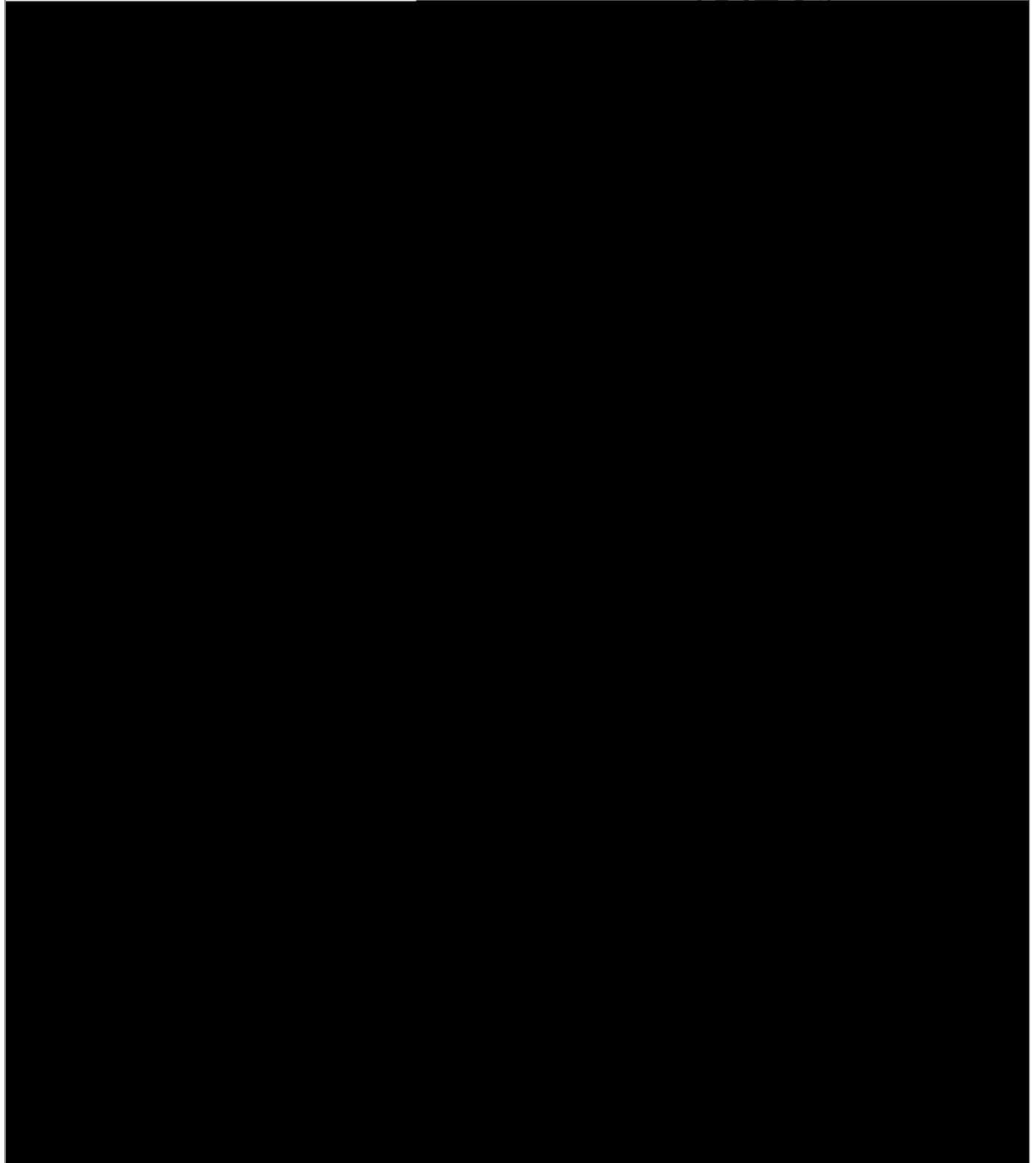


Appendix D - Survey Questionnaire



License/Certification Information

EAR

6. What type of license do you currently hold? (Mark all that apply)

- RN
- LRN
- Advanced Practice RN License

8. What year did you obtain

your initial license?

7. Indicate whether you are credentialed in your state to practice as any of the following:

- Nurse Practitioner
- Certified Registered Nurse Anesthetist
- Not licensed/certified as any
- Clinical Nurse Specialist
- Certified Nurse Midwife

9. In what country did you receive your entry-level education?

- Canada
- India

10. In what country were you initially licensed as RN or LRN?

- Canada
- India

11. Please indicate the states in which you hold an

12. Please indicate the states in which you are

- AK
- IL
- ND
- TN
- AL
- IN
- NE
- TX

- AK
- IL
- ND
- TN
- AL
- IN
- NE
- TX

Please answer questions 15–31 only if you are actively employed in nursing, if you are not actively employed in nursing, you have completed the survey.

3 or more... 15. In how many positions are you currently employed as a nurse? 1 2

17. Please indicate if you work in any of these areas

16. How many hours

HOURS

