

Vermont Licensed Practical Nurse Census 2018

Demographics

Vermont License Number: 025.0 _____

First Name: _____

Last Name: _____

Birth date: MM/DD/YYYY _____

Gender: Male Female Other

Are you Hispanic, Latino/a, or of Spanish origin?

- Yes
- No
- Prefer not to answer

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

Education

Where did you complete your LPN or LVN program?

Use 2-character code for states; CC for Canada, XX for other foreign country _____

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

In what year did you complete your LPN or LVN program? _____

What is your highest level of education?

- Vocational/Practical certificate - nursing
- Associate degree – non-nursing
- Bachelor's degree – non-nursing
- Master's degree – non-nursing
- Doctoral degree – non-nursing
- Other _____

In what year did you complete your highest earned degree? _____

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

- Not enrolled
- Associate's degree program
- Bachelor's degree program
- Other _____

License & Practice

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

In what state(s) do you hold an active LPN or LVN license? State (postal) abbreviation(s)

In what state(s) are you currently actively practicing as an LPN or LVN? State (postal) abbreviation(s)

— — —

What is your employment status as an LPN? (check all that apply)

- Working full time in Vermont as an LPN
- Working part time in Vermont as an LPN
- Working per-diem in Vermont as an LPN
- Working as a telephonic nurse serving Vermont patients
- Working outside Vermont as an LPN
- Working in nursing only as a volunteer
- Working in a position that does not require an LPN license
- Not currently working - seeking work as a nurse
- Not currently working - not seeking work as a nurse
- Retired

{If not working as an LPN in Vermont}

Do you plan to start (or resume) working in Vermont as an *LPN* within the next 12 months?

- Yes
- No

If not currently working as an LPN, please indicate the reasons:

- Taking care of home and family
- Difficulty in finding a nursing position
- Inadequate salary
- Disabled
- In school
- Retired
- Other

If not working in Vermont as an LPN, stop here.

{branch If working in Vermont as an LPN}

For how many years have you worked in Vermont as an *LPN*? _____

What are your plans for the next 12 months regarding direct client/patient care as an LPN in Vermont?

- Increase hours
- Decrease hours
- Seek non-clinical job
- Retire
- Continue as you are
- Other: _____

Instructions: The following questions ask about your primary Vermont practice site. If you practice in more than one location in Vermont, please enter the information for each site on a separate page. If practicing at two sites within the same town, enter them as separate sites. Additional pages will be provided as needed for up to four sites.

Please answer the following questions regarding **your primary Vermont practice site:**

Vermont town within which this practice site is located: _____

Practice name _____

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

ZIP Code of the practice site location: _____

Phone Number of the practice site location: _____

Which best describes the type of **setting** that most closely corresponds to this practice location(s): (check one)

- Ambulatory Care
- Hospital Inpatient
- Nursing Home/Extended Care
- Assisted Living Facility
- Home Health
- Hospice
- Correctional Facility
- Public Health
- Community Health Center / FQHC
- School/College Health Service
- Occupational Health
- Office setting / Clinic
- Urgent Care / Walk-in
- Other setting (please specify): _____

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

- Staff Nurse (patient care)
- Nurse Manager
- Nurse Administrator
- Case Manager
- Educator
- Other – please specify: _____

During **how many weeks** in a year do you work at this site as an *LPN*?
(48 weeks is considered "year round") _____

Do you work here on a per diem basis? () Yes () No

Do you work here as a traveler? () Yes () No

Do you work here as a volunteer? () Yes () No

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

- Acute care / Critical Care
- Adult Health
- Family Health
- Emergency / Trauma
- Community Health
- Corrections
- Geriatric/Gerontology
- Home Health
- Maternal-Child Health
- Medical Surgical
- Occupational health
- Oncology
- Oral Surgery
- Orthopedic
- Palliative Care / Hospice
- Pediatrics / Neonatal
- Perioperative / OR
- Public Health
- Psychiatric/Mental Health/Substance Abuse
- Rehabilitation
- School/College Health
- Telehealth / Telephonic
- Women's Health
- Other: _____

Indicate the average **number of hours** you work at this site **in a working week in your primary specialty**: _____

Do you have a secondary employment specialty that you practice at this site? () Yes () No

[if yes:]

Please identify the secondary employment specialty that you practice at this site: (same list)

Indicate the average **number of hours** you work at this site **in a working week in your secondary specialty**: _____

Indicate the average **number of hours** spent **per working week** at this site on activities other than patient care:

Administration: _____ Teaching: _____

Supervision: _____ Research: _____

Other: _____ - please describe: _____

Do you have a second practice site in Vermont? O Yes O No

If no, stop here.

{If yes, the same questions as above will be asked, for up to three practice sites.}