G. General Information

54. How would you best describe your feelings about your principal job (in any field), or most recent job if you are not now working? Mark one box only.

- 1 Extremely satisfied
 2 Moderately satisfied
 3 Neither satisfied nor dissatisfied
 4 Moderately dissatisfied
 5 Extremely dissatisfied
 6 Neither currently nor previously employed

Answers to the following questions will be used solely to statistically interpret your responses.

55. Where do you currently reside? This information is critical for producing State estimates of the nursing workforce.

City/Town:

County:

State (or country if not USA):

ZIP+4 code: -
 (if available)

56. Did you reside in the same city/town a year ago?

- 1 Yes → If Yes, Go to Question 58
 2 No

57. Where did you reside a year ago? This information is critical for producing State estimates.

City/Town:

County:

State (or country if not USA):

ZIP+4 code: -
 (if available)

58. What is your gender?

- 1 Male
 2 Female

59. What is your year of birth?

1	9		
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60a. Are you Latino or Hispanic?

- 1 Yes
 2 No

60b. Which one or more of the following you would use to describe yourself. Mark all that apply.

- 1 White
 2 Asian
 3 Black or African American
 4 American Indian or Alaska Native
 5 Native Hawaiian or Other Pacific Islander

61. What languages do you speak fluently other than English? Mark all that apply.

1 <input type="checkbox"/> No other languages	6 <input type="checkbox"/> German
2 <input type="checkbox"/> Spanish	7 <input type="checkbox"/> American Sign Language
3 <input type="checkbox"/> Filipino language (Tagalog, other Filipino dialect)	8 <input type="checkbox"/> Other (specify)
4 <input type="checkbox"/> Chinese language (Cantonese, Mandarin, other Chinese language)	9 <input type="checkbox"/> Other (specify)
5 <input type="checkbox"/> French	10 <input type="checkbox"/> Other (specify)

62. Which best describes your current marital status?

- 1 Married or in domestic partnership
 2 Widowed, divorced, separated
 3 Never married

63. Describe the children/parents/dependents who either live at home with you or for whom you provide a significant amount of care.

Mark all that apply.

- 1 No children/parents/dependents at home
 2 Child(ren) less than 6 years old at home
 3 Child(ren) 6 to 18 years old at home
 4 Other adults at home (i.e., parents or dependents)
 5 Others living elsewhere (i.e., children, parents or dependents)

64. Including employment earnings, investment earnings, and other income of all household members, what is your current, gross annual total household income (pre-tax)? Pick one appropriate category.

- 1 \$15,000 or less
- 2 \$15,001 to \$25,000
- 3 \$25,001 to \$35,000
- 4 \$35,001 to \$50,000
- 5 \$50,001 to \$75,000
- 6 \$75,001 to \$100,000
- 7 \$100,001 to \$150,000
- 8 \$150,001 to \$200,000
- 9 More than \$200,000

Section H. License and Certification Detail

65. Please provide any other names for which you may have held a nursing license.

66. The following list has been grouped by on-the-job/functional certifications followed by national organizations that offer nursing certifications and finally other certifications you may have received. Please review the entire list and indicate what nursing certifications you have received. Mark up to Five certifications

No professional nursing certifications → If None, Go to Section I, Page 17

Functional Certifications

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Advanced Trauma Life Support (ATLS)
- Advanced Burn Life Support (ABLS)
- Neonatal Advanced Life Support (NALS)
- Advanced Life Support (ALS)
- Advanced Lecturing Life Support (ALLS)
- Neonatal Sug/Temp/Air/BP/Lab/Emotion (STABLE)
- Basic Life Support (BLS)
- Basic Cardiac Life Support (BCLS)
- Cardiopulmonary resuscitation (CPR)
- Neuronal Ceroid Lipofuscinoses (NCLS)
- Neonatal Resuscitation Provider (NRP)
- Chemotherapy, without ONS ONC certification
- Emergency Nursing – Pediatric Course (ENPC)
- Emergency Medicine Technician (EMT)
- Course in Advanced Trauma Nursing (CATN)
- Trauma Nursing Course Certification (TNCC)
- Advanced Trauma Care Nurse (ATCN)
- Fundamental critical care support & instructor (FCCS)
- Electrocardiogram (EKG)
- Balloon Pump (IABP)
- Red Cross Instructor

American Academy of Nurse Practitioners (AANP)

- Nurse Practitioner

Council on Certification of Nurse Anesthetists

- Nurse Anesthetist (CRNA)

American Midwifery Certification Board/American College of Nurse Midwives

- Nurse Midwife (CNM)

American Nurses Credentialing Center (ANCC)

Nurse Practitioner

- Acute Care Nurse Practitioner

- Adult Nurse Practitioner
- Advanced Diabetes Management Nurse Practitioner
- Family Nurse Practitioner
- Family Psychiatric & Mental Health Nurse Practitioner
- Gerontological Nurse Practitioner
- Palliative Care Nurse Practitioner (PCM-NP)
- Pediatric Nurse Practitioner
- Psychiatric & Mental Health Nurse Practitioner - Adult
- Psychiatric & Mental Health Nurse Practitioner - Family
- School Nurse Practitioner

Clinical Nurse Specialist

- Adult Health Clinical Nurse Specialist
- Medical-Surgical Clinical Nurse Specialist
- Advanced Diabetes Management Clinical Nurse Specialist
- Community Health Clinical Specialist
- Gerontological Clinical Nurse Specialist
- Home Health Clinical Nurse Specialist
- Palliative Care Nurse (PCM-CNS)
- Pediatric Clinical Nurse Specialist
- Psychiatric & Mental Health Clinical Nurse Specialist - Adult
- Psychiatric & Mental Health Clinical Nurse Specialist - Child/Adolescent
- Psychiatric & Mental Health Clinical Nurse Specialist - Family
- Public/Community Health Clinical Nurse Specialist

Advanced Diabetes Management

- Dietician – Advanced Diabetes Management
- Pharmacist- Advanced Diabetes Management

Other Specialty Nursing

- Ambulatory Care Nurse
- Cardiac Rehabilitation Nurse
- Cardiac Vascular Nurse
- Case Management Nurse
- College Health Nurse
- Community Health Nurse

- General Nursing
- Gerontological Nurse
- High-Risk Perinatal Nurse
- Home Health Nurse
- Informatics Nurse
- Medical-Surgical Nurse
- Nursing Administration (CNA)
- Nursing Administration, Advanced (CNAA)
- Nursing Professional Development (NPD)
- Pain Management Nurse
- Pediatric Nurse (CPN)
- Perinatal Nurse
- Psychiatric Mental Health Nurse
- Public/Community Health Nurse
- School Nurse

- American Association of Critical Care Nurses Certification Corp (AACCNCC)**
- Critical Care Registered Nursing (CCRN)
 - Cardiac Medicine (CMC)
 - Cardiac Surgery (CSC)
 - Critical Care CNS (CCNS)
 - Progressive Care (PCCN)
 - Acute Care Nurse Practitioner (ACNPC)

- Pediatric Nursing Certification Board (PNCB)**
- Certified Pediatric Nurse (CPN)
 - Certified Pediatric Nurse Practitioner – Primary Care (CPNP-PC)
 - Certified Pediatric Nurse Practitioner – Acute Care (CPNP-AC)

- National Certification Board of Pediatric Nurse Practitioners & Nurses (NCPNP/N)**
- Certified Pediatric Nurse Practitioner (CPNP)
 - Certified Pediatric Nurse (CPN)

- National Certification Corporation for the Obstetric, Gynecologist, and Neonatal Nursing Specialties (NCC)**
- Ambulatory Women’s Health Care Nurse
 - Breastfeeding (RN-BC, RNC)
 - Electronic Fetal Monitoring (EFM)
 - Gynecology/Reproductive Health Care (GR)
 - High Risk Neonatal Nurse (HRNN)
 - Inpatient Obstetric Nursing (INPT)
 - Low Risk Neonatal Nursing (LRN)
 - Maternal Newborn Nurse (MN)
 - Menopause Educator or Clinician (MC, ME)
 - Neonatal Intensive Care Nursing (NIC)
 - Neonatal Nurse Practitioner
 - Obstetric Nursing (OB)
 - Reproductive Endocrinology/Infertility Nurse
 - Telephone Nursing Practice (TNP)
 - Women’s Health Care Nurse Practitioner

- Board of Certification for Emergency Nurses (BCEN)**
- Emergency Nurse (CEN)
 - Flight Nurse (CFRN)

- Certification Board for Urologic Nurses & Associates**
- Urologic Clinical Nurse Specialist (CUCNS)
 - Urologic Nurse Practitioner (CUNP)
 - Urologic Nurse (CURN)

- Oncology Nursing Certification Corporation (ONCC)**
- Oncology Certified Nurse (OCN)
 - Certified Pediatric Oncology Nurse (CPON)
 - Advanced Oncology Certified Nurse Practitioner
 - Advanced Oncology Certified Clinical Nurse Specialist (AOCN)

Association of Perioperative Registered Nurses (AORN)

- Surgical Services Management
- Operating Room Nurse (CNOR)
- First Assistant Nurse (CRNFA)

- American Board of Perianesthesia Nursing Certification (ABPANC)**
- Anesthesia Nurse (CPAN)
 - Certified Post Anesthesia Nurse (CPAN)
 - Certified Ambulatory Perianesthesia Nurse (CAPA)

- American Board for Occupational Health Nurses (ABOHN)**
- Certified Occupational Health Nurse (COHN)
 - Certified Occupational Health Nurse-Specialist (COHN-S)
 - Case Management (COHN-CM)
 - Safety Management (COHN-SM)

Other National Agencies and Organizations

- Addictions, or Substance Abuse Nurse (CARN, CARN-AP), CDNS, NCAC)
- AIDS/HIV or Immune Suppression Nurse (ACRN or AACRN)
- Assisted Living Administration
- Bereavement or Grief Counselor (RTSC)
- Biofeedback or Neurobiofeedback Nurse
- Cardiac or Vascular Nursing (CVN)
- Case Manager (CCM, CMC, NCM)
- Childbirth Educator, Postnatal Educator, Perinatal Fitness (CCE, LCCE)
- Clinical Aromatherapy Practitioner
- Clinical Research Associate/Coordinator (CRA, CCRC CCRP)
- Coder (RN Coder, CPC)
- Collaborative Institutional Training Initiative for Research Ethics (CITI)
- Continuity of Care (NBCCC)
- Correctional Health Nurse (CHN)
- Crisis Prevention Instructor (CPI)
- Dermatology Nurse (DNC, DN)
- Developmental Disabilities Nurse (CDDN)
- Diabetes Educator (CDE)
- Dialysis or Hemodialysis Nurse (CDN, CHN, CPDN)
- Disability Management (CDMS, CDMSC, CIRSC)
- Domestic Violence / Sexual Assault (SAFE, SANE, FNE, SANC, SAE)
- Ergonomic Manager (CEM)
- Enterostomal Therapy Nurse (CETN)
- Emergency Nurse (CEDNAP, CEN, CFRN)
- Flight Nurse, Mobile Intensive Care Nurse (MICN, NICU, CFRN)
- Forensic Nurse (CFN, FN)
- Gastroenterological Nurse (CGN or CGRN)
- Genetics Nursing (APNG, GCN)
- Healing Touch Practitioner or Health Touch Instructor (HT)
- Healthcare Facility Manager, Long Term Care Director (CHFM, CNDLTC, DON)
- High-Risk Obstetric Nursing (NAACOG)
- Holistic Nurse (HNC, HN-BC, or AHN-BC)
- Home Care Surveyor
- Hospice and Palliative Care Nurse (CHPN, CRNH, or ACHPN)
- Hyperbaric Nurse (CHRN, ACHN, HNC)
- Infection Control Nurse (CIC)
- Infusion/Intravenous Nurse (CRNI, IN)
- Lactation Consultant (IBCLC, ICLA)
- Legal Nurse Consultant (LNCC, LNC, CLNC)
- Life Care Planner (CNLCP)

