2025 Registered Nurse (RN) License Renewal Information Fields
(also administered to Advanced Practice Registered Nurses)

1. Are you of Hispanic, Latina/o, or Spanish origin?
[Radio Button]
Yes
No

2. What is your race? (Mark one or more boxes.)
[Check all that apply]
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian/Pacific Islander
White/Caucasian
Other

3. What type of nursing degree/credential qualified you for your first US RN license?
[Dropdown Selection]
B – Diploma-Nursing
C – Associate Degree-Nursing
D – Baccalaureate Degree-Nursing
E – Master's Degree-Nursing
F – Doctoral Degree-Nursing (DNP)
G – Doctoral Degree-Nursing (PhD)
H – Doctoral Degree-Nursing (Other)

4. Year of Initial RN Licensure:
[Free Text]

5. Where did you complete your nursing education that qualified you for your first US RN license?
[Dropdown Selection]
Indiana
Michigan
Illinois
Kentucky
Ohio
Another State (Not Listed)
Philippines
India
Nigeria
Canada
Ghana
Another Country (Not listed)

6. What is your highest level of Nursing Education?
[Dropdown Selection]
1 – Diploma Nursing
2 – Associate Degree-Nursing
3 – Baccalaureate Degree-Nursing
4 – Master's Degree-Nursing
5 - Doctoral Degree – Nursing (DNP)
6 – Doctoral Degree – Nursing (PhD)
7 – Doctoral Degree – Nursing (Other)

7. What is your highest level of post-secondary non-Nursing education?
[Dropdown Selection]
1 – Not Applicable
2 – Vocational/Practical Certificate – Non-nursing
3 – Diploma – Non-nursing
4 – Associate Degree - Non-nursing
5 – Baccalaureate Degree – Non-nursing
6 – Master's Degree – Non-nursing
7 – Doctoral Degree – Non-nursing

8. Please list the graduation year of any diplomas received.
Diploma in Nursing (Year received): [Free Text]
LPN VN Certificate in Nursing (Year received): [Free Text]
LPN VN Associate Degree in Nursing (Year received): [Free Text]
Associate Degree in Nursing (Year received):   [Free Text]
Associate Degree - Other Field (Year received): [Free Text]
Masters Degree in Nursing (Year received): [Free Text]
Baccalaureate Degree in Nursing (Year received): [Free Text]
Baccalaureate Degree - Other Field (Year received): [Free Text]
Masters Degree- Other (Year received): [Free Text]
Doctoral Degree in Nursing (Year received): [Free Text]
Doctoral Degree - Other Field (Year received): [Free Text]
Doctoral Degree Nursing Practice (DNP) (Year received): [Free Text]
Doctoral Degree Nursing - Other (Year received): [Free Text]

9. If any, what other degree do you plan to pursue in the next 2 years?
[Dropdown Selection]
0 – Associate Degree – Nursing
1 - Associate Degree – Other Field
2 – Bachelor's Degree – Nursing
3 - Bachelor's Degree – Other Field
4 – Master's Degree – Nursing
5 - Master's Degree – Other Field
6 – Doctor of Nursing Practice (DNP)
7 – PhD – Nursing
8 – Doctoral Degree – Other Field
9 – Do not intend to pursue further education in next 2 years

10. In what country were you initially licensed as an RN?
[Dropdown Selection]
UNITED STATES-USA
AFGANISTAN-AFG
ALBANIA-ALB
ALEGERIA-DZA
AMERICAN SAMOA-ASM
ANDORRA-AND
ANGOLA-AGO
ANGUILLA-AIA
ANTARTICA-ATA
ANTIGUA AND BARBUDA-ATG
ARGENTINA-ARG
ARMENIA-ARM
ARUBA-ABW
AUSTRALIA-AUS
AUSTRIA-AUT
AZERBAIJAN-AZE

BAHAMAS-BHS
BAHRAIN-BHR
BANGLADESH-BGD
BARBADOS-BRB
BELARUS-BLR
BELGIUM-BEL
BELIZE-BLZ
BERMUDA-BMU
BHUTAN-BTN
BOLVIA-BOL
BOSINA AND HERZEGOWINA-BIH
BOSTSWANA-BWA
BOUVET ISLAND-BVT
BRAZIL-BRA
BRITISH INDIAN OCEAN TERRITORY-IOT
BRUNEI DARUSSALAM-BRN
BULGARIA-BGR
BURKINA FASO-BFA
BURUNDI-BDI
CAMBODIA-KHM
CAMEROON-CMR
CANADA-CAN
CAPE VERDE-CRV
CAYMAN ISLAND-CYM
CENTRAL AFRICAN REPUBLIC-CAF
CHAD-TCD
CHILD-CHL
CHINA-CHN
CHRISTMAS ISLAND-CXR
COCO (KEELING) ISLAND-CCK
COLOMBIA-COL
COMOROS-COM
CONGO, THE DRC-COD
CONGO-COG
COOK ISLANDS-COK
COSTA RICA-CRI
COTE D'IVOIRE-CIV
CROATIA (LOCAL NAME: HRVATSKA)-HRV
CUBA-CUB
CYRPUS-CYP
CZECH REPUBLIC-CZE
DENMARK0DNK
DJIBOUTI-DJI
DOMINICA-DMA
DOMINICAN REPUBLIC-DOM
EAST TIMOR-TMP
ECUADOR-ECU
EGYPT-EGY
EL SALVADO-SLV
EQUATORIAL GUINEA-GNQ
ERITREA-ERI
ESTONIA-EST
EHTIOPIA-ETH
FALKLAND ISLANDS (MALVINAS)-FLK
FAROE ISLANDS-FRO
FIJI-FJI

FINDLAND-FIN
FRANCE, METROPLITAN-FXX
FRANCE-FRA
FRENCH GUIANA-GUF
FRENCH POLYNESIA-PYF
FRENCH SOUTHERN TERRITORIES-ATF
GARBON-GAB
GAMBIA-GMB
GEORGIA-GEO
GERMANY-DEU
GHANA-GHA
GIBRALTAR-GIB
GREECE-GRC
GREENLAND-GRL
GRENADA-GRD
GUADELOUPE-GLP
GUAM-GUM
GUATEMALA-GTM
GUERNSEY-GGY
GUINEA-BISSAU-GNB
GUINEA-GIN
GUYANA-GUY
HAITI-HTI
HEARD AND MC DONALD ISLAND-HMD
HOLY SEE (VATICAN CITY STATE)-VAT
HONDURAS-HND
HONG KONG-HKG
HUNGARY-HUN
ICELAND-ISL
INDIA-IND
INDONESIA-IDN
IRAN (ISLAMIC REPUBLIC OF)-IRN
IRAQ-IRQ
IRELAND-IRL
ISLE OF MAN0IMN
ISRAEL-ISR
ITALY-ITA
JAMACIA-JAM
JAPAN-JPN
JERSEY-JEY
JORDAN-JOR
KAZAKHSTAN-KAZ
KENYA-KEN
KIRIBATI-KIR
KOREA, D.P.R.0-PRK
KOREA, REPUBLIC OF-KOR
KUWAIT-KWT
KYRGYZSTAN-KGZ
LAOS-LAO
LATVIA-LVA
LABANON-LBN
LESOTHO-LSO
LIBERIA-LBR
LIBYAN ARAB JAMAHIRIYA-LBY
LIECHTENSTEIN-LIE
LITHUANIA-LTU

LUXEMBOURG-LUX
MACAU-MAC
MACEDONIA-MKD
MADAGASCAR-MDG
MALAWI-MWI
MALAYSIA-MYS
MALDIVES-MDV
MALI-MLI
MALTA-MLT
MARSHALL ISLANDS-MHL
MARTINIQUE-MTQ
MAURITANIA-MRT
MAURITIUS-MUS
MAYOTTE-MYT
MEXICO-MEX
MICRONESIA, FEDERATE STATES-FSM
MOLDVOA, REPUBLIC OF-MDA
MONACO-MCO
MONGOLIA-MNG
MONTENEGRO-MNE
MONTESERRAT-MSR
MOROCCO-MAR
MOZAMBIQUE-MOZ
MYANMAR (BURMA)-MMR
NAMIA-NAM
NAURU0NRU
NEPAL-NPL
NETHERLANDS ANTILLES-ANT
NEHTERLANDS-NLD
NEW CALEDONIA-NCL
NEW ZEALAND0-NZL
NICARAGUA-NIC
NIGER-NER
NIGERIA-NGA
NIUE-NIU
NORFOLK ISLAND-NFK
NORHTER MARIANA ISLANDS-MNP
NORWAY-NOR
OMAN-OMN
PAKISTAN-PAK
PALAU-PLW
PANAMA-PAN
PAPUA NEW GUINEA-PNG
PARAGUAY-PRY
PERU-PER
PHILIPPINES-PHL
PITCAIRN-PCN
POLAND-POL
PORTUGAL-PRT
PUERTO RICO-PRI
QATAR-QAT
REUNION-REU
ROMANIA-ROM
RUSSIAN FEDERATION-RUS
RWANDA-RWA
SAINT KITTS AND NEVIS-KNA

SAINT LUCIA-LCA
SAMOA-WSM
SAN MARINO-SMR
SAO TOME AND PRINCIPE-STP
SAUDI ARABIA-SAU
SENEGAL-SEN
SERBIA AND MONTENEGRO-SRB
SEYCHELLES-SYC
SIERRA LEONE-SLE
SINGAPORE-SGP
SLOVAKIA (SLOVAK REPUBLIC)-SVK
SLOVENIA-SVN
SOLOMON ISLANDS-SLB
SOMALIA-SOM
SOUTH AFRICA-ZAF
SOUTH GEORGIA AND SOUTH S.S.-SGS
SPAIN-ESP
SRI LANKA-LKA
ST VINCENT AND THE GRENADINES-VCT
ST. HELENA-SHN
ST. PIERRE AND MIQUELON-SPM
SUDA-SDN
SURINAME-SUR
SVALBARD AND JAN MAYEN ISLAND-SJM
SWAZILAND-SWZ
SWEDEN-SWE
SWITZERLAND-CHE
SYRIAN ARAB REPUBLIC-SYR
TAIWAN, PROVINCE OF CHINA-TWN
TAJIKISTAN-TJK
TANZANIA, UNITED REPUBLIC OF-TZA
THAILAND-THA
TOGO-TGO
TOKELAU-TKL
TONGA-TON
TRINIDAD AND TOBAGO-TTO
TUNISA-TUN
TURKEY-TUR
TURKMENISTAN-TKM
TURKS AND CAICOS ISALNDS-TCA
TUVALU-TUV
U.S. MINOR ISLANDS-UMI
UGANDA-UGA
UKRAINE-UKR
UNITED ARAB EMIRATES-ARE
UNITED KINGDOM-GBR
URUGUAY-URY
VANUATU-VUT
VENEZUELA-VEN
VIET NAM-VNM
VIRGIN ISLANDS (BRITISH)-VGR
VIRGIN ISLANDS (U.S.)-VIR
WALLIS AND FUTUNA ISLANDS-WLF
WESTERN AND FUTUNA ISLANDS-WLF
WESTERN SAHARA-ESH
YEMEN-YEM

YUGOSLAVIA (SERBIA/MONTENEGRO)-YUG
ZAMBIA-ZMB
ZIMBABWE-ZME

11. What is your current employment status?
[Dropdown Selection]
A – Actively employed in nursing full-time
B – Working in nursing only as a volunteer
C – Actively employed in field other than nursing full-time
E – Unemployed and seeking work as a nurse
H – Retired
I – Actively employed in nursing part-time
J – Actively employed in nursing per diem
K – Actively employed in a field other than nursing part-time
L – Actively employed in a field other than nursing on a per diem basis
U – Unemployed and not seeking work as a nurse

12. If unemployed, please indicate the reasons.
[Dropdown Selection]
0 – Not Applicable
1 – Taking care of home and family
2 – Disabled
3 – Inadequate Salary
4 – School
5 – Difficulty finding a nursing position
6 – Other

13. In how many paid positions in nursing are you currently employed?
[Dropdown Selection]
0
1
2
3
4

14. What are your employment plans for the next 2 years?
[Dropdown Selection]
1 – Increase Hours
2 – Decrease Hours
3 – Seek non-clinical job in the field of nursing
4 – Seek non-clinical job in a field other than nursing
5 – Retire
6 – Continue as you are
7 – Unknown

15. Do you use telehealth to deliver services to patients located in Indiana (as defined in IC 25-1-9.5-6; "telehealth" means the delivery of health care services using interactive electronic communications and information technology in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA), including: (1) secure videoconferencing, (2) store and forward technology, or (3) remote patient monitoring technology between a provider in one (1) location and a patient in another location)?
[Dropdown Selection]
No
Yes

16. Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purpose of this services list is to gather information on key health issues in Indiana). Please check all that apply.

[Multi-check box]
Addiction counseling
Dementia/Alzheimer's Care
Hepatitis C Treatment/Management
High-Risk Pregnancy Services
HIV/AIDS Treatment/Management
Labor and Delivery Services
Medication Assisted Treatment (MAT) - Methadone
Medication Assisted Treatment (MAT) - Buprenorphine
Medication Assisted Treatment (MAT) – Naltrexone
Post-Natal Services (Healthcare services provided immediately after and for the 42 days following birth.)
Pre-Natal Services (Healthcare services during pregnancy to promote health and well-being of the maternal/birthing person and fetus).
Screening for addiction (ex: SBIRT)
Screening for high-risk pregnancy
Suicide risk reduction
Treatment of OUD-Affected Pregnancies
I am a Sexual Assault Nurse Examiner (SANE)
None of the above

17. Please indicate the population groups to which you provide services: (Please check all that apply.)

[Multi-check box]
Newborns
Children (ages 2-10)
Adolescents (ages 11-19)
Adults
Geriatrics (ages 65+)
Pregnant Women
Individuals who are incarcerated
Individuals with disabilities
Individuals in recovery
Veterans/Individuals who have served in the military
None of the Above Populations

18. Do you currently serve as an uncompensated clinical preceptor (i.e., you are not employed as faculty and do not receive payment, stipends, or other monetary incentives for precepting students)? According to IC 25-23-1-20.3 a "clinical preceptor" is an invidual who is 1) employed by an agency cooperating with a nursing program, 2) responsible for supervising one nursing student at a time in a clinical facility, and 3) a licensed nurse.

[Dropdown Selection]
Yes [Display question 18a]
No

18a. What type of students do you typically precept?

[Multi-check box]
Nursing students (Associate Degree in Nursing/Associate of Science in Nursing – ADN/ASN)
Nursing students (Bachelor of Science in Nursing – BSN)
Licensed Practical Nurse (LPN) students
Graduate nursing students (e.g., Nurse Practitioner, Clinical Nurse Specialist)
Other

19. In what state is your primary practice location? Please indicate the state using its 2-letter postal abbreviation. If this does not apply, please select "N/A":
[DROP-DOWN LIST OF ABBREVIATIONS]

Please include all states' 2-letter postal abbreviation along with an option for N/A

20. Please provide the following information regarding your primary practice location. If this does not apply, please indicate N/A.

       Street Address: [Free text]

       City: [Free text]

       Zip Code: [Free text]

21. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select Not applicable.
       [Dropdown Selection]
       A – 0 hours per week
       B – 1-4 hours per week
       C – 5-8 hours per week
       D – 9-12 hours per week
       E – 13-16 hours per week
       F – 17-20 hours per week
       G – 21-24 hours per week
       H – 25-28 hours per week
       I – 29-32 hours per week
       J – 33-36 hours per week
       K – 37-40 hours per week
       L – 41 or more hours per week
       M – Not applicable

22. Please identify the type of setting that most closely corresponds to your primary nursing practice position (the position in which you spend the majority of your time).
       [Dropdown Selection]
       A – Hospital
       C – Public/Community Health
       D – Occupational Health
       E – Insurance Claims/Benefits
       G – Home Health
       I – Correctional Facility
       I – School-based Health
       K – Other
       M – Policy/Planning/Regulation/Licensing Agency
       V – Nursing Home/Extended Care
       W – Assisted Living Facility
       X – Hospice
       Y – Academic Institution
       Z–Outpatient Clinic
       Telehealth
       Not Applicable

23. If you are an Advanced Practice Registered Nurse, please indicate your APRN role.
       [Single Select]
       Nurse Practitioner (NP)
       Clinical Nurse Specialist (CNS)

Certified Nurse Midwife (CNM)
Certified Nurse Anesthetist (CRNA)
I am not an Advanced Practice Registered Nurse.

24. If you are an Advanced Practice Registered Nurse, please indicate your specialty. Otherwise, select I am not an Advanced Practice Registered Nurse.
[Dropdown Selection]
I am not an Advanced Practice Registered Nurse
Anesthesiology, Pathology, Radiology or Emergency Med.
General Surgery
Internal Medicine (cardiology, neurology, pulmonology, etc.)
Obstetrics & Gynecology
Other Specialty
Pediatric Subspecialties
Primary Care Specialties (general internal medicine, family medicine/general practice,   general pediatrics, geriatric)
Psychiatry (Adult and Child)
Surgical Specialties

25. Please identify the position title that most closely corresponds to your primary nursing practice position (the position in which you spend the majority of your time).
[Dropdown Selection]
A – Staff Nurse
C – Nurse Manager
D – Consultant/Nurse Researcher
E – Nurse Educator (faculty)
E – Nurse Educator (patient educator)
E – Nurse Educator (staff development)
G – Clinical Advanced Practice Registered Nurse
K – Other – Health Related
M – Nurse Executive
Z – Not Applicable

26. If you are providing direct patient care, please identify the employment specialty (nursing specialty) that most closely corresponds to your primary nursing position (the position in which you spend the majority of your time).
[Dropdown Selection]

1 Acute care/Critical Care
3 Anesthesia
4 Community
5 Geriatric/Gerontology
6 Home Health
7 Maternal-Child Health
8 Medical Surgical
9 Occupational Health
10 Oncology/Hematology
11 Palliative Care/Hospice
13 Public Health/Disaster Preparedness
14 Psychiatric Specialties (Mental Health/Substance Use/Addiction Medicine/Behavioral Health/Disabilities)
15 Rehabilitation
16 School Health/Campus Health
18 Women's Health/Obstetrics

19 Other
19 Trauma Care
24 Nephrology/Dialysis
31 Adult Health
32 Family Health
33 Pediatrics/Adolescent
34 Neonatal
37 Patient Education
38 Not Applicable/I do not provide direct patient care in my primary nursing position
39 Ambulatory Care
40 Emergency Medicine
41 Gastroenterology/Endoscopy
42 Orthopedics
43 Perioperative Care
44 Virtual Care
45 Wound/Ostomy/Continence care

27. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select "N/A":
[DROP-DOWN LIST]
Please include all states' 2-letter postal abbreviation along with an option for N/A

28. Please provide the following information regarding your secondary practice location. If this does not apply, please indicate N/A.

Street Address: [Free text]

City: [Free text]

Zip Code: [Free text]

29. Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select Not applicable.
[Dropdown Selection]
A – 0 hours per week
B – 1-4 hours per week
C – 5-8 hours per week
D – 9-12 hours per week
E – 13-16 hours per week
F – 17-20 hours per week
G – 21-24 hours per week
H – 25-28 hours per week
I – 29-32 hours per week
J – 33-36 hours per week
K – 37-40 hours per week
L – 41 or more hours per week
M – Not applicable

30. Please identify the type of setting that most closely corresponds to your secondary nursing practice position. If this does not apply, please select Not Applicable.
[Dropdown Selection]
A – Hospital
C – Home Health
D – Correctional Facility
F – Public/Community Health
H – School-based Health

I – Occupational Health
K – Insurance Claims/Benefits
L – Policy/Planning/Regulatory/Licensing Agency
M – Academic Institution
M – Other
M – Outpatient Clinic
N – Not Applicable
W – Nursing Home/Extended Care
X – Assisted Living Facility
Y – Hospice
Telehealth
Not applicable

31. Please identify the position title that most closely corresponds to your secondary nursing practice position. If this does not apply, please select Not Applicable.
[Dropbox Selection]
A-Consultant/Nurse Researcher
C-Nurse Executive
D-Nurse Manager
E-Nurse Educator (faculty)
E-Nurse Educator (patient education)
E-Nurse Educator (staff development)
G-Clinical Advance Practice Registered Nurse
K-Staff Nurse
L-Other-Health Related
N-Not Applicable

32. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position. If this does not apply, please select Not Applicable
[Dropdown Selection]
1 Acute care/Critical Care
3 Anesthesia
4 Community
5 Geriatric/Gerontology
6 Home Health
7 Maternal-Child Health
8 Medical Surgical
9 Occupational Health
10 Oncology/Hematology
11 Palliative Care/Hospice
13 Public Health**/**Disaster Preparedness
14 Psychiatric Specialties (Mental Health/Substance Use/Addiction Medicine/Behavioral Health/Disabilities)
15 Rehabilitation
16 School Health/Campus Health
18 Women's Health/Obstetrics
19 Other
19 Trauma Care
24 Nephrology/Dialysis
31 Adult Health
32 Family Health
33 Pediatrics/Adolescent
34 Neonatal
37 Patient Education
38 Not Applicable/I do not provide direct patient care in my second nursing position
39 Ambulatory Care

40 Emergency Medicine
41 Gastroenterology/Endoscopy
42 Orthopedics
43 Perioperative Care
44 Virtual Care
45 Wound/Ostomy/Continence care