

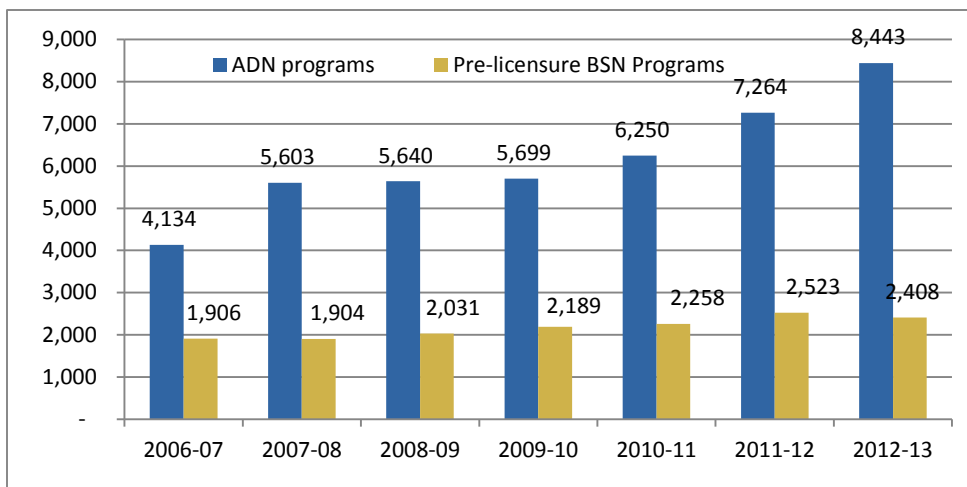
The information below represents the **key findings** regarding the pre-licensure RN (Associate Degree in Nursing, ADN, and Bachelor of Science Degree in Nursing, BSN) education system in Florida. This report describes student education capacity, discusses implications, and proposes research and policy recommendations.

### Program Capacity for Pre-licensure RN Programs, AY 2012-2013

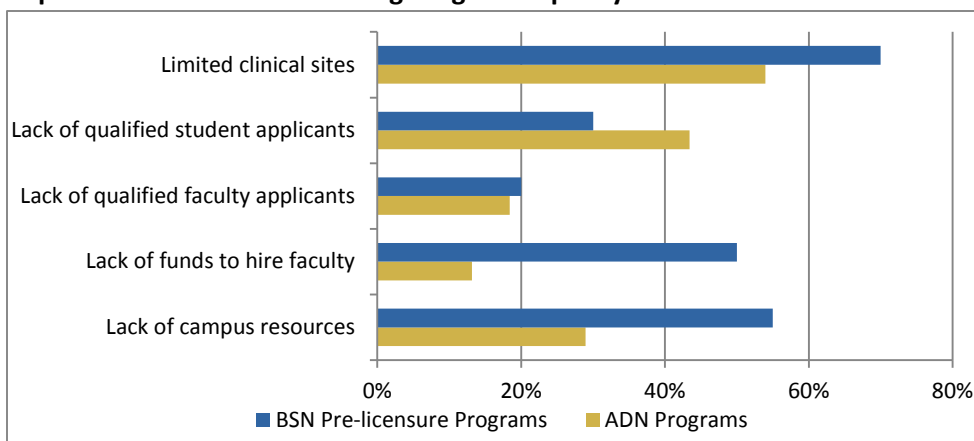
	Generic ADN Curriculum	Bridge ADN Curriculum	Generic BSN Curriculum	2 <sup>nd</sup> Degree BSN Curriculum
# of QUALIFIED applications	11,285	4,011	4,588	1,925
# of student SEATS	8,891	4,173	1,508	708
# of students ADMITTED	7,321	2,918	1,558	775
% declined applications	35%	27%	66%	60%
# of NEW enrollees	6,800	2,478	1,403	621

- **21 new programs** were surveyed (15 ADN and 6 BSN).
- **Survey response rates were 52%**, resulting in an incomplete picture of education but allowing for some trend identification.
- **New graduate ADN nurses increased by almost 1,200**, while BSN graduates decreased by 115.
- 68% of BSN-Generic students and 39% of BSN 2<sup>nd</sup> degree students are age 17 to 25.
- **Barriers to maximizing program capacity continue**
  - Limited clinical capacity was reported by 70% of BSN programs and 54% of ADN programs.
  - Within non-profit schools, the problem is magnified. 80% of ADN and 90% of BSN non-profit schools report limited clinical capacity.
  - Lack of funds to hire faculty, and lack of campus resources.

### Trend in Number of New Graduate Nurses, 2007-2013



### Reported Barriers to Maximizing Program Capacity



### Recommendations

1. Create incentives for nurses to seek advanced education, from RN to BSN and into graduate study, in order to build a nurse faculty pipeline and engage in lifelong learning.
2. A critical assessment of new programs and capacity of existing programs is needed to determine their quality and impact on the students and the nurse workforce.
3. New methods of education, clinical and didactic, should be developed to accommodate the learning style of diverse students, address the critical shortage of clinical capacity, and prepare newly licensed RNs to work in non-traditional settings.
4. A consistent, long-term data collection, analysis, and reporting system must be maintained and adequately funded.

## Florida Pre-Licensure Registered Nurse Education: Academic Year 2012-2013

### Background

The number of nurse education programs in Florida has grown considerably since 2007, when the Florida Center for Nursing (Center) first initiated the annual nursing education program survey. Program growth has been in response to demand from potential nursing students, demand from employers, and future anticipated demand within the healthcare industry due to a projected nursing shortage as older nurses leave the workforce, the population ages, and access to healthcare increases. The goals of the Center's nurse education survey are to characterize trends in the education of nurses and the faculty workforce. The Center's data collection, analysis, and subsequent reports have multiple benefits to stakeholders: schools can use the data for academic decision making, to strengthen grant applications, to plan for faculty demand and student expansion; policy makers can use the data to guide funding decisions and to plan strategic use of resources. This report describes information for pre-licensure RN programs (Associate Degree in Nursing, ADN, and Bachelor of Science Degree in Nursing, BSN) for Academic Year (AY) 2012-2013, and highlights trends in results since the Center began data collection and analysis. The implications are discussed and research and policy recommendations are offered.

### Data Source

Data for this report are from the 2013 Florida Center for Nursing *Survey of Nursing Education Programs*. In October 2013, a survey link was emailed to the Dean or Program Director of each nursing education program in the state of Florida. Responding Deans and Directors provided data on the faculty and student populations as of September 30<sup>th</sup>, 2013 and on program capacity for AY 2012-2013.

Nursing education programs are identified from the Board of Nursing website, which maintains an updated database of Licensed Practical Nurse (LPN), Associate Degree in Nursing (ADN) and pre-licensure Bachelor's in Nursing (BSN) programs. The list of all nursing programs in Florida was downloaded from the Board of Nursing in August 2013. A total of 191 pre-licensure RN programs were asked to complete the survey, an addition of 21 programs since 2012 (6 new BSN programs and 15 new ADN programs). It is important to note that pre-licensure ADN and BSN nursing programs increase the supply of RNs, whereas post-licensure programs (e.g., RN-BSN, Master's, Doctoral) advance the education level of already licensed RNs.

A total of 100 RN programs responded to the survey, yielding a response rate of 52 percent (Table 1). The response rate for BSN programs (59%) was higher than ADN programs (51%). The response rate was higher for state schools than private schools in both ADN and BSN program groups. All of the state BSN programs responded, while 48 percent of the private BSN programs

responded. One online-only out-of-state program that enrolls 11 Florida students in an LPN to BSN program responded. Their information is included in the report data.

**Table 1. Response Rates for Florida’s Pre-Licensure RN Programs, AY 2012-2013**

School Type	Number of Schools	Number of Responding Schools	Overall Response Rate	State Schools Response Rate	Private Schools Response Rate
ADN	154	78	51%	58%	50%
BSN (pre-licensure)	37	22	59%	100%	48%
<b>Total</b>	<b>191</b>	<b>100</b>	<b>52%</b>	<b>68%</b>	<b>50%</b>

Except when indicated, data in this report are from the responding schools. Given that this is the Center’s seventh annual survey, the richness of the data and information are enhanced by the ability to report seven-year trends in results. Thus change, or the lack of it, is evident and provides the opportunity to consider the effect of interventions, such as efforts to increase production of new graduates to enter the workforce. With trends, one can monitor outcomes and identify promising practices for replication.

## Results

### Programs, Curriculum Options, and Accreditation

Table 2 provides detail of the programs and curriculum options available as of October 2013, based on survey responses. Of the 78 ADN programs responding, 42 offer a bridge curriculum that moves LPNs or paramedics through the RN program more quickly. Sixty-seven ADN programs had a traditional curriculum. Two responding programs had no students enrolled.

Of the 22 pre-licensure BSN programs participating, 10 offer a second-degree curriculum – often called an accelerated program – for students with a baccalaureate degree in another discipline, and 18 had a generic curriculum. Two new pre-licensure BSN programs have not enrolled their first classes.

**Table 2. RN Programs and Curriculum Options Reported by Respondents, AY 2012-2013**

	Number
<b>Pre-licensure Programs</b>	
<b>ADN Programs</b>	
Number of ADN Programs Responding	78
- Generic/Traditional Curriculum	67
- Bridge Curriculum	42
- No students enrolled	2
<b>Online (LPN to BSN Program)</b>	1
<b>Pre-licensure BSN Programs</b>	
Number of BSN Programs Responding	22
- Generic/Traditional Curriculum	18
- 2 <sup>nd</sup> Degree Curriculum	10
- No students enrolled	2

Note: The number of curriculum counts exceeds the number of program counts because many programs offer multiple curriculum options.

Table 3 shows the Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE) accreditation status of programs in AY 2012-2013. Schools that have not yet admitted students cannot have achieved accreditation. One-third of ADN programs and 80 percent of the BSN programs reported being accredited. The majority of non-profit schools are accredited, but most proprietary schools are not accredited by ACEN or CCNE. Almost all of the ADN programs are accredited by ACEN, while most of the BSN programs are accredited by CCNE.

**Table 3. Accreditation Status in AY 2012-2013 by Program Type**

Accreditation Status by ACEN and/or CCNE	ADN Programs			BSN Programs		
	ADN Total	Non-Profit Schools	Proprietary Schools	BSN Total	Non-Profit Schools	Proprietary Schools
Not Accredited	67%	20%	98%	20%	0%	67%
Accredited	33%	80%	2%	80%	100%	33%

### Pre-Licensure RN Program Capacity

Table 4 displays measures of program capacity – the ability of nursing programs to enroll new students – for pre-licensure programs in operation last year. The gray rows in the table show the number and proportion of *qualified* applications that were not processed for admission to programs during AY 2012-2013 due to capacity issues. Florida’s nursing programs responding to the survey declined 9,237 qualified applications to pre-licensure RN programs last academic year. At present it is not possible to distinguish the number of *people* denied admission to nursing schools from the number of *applications* declined. A single prospective student may be denied admission (or be accepted) by more than one school. This phenomenon may also

contribute to the differences in the number of new enrollees compared to the number admitted.

**Table 4. Program Capacity Measures for Pre-licensure RN Programs, AY 2012-2013**

	Generic <b>ADN</b> Curriculum	Bridge <b>ADN</b> Curriculum	Pre-licensure <b>BSN</b> Curriculum	2 <sup>nd</sup> Degree <b>BSN</b> Curriculum
# of QUALIFIED applications	11,285	4,011	4,588	1,925
# of student SEATS	8,891	4,173	1,508	708
# of students ADMITTED	7,321	2,918	1,558	775
# declined applications	3,964	1,093	3,030	1,150
% declined applications	35%	27%	66%	60%
# of NEW enrollees	6,800	2,478	1,403	621
# Seats Left Vacant	2,091	1,695	105	87

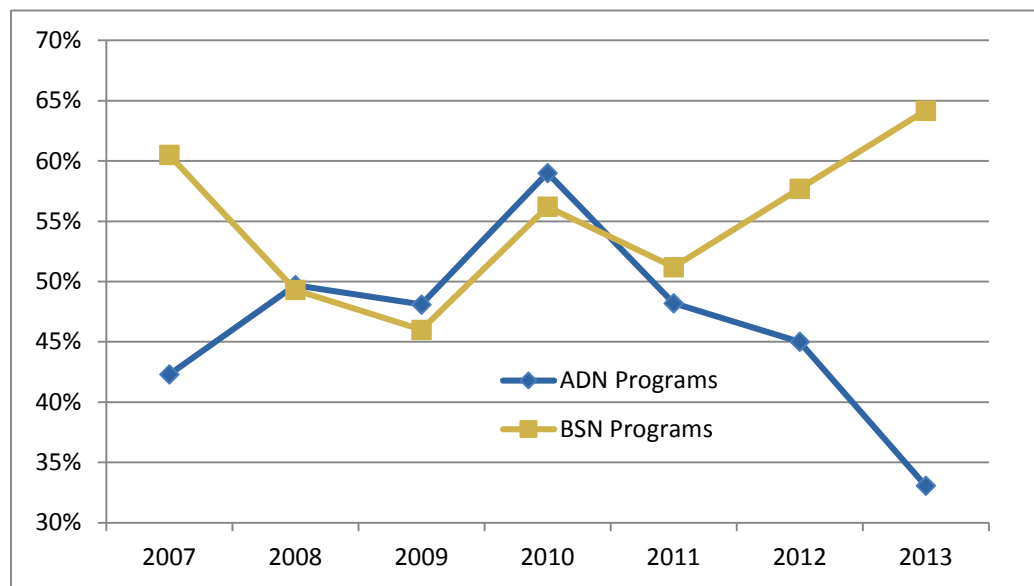
Generic ADN programs had over 2,000 more qualified applications relative to available student seats, yet admitted nearly 1,500 fewer students relative to the number of available seats. When considering actual enrollment, 24 percent of available seats were left vacant (over 2,000 seats). Bridge ADN programs had 41 percent of available seats left vacant.

Pre-licensure BSN programs admitted more students than were seats available, anticipating that a portion of accepted students will choose not to enroll. The gap between admitted and enrolled new students is likely to increase when admission to nursing schools is very competitive and prospective students apply to multiple schools but ultimately select only one to attend. Nevertheless, almost 200 seats were left vacant in traditional and second-degree BSN programs.

This year’s survey asked if a school was non-profit (for example, a state school) or proprietary. Program capacity differed between the two types of programs (Appendix Tables A1 and A2). Non-profit schools declined a higher proportion of qualified applicants to generic ADN and BSN programs. Proprietary schools declined a higher proportion of qualified applicants to Bridge ADN and 2<sup>nd</sup> degree BSN programs. Proprietary schools had a larger percentage of program seats left vacant in all programs (39% of ADN program seats and 23% of BSN program seats were vacant) compared to non-profit schools (17% of ADN program seats and 6% of BSN program seats were vacant).

Since 2010, the percentage of qualified applications that were denied admission to ADN nursing programs has decreased from 59 percent to 33 percent in AY 2012-2013 (Figure 1). The decrease in declined applications may result from the growth in the number of new ADN nursing programs over the last two years. Growth in existing ADN programs and differences among which programs respond to each year’s survey may also account for the changes. Conversely, the percentage of qualified applications to BSN programs that were denied

admission has increased since 2011, and is now 64% as more than 6 out of 10 qualified applications were declined. Interest in nursing programs remains high, but programs cannot accommodate all potential students.



**Figure 1. Trend in Percentage of Qualified Applications Declined by ADN and BSN Pre-licensure Programs, 2007-2013**

The total number of pre-licensure nursing students enrolled in nursing programs varies by curriculum track. Responding RN programs reported 13,121 ADN students and 3,627 pre-licensure BSN students (Table 5). Because the survey response rate is less than 100 percent, this number is an undercount of all students enrolled in nursing programs in Florida.

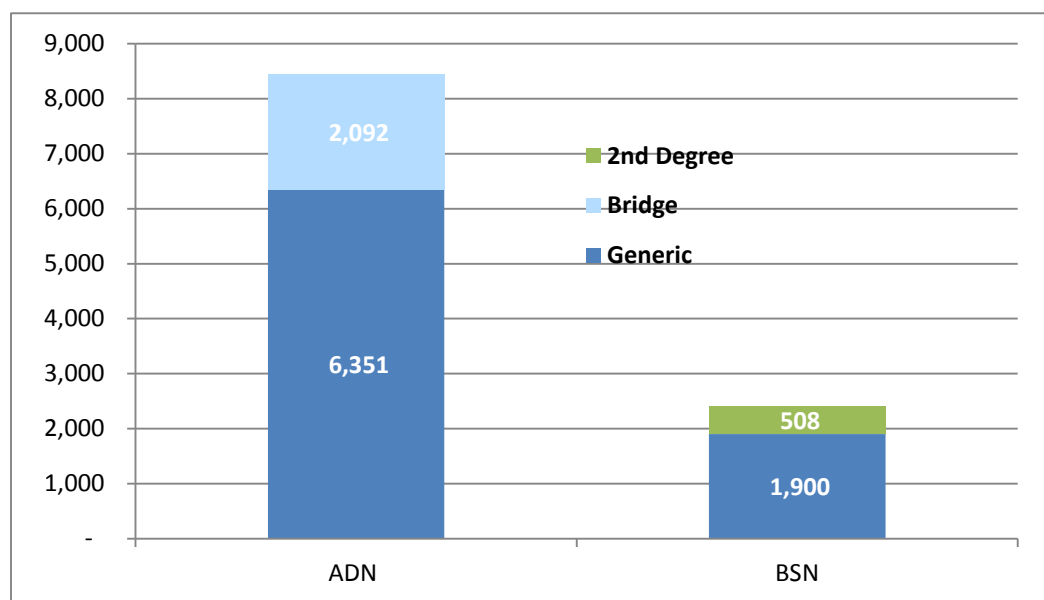
**Table 5. Enrollment of ADN and BSN Pre-Licensure Students by Curriculum Track, AY 2012-2013**

Pre-Licensure Curriculum Track	Enrollment on 9/30/2013
Generic/Traditional ADN	10,496
Bridge ADN	2,625
<b>Total ADN</b>	<b>13,121</b>
Generic/Traditional BSN	2,866
2nd Degree BSN	761
<b>Total Pre-licensure BSN</b>	<b>3,627</b>

### Pre-Licensure Registered Nurse Graduates

Florida statute mandates that all nursing programs participate in data collection by the Office of Program Policy Analysis and Government Accountability (OPPAGA) for a five year period ending in 2015. OPPAGA publishes the number of nursing program graduates, which the Center believes is preferable to report. Therefore, this report uses the number of graduates as reported by OPPAGA.<sup>1</sup>

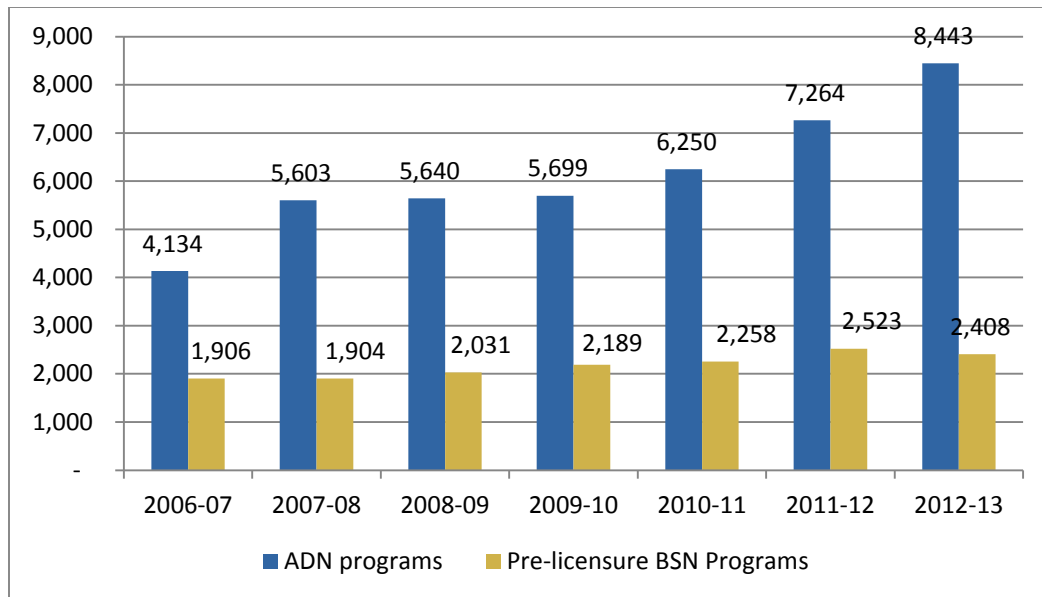
In AY 2012-2013, there were 8,443 graduates from ADN programs and 2,408 graduates from pre-licensure BSN programs (Figure 2). Three-quarters of new graduate RNs were from ADN programs. Twenty-five percent of the ADN graduates were bridge students, and 21 percent of BSN graduates were 2<sup>nd</sup> degree students. Interest in ADN bridge and 2<sup>nd</sup> degree BSN programs continues to increase, the number of ADN bridge graduates increased by 17 percent from AY 2011-12.



**Figure 2. Number of Graduates from Pre-licensure Programs, AY 2012-2013**

Note: Graduate data are from OPPAGA.<sup>1</sup>

The number of graduates has been accelerating, particularly in ADN programs, over the past two years (Figure 3). The number of graduates from ADN programs increased 10 percent in AY 2010-11, 16 percent in AY 2011-12, and 16 percent in AY 2012-13. The number of BSN graduates decreased by 5 percent in AY 2012-13.



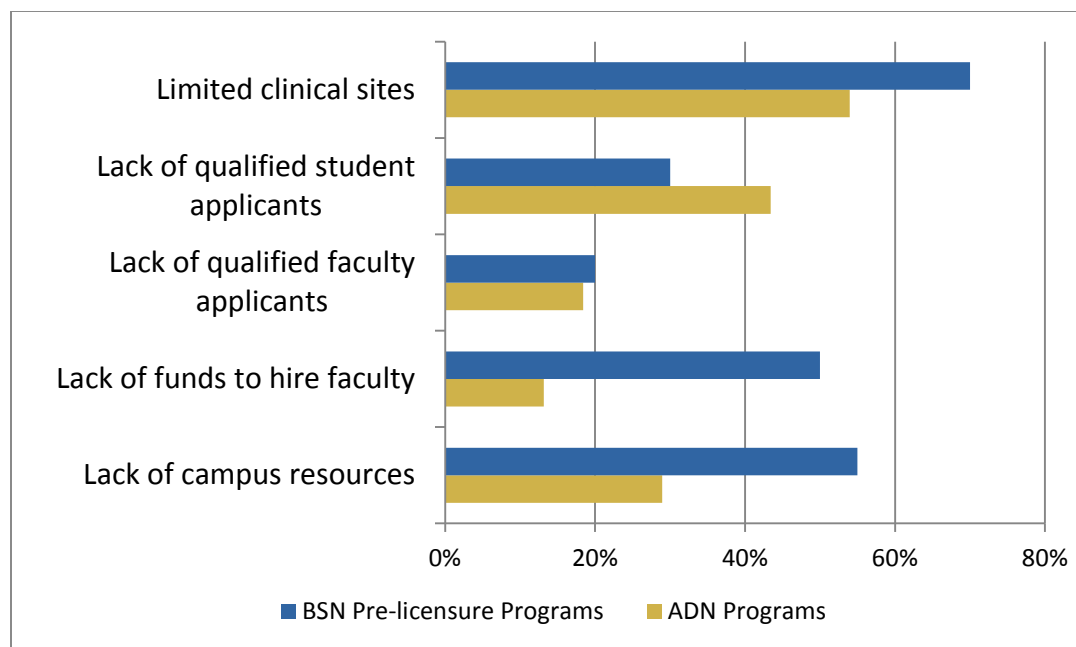
**Figure 3. Trend in Number of New Graduate Nurses, 2007-2013**

### *Barriers to Maximizing Pre-Licensure Program Capacity*

With the advent of new nursing programs and the growth of established programs, the capacity to admit more students has increased. Admitting more students translates to an increased need for nursing faculty, and an increased need for clinical space. A separate report will discuss survey results and recommendations related to nurse faculty.

Deans and Directors within all types of pre-licensure nursing programs reported that “limited clinical sites” was the most common barrier to admitting more students (70% of BSN, 54% of ADN programs, Figure 4). Limited clinical sites were the most common barrier reported last year as well. About 50 percent of BSN programs reported lack of funds to hire faculty and lack of campus resources as barriers to maximize program capacity. Forty-three percent of ADN programs reported a lack of qualified student applicants. These results are similar to AY 2011-2012, signifying a lack of progress on these issues.<sup>2</sup> However, schools reporting they lack qualified applicants is inconsistent with the number of qualified applications not processed for admission as shown in Table 3. Closer examination of the data reveals inconsistency in the responses of the schools, as some schools who responded that they lacked qualified applicants also reported on the students question that they had more qualified applicants than available seats.



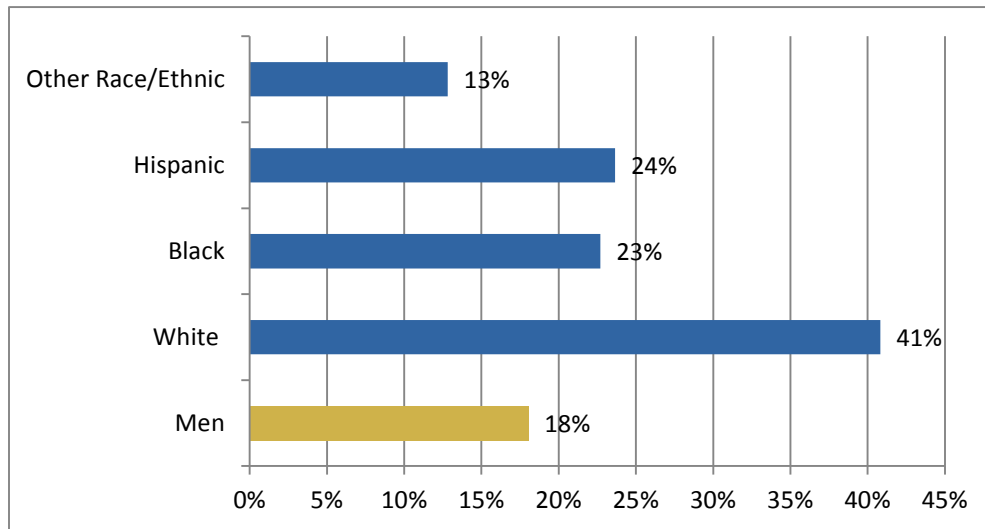


**Figure 4. Reported Barriers to Maximizing ADN and BSN Pre-Licensure Program Capacity, AY 2012-2013**

Greater differences were found when comparing proprietary schools to non-profit schools (Appendix Figures A1 and A2); but the trends were the same in ADN and BSN programs. **Eighty percent of non-profit ADN programs and 90 percent of non-profit BSN programs reported limited clinical sites were a barrier to admitting more students**, compared to 17 percent of proprietary BSN programs and 35 percent of proprietary ADN programs. Seventy percent of non-profit BSN programs reported lack of funds to hire faculty and lack of campus resources were barriers. Proprietary schools most commonly reported barrier to maximizing capacity was lack of qualified student applicants (83% of BSN proprietary schools, 61% of ADN proprietary schools).

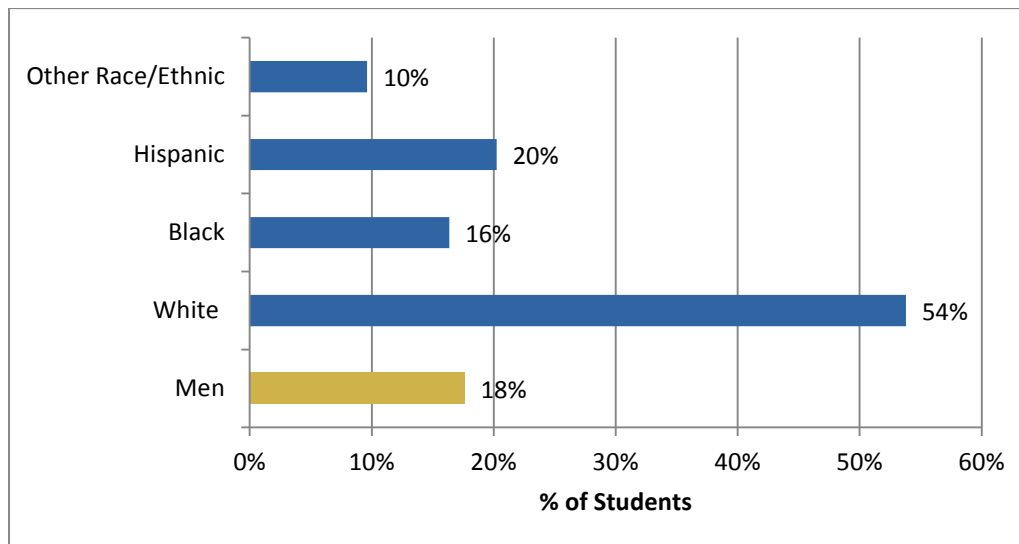
### Student Demographics

The racial and ethnic diversity of the nursing student population is more reflective of Florida’s diverse population than the current nurse workforce. Twenty-three percent of ADN students are black, 24 percent are Hispanic, and 41 percent are white (Figure 5). Eighteen percent of ADN students are men. In contrast, 66 percent of Florida’s RNs working in nursing are white, 12.7 percent are black, 9.3 percent are Hispanic, and 10 percent are men.<sup>3</sup> As the race and ethnicity of the student population continues to diversify, racial and ethnic diversity will gradually increase within the entire licensed nurse population, thus better mirroring Florida’s population at large.



**Figure 5. ADN Student Demographics, 9/30/2013**

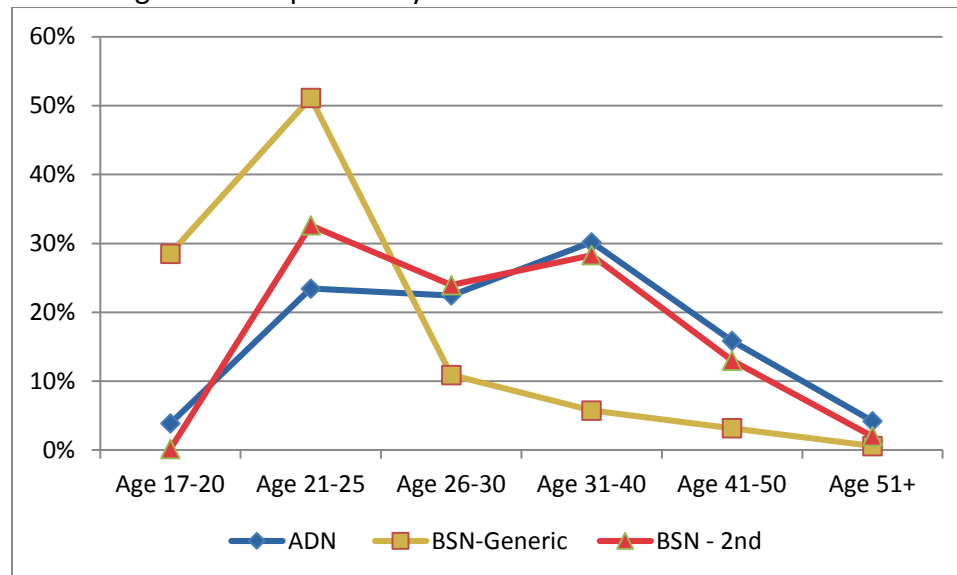
Within pre-licensure BSN programs, 18 percent of the students are men, 54 percent are white, 16 percent are black and 20 percent are Hispanic (Figure 6).



**Figure 6. Pre-licensure BSN Student Demographics, 9/30/2013**

Student age shows much variation by program (Figure 7). Among pre-licensure BSN programs, BSN-Generic students are younger, 80 percent are age 17 to 25. ADN and BSN-2<sup>nd</sup> degree students tend to be older, about 65 percent are age 26-50. One-third of BSN second degree students are age 21-25, indicating that people are returning to college rather quickly for their second degree. The peak of pre-licensure RN students in the 21 to 25 age group indicates a

growing interest in nursing from younger people. There has been almost no change in average student age over the past two years.



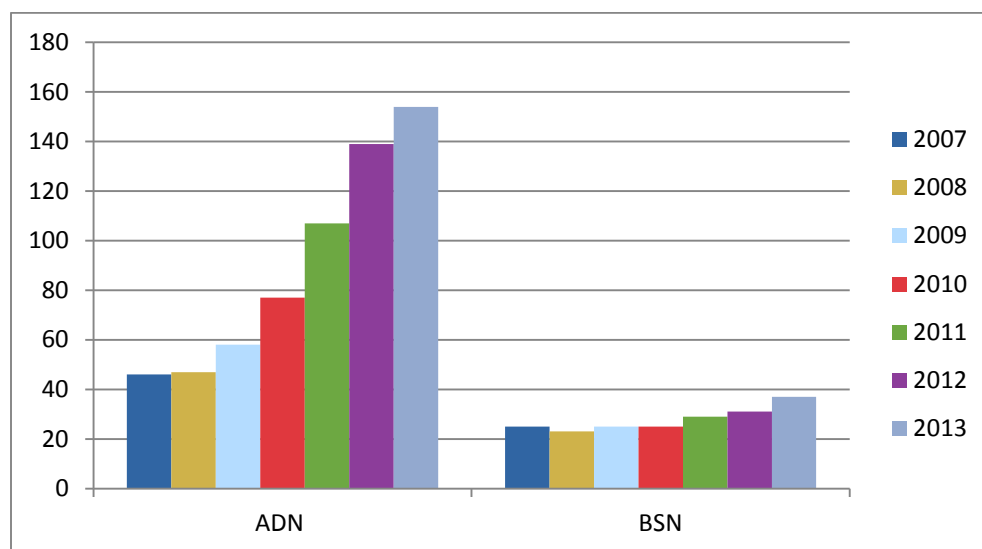
**Figure 7. Percentage of ADN and BSN Nursing Students by Age Group, 9/30/2013**

## Discussion

The Center’s reports have repeatedly stated that nursing program capacity may be close to reaching a bottleneck imposed by limited fiscal, human, and clinical resources. However, this report shows that rapid nursing program growth continues – there are 96 new ADN programs in Florida since AY 2008-09, when there were 58 programs (Figure 8). Rapid growth has resulted in restricted program capacities as 70 percent of pre-licensure BSN programs and 54 percent of ADN programs reported that a limited number of clinical sites limits their expansion capabilities and thus restricts the number of students that can be admitted. Drilling down farther into the data reveals that the non-profit schools are having the greatest problems with finding clinical sites, as ***eighty percent of non-profit ADN programs and 90 percent of non-profit BSN programs reported limited clinical sites were a barrier to maximizing program capacity.*** Programs also report lacking funds to hire faculty, lacking campus resources, and lacking qualified faculty applicants – all indications that programs are experiencing program capacity issues. These challenges to program capacity have not changed over the past few years, and appear to be getting worse. These reported barriers to maximizing capacity are caused from the convergence of rapid growth of schools, while the program funding sources and clinical resources for students are constrained and cannot keep pace with school growth.

Whether or not the growth of nurse education programs is appropriate depends on the level of need. The Center’s employer survey found a reported current (as of June 2013) and future (through 2014) need for nearly 13,000 RNs.<sup>4</sup> Hospitals reported their difficult to fill positions were for RNs with advanced degrees and/or experience, positions which could not be filled by

new graduates. This indicates a need for incumbent worker training to move experienced workers into these existing vacancies, and thus open hiring opportunities for new graduates. However, other employment settings surveyed (hospice, public health, skilled nursing, home health) reported a need for clinic and staff RNs, positions which require less experience, and most of the RN growth in 2014 is expected to be in the home health field. Facilities surveyed did hire new graduate RNs - ninety percent of hospitals and 85 percent of skilled nursing facilities reported hiring new graduates. Skilled nursing and home health are traditionally not industry areas toward which nursing schools have guided their students, as most graduate RNs aspire to jobs in hospitals. Given the rapidly changing healthcare industry needs, nursing schools should work with these various nurse employer industries to ensure the skills of their graduates are aligned with the needs of the different business sectors.



**Figure 8. ADN and Pre-licensure BSN Program Growth, 2007-2013.**

Note: 2013 data are from the Board of Nursing as of August, 2013.

Thoughtful expansion of nursing education programs must be balanced with the present ability of healthcare employers to hire newly licensed nurses into the workforce; as well as the state’s future anticipated increased need for nurses as the population ages, older nurses retire or work fewer hours, and the Patient Protection and Affordable Care Act (PPACA) is implemented. The Center maintains its position statement from past years: It is crucial to evaluate the impact of these new programs, in terms of student quality, cost-benefit analysis of the programs, health industry assessment of the program’s graduates toward meeting employment needs, and the impact on an already significant nurse faculty shortage. Thus far, these objective evaluations of new programs have not occurred.

Overall, the RN program response rate to the Center’s survey was 52 percent – a 51 percent response rate from ADN programs and a 59 percent response rate from BSN programs. State-funded nursing schools were more likely to respond than were private schools. This may be

because state schools have more awareness of the Center’s work, while there may be lower name recognition among newly established private schools. A high survey response rate with school data that accurately represent the students and faculty in **all** nursing schools in Florida is necessary for strategic nurse workforce planning. The Center’s results and information are used to align the needs of nurse employers to new graduates needing jobs, to align future student capacity in nursing programs with anticipated future nurse employment opportunities in the local community, to plan for strategic expansion of nursing programs, and to plan for faculty workforce needs.

As anticipated, AY 2012-2013 saw a continued increase in the number of new graduate nurses, in response to the increased number of new programs. The number of ADN graduates increased by 16 percent during AY 2012-2013 and by 16 percent during AY 2011-2012. Pre-licensure BSN graduates actually decreased by 5 percent during AY 2012-2013, with about 100 fewer graduates than the prior academic year. Graduates from ADN programs comprise 71 percent of new RN graduates, which is contrary to the IOM recommendation of increasing the proportion of working nurses with a baccalaureate in nursing or higher degree to 80 percent of the nurse workforce.<sup>5</sup> Seventy-one percent of hospitals responding to the Center’s nurse demand report said they preferentially hire new graduate BSNs.<sup>4</sup> This continued growth in the number of ADN nursing graduates, while evidence suggests that more BSN prepared nurses will be needed to deal with the current and future complexities of healthcare, suggests a need for critical planning related to the addition of new nursing programs in the state.

Future demand for nurses in Florida will depend on the implementation of the Patient Protection and Affordable Care Act, the healthcare needs of an aging population requiring more care, an aging and soon to be retiring nurse population, and a shifting healthcare landscape from changing care delivery and reimbursements. It remains to be seen how these changes will impact the nurse workforce, but it is quite likely the demand for nurses will increase and those nurses will need to achieve a higher level of education aligned with the IOM report to meet the demands of the healthcare system. The Center will continue to monitor nurse supply, demand, and education trends, and report on their effects on the state’s nursing workforce.

## Recommendations

The Center puts forward the following research and policy recommendations related to Florida’s nurse education system with the goal of addressing nurse workforce issues for the health of Florida. These recommendations are not intended to be for the Center alone to implement, but should be a starting point for other groups and policy makers working to make valuable contributions to the nurse workforce.

1. **Create incentives for nurses to seek advanced education, from RN to BSN and graduate study for Master’s or Doctoral degrees, in order to build a nurse faculty pipeline and engage in lifelong learning.** A personal dedication to continued lifelong learning is essential for nurses to progress professionally in their careers and learn about advancements in

nursing and technology. The education recommendations of the IOM report are to increase the percentage of employed RNs with a baccalaureate in nursing or higher degree to 80% and to double the number of doctoral prepared nurses by 2020.<sup>5</sup> Increasing the number of nurses with graduate degrees in nursing is a key to addressing the continually high nursing faculty vacancy rate, particularly in baccalaureate and higher programs. As the nurse population at large and, specifically, the faculty workforce retires, the need for nurses with advanced nursing degrees to move into faculty roles is essential.

2. **A critical assessment of new programs and capacity of existing programs is needed to determine their quality and impact on the students and the nurse workforce.** The addition of programs and new students is not a guarantee of new nurses entering the workforce. An assessment of whether or not students are completing the appropriate level of education, successfully passing the national examination for licensure, and securing employment in Florida must be completed. Additional critical evaluations include a cost benefit analyses of the output of state funding, and a health industry assessment of the contributions of each program’s graduates toward meeting employment needs and health consumer demand. An interdisciplinary group of professional and workforce stakeholders should be involved in these analyses.
  
3. **New methods of education, clinical and didactic, should be developed to accommodate the learning style of diverse students, address the critical shortage of clinical capacity, and prepare newly licensed RNs to work in non-traditional settings.** While most BSN generic students are in their early 20s, about half of the ADN and BSN 2<sup>nd</sup> degree students are age 26 to 40. Aligning educational technology (such as simulation) with students’ diverse learning styles will improve the educational experience. The Center’s demand survey tells us that 90% of hospitals and 85% of skilled nursing facilities hire new graduate RNs, and surveyed industries (home health, skilled nursing, public health, and hospice) indicate that staff RN positions are difficult to fill. Although the education system tends to reinforce the adage that new graduates should start working in a hospital setting, exposure to varied settings such as public health, home health, and skilled nursing, would broaden the students’ experience and introduce them to new career pathways while more effectively meeting industry demand.
  
4. **A consistent, long-term data collection, analysis, and reporting system must be maintained and adequately funded.** The Florida Legislature established the Florida Center for Nursing in 2001 to address issues related to the nursing shortage in Florida. Number one of the three mandates given in statute (FS 464.0195) is to develop a strategic statewide plan for nursing manpower in this state by:
  - Establishing and maintaining a database on nursing supply and demand in the state, to include current supply and demand, and future projections; and
  - Selecting from the plan priorities to be addressed.

To achieve this mandate, the Center needs fiscal resources and the authority to collect appropriate data. Florida’s legislature should put in place a sustainable funding mechanism

for the Center to accomplish its statutory mandate and require nurse education programs within the state to provide appropriate data for analysis.

**Staff Contributors:** Michelle M. Yore, MSPH and Mary Lou Brunell, MSN, RN

## References

1. Office of Program Policy Analysis and Government Accountability. (2014) *Florida's Nursing Education Programs Continued to Expand in 2013, While Licensure Exams Passage Rates of New Programs Declined*. Report No. 14-03. Retrieved March 11, 2014 from <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1403rpt.pdf> .
2. Florida Center for Nursing. (2013). *Florida Pre-Licensure Registered Nurse Education: Academic Year 2011-2012*. Retrieved March 11, 2014 from [http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core\\_Download&EntryId=500](http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=500) .
3. Florida Center for Nursing. (2012). *Florida's RN and ARNP Supply*. Retrieved March 11, 2014 from [http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core\\_Download&EntryId=450](http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=450) .
4. Florida Center for Nursing. (2014). *Demand for Nurses in Florida: The 2013 Survey of Florida's Nurse Employers*. Retrieved March 11, 2014 from [http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core\\_Download&EntryId=656](http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=656) .
5. Institute of Medicine. (2010). *The Future of Nursing: Leading Change, Advancing Health*. Retrieved March 11, 2014 from <http://thefutureofnursing.org/IOM-Report>.



## Appendix

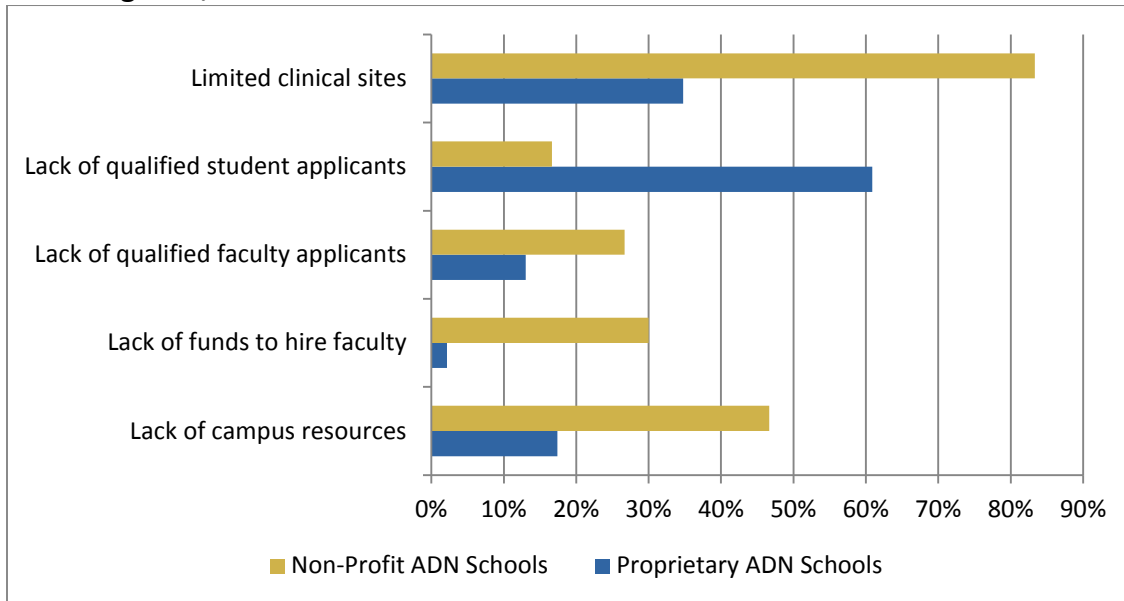
**Table A1. Proprietary Schools Program Capacity Measures for RN and BSN Pre-licensure Programs, AY 2012-2013**

	Generic <b>ADN</b> Curriculum	Bridge <b>ADN</b> Curriculum	Generic <b>BSN</b> Curriculum	2 <sup>nd</sup> Degree <b>BSN</b> Curriculum
# of QUALIFIED applicants	3,605	2,877	538	165
# of student SEATS	4,205	2,827	327	41
# of students ADMITTED	2,953	2,059	245	57
# declined applications	652	818	293	108
% declined applications	18%	28%	54%	65%
# of NEW enrollees	2,631	1,649	241	41
# Seats Left Vacant	1,574	1,178	86	0

**Table A2. Non-Profit Schools Program Capacity Measures for RN and BSN Pre-licensure Programs, AY 2012-2013**

	Generic <b>ADN</b> Curriculum	Bridge <b>ADN</b> Curriculum	Generic <b>BSN</b> Curriculum	2 <sup>nd</sup> Degree <b>BSN</b> Curriculum
# of QUALIFIED applicants	7,680	1,134	4,050	1,760
# of student SEATS	4,686	1,346	1,181	667
# of students ADMITTED	4,368	859	1,313	718
# declined applications	3,312	275	2,737	1,042
% declined applications	43%	24%	68%	59%
# of NEW enrollees	4,169	829	1,162	580
# Seats Left Vacant	517	517	19	87

**Figure A1. Reported Barriers to Maximizing Program Capacity for Proprietary and Non-Profit ADN Programs, AY 2012-2013**



**Figure A2. Reported Barriers Maximizing Program Capacity for Proprietary and Non-Profit Pre-Licensure BSN Programs, AY 2012-2013**

