



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH

WORKFORCE RESEARCH & POLICY

2024 Licensed Practical Nurse (LPN) Licensure Renewal Information Fields

1. Sex
SINGLE SELECT
 - a. Female
 - b. Male

2. Are you of Hispanic, Latina/o, or Spanish origin?
SINGLE SELECT
 - a. Yes
 - b. No

3. What is your race? Mark one or more boxes.
MULTI-SELECT
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Some Other Race

4. What type of nursing degree/credential qualified you for your first U.S. PN license?
SINGLE SELECT
 - a. A – Vocational/Practical Certificate-Nursing
 - b. B – Diploma-Nursing
 - c. C – Associate Degree-Nursing
 - d. D – Baccalaureate Degree-Nursing
 - e. E – Master’s Degree-Nursing
 - f. F – Doctoral Degree-Nursing(DNP)
 - g. G – Doctoral Degree-Nursing(PhD)
 - h. H – Doctoral Degree-Nursing other

5. Where did you complete your nursing education that qualified you for your first US PN license? SINGLE SELECT
 - a. Indiana
 - b. Illinois
 - c. Kentucky
 - d. Michigan
 - e. Ohio
 - f. Another Country (Not U.S.)
 - g. Another State (Not Listed)

6. Year of initial PN Licensure: [Free Text]

7. In what country were you initially licensed as a PN? SINGLE SELECT
UNITED STATES-USA
AFGANISTAN-AFG
ALBANIA-ALB
ALEGERIA-DZA
AMERICAN SAMOA-ASM
ANDORRA-AND
ANGOLA-AGO
ANGUILLA-AIA
ANTARTICA-ATA



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH

WORKFORCE RESEARCH & POLICY

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
CYRPUUS-CYP
CZECH REPUBLIC-CZE
DENMARK-DNK
DJIBOUTI-DJI
DOMINICA-DMA
DOMINICAN REPUBLIC-DOM
EAST TIMOR-TMP
ECUADOR-ECU
EGYPT-EGY
EL SALVADOR-SLV
EQUATORIAL GUINEA-GNQ
ERITREA-ERI
ESTONIA-EST
ETHIOPIA-ETH
FALKLAND ISLANDS (MALVINAS)-FLK
FAROE ISLANDS-FRO
FIJI-FJI
FINLAND-FIN
FRANCE, METROPOLITAN-FXX



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH

WORKFORCE RESEARCH & POLICY

FRANCE-FRA
FRENCH GUIANA-GUF
FRENCH POLYNESIA-PYF
FRENCH SOUTHERN TERRITORIES-ATF
GABON-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 MANOIMN
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



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

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
NAURUONRU
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



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH

WORKFORCE RESEARCH & POLICY

- 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 ISLANDS-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
8. What is your highest level of Nursing Education?
SINGLE SELECT
- a. Diploma Nursing
 - b. Vocational/Practical Certificate - Nursing
 - c. Associate Degree - Nursing
 - d. Baccalaureate Degree - Nursing
 - e. Master's Degree - Nursing
 - f. Doctoral Degree – Nursing
9. What is your highest level of post-secondary Non-Nursing education?
SINGLE SELECT
- a. Not Applicable
 - b. Vocational/Practical Certificate – Non-Nursing
 - c. Diploma – Non-Nursing
 - d. Associate Degree - Non-Nursing
 - e. Baccalaureate Degree – Non-Nursing
 - f. Master's Degree – Non-Nursing
 - g. Doctoral Degree – Non-Nursing
10. Please list the graduation year of any diplomas received.



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH

WORKFORCE RESEARCH & POLICY

- a. Diploma in Nursing (Year received): [Free Text]
 - b. LPN VN Certificate in Nursing (Year received): [Free Text]
 - c. LPN VN Associate Degree in Nursing (Year received): [Free Text]
 - d. Associate Degree in Nursing (Year received): [Free Text]
 - e. Associate Degree - Other Field (Year received): [Free Text]
 - f. Masters Degree in Nursing (Year received): [Free Text]
 - g. Baccalaureate Degree in Nursing (Year received): [Free Text]
 - h. Baccalaureate Degree - Other Field (Year received): [Free Text]
 - i. Masters Degree- Other (Year received): [Free Text]
 - j. Doctoral Degree in Nursing (Year received): [Free Text]
 - k. Doctoral Degree - Other Field (Year received): [Free Text]
 - l. Doctoral Degree Nursing Practice (DNP) (Year received): [Free Text]
 - m. Doctoral Degree Nursing - Other (Year received): [Free Text]
11. If any, what other degree do you plan to pursue in the next 2 years?
SINGLE SELECT
- a. Associate Degree – Nursing
 - b. Associate Degree – Other Field
 - c. Bachelor’s Degree – Nursing
 - d. Bachelor’s Degree – Other Field
 - e. Master’s Degree – Nursing
 - f. Master’s Degree – Other Field
 - g. Doctor of Nursing Practice (DNP)
 - h. PhD – Nursing
 - i. Doctoral Degree – Other Field
 - j. Do not intend to pursue further education in next 2 years
12. What is your current employment status?
SINGLE SELECT
- a. A – Actively employed in nursing full-time
 - b. B – Working in nursing only as a volunteer
 - c. C – Actively employed in field other than nursing full-time
 - d. E – Unemployed and seeking work as a nurse
 - e. H – Retired
 - f. I – Actively employed in nursing part-time
 - g. J – Actively employed in nursing per diem
 - h. K – Actively employed in a field other than nursing part-time
 - i. L – Actively employed in a field other than nursing on a per diem basis
 - j. U – Unemployed and not seeking work as a nurse

Please display the next question only if option “d. E – Unemployed and seeking work as a nurse” or “j. U- Unemployed and not seeking work as a nurse” is selected in Q12.

13. If unemployed, please indicate the reasons.
SINGLE SELECT
- a. Taking care of home and family
 - b. Disabled
 - c. Inadequate Salary
 - d. School
 - e. Difficulty finding a nursing position
 - f. Other



SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

14. What are your employment plans for the next 2 years?
SINGLE SELECT
- a. Increase Hours
 - b. Decrease Hours
 - c. Seek non-clinical job
 - d. Retire
 - e. Continue as you are
 - f. Unknown

Please end the survey for respondents who selected “e. H – Retired” on Q 12 and “d. Retire” or “e. Continue as you are” on Q14. Otherwise, please display the following questions.

15. In how many paid positions in nursing are you currently employed?
SINGLE SELECT
- a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4

16. 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) interactive audio-using store and forward technology, or (3) remote patient monitoring technology between a provider in one (1) location and a patient in another location)?
SINGLE SELECT
- a. No
 - b. Yes

17. 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-SELECT
- a. Dementia/Alzheimer's Care
 - a. Hepatitis C Treatment/Management
 - b. High-Risk Pregnancy Services
 - c. HIV/AIDS Treatment/Management
 - d. Labor and Delivery Services
 - e. Post-Natal Services (Healthcare services provided immediately after birth and for the first 42 days of life)
 - f. Pre-Natal Services (Healthcare services during pregnancy to promote health and well-being of the woman and fetus)
 - g. Screening for addiction (ex: SBIRT)
 - h. Screening for high-risk pregnancy
 - i. Treatment of OUD-Affected Pregnant Women
 - j. None of the above

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



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH

WORKFORCE RESEARCH & POLICY

MUTLI SELECT

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Incarcerated individuals
- h. Individuals with disabilities
- i. Individuals whose primary language is not English
- j. Individuals in recovery
- k. None of the above populations

19. 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]

State: [Free text]

Zip Code: [Free text]

20. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select the "Not Applicable" option.

SINGLE SELECT

- a. A – 0 hours per week
- b. B – 1-4 hours per week
- c. C – 5-8 hours per week
- d. D – 9-12 hours per week
- e. E – 13-16 hours per week
- f. F – 17-20 hours per week
- g. G – 21-24 hours per week
- h. H – 25-28 hours per week
- i. I – 29-32 hours per week
- j. J – 33-36 hours per week
- k. K – 37-40 hours per week
- l. L – 41 or more hours per week
- m. M – Not applicable

21. Please identify the type of setting that most closely corresponds to your principal nursing practice position (the position in which you spend the majority of your time).

SINGLE SELECT

- a. Not Applicable
- b. A – Hospital
- c. C – Public/Community Health
- d. D – Occupational Health
- e. E – Insurance Claims/Benefits
- f. G – Home Health
- g. I – Correctional Facility
- h. J – School-based Health
- i. K – Other
- j. M – Policy/Planning/Regulation/Licensing Agency
- k. V – Nursing Home/Extended Care
- l. W – Assisted Living Facility



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH

WORKFORCE RESEARCH & POLICY

- m. X – Hospice
n. Y – Academic Institution
o. Z–Outpatient Clinic
p. Z - Telehealth
22. Please identify the position title that most closely corresponds to your principal nursing practice position (the position in which you spend the majority of your time).
SINGLE SELECT
- a. A – Staff Nurse
b. C – Nurse Manager
c. D – Consultant/Nurse Researcher
d. E – Nurse Educator (faculty)
e. E – Nurse Educator (patient educator)
f. E – Nurse Educator (staff development)
g. G – Clinical Advanced Practice Registered Nurse
h. K – Other – Health Related
i. M – Nurse Executive
j. Z – Not Applicable
23. If you are providing direct patient care, please identify the employment specialty that most closely corresponds to your principal nursing position (the position in which you spend the majority of your time).
SINGLE SELECT
- a. Acute Care/Critical Care
b. Oncology
c. Palliative Care
d. Public Health
e. Psychiatric/Mental Health/Substance Abuse
f. Rehabilitation
g. School Health
h. Women’s Health
i. Other Trauma
j. Nephrology
k. Anesthesia
l. Adult Health
m. Family Health
n. Pediatrics
o. Neonatal
p. Patient Education
q. Not Applicable/I do not provide direct patient care
r. Community
s. Geriatric/Gerontology
t. Home Health
u. Maternal-Child Health
v. Medial Surgical
w. Occupational Health
24. Do you have a secondary location or place of employment?
SINGLE-SELECT
- a. Yes



SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

b. No

Note to PLA for survey coding: Please display Q25-29 if an individual selects “a” on Q24. If an individual selects “b” on Q24 end survey.

25. 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]
State: [Free text]
Zip Code: [Free text]
26. Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select the “Not Applicable” option.
SINGLE SELECT
- a. A – 0 hours per week
 - b. B – 1-4 hours per week
 - c. C – 5-8 hours per week
 - d. D – 9-12 hours per week
 - e. E – 13-16 hours per week
 - f. F – 17-20 hours per week
 - g. G – 21-24 hours per week
 - h. H – 25-28 hours per week
 - i. I – 29-32 hours per week
 - j. J – 33-36 hours per week
 - k. K – 37-40 hours per week
 - l. L – 41 or more hours per week
 - m. M – Not applicable
27. 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.
SINGLE SELECT
- a. Not Applicable
 - a. Not Applicable
 - b. A – Hospital
 - c. C – Public/Community Health
 - d. D – Occupational Health
 - e. E – Insurance Claims/Benefits
 - f. G – Home Health
 - g. I – Correctional Facility
 - h. J – School-based Health
 - i. K – Other
 - j. M – Policy/Planning/Regulation/Licensing Agency
 - k. V – Nursing Home/Extended Care
 - l. W – Assisted Living Facility
 - m. X – Hospice
 - n. Y – Academic Institution
 - o. Z – Outpatient Clinic
 - p. Z - Telehealth
28. Please identify the position title that most closely corresponds to your secondary nursing practice position. If this does not apply, please select Not Applicable.



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH

WORKFORCE RESEARCH & POLICY

SINGLE SELECT

- a. A – Staff Nurse
- b. C – Nurse Manager
- c. D – Consultant/Nurse Researcher
- d. E – Nurse Educator (faculty)
- e. E – Nurse Educator (patient educator)
- f. E – Nurse Educator (staff development)
- g. G – Clinical Advanced Practice Registered Nurse
- h. K – Other – Health Related
- h. M – Nurse Executive
- i. Z – Not Applicable

29. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position. If this does not apply, please select Not Applicable

SINGLE SELECT

- a. Acute Care/Critical Care
- b. Oncology
- c. Palliative Care
- d. Public Health
- e. Psychiatric/Mental Health/Substance Abuse
- f. Rehabilitation
- g. School Health
- h. Women's Health
- i. Other Trauma
- j. Nephrology
- k. Anesthesia
- l. Adult Health
- m. Family Health
- n. Pediatrics
- o. Neonatal
- p. Patient Education
- q. Not Applicable/I do not provide direct patient care
- r. Community
- s. Geriatric/Gerontology
- t. Home Health
- u. Maternal-Child Health
- v. Medial Surgical
- w. Occupational Health