Health Resources and Services Administration Bureau of Clinician Recruitment and Service
NURSE Corps
Participant Satisfaction Survey

Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents. Respondent will see either NURSE Corps Scholarship Program or Loan Repayment Program information throughout, based on sample identification.

Survey Introduction

The NURSE Corps is committed to continuous performance improvement. As part of this commitment, we are requesting feedback on your experiences with the NURSE Corp.

This survey is hosted on a secure server and your responses will remain **anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007 (expires March 31, 2015).

This survey will take approximately 15 minutes to complete. Thank you in advance for your participation.

Please click on the "Next" button below to begin.

TYPE OF SERIVCE (IDENTIFIED IN SAMPLE):

> **1   NURSE Corps Loan Repayment Program**
>
> **2   NURSE Corps Scholarship Program**
>
> **3   NURSE Corps Faculty Loan Repayment Program**

Introduction

INTRO1.   Through which program did you join the NURSE Corps? (Select one)

> 1. Scholarship Program
> 2. Loan Repayment Program
> 3. Faculty Loan Repayment Program
> 4. None of the above **(TERMINATE)**

INTRO2.   Are you currently in school or residency?

> 1. Yes - **(Will be defined as Group 3 – scholars in school)**
> 2. No

INTRO3a.   Please select your professional health discipline (select one)

1. Nurse Practitioner

2. Registered Nurse

INTRO3b.   Please select your highest degree or certification attained from the list below. (Select one) **[Limit response options based on answer to INTRO3a.)**

1. Master's **(filter for NP)**

2. Post-Master's Certificate **(filter for NP)**

3. Doctor of Nursing Practice **(filter for NP)**

4. PhD **(filter for NP)**

5. Nursing Diploma **(filer for RN)**

6. Associate's **(filer for RN)**

7. Bachelor's **(filer for RN)**

8. Graduate **(filer for RN)**

9. Bachelor's Accelerated **(filer for RN)**

INTRO3c.   **[IF INTRO3B=1,2,5,6,7,8 OR 9]** Are you currently pursuing a higher nursing degree or certification?

1. Yes

2. No

INTRO3d.   **[If INTRO3c=2]** Do you plan to pursue a higher nursing degree or certification?

1. Yes

2. No

INTRO3e.   **[IF INTRO3c=1 or INTRO3d=1]** What degree or certification do you plan to pursue?

(Capture open-ended response)

Retention

Q1.   Which one of the following best describes your service status?

1   In School **[only for Group 3 – Skip to Q19]**

2   Graduated, but not yet serving **[only for NCSP – Skip to Q19]** **(Will be defined as Group 3 – Scholars in school)**

3   Currently serving **(Will be defined as Group 1 – In service)**

4   Completed service obligation **(Will be defined as Group 2 – Alumni)**

Q2. **[If Q1=4]** On what date did you complete your service obligation with the NURSE Corps?

[NOTE: Drop down box for month and year selection]

Q5. **[If Q1=3]** Do you plan to remain at your current site *after* you have fulfilled your NURSE Corps service obligation?

> 1 Yes
>
> 2 No
>
> 3 Don't know

Q6. **[If Q5=1]** How long do you plan to remain at this site?

> 1 Less than 1 year
>
> 2 1 year to less than 2 years
>
> 3 2 to 5 years
>
> 4 More than 5 years
>
> 5 Don't know

Q7. **[If Q5=1]**What will most influence your decision to remain at the site after your service obligation is complete? (Select all that apply)

> 1 Overall experience with the NURSE Corps
>
> 2 NURSE Corps program benefits
>
> 3 Sense of community with peers
>
> 4 Relationship with current employer
>
> 5 Tenured track
>
> 6 Current site experience
>
> 7 Commitment to underserved communities
>
> 8 Salary and benefits
>
> 9 Becoming part of the community; able to put down "roots"
>
> 10 Job security
>
> 11 Difficulty finding another job
>
> 12 Other (please specify)

Q8. **[If Q1=4]** Are you still providing care at the critical shortage facility or academic institution where you fulfilled your NURSE Corps service obligation?

> 1 Yes
>
> 2 No

Q9. **[If Q8=2]** When did you leave the critical shortage facility or academic institution where you fulfilled your NURSE Corps service obligation? **[NOTE: Drop down box for month and year selection]**

Q10**. [If Q8=1]** How long do you plan to remain at this site?

> 1 Less than 1 year
>
> 2 1 year to less than 2 years

3   2 to 5 years

4   More than 5 years

5   I don't know

Q11. **[If Q8=2]** For what reasons have you decided to leave this site? Please select up to five; if more than five reasons led to your decision, please choose the top five.

1   Financial considerations such as salary or benefits

2   Too geographically isolated

3   Long hours - no "work/life" balance

4   Personal reasons, such as started a family, spouse/family was unhappy or other family considerations

5   Joined private practice

6   Change of career

7   Problems with employer or site

8   Didn't like the community or lifestyle

9   Cost of living

10   Little to no peer-to-peer relationships

11   Clinical differences (please specify)

12. Other, please specify

Q12. **[If Q8=2]** Have you chosen to continue at a different critical shortage facility or academic institution after fulfilling your service obligation with the NURSE Corps Program?

1   Yes

2   No

Q13. **[If Q12=1]** Since completion of your service obligation with the NURSE Corps program, how long have you been practicing at your current critical shortage facility or academic institution?

1   Less than 1 year

2   1 year to less than 2 years

3   2 to 5 years

4   More than 5 years

Q13a. **[IF INTRO1=1 AND INTRO2=2 AND GROUP 1]** How long did it take you to find employment?

1.   1-6 months

2.   7-12 months

3.   More than 1 year

Q14. **[If Q11=7]** Please describe the problem you were having with your employer or at the site. (Select all that apply)

1   Lack of distance learning opportunities

2   Lack of resources to do my job well

3   Lack of employer efforts around retention

4   Lack of upward mobility

5   Lack of administrative/management opportunities

6   Lack of telehealth (the use of electronic information and telecommunication technologies)

7   Lack of advanced technology

8   Other, please specify

Q15. **[If Q12=2]**   What would have made you more likely to continue at a critical shortage facility or academic institution? (Select up to five options)   **[Allow for maximum of 5 options]**

1   Better benefits and salary

2   Better experience at site

3   Site operation/direction more aligned with personal goals

4   Opportunities for distance learning

5   Better community support

6   Opportunities for telehealth (the use of electronic information and telecommunication technologies)

7   More work/life balance – better schedule/hours

8   More employment opportunities for my spouse

9   Family/spouse wanted to stay in community

10   Better school district

11   Lower cost of living

12   Closer to extended family/parents and siblings

13   Increased employer efforts around retention

14   Greater resources to help me do my job well

15   More upward mobility

16   More administrative/management opportunities

17   More peer relationships

18   Other, please specify

Recruitment [NC Scholars, NC Loan Repayors, NC Faculty Loan Repayors]

Q19. How did you learn about the NURSE Corps Program? (Select all that apply)

1   Current NURSE Corps member

2   NURSE Corps alumnus

3   NURSE Corps Web page

4   Other websites

5   NURSE Corps Literature/Materials

6   Social Media (such as Facebook)

7   Site Administrator or Site Staff

8   Exhibit at a professional meeting

9   Through online research

10   Through faculty at school/training programs

11   Through a colleague

12   Advertisements (print, newsletters, etc.)

13   Other (please specify)

Q19a. **(ONLY IF Q19=Other Websites)** Please specify which other websites you visited.

Q20a. **[NCLRP only]** Did you know about the NURSE Corps Loan Repayment Program before you began working at a critical shortage facility?

> 1 Yes
>
> 2 No

Q20b. **[NCFLRP only]** Did you know about the NURSE Corps Faculty Loan Repayment Program before you began working at an academic institution?

> 1 Yes
>
> 2 No

Q21. **[NCLRP only] [If Q20a=1]** Did you seek employment at this site because of the NURSE Corps Loan Repayment Program?

> 1 Yes
>
> 2 No

Application Process [Ask of NCSP and NCLRP ONLY]

Please think about your most recent experience applying to the NURSE Corps Program.

Using a scale from 1 to 10, where 1 is "Poor" and 10 is "Excellent"; please rate the application process on the following statements. If a question does not apply to you, please select: "N/A."

Q22. Clarity and ease of understanding the online application

Q23. Clarity and ease of understanding the program guidance documents

Q24. Ease of getting the information required to fill out the application

Q25. Amount of time it took to complete the application

Q26. Ease of submitting the application and supporting documents electronically

Q27. Responsiveness of support

Q28. Sufficiency of support

Q29. Timeliness of award notification

Q30. Ease of understanding the terms and conditions of acceptance

Customer Service Portal [Ask of NCSP and NCLRP ONLY]

Q31. Have you used the Customer Service Portal in the last 12 months? The Customer Service Portal is a secured online account where NURSE Corps members can conduct transactions, upload required documents, ask questions, and perform other online activities.

    1. Yes

    2. No **(Skip to Q40)**

    3. Don't know **(Skip to Q40)**

Q32. **[If Q31=1]** How have you used the Customer Service Portal in the last 12 months? (Select all that apply) **[Limit response options based on Group]**

    1. In-school verification [Group 3]

    2. Ask a question about my service obligation **[all]**

    3. Update my personal information **[all]**

    4. Look at my service obligation end date **[all]**

    5. Access my continuation application information **[Group 1]**

    6. Request a transfer to a new site **[Group 1]**

    7. Maternity/Paternity/Adoption leave request **[Group 1]**

    8. Medical or non-medical suspension **[Group 1]**

    9. Request a conversion from full-time to half-time service **[Group 3]**

    10. Report unemployment **[Group 1]**

    11. Request assistance to find an eligible site/critical shortage facility **[Group 3]**

    12. Complete in-service verification **[Group 1]**

    13. Post Graduate Training request **[Group 3]**

    14. Finance Request **[Group 1]**

15. View payment history **[all]**

16. Void payment schedules **[Group 1, Group 3]**

17. Request leave of absence (personal/family/medical reasons) **[Group 3]**

18. Update contact information **[all]**

19. Update banking information **[Group 1 and Group 3]**

20. Other, please specify **[all]**

Q33.   **[If Q31=1]** What additional feature, if any, would you like to see added to the Customer Service Portal? **(Capture open-ended response)**

[If Q31=1] Please think about your overall experience using the Customer Service Portal in the last 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent,* please rate.

Q34.   The ease of navigation

Q35.   Ability to find the information needed

Q36.   Your ease of understanding the information communicated

Q37.   The organization of the information provided

Q38.   The usefulness of conducting business through the Customer Service Portal

Q39.   The timeliness of Nurse Corps responses

Customer Service **[ASK OF ALL RESPONDENTS]**

Q40. Have you contacted the NURSE Corps during the past 12 months?

1. Yes

2. No **(skip to Q6_1)**

Q41. **[If Q40=1]** Through what means have you contacted the NURSE Corps in the past 12 months? (Select all that apply)

1. Telephone

2. E-mail

3. Fax

4. Customer Service Portal

5. Facebook

6. Other, please specify

Q42. **[If Q40=1]** Please select all the reasons that you contacted the NURSE Corps in the past 12 months. **(Limit response options by group)**

1. General information **(Groups 1 and 3)**

2. Program requirements **(Groups 1 and 3)**

3. New application question **(Groups 1 and 3)**

4. Unemployment assistance **(Group 1)**

5. Continuation application question **(Group 1)**

6. Placement question **(Group 3)**

7. Site transfer **(Group 1)**

8. Maternity/paternity/adoption leave **(Group 1)**

9. Medical or non-medical suspension **(Group 1)**

10. Conversion to half-time service **(Group 3)**

11. Six-month verification **(Group 1)**

12. Deferment **(Group 3)**

13. Scholarship award (tuition, fees and stipend) **(Group 3)**

14. Inquiry regarding overdue stipend **[Group 3]**
15. View payment history **[Group 1, Group 3]**

16. Void payment schedules **[Group 1, Group 3]**

17. Leave of absence request (personal/family/medical reasons) **[Group 3]**

18. Update contact information **[Group 1, Group 3]**

19. Update banking information **[Group 1, Group 3]**

20. Other (please specify) **(Groups 1 and 3)**

Q43. **[If Q40=1]** Of all the reasons you selected for contacting the NURSE Corps in the past 12 months, what was the reason of your most recent contact? **(Only show selections made in Q42)**

1. General information

2. Program requirements

3. New application question

4. Unemployment assistance

5. Continuation application question

6. Placement question

7. Site transfer

8. Maternity/paternity/adoption leave

9. Medical or non-medical suspension

10. Conversion to half-time service

11. Six-month verification

12. Deferment

13. Scholarship award (tuition, fees and stipend)

14. Inquiry regarding overdue stipend
15. View payment history

16. Void payment schedules

17. Leave of absence request (personal/family/medical reasons)

18. Update contact information

19. Update banking information

20. Other (please specify)

Q44. **[If Q40=1]** For your most recent contact, approximately how long did it take for the NURSE Corps to first respond to, or acknowledge, your initial contact?

1. Within 24 hours

2. Within 48 hours

3. Within 3-4 days

4. Within 1 week

5. Within 1 month

6. Within a few months

7. They have never responded to my initial contact

Q45. **[If Q40=1]** For your most recent contact, ideally, how long should the NURSE Corps have taken to first respond to, or acknowledge, your initial contact?

1. No more than 24 hours

2. No more than 48 hours

3. No more than 3-4 days

4. No more than 1 week

5. No more than 1 month

Q46. **[If Q40=1]** Was the NURSE Corps representative able to resolve your issue?

1. Yes

2. No

Q47. **[If Q46=1]** How long did it take for the NURSE Corps to resolve your issue/situation?

1. Within 24 hours

2. Within 48 hours

3. Within 3-4 days

4. Within 1 week

5. Within 1 month

6. Within a few months

Q48. **[If Q46=1]** Ideally, what is your expectation for how long it should have taken the NURSE Corps to resolve your issue/situation?

1. No more than 24 hours

2. No more than 48 hours

3. No more than 3-4 days

4. No more than 1 week

5. No more than 1 month

Q49. **[If Q46=2]** If the NURSE Corps representative was not able to resolve your issue, did they refer you elsewhere for further assistance?

1. Yes

2. No

Q50. **[If Q49=1]** Where did the NURSE Corps representative refer you to?

1. Customer Service Portal

2. NURSE Corps Web page

3. Another department/representative

4. Other, please specify

[If Q40=1] Thinking about your most recent contact with the NURSE Corps, and using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate…

Q52. Ease of reaching a NURSE Corps representative

Q53. Courteousness of the NURSE Corps representative

Q54. Knowledge of the NURSE Corps representative

Q55. Timeliness of the representative's response to your inquiry or concern

Q56. Relevance of the information provided by the NURSE Corps representative

Q57. Level of service provided by the NURSE Corps representative

Q58. Please use this space for any additional information you would like to provide the NURSE Corps regarding ways we can improve the program. **(Capture open-ended response)**

Information/Communication [**ASK OF ALL RESPONDENTS**]

Q59. Which of the following NURSE Corps communications have you accessed in the last 12 months? (Select all that apply)

1. E-mail delivered via the Customer Service Portal

2. Customer Service Portal inquiries

3. Emails or e-blasts from NURSE Corps

4. NURSE Corps Facebook page

5. Other, please specify

Q60.   Which do you access most often? (Select one) **[Filter responses based on selections in Q59]**

1. E-mail delivered via the Customer Service Portal

2. Emails or e-blasts from NURSE Corps

3. NURSE Corps Facebook page

4. Other, please specify

Q61.   For the method you use most often, which device did you use? (Select one)

1. Computer/laptop

2. Tablet/notebook

3. Smart phone

4. Other, please specify

Thinking about the method you use most often to access NURSE Corps communications, and using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate…

Q62.   The timeliness of the communications

Q63.   The relevance of the information provided to your inquiry

Q64.   Received enough detail to meet your needs

Q65.   Your ease of understanding the information communicated

Q66.   The organization of the information provided

Q67.   The helpfulness of information in guiding your decision-making

Q68.   The frequency of receiving information

Q69.   How would you prefer to receive <u>future</u> communications from the NURSE Corps? (Select all that apply)

1. E-mail delivered via the Customer Service Portal

2. Customer Service Portal inquiries

3. Emails or e-blasts from NURSE Corps

4. NURSE Corps Facebook page

5. Other, please specify

Q70.   How would you prefer to receive time sensitive communications from the NURSE Corps?
(Select one)

       1.   Messages delivered via the Customer Service Portal **(Groups 1,2,& 3)**

       2.   Email **(Groups 1,2,& 3)**

       3.   NURSE Corps Facebook page **(Groups 1,2,& 3)**

       4.   Text message **(Group 3)**

       5.   Other, please specify **(Groups 1,2,& 3)**

Q71.   In the past 12 months, how often did you receive communications from NURSE Corps?

       1.   Weekly

       2.   Monthly

       3.   Quarterly

       4.   Twice per year

       5.   Yearly

Q72.   In the past 12 months, how would you rate the frequency of communications received from
NURSE Corps?

       1.   Too frequent

       2.   Just right

       3.   Not frequent enough

Q73.   How often would you like to receive communications from the NURSE Corps?

       1.   More often than once per month

       2.   Monthly

       3.   Quarterly

       4.   Twice per year

       5.   Yearly or less often

Q74.   In the past 12 months, which resource and/or event do you consider to be the *most beneficial*
in keeping you up to date on NURSE Corps activities/events? (Select one)

       1.   NURSE Corps' Web page

       2.   Nurse Notes newsletter (NURSE Corps' quarterly online newsletter)

       3.   Fact sheets related to NURSE Corps programs and services

       4.   NURSE Corps Facebook posts

5. Other, please specify

Q75. **(Group 1 and 3 ONLY)** In the past 12 months, which resource and/or event do you consider to be the *most beneficial* in keeping you up to date on programmatic requirements? Examples of programmatic requirements include in-service verifications, continuations, etc. (Select one)

1. NURSE Corps' Web page
2. Nurse Notes newsletter (NURSE Corps' quarterly online newsletter)
3. NURSE Corps Facebook post
4. Educational webinars hosted by the NURSE Corps
5. Technical assistance conference calls hosted by the NURSE Corps
6. Fact sheets related to NURSE Corps programs and services
7. E-mails from the Customer Service Portal
8. Other, please specify

Q76. **(ONLY for Group 3)** Is there any other information that the NURSE Corps should consider providing to help you with your transition from training to service? **(Capture open-ended response)**

Q77. **(Only for Group 1 who entered the program as a** NURSE Corps **Scholar and are currently "in-service" –i.e. completing their service obligation practicing at a site).** Was there any other information that the NURSE Corps could have provided to improve your transition from training to service? **(Capture open-ended response)**

Site Experience [ONLY If Q1=3,4]

Q78. Using a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent", please rate your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NURSE Corps.

Q79. Please explain the reason for the rating you provided of your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NURSE Corps LRP/SP. **(Capture open-ended response)**

Q80. Using a scale from 1 to 10, where 1 means "Not at all Prepared" and 10 means "Very Prepared", please rate how prepared you felt for dealing with the patient population at your site while you fulfilled/are fulfilling your service obligation with the NURSE Corps.

Q81. What type of support did your site provide that was useful? (Select all that apply)

1. Peer-to-peer communication

2. Conferences

3. Network opportunities

4. Mentoring

5. Continuing education

6. Other, please specify

ACSI Benchmark Questions [ASK OF ALL RESPONDENTS]

Q82. Please consider all of the experiences you have had with the NURSE Corps LRP/SP program. Using a 10-point scale on which 1 means "Very Dissatisfied" and 10 means "Very Satisfied", how satisfied are you with the NURSE Corps?

Q83. Using a 10-point scale on which 1 means "Falls Short of Your Expectations" and 10 means "Exceeds Your Expectations", to what extent has the NURSE Corps fallen short of or exceeded your expectations?

Q84. Imagine an ideal scholarship and loan repayment program. How well do you think the NURSE Corps compares with that ideal program? Please use a 10-point scale on which 1 means "Not Very Close to Ideal", and 10 means "Very Close to Ideal".

Outcome Measures/Retention [ASK OF ALL RESPONDENTS]

Q85. On a scale from 1 to 10 where 1 means "Not at All Likely" and 10 means "Very Likely", how likely are you to continue to provide health services in a critical shortage facility after your service obligation is completed?

Q86. On a scale from 1 to 10 where 1 means "Completely Disagree" and 10 means "Completely Agree", to what extent do you agree that the NURSE Corps is delivering a meaningful experience to its members?

Q87. On a scale from 1 to 10 where 1 means "Not at All Likely" and 10 means "Very Likely", how likely are you to recommend the NURSE Corps to someone else?

Demographics [ASK OF ALL RESPONDENTS]

DEM1.   What is your gender? (Select one)

1. Male

2. Female

3. Transgender Male

4. Transgender Female

5. Prefer not to say

DEM2.   What is your age? (Select one)

1.   17 and under

2.   18-24

3. 25-34

4. 35-44

5. 45-54

6. 55-64

7. 65 and over

DEM3.   What is your ethnicity?

1.   Hispanic or Latino

2.   Not Hispanic or Latino

3.   Prefer not to say

DEM4.   What is your race? (Select all that apply)

1. American Indian or Alaskan Native

2. Asian

3. Black or African American

4. Native Hawaiian or Other Pacific Islander

5. White

6. Other, please specify

7. Prefer not to say

DEM5.   Do you speak a language other than English?

1. Yes

2. No

DEM6.   **(If DEM5=1)** What language(s), other than English, do you speak? (Select all that apply)

1. Spanish

2. French

3. German

4. Chinese/Mandarin

5. Hindi

6. Other, please specify

DEM7   Are you able to use this other language at your job?

1. Yes

2. No

DEM8.   **(Groups 1 and 2 only)** Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you grew up? (Select one)

1. Yes

2. No

DEM9.   **(Groups 1 and 2)** Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you completed your clinical training? (Select one)

1. Yes

2. No

DEM10.   (**Group 3**) Are you currently attending a nursing school within 100 miles of where you grew up/where you consider home?

1. Yes

2. No

DEM11.   (**Group 3**) Do you plan to practice within 100 miles of where you completed your health professions training?

1. Yes

2. No

DEM12.   (**Group 3 and DEM10=NO**) Do you plan to practice within 100 miles of where you grew up/where you consider home?

1. Yes

2. No

DEM13.   **(Group 1)** From the list below, please select the option that best describes where you currently practice:

1. Hospital - Critical Access Hospital

2. Hospital - Disproportionate Share Hospital

3. Hospital - Nonprofit, Non-Disproportionate Share Hospital

4. Hospital - Public Hospital

5. Ambulatory Care - Ambulatory Surgical Center

6. Ambulatory Care - Federally Qualified Health Center (FQHC) or Look-Alike

7. Ambulatory Care - Indian Health Service Health Center

8. Ambulatory Care - Native Hawaiian Health Center

9. Ambulatory Care - Rural Health Clinic

10. Public Health (State or Local Public Health or Human Service Department)

11. Long Term Care - Home Health Agency

12. Long Term Care - Hospice Program

13. Long Term Care - Nursing Home

14. Long Term Care - Skilled Nursing Facility

15. **[NCLRP Only]** Academic Institution/Nursing School - Nurse Faculty at a public academic institution

16. **[NCLRP Only]** Academic Institution/Nursing School - Nurse Faculty at a private academic institution

17. No longer providing direct patient care

18. Private Practice/Solo Group

19. Other, please specify

DEM 14.   (**Group 2 only**) From the list below, please select the site that best describes where you were working when you finished your service obligation.

1.   Hospital - Critical Access Hospital

2.   Hospital - Disproportionate Share Hospital

3.   Hospital - Nonprofit, Non-Disproportionate Share Hospital

4.   Hospital - Public Hospital

5.   Ambulatory Care - Ambulatory Surgical Center

6.   Ambulatory Care - Federally Qualified Health Center (FQHC) or Look-Alike

7.   Ambulatory Care - Indian Health Service Health Center

8.   Ambulatory Care - Native Hawaiian Health Center

9.   Ambulatory Care - Rural Health Clinic

10. Public Health (State or Local Public Health or Human Service Department)

11. Long Term Care - Home Health Agency

12. Long Term Care - Hospice Program

13. Long Term Care - Nursing Home

14. Long Term Care - Skilled Nursing Facility

15. **[NCLRP Only]** Academic Institution/Nursing School - Nurse Faculty at a public academic institution

16. **[NCLRP Only]** Academic Institution/Nursing School - Nurse Faculty at a private academic institution

17. No longer providing direct patient care

18. Private Practice/Solo Group

19. Other, please specify

DEM 15.   **(Group 2 only)** Where are you practicing now? Please select from the list below.

1.   Hospital - Critical Access Hospital

2.   Hospital - Disproportionate Share Hospital

3. Hospital - Nonprofit, Non-Disproportionate Share Hospital

4. Hospital - Public Hospital

5. Ambulatory Care - Ambulatory Surgical Center

6. Ambulatory Care - Federally Qualified Health Center (FQHC) or Look-Alike

7. Ambulatory Care - Indian Health Service Health Center

8. Ambulatory Care - Native Hawaiian Health Center

9. Ambulatory Care - Rural Health Clinic

10. Public Health (State or Local Public Health or Human Service Department)

11. Long Term Care - Home Health Agency

12. Long Term Care - Hospice Program

13. Long Term Care - Nursing Home

14. Long Term Care - Skilled Nursing Facility

15. **[NCLRP Only]** Academic Institution/Nursing School - Nurse Faculty at a public academic institution

16. **[NCLRP Only]** Academic Institution/Nursing School - Nurse Faculty at a private academic institution

17. No longer providing direct patient care

18. Private Practice/Solo Group

19. Other, please specify

DEM 16.   **(Groups 1 and 2)** How large is your organization (total patients seen per year)?

1. 1-2,500 patients

2. 2,501-5,000 patients

3. 5,001-7,500 patients

4. 7,501-10,000 patients

5. Over 10,000 patients

DEM17.   **(Groups 1 and 2)** Please list the zip-code of the site where you are currently practicing. (Capture numeric response)

DEM18.   **(Groups 1 and 2)** From the drop-down box below, please select the state where you are currently practicing?

DEM19.   **(Group 3)** From the drop-down box below, please select the state where you are currently attending health professions school?

Thank you for your time. The Health Resources and Services Administration's NURSE Corps Program appreciates your input!