Worksheet Only – Must Be Completed Online

2017 Florida Center for Nursing Survey of Nursing Programs

This worksheet is intended to help you assemble information for your nursing program prior to online submission of your data.

Please log on to [http://www.flcenterfornursing.org/17NurseEdSurvey](http://www.flcenterfornursing.org/17NurseEdSurvey) with your NCLEX Code and password (sent via email) to complete your survey. If you have any questions, please contact us at 407-823-0980 or Marie.Prospers@ucf.edu.

NOTE: After entering numbers, the spinning wheel on the web page indicates “wait a moment” because the page is calculating.

Nursing Program Contact Information
College/School: Pre-populated from database

Program Dean or Director Contact Information

Please provide contact information for the person directly responsible for the program represented by this NCLEX code, whether titled Dean or Program Director.

Name: 

Phone Number: 

Email Address: 

Is this institution Non-profit (including public institutions, and private non-profit institutions) or Proprietary (a private for-profit institution)?

☐ Non-Profit School

☐ Proprietary School

Filter Question:

☐ If your nursing program had no students enrolled during the Academic Year (AY) 2016-2017, please check this box to skip to the end of this survey.

Please Note: This is intended for new programs that have not yet enrolled their first classes and older programs that retain an NCLEX Code but are not currently in operation. If your program has no current students because you are between classes and the new cohort has not yet started, please complete this survey.

By selecting this option you will skip to the end of the survey, and the ONLY information retained will be what you supplied for THIS page. If you have previously saved your survey with information in other sections, and have come back to check this box, please know all your previous answers in the other sections will be removed.
Please note that Academic Year (AY) 2016-2017 is defined as Fall (August/September) Semester 2016 through Summer (July/August) Semester 2017.

Faculty Information

If your school has more than one NCLEX code, you will be completing multiple surveys. If you are completing more than one survey, please report only on faculty associated with the NCLEX code for this survey to avoid duplication in faculty counts.

In this section, you will tell us about the number of budgeted faculty positions and vacancies, the composition of your faculty, and your current and future need for additional faculty positions. Please include the Program Dean/Director in the counts reported.

We ask about both full-time and part-time faculty. Please use the following definitions when counting your faculty:

**Full-time faculty**: Those members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution, hold academic rank, carry the full scope of faculty responsibility (e.g., teaching, advisement, committee work), and receive the rights and privileges associated with full-time employment. These faculty members may be tenured, tenure-track, or non-tenure track.

**Part-time faculty**: Those members of the instructional, administrative, or research staff of the nursing academic unit who are employed part-time as defined by the institution, may or may not hold academic rank, carry responsibility for a specific area (e.g., teaching a single course), and may carry any number of titles (e.g., adjunct, clinical instructor). These faculty members are typically not eligible for tenure.

1. **Separations & New Hires**:
   a. How many FULL-TIME faculty members SEPARATED from your program during AY 2016-2017? Please enter 0 if appropriate. Include separations occurring for all reasons, including voluntary separation or termination.

   b. How many NEW faculty members were hired during AY 2016-2017? Please enter 0 if appropriate.

      Full-time: __________
      Part-time/Adjunct: __________

2. **Report the number of faculty positions in each category AS OF SEPTEMBER 30, 2017. Please enter 0 if appropriate.**

   **Note**: Number of budgeted positions = Number of vacant positions + Number of filled positions.

<table>
<thead>
<tr>
<th>Full-Time Faculty</th>
<th>Part-Time/Adjunct Faculty</th>
<th>Not Applicable for Part-Time Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of budgeted positions: __________</td>
<td>Number of budgeted positions: __________</td>
<td></td>
</tr>
<tr>
<td>Number of vacant positions: __________</td>
<td>Number of vacant positions: __________</td>
<td></td>
</tr>
<tr>
<td>Number of filled positions: __________</td>
<td>Number of filled positions: __________</td>
<td></td>
</tr>
</tbody>
</table>
3. Report the number of faculty members that do NOT hold an active nursing license:
   Full-time faculty: ______________________  Part-time/Adjunct faculty: ______________________

4. Report the number of faculty members by highest degree earned AS OF SEPTEMBER 30, 2017. The total number of faculty members counted in this item should equal the number of FILLED positions reported above.

   **Full-Time Faculty**  
   PhD in Nursing: ______________________  PhD in Nursing: ______________________  
   Doctorate of Nursing Practice: ______________________  Doctorate of Nursing Practice: ______________________  
   Other Nursing Doctorate: ______________________  Other Nursing Doctorate: ______________________  
   Doctorate, Non-Nursing: ______________________  Doctorate, Non-Nursing: ______________________  
   Masters in Nursing: ______________________  Masters in Nursing: ______________________  
   Masters, Non-Nursing: ______________________  Masters, Non-Nursing: ______________________  
   Bachelors in Nursing: ______________________  Bachelors in Nursing: ______________________  
   Bachelors, Non-Nursing: ______________________  Bachelors, Non-Nursing: ______________________  
   Associate or Diploma in Nursing: ______________________  Associate or Diploma in Nursing: ______________________  
   **Part-Time/Adjunct Faculty**  
   Total Filled: ______________________  Total Filled: ______________________

5. Report the number of faculty members by gender AS OF SEPTEMBER 30, 2017. The total number of faculty members counted in this item should equal the number of filled positions reported above.

   **Full-Time Faculty**  
   Female: ______________________  Female: ______________________  
   Male: ______________________  Male: ______________________  
   Unknown: ______________________  Unknown: ______________________  
   **Part-Time/Adjunct Faculty**  
   Total Filled: ______________________  Total Filled: ______________________
6. Report the number of faculty members by race/ethnicity AS OF SEPTEMBER 30, 2017. The total number of faculty members counted in this item should equal the number of filled positions reported above.

<table>
<thead>
<tr>
<th>Full-Time Faculty</th>
<th>Part-Time/Adjunct Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic:</td>
<td>White non-Hispanic:</td>
</tr>
<tr>
<td>Black non-Hispanic:</td>
<td>Black non-Hispanic:</td>
</tr>
<tr>
<td>Hispanic/Latino:</td>
<td>Hispanic/Latino:</td>
</tr>
<tr>
<td>Asian:</td>
<td>Asian:</td>
</tr>
<tr>
<td>American Indian/Alaska Native:</td>
<td>American Indian/Alaska Native:</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander:</td>
<td>Native Hawaiian/Other Pacific Islander:</td>
</tr>
<tr>
<td>ther:</td>
<td>ther:</td>
</tr>
<tr>
<td>Unknown:</td>
<td>Unknown:</td>
</tr>
<tr>
<td><strong>Total Filled</strong></td>
<td><strong>Total Filled</strong></td>
</tr>
</tbody>
</table>

7. Report the number of faculty members by age AS OF SEPTEMBER 30, 2017. This information will help us project the supply of nurse educators. We recognize that you may have to estimate the age of your faculty. Your best estimate is appreciated. The total number of faculty members counted in this item should equal the number of filled positions reported above.

<table>
<thead>
<tr>
<th>Full-Time Faculty</th>
<th>Part-Time Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 or younger:</td>
<td>30 or younger:</td>
</tr>
<tr>
<td>31-40:</td>
<td>31-40:</td>
</tr>
<tr>
<td>41-50:</td>
<td>41-50:</td>
</tr>
<tr>
<td>51-55:</td>
<td>51-55:</td>
</tr>
<tr>
<td>56-60:</td>
<td>56-60:</td>
</tr>
<tr>
<td>61-65:</td>
<td>61-65:</td>
</tr>
<tr>
<td>66-70:</td>
<td>66-70:</td>
</tr>
<tr>
<td>71 or older:</td>
<td>71 or older:</td>
</tr>
<tr>
<td>Unknown:</td>
<td>Unknown:</td>
</tr>
<tr>
<td><strong>Total Filled Positions</strong></td>
<td><strong>Total Filled Positions</strong></td>
</tr>
</tbody>
</table>
8. If funding were available, how many additional FULL-TIME faculty positions would you add to meet the needs of your current student population?

9. How many faculty retirements occurred during AY 2016-2017?

10. Which faculty positions are difficult to fill?
   - [ ] Acute Care
   - [ ] Adult/Gerontology
   - [ ] Family Health
   - [ ] Pediatric/Child Health
   - [ ] Oncology
   - [ ] Obstetrics
   - [ ] Critical Care
   - [ ] Leadership/Management
   - [ ] Policy
   - [ ] Other (please specify) __________

11. What are the barriers to faculty recruitment? PLEASE SELECT ALL THAT APPLY.
   - [ ] Salary not competitive
   - [ ] Cost of living
   - [ ] Limited qualified applicant pool
   - [ ] Geographic location
   - [ ] No problems with recruiting
   - [ ] Other (please specify) __________
Student Information (items 12-16) {Question 12 – LPN, 13 – ADN, 14 – BSN, 15 – MSN, 16 – Doctoral}

Note: Student Information is collected by program type (LPN, ADN, BSN, MSN, and Doctoral) and curriculum track.

For LPN and ADN programs, curriculum tracks include Generic/Traditional and Advanced Placement/Bridge. Advanced Placement/Bridge programs include programs transitioning CNAs to LPNs, paramedics to RN, LPN to RN, Registered Respiratory Therapist or Cardiovascular Technologist to RN.

For BSN programs, curriculum tracks include Generic/Traditional, Second Degree, and RN-to-BSN.

For MSN programs, curriculum tracks are NP – Acute Care, NP – Adult/Gerontology, NP – Family Health, NP – Pediatric/Child Health, NP - Other, CRNA, Midwife, Education, Management/Leadership, CNS, and CNL.

For doctoral programs, curriculum tracks are PhD, DNP, and other.

12. Will you be reporting on an LPN Program for THIS NCLEX Code?
   
   ☐ Yes  ☐ No

Check all curriculum options that apply:

☐ Generic/Traditional curriculum

☐ Bridge curriculum (CNA to LPN, etc.)

A. What is the accreditation status of your LPN program?

☐ Accredited

☐ In the process of accreditation

☐ Not working toward accreditation yet

By whom are you accredited?

☐ The Commission on Collegiate Nursing Education (CCNE)

☐ The Accreditation Commission for Education in Nursing (ACEN)

When does your accreditation expire (CCNE) or when is your next site visit (ACEN)? [Enter Date]

Which of the following have you achieved?

☐ New applicant program

☐ Candidate status

☐ Neither

When does your candidacy/new applicant status expire?

☐ Enter Year

☐ Not applicable

Enter the year your candidacy/new applicant status will expire? [Enter Date]
13. Will you be reporting on an ADN Program for THIS NCLEX Code?
   ☐ Yes  ☐ No

Check all curriculum options that apply:
   ☐ Generic/Traditional curriculum
   ☐ Advanced Placement/Bridge curriculum (Includes transitioning paramedics to RN, LPN to RN, Registered Respiratory Therapist or Cardiovascular Technologist to RN.)

A. What is the accreditation status of your LPN program?
   ☐ Accredited
   ☐ In the process of accreditation
   ☐ Not working toward accreditation yet

By whom are you accredited?
   ☐ The Commission on Collegiate Nursing Education (CCNE)
   ☐ The Accreditation Commission for Education in Nursing (ACEN)

When does your accreditation expire (CCNE) or when is your next site visit (ACEN)? Enter Date

Which of the following have you achieved?
   ☐ New applicant program
   ☐ Candidate status
   ☐ Neither

When does your candidacy/new applicant status expire?
   ☐ Enter Year
   ☐ Not applicable

Enter the year your candidacy/new applicant status will expire? Enter Date
14. Will you be reporting on a BSN Program?
   ☐ Yes  ☐ No

Check all curriculum options that apply:
   ☐ Generic/Traditional curriculum
   ☐ Second Degree curriculum (Baccalaureate in other field)
   ☐ RN to BSN curriculum

A. What is the accreditation status of your LPN program?
   ☐ Accredited
   ☐ In the process of accreditation
   ☐ Not working toward accreditation yet

By whom are you accredited?
   ☐ The Commission on Collegiate Nursing Education (CCNE)
   ☐ The Accreditation Commission for Education in Nursing (ACEN)

When does your accreditation expire (CCNE) or when is your next site visit (ACEN)?

Which of the following have you achieved?
   ☐ New applicant program
   ☐ Candidate status
   ☐ Neither

When does your candidacy/new applicant status expire?
   ☐ Enter Year
   ☐ Not applicable

Enter the year your candidacy/new applicant status will expire?
15. Will you be reporting on an MSN Program? Please include all post-licensure MSN programs in this section, whether you accept ADN or BSN graduates into the program.

☐ Yes  ☐ No

Check all curriculum options that apply:

□ Advanced Registered Nurse Practitioner Program
  □ Acute Care
  □ Adult/Gerontology
  □ Family Health
  □ Pediatric/Child Health
  □ Other

□ Certified Registered Nurse Anesthetist
□ Midwifery Program
□ Nurse Educator
□ Leadership/Management
□ Clinical Nurse Specialist
□ Clinical Nurse Leader

16. Will you be reporting on a Doctoral Program?

☐ Yes  ☐ No

Check all curriculum options that apply:

□ PhD
□ DNP
□ Other Doctoral Program (please specify)

Please tell us about your program capacity, admissions, and graduates during AY 2016-2017.

Use the following definitions:

# of student SEATS: the maximum possible number of students that you could enroll in your program in a single academic year. For example, if you enroll multiple cohorts of students during the year, then seats must be counted for each cohort.

# of APPLICATIONS RECEIVED: the number of students that submitted applications for admission in academic year 2016-2017

# of QUALIFIED APPLICANTS: the total number of applicants to the program who met the minimum admission standards. This number must not exceed the number of applications received.
# of students ADMITTED: the number of qualified applicants that you admitted (offered a seat) to the program. This includes both students who were newly admitted and students who were re-admits—i.e. those students who were previously in the nursing program, dropped out, and had to reapply for admission to the program. This number must not exceed the number of qualified applicants.

# of ADMITTED/NEW students who enrolled: the number of the admitted students who enrolled for the first time in the program. Enrolled means that the student registered for course work and paid his/her fees. This number must not exceed the number of students admitted.

Total # of students ENROLLED: the number of new and returning students who were enrolled during the 2016-2017 academic year. This number must not exceed the total number of student seats.

# of students GRADUATED: the total number of students graduating during the academic year, regardless of when they started the program. This item does not refer to the cohort of students who began the program during the last academic year, but have not yet graduated.

<table>
<thead>
<tr>
<th></th>
<th>Generic/Traditional Students</th>
<th>Advanced Placement / Bridge Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of student SEATS*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of APPLICATIONS RECEIVED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of QUALIFIED APPLICANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of students ADMITTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of ADMITTED/NEW students who ENROLLED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of students GRADUATED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please provide the maximum number of students that you had the capacity to enroll in AY 2016-2017.

C. How many students were enrolled in this program during AY 2016-2017? Please include students at all points in your program’s curriculum sequence.

Total number of Generic/Traditional Students: 

Total number of Advanced Placement / Bridge Students:

D. Please report your total program enrollment during AY 2016-2017 by racial/ethnic category. The total number of persons counted in this item must match your total program enrollment in Section B.

<table>
<thead>
<tr>
<th></th>
<th>Generic/Traditional Students</th>
<th>Advanced Placement / Bridge Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Worksheet Only – Must Be Completed Online**

<table>
<thead>
<tr>
<th>Hispanic</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Program Enrollment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E. Please report your total program enrollment during AY 2016-2017 by gender. The total number of persons counted in this item must match your total program enrollment above.**

<table>
<thead>
<tr>
<th>Generic/Traditional Students</th>
<th>Advanced Placement / Bridge Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Total Program Enrollment</td>
<td></td>
</tr>
</tbody>
</table>

**F. Please report your total program enrollment during AY 2016-2017 by age category. The total number of persons counted in this item must match your total program enrollment above.**

<table>
<thead>
<tr>
<th>Generic/Traditional Students</th>
<th>Advanced Placement / Bridge Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-20</td>
<td></td>
</tr>
<tr>
<td>21-25</td>
<td></td>
</tr>
<tr>
<td>26-30</td>
<td></td>
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<tr>
<td>31-40</td>
<td></td>
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<tr>
<td>41-50</td>
<td></td>
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<tr>
<td>51-60</td>
<td></td>
</tr>
<tr>
<td>61 and older</td>
<td></td>
</tr>
</tbody>
</table>
Unknown

Total Program Enrollment

*Students for which no data are available will automatically be counted in the “Unknown” category.

G. What factors prevented acceptance of more qualified students? PLEASE SELECT ALL THAT APPLY.

- Lack of qualified faculty applicants
- Lack of funds to hire faculty
- Limited clinical sites for interactive learning experiences
- Lack of qualified student applicants
- Lack of campus resources: classroom/lab space, budget constraints
- Other (please specify)

H. What are the reasons for lack of clinical space? PLEASE SELECT ALL THAT APPLY.

- Increased competition for clinical space due to use from other nursing programs
- Staff nurses do not have time to work with students
- Insufficient number of staff to serve in preceptor role
- Displaced by another program
- Decrease in patient census
- Closure or partial closure of clinical facility/unit
- Preferential acceptance of BSN students over ADN or LPN students
- Other (please specify)
I. The following questions are regarding your Generic/Traditional program’s retention. If there were no students enrolled in your Generic/Traditional program for an entire academic year, please respond “No” to the question below.

As of Fall 2017, did your Generic/Traditional nursing program have students enrolled for at least one full academic year?

☐ Yes  ☐ No

Please provide retention information for one cohort of students who enter each year. This will be used to calculate a one year retention rate for each program.

1. For the 2016 year, please select the term (Spring 2016, Summer 2016, or Fall 2016) when your Generic/Traditional cohort started:

☐ Spring  ☐ Summer  ☐ Fall  ☐ Other

2. For the Generic/Traditional cohort identified above, how many students were newly enrolled students in 2016? “Newly enrolled” means that the student has not previously completed credit hours in a nursing program.

2. Please provide the status of the 2016 newly enrolled students in your cohort as of 2017 using the following categories: still enrolled, graduated, or left without finishing. If there are no graduates yet, please report 0 in the “number of students who graduated” field. The numbers provided in each category must total the number you reported for newly enrolled students in the cohort.

   Total number of students still enrolled:

   Total number of students who graduated:

   Total number of students who left without finishing:

   Total (Must equal the number of students newly enrolled reported above. Shown in parenthesis.)
17. Do you offer any Graduate Certificate Programs?

☐ Yes  ☐ No

Check all curriculum options that apply:

☐ Education
☐ Administration
☐ NP – Acute Care
☐ NP – Family Practice
☐ NP – Adult/Gerontology
☐ NP – Pediatric
☐ Other (please specify) [Please specify any other options that apply]

18. If necessary, please provide any clarifications or comments regarding your responses to the survey items (must not exceed 1000 characters).

Thank you for participating in our annual survey of education programs!