

Appendix C: Vermont APRN Census 2017

Identification

- 1) First Name* _____
2) Middle Name (if any) _____
3) Last Name* _____
4) Vermont APRN License Number* _____
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Demographics

- 5) Date of birth (M/D/YYYY)* _____
- 6) Gender: () Male () Female () Other
- 7) How would you classify your race (check all that apply):
- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

- Other - please specify: _____*
- Prefer not to answer

8) Are you Hispanic, Latino/a, or of Spanish origin? (check all that apply)

- No
 Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino/a, or of Spanish origin
 Prefer not to answer
-

Education & Training

- 9) What type of nursing degree or credential qualified you for your first U.S. RN license?**
- () Diploma - nursing
() Associate Degree - nursing
() Bachelor's Degree - nursing
() Master's Degree - nursing
() Doctoral degree – nursing (PhD)
() Doctoral degree – nursing practice (DNP)
() Other (please specify): _____*

10) In what year did you complete the degree that qualified you for your first U.S. RN license? _____

11) In which state did you complete the degree or credential that qualified you for your first U.S. RN license?

Outside the USA

Alabama

...

If completed outside the U.S., please specify country:* _____

13) What is your highest level of nursing education?

Bachelor's Degree - nursing

Master's Degree - nursing

Doctoral degree - nursing (PhD)

Doctoral degree – nursing practice (DNP)

Other (please specify): _____*

What is your highest level of non-nursing education?

Not applicable

Associate Degree – non-nursing

Bachelor's Degree – non-nursing

Master's Degree – non-nursing

Doctoral degree – non-nursing

Other (please specify): _____*

14) Are you currently enrolled in a nursing education program leading to a degree/certificate?

Not enrolled

Master's Degree program

Doctoral degree program (PhD)

Doctoral degree program (DNP)

Other (please specify): _____*

License & Practice

15) For how many years have you worked as an RN (in any state or country) before you became an APRN? _____

16) For how many years have you worked as an APRN (in any state or country)? _____

**17) In what state(s) do you hold an active APRN license?
[3 drop-down lists of state names]**

**18) In what state(s) are you currently actively practicing as an APRN?
[3 drop-down lists of state names]**

19) Indicate whether you are credentialed to practice as any of the following: (check all that apply)

Nurse Practitioner (NP)

Clinical Nurse Specialist (CNS)

- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Other (specify): _____*

**20) In what areas do you hold credentials as an APRN?
(check all that apply)**

- Adult
- Family
- Pediatrics
- Gerontology
- Midwifery (full scope)
- OB/Gyn (women's health)
- Medical / Surgical
- Psych / Mental Health
- Anesthesiology
- Acute / Emergency Care
- School
- Other (specify): _____*

Currently active

22) What is your employment status as an APRN? (select all that apply)*

- Working in Vermont in a position that requires an APRN license

- Working outside Vermont in a position that requires an APRN license
- Working in a position that does not require an APRN license
- Not currently working - seeking work as a nurse
- Not currently working - not seeking work as a nurse
- Retired

**23) If not working as a nurse, please indicate the reasons:
(select all that apply)**

- Taking care of home and family
- Difficulty in finding a nursing position
- Inadequate salary
- Disabled
- In school
- Other (specify): _____*

**26) (if not now working in Vermont) Do you plan to start
(or resume) working in Vermont as an APRN within the
next 12 months?**

- Yes No

27) For how many years have you worked in Vermont as an APRN? _____

28) Do you have Hospital Privileges in Vermont?

- Yes No

Practice Site 1 (your primary Vermont practice site):

29) Name of Vermont TOWN within which this practice site is located: * _____

30) Practice name: _____

31) Street Address of practice site (not a mailing address): _____

32) Zip code of practice site location:* _____

Phone number of practice:* _____

33) Which best describes the setting of this practice location? (choose one)*

- Physician/APRN Practice
- Independent APRN Practice – solo
- Independent APRN Practice – group
- Hospital – outpatient
- Hospital – inpatient
- Hospital – inpatient and outpatient
- Urgent Care / Walk-in
- Nursing Home / Extended Care / Residential
- Home Health
- Correctional Facility
- Public Health

- Community Health Center / Clinic
- Mental Health Center
- School or College Health Service
- Occupational Health
- School of Nursing
- Other setting (please specify): _____*

34) Please identify the title that most closely corresponds to your primary nursing practice position at this site:*

- Nurse Executive
- Nurse Manager
- Nurse Faculty / Educator
- Advanced Practice Nurse (patient care)
- Staff Nurse (patient care)
- Case Manager
- Nurse Researcher
- Consultant
- Other - Health Related
- Other - Not Health Related

35) Please enter the number of weeks in a year during which you work at this site as an APRN: (48 weeks per year is considered "year-round")* _____

36) Do you work here on a per diem basis?

Yes No

37) Do you work here as a traveler?

Yes No

Do you work here as a volunteer?

Yes No

38) Please identify the employment specialty that most closely corresponds to your primary practice at this site:*

- Acute care / Critical Care
- Adult Health
- Family Health
- Anesthesia
- Community
- Emergency Department/Trauma
- Endocrinology
- Geriatric / Gerontology
- Home Health
- Medical Surgical
- Mental Health / Substance Abuse
- Occupational Health
- Oncology

- Orthopedics
- Palliative Care
- Pediatrics
- Neonatal
- Public Health
- School Health
- Women's Health / Maternal-Child / Gynecology / OB
- Other (specify): _____*

39) Indicate your average number of patient care hours here per working week in your primary specialty mentioned above: (Enter "0" if you do not provide patient care.)* _____

40) Do you work here in another, secondary, specialty?*

Yes No

41) Please identify the employment specialty that most closely corresponds to your secondary practice at this site:*

Acute care/Critical Care

...

42) Indicate your average number of patient care hours here per working week in your secondary specialty mentioned above: (Enter "0" if you do not provide patient care.)* _____

45) Besides the patient care hours reported above, please tell us about any additional time you spend on other activities at this site:

Hours per working week in administration at this site: _____

Hours per working week in supervision at this site: _____

Hours per working week in teaching at this site: _____

Hours per working week in research at this site: _____

Hours per working week in other activities (not mentioned above) at this site: _____

Please describe the "other activities", if any: _____

44) Please answer each of the following questions about your work at this site providing patient care:

	Yes	No	n.a.
Do you accept new patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you participate in Medicaid here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept new Medicaid patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you participate in Medicare here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept new Medicare patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46) If there is anything else you want to tell us about your practice at this site please enter it here:

Practice Site 2:

[same questions as for Site 1]

[similarly for Site 3 and for Site 4]

Additional Vermont practice sites

104) Do you have more than four practice sites in Vermont?

yes no

Please describe your work at additional sites beyond the four you entered above, briefly, including locations, settings, specialties and hours:

Final comments

105) Thank you. If there is anything else you want to tell us about your practice, or this census, please enter it here:
