Form Approved

OMB No. 0990-0379

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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 0990-0379. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

**HRSA HWC Survey**

[Survey Preview Link](https://hrsagov.gov1.qualtrics.com/jfe/preview/SV_6FhaoTzol1ii7B3?Q_SurveyVersionID=current&Q_CHL=preview)

# **Question 1: Rate your experience with this website:**

* Extremely good
* Somewhat good
* Neither good nor bad
* Somewhat bad
* Extremely bad

# **Question 2: Why are you visiting this website? Select all that apply.**

**(Multi-Select Field)**

* Creating a personalized job profile to market yourself to recruiters
* Searching for job opportunities
* Searching for job opportunities eligible for loan repayment
* Searching for training opportunities (clinical rotation, externship, etc.)
* Searching for healthcare facilities in underserved communities
* Other - please specify (text box)

# **Question 3: Which best describes you?**

* NHSC Participant (or Applicant)
* Nurse Corps Participant (or Applicant)
* Recruiter
* Student
* Healthcare Provider
* Other - please specify (text box)

# **Question 4: Which best describes your current or future health profession?**

1. Clinical Nurse Specialist
2. Dentist
3. Health Service Psychologist
4. Licensed Clinical Social Worker
5. Licensed Professional Counselor
6. Marriage and Family Therapist
7. Nurse Anesthetist
8. Nurse Faculty
9. Nurse Practitioner
10. Nurse Midwife
11. Physician Assistant
12. Physician, MD/DO
13. Psychiatric Nurse Specialist
14. Registered Dental Hygienist
15. Registered Nurse
16. Substance Use Disorder Professional
17. Other - please specify (text box)

# **Question 5: How did you find out about this website? Select all that apply.**

**(Multi-Select Field)**

* NHSC or Nurse Corps Website
* Social Media (e.g., Facebook, Twitter, LinkedIn)
* HRSA Virtual Job Fair
* College or University
* Email or Newsletter
* Friend or Family Member
* Other - please specify (text box)

# **Question 6: Do you have any other comments about how we can improve this website?**

* Open ended response (text box)