

1 GENERAL GOVERNMENT CABINET

2 Board of Nursing

3 (Amendment)

4 201 KAR 20:370. Applications for licensure.

5 RELATES TO: KRS 314.041, 314.042, 314.051, 314.071, 314.091, 314.103, 314.475

6 STATUTORY AUTHORITY: KRS 314.041, 314.042, 314.051, 314.071, 314.131(1)

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of

8 Nursing to promulgate administrative regulations as may be necessary to enable it to carry into

9 effect the provisions of KRS Chapter 314. KRS 314.041, 314.042, 314.051, and 314.071 require

10 the board to review an application for licensure and a licensee for conformity with KRS Chapter

11 314. This administrative regulation establishes requirements and procedures for licensure.

12 Section 1. To be eligible for licensure by examination, endorsement, renewal,

13 reinstatement, retired licensure status, or for advanced practice registered nurse licensure,

14 renewal, or reinstatement, an applicant shall:

15 (1) Submit the completed application form to the board office, for:

16 (a) RN or LPN licensure by examination, endorsement, or reinstatement, Application for

17 Licensure;

18 (b) For RN or LPN Renewal, Annual Licensure Renewal Application: RN or LPN;

- 1 (c) Licensure or reinstatement as an advanced practice registered nurse, Application for
2 Licensure as an Advanced Practice Registered Nurse;
- 3 (d) Renewal as an RN and an APRN, Annual Licensure Renewal Application: RN and
4 APRN;
- 5 (e) Licensure as an RN and as an APRN, Application for RN and APRN Licensure;
- 6 (f) Retired licensure status, Application for Retired Status;
- 7 (g) APRN renewal with an RN Compact license, Annual Licensure Renewal Application:
8 APRN with RN Compact License (not Kentucky);
- 9 (h) APRN renewal with a Kentucky RN License, Annual Licensure Renewal Application,
10 APRN with Kentucky RN License; or
- 11 (i) In addition to any other renewal form, for APRN renewal, APRN Practice Data;
- 12 (2) Submit the current application fee, as required by 201 KAR 20:240;
- 13 (3) Submit a certified or attested copy of the court record of each misdemeanor or
14 felony conviction in this or any other jurisdiction and a letter of explanation that addresses each
15 conviction, except for traffic-related misdemeanors (other than DUI) or misdemeanors older
16 than five (5) years;
- 17 (4) Submit a certified copy of a disciplinary action taken in another jurisdiction with a
18 letter of explanation or report a disciplinary action pending on a nurse licensure application or
19 license in another jurisdiction;
- 20 (5) Have paid all monies due to the board;
- 21 (6) Submit a copy of an official name change document (court order, marriage
22 certificate, divorce decree, Social Security card), if applicable;

- 1 (7) Submit additional information as required by the board in 201 KAR Chapter 20;
- 2 (8) Meet the additional requirements for:
 - 3 (a) Licensure by examination established by 201 KAR 20:070;
 - 4 (b) Licensure by endorsement established by 201 KAR 20:110;
 - 5 (c) Licensure by reinstatement established by 201 KAR 20:225;
 - 6 (d) Licensure by renewal established by 201 KAR 20:230;
 - 7 (e) Retired nurse or inactive licensure status established by 201 KAR 20:095; or
 - 8 (f) Advanced practice registered nurse licensure, renewal, or reinstatement established
 - 9 by 201 KAR 20:056;
- 10 (9) If not a citizen of the United States, maintain proof of legal permanent or temporary
- 11 residency under the laws and regulations of the United States; and
- 12 (10) Notify the board upon establishment of a new mailing address.

13 Section 2. An application shall lapse and the fee shall be forfeited if the application is
14 not completed:

- 15 (1) For an application for licensure by endorsement, within six (6) months from the date
- 16 the application form is filed with the board office;
- 17 (2) For an application for licensure by examination, within one (1) year from the date
- 18 the application form is filed with the board office or the date the applicant fails the
- 19 examination, whichever comes first; or
- 20 (3) For all other applications except renewal of license applications, within one (1) year
- 21 from the date the application form is filed with the board office.

1 Section 3. Incorporation by Reference. (1) The following material is incorporated by
2 reference:

3 (a) "Application for Licensure", 1/2016, Kentucky Board of Nursing;

4 (b) "Annual Licensure Renewal Application: RN or LPN", 02/2022 [~~2/2021~~], Kentucky
5 Board of Nursing;

6 (c) "Application for Licensure as an Advanced Practice Registered Nurse", 1/2016,
7 Kentucky Board of Nursing;

8 (d) "Annual Licensure Renewal Application: RN and APRN", 02/2022 [~~2/2021~~], Kentucky
9 Board of Nursing;

10 (e) "Application for RN and APRN Licensure", 1/2016, Kentucky Board of Nursing;

11 (f) "Application for Retired Status", 8/2004, Kentucky Board of Nursing;

12 (g) "Annual Licensure Renewal Application: APRN with RN Compact License (not
13 Kentucky)", 02/2022 [~~2/2021~~], Kentucky Board of Nursing;

14 (h) "Annual Licensure Renewal Application, APRN with Kentucky RN License", 02/2022
15 [~~02/2021~~], Kentucky Board of Nursing; and

16 (i) "APRN Practice Data", 6/2012, Kentucky Board of Nursing.

17 (2) This material may be inspected, copied, or obtained, subject to applicable copyright
18 law, at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky
19 40222, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the board's
20 Website at <https://kbn.ky.gov/conpro/Pages/Laws-and-Regulations.aspx>.

Amended Administrative Regulation

201 KAR 20:370. Applications for licensure.

Adopted: February 17, 2022.

A handwritten signature in black ink that reads "Jessica Wilson". The signature is written in a cursive, flowing style.

Jessica Wilson, President
Kentucky Board of Nursing

February 17, 2022
Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on Monday, May 23, 2022, at 10:00 a.m. (EDT) in the office of the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing by Monday, May 16, 2022, five workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled.

This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made.

If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until end of day (11:59 p.m. EDT) Tuesday, May 31, 2022.

Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON:

Jeffrey R. Prather, General Counsel
Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
Cell: (502) 338-2851
Email: Jeffrey.Prather@ky.gov

REGULATORY IMPACT ANALYSIS
AND TIERING STATEMENT

Administrative Regulation No. 201 KAR 20:370. Applications for licensure.

Agency Contact Person: Jeffrey R. Prather, (Jeffrey.Prather@ky.gov), (502) 338-2851

(1) Provide a brief summary of:

- (a) What this administrative regulation does: This administrative regulation incorporates the various application forms and sets some requirements.
- (b) The necessity of this administrative regulation: This administrative regulation is necessary because of the licensure provisions for KRS Chapter 314.
- (c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the content of the authorizing statutes by incorporating the various forms and setting requirements.
- (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists in the effective administration of the statutes by providing for the appropriate application forms and data.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

- (a) How the amendment will change this existing administrative regulation: The changes are to license renewal application forms. These changes provide for licensees to complete a Workforce Data Survey as part of their renewal applications.
- (b) The necessity of the amendment to this administrative regulation: Amendment is needed to obtain valid data to track the nursing workforce in Kentucky.
- (c) How the amendment conforms to the content of the authorizing statutes: By requiring workforce data.
- (d) How the amendment will assist in the effective administration of the statutes: By providing statistically relevant information for tracking the nursing workforce in Kentucky.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: All licensed nurses, approximately 90,000.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

- (a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: No action is necessary until renewal. During renewal nurses will need to provide workforce data as part of their applications.
- (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): There is no cost.
- (c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The Board of Nursing will be able to see where there may be staffing deficiencies in the nursing workforce.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: There is no additional cost.

(b) On a continuing basis: There is no additional cost.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Agency funds.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No increase is needed.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: It does not.

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering was not applied as the changes apply to all equally.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation Number: 201 KAR 20:370
Contact Person: Jeffrey Prather
Email address: Jeffrey.prather@ky.gov
Phone number: (502) 338-2851

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The Kentucky Board of Nursing.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 314.131.

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None

(c) How much will it cost to administer this program for the first year? No additional cost.

(d) How much will it cost to administer this program for subsequent years? No additional cost.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):

Expenditures (+/-):

Other Explanation:

**Summary of Material Incorporated by Reference
And
Summary of Changes to Material Incorporated by Reference**

201 KAR 20:370 Applications for Licensure.

Summary of Material Incorporated by Reference

- (a) "Application for Licensure", 1/2016, Kentucky Board of Nursing. This is a six (6) page application form.
- (b) "Annual Licensure Renewal Application: RN or LPN, 2/2022, Kentucky Board of Nursing. This is a three (3) page application form.
- (c) "Application for Licensure as an Advanced Practice Registered Nurse". 1/2016, Kentucky Board of Nursing. This is a four (4) page application form.
- (d) "Annual Licensure Renewal Application: RN and APRN, 2/2022, Kentucky Board of Nursing. This is a three (3) page application form.
- (e) "Application for RN and APRN Licensure", 1/2016, Kentucky Board of Nursing. This is a six (6) page application form.
- (f) "Application for Retired Status", 8/2004, Kentucky Board of Nursing. This is a one (1) page application form.
- (g) "Annual Licensure Renewal Application: APRN with RN Compact License (Not Kentucky)", 2/2022, Kentucky Board of Nursing. This is a three (3) page application form.
- (h) "Annual Licensure Renewal Application, APRN with Kentucky RN License", 2/2022, Kentucky Board of Nursing. This is a three (3) page application form.
- (i) "APRN Practice Data", 6/2012, Kentucky Board of Nursing. This is a two (2) page application form.

Summary of Changes to Material Incorporated by Reference

1. (b) The "**Annual Licensure Renewal Application: RN or LPN**" is being revised to 2/2022 and will reflect the changes listed below:

Page 1:

Attestation Statement, last bullet point:

"I understand "that all information on this application is subject to verification and that knowingly supplying false information, including workforce data survey responses, on or

with this application is a violation of KRS Chapter 314 and may subject me to disciplinary action.”

In the lower left-hand corner:

“02/2022”

In the lower right-hand corner:

“Page 1 of 3”

Page 2:

Header:

“Workforce Data Survey

- Responses to the following workforce data survey questions are mandatory. See 201 KAR 20:085.
- Responses to the following workforce data survey questions are confidential and exempt from open records. See KRS 61.878(1)(a); 201 KAR 20:085.”

Page 2 Addition of Ten (10) Sections:

Section 1:

Ethnic Group (on File): Ethnic Group (Updated):

- | | | |
|-------------------------------------|---|--|
| <u>1. Asian or Pacific Islander</u> | <u>4. Native American or Alaskan Native</u> | |
| <u>2. Black or African American</u> | <u>5. White or Caucasian</u> | <u>7. A race/ethnicity not listed here</u> |
| <u>3. Hispanic or Latino</u> | <u>6. Multiracial or Biracial</u> | |

Section 2:

Highest Education Level Attained (on File): Highest Education Level Attained (Updated):

- | | |
|--|---|
| <u>1. Vocational-Tech/Practical Nursing</u> | <u>5. Baccalaureate/Nursing</u> |
| <u>2. Diploma Nursing (RN)</u> | <u>6. Baccalaureate/Non-Nursing Field</u> |
| <u>3. Associate Degree/Nursing</u> | <u>7. Masters/Nursing</u> |
| <u>4. Associate Degree/Non-Nursing Field</u> | <u>8. Masters/Non-Nursing Field</u> |
| <u>9. Doctorate/Nursing</u> | <u>10. Doctorate/Non-Nursing Field</u> |

Section 3:

How many years have you practiced as a nurse?

- | | | | |
|----------------------------|-----------------------|-----------------------|------------------------------|
| <u>1. less than 1 year</u> | <u>3. 6-10 years</u> | <u>5. 16-20 years</u> | <u>7. 26-30 years</u> |
| <u>2. 1-5 years</u> | <u>4. 11-15 years</u> | <u>6. 21-25 years</u> | <u>8. More than 30 years</u> |

Section 4:

What is your Employment status? (Mark all that apply)?

* Per Diem: An arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits.

Employed in Nursing: A nurse who receives compensation for work that requires licensure and/or educational preparation as a nurse.

Volunteer: A nursing position that is performed willingly and without pay.

- | | |
|--|--|
| <u>1. Actively employed in nursing Full-time</u> | <u>6. Actively employed in a field other than nursing Per diem</u> |
|--|--|

- | | |
|---|---|
| <u>2. Actively employed in nursing Part-time</u> | <u>7. Working in nursing only as a Volunteer</u> |
| <u>3. Actively employed in nursing Per diem</u> | <u>8. Unemployed, seeking work as a nurse</u> |
| <u>4. Actively employed in a field other than nursing Full-time</u> | <u>9. Unemployed, not seeking work as a nurse</u> |
| <u>5. Actively employed in a field other than nursing Part-time</u> | <u>10. Retired</u> |

Section 5:

Are you planning to retire within?

- | | | |
|-----------------------------|-----------------------|---------------------------------|
| <u>1. less than 3 years</u> | <u>3. 5-10 years</u> | <u>5. 15-20 years</u> |
| <u>2. 3-5 years</u> | <u>4. 10-15 years</u> | <u>6. Greater than 20 years</u> |

Section 6:

* Primary Position: The position at which you work the most hours during your regular work year.

Secondary Position: The position at which you work the second greatest number of hours during your regular work year.

<u>Name of Primary Employer:</u>	<u>Name of Secondary Employer:</u>
<u>County of Primary Employment:</u>	<u>County of Secondary Employment:</u>
<u>State of Primary Employment:</u>	<u>State of Secondary Employment:</u>

Section 7:

Employment Hours for Primary Employer (on File):
Employment Hours for Primary Employer (Updated):
Employment Hours for Secondary Employer (on File):
Employment Hours for Secondary Employer (Updated):

- | | |
|------------------------------|---|
| <u>1. 36-40 hours</u> | <u>5. Retired from Nursing</u> |
| <u>2. 24-36 hours</u> | <u>6. Employed in Non-Nursing Field</u> |
| <u>3. 12-24 hours</u> | <u>7. Not Employed (other than retired)</u> |
| <u>4. Less than 12 hours</u> | <u>8. Not Employed (seeking nursing employment)</u> |

Section 8:

Hours in Excess of Regular Schedule per Week for Primary Employer (on File): Excess for Primary (Updated):

Hours in Excess of Regular Schedule per Week for Secondary Employer (on File): Excess for Secondary (Updated):

- | | | |
|-----------------------------|-----------------------|---------------------------------|
| <u>1. Less than 4 hours</u> | <u>3. 9-12 hours</u> | <u>5. Greater than 16 hours</u> |
| <u>2. 4-8 hours</u> | <u>4. 13-16 hours</u> | |

Section 9:

How many positions are your currently employed as a nurse?

Section 10:

Primary Employment Setting (on File): Primary Employment Setting (Updated):
Secondary Employment Setting (on File): Secondary Employment Setting (Updated):

- | | | |
|--------------------------------------|--|---|
| <u>1. Ambulatory care/Outpatient</u> | <u>13. Medical/Device Sales</u> | <u>25. Psychiatric/Mental Health</u> |
| <u>2. APRN Office</u> | <u>14. Nurse Consulting</u> | <u>26. Rehab Care</u> |
| <u>3. Assisted Living Facility</u> | <u>15. Nursing Home/Long Term Care</u> | <u>27. Self Employed/independent contractor</u> |

4. Community Health	16. Occupational Health	28. School Health Service/school nursing
5. Correctional Facility	17. Pain Clinic	29. School of Nursing/Nursing education
6. Dialysis Center	18. Palliative Care	30. Staffing Agency nurse
7. Extended Care	19. Personal Care	31. Travel nurse
8. Home Health	20. Pharmaceutical Sales	32. Urgent Care
9. Hospice	21. Physician's office	33. Veterans/Military Facility
10. Hospital Inpatient	22. Policy/Planning/Regulatory/Licensing Agency	
11. Insurance Claims/Benefits	23. Practice owner with employees	34. Non-Nursing Setting
12. Infusion therapy center	24. Public Health	35. Other

In the lower left-hand corner:

"02/2022"

In the lower right-hand corner:

"Page 2 of 3"

Page 3:

Header:

"Workforce Data Survey (Continued)"

Page 3 Addition of Five (5) Sections:

Section 1:

Primary Nursing Position (on File): Primary Nursing Position (Updated):

Secondary Nursing Position (on File): Secondary Nursing Position (Updated):

A. APRN Certified Registered Nurse Anesthetist	M. APRN Certified Nurse Midwife
P. APRN Certified Nurse Practitioner	S. APRN Clinical Nurse Specialist
P1. Adult (Acute & Primary Care)	S1. Acute Care (Across the Lifespan)
P2. Adult Gerontology (Acute & Primary Care)	S2. Adult; Adult Gerontology
P3. Adult Psych Mental Health	S3. Adult Psych Mental Health
P4. Family	S4. Child/Adolescent Psych Mental Health
P5. Gerontological	S5. Gerontology
P6. Neonatal	S6. Neonatal
P7. Pediatric (Acute & Primary Care)	S7. Pediatric
P8. Psych Mental Health (Across the Lifespan)	S8. Psych Metal Health (Across the Lifespan)
P9. Women's Health	

1. Case Manager	9. Nurse Director	17. Staff Nurse
2. Chief Executive Officer	10. Nurse Executive	18. Quality Nurse
3. Chief Financial Officer	11. Nurse Manager/Supervisor	19. Staff Development/educator
4. Chief Nursing Officer	12. Travel Nurse/Agency nurse	20. Other-Healthcare Related (Specify)
5. Chief Operating Officer	13. Nurse Researcher	
6. Medical Reviewer	14. Office Nurse	21. Other-Not Healthcare Related (Specify)
7. Nurse Academic Faculty/Educator	15. Public Health Nurse	
8. Nurse Consultant	16. School nurse	

Section 2:

Primary Practice Area (on File): Primary Practice Area (Updated):

Secondary Practice Area (on File): Secondary Practice Area (Updated):

1. Acute Care	16. Infection Prevention	31. Pre-operative
2. Administration (non-nursing)	17. Maternal-Child Health/Obstetrics	32. Primary Care

3. Anesthesia	18. Medical Surgical	33. Primary/Secondary School
4. Cardiac	19. Neonatal	34. Private Duty
5. Case Management	20. Nephrology	35. Psychiatric/Mental Health
6. Community Health	21. Nursing Administration	36. Public Health
7. Cosmetic	22. Nursing Education	37. Quality Improvement
8. Critical Care	23. Occupational health	38. Regulatory
9. Dermatology	24. Oncology	39. Rehabilitation
10. Dialysis	25. Orthopedics	40. Sales
11. Emergency/Trauma	26. Pain management	41. Substance Abuse
12. Family Health	27. Palliative Care	42. Telehealth
13. Geriatric/Gerontology	28. Pediatrics	43. Urgent Care
14. Home Health	29. Perioperative/Operating room	44. Woman's Health
15. Hospice	30. Postoperative/PACU	

Section 3:

If not employed in nursing (other than retired, select reason):

- | | | |
|--|---|-------------------------------|
| 1. Benefits | 5. Inadequate Salary | 8. Unhealthy Work Environment |
| 2. Difficulty Finding a Nursing Position | 6. Lack of resources/support on the job | 9. Vaccine mandates |
| 3. Disabled | 7. Stressed out/burn out | 10. Other |
| 4. Home/family obligations | | |

Section 4:

Financial Information:

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| 1. Less than \$40,000 | 5. \$100,000 to less than \$120,000 | 8. \$160,000 to less than \$180,000 |
| 2. \$40,000 to less than \$60,000 | 6. \$120,000 to less than \$140,000 | 9. Greater than \$180,000 |
| 3. \$60,000 to less than \$80,000 | 7. \$140,000 to less than \$160,000 | 10. Prefer not to respond. |
| 4. \$80,000 to less than \$100,000 | | |

Section 5:

Please list all US Jurisdictions in which you hold an active license:

In the lower left-hand corner:

"02/2022"

In the lower right-hand corner:

"Page 3 of 3"

2. (d) The **"Annual Licensure Renewal Application: RN or APRN"** is being revised to 2/2022 and will reflect the changes listed below:

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Attestation Statement, last bullet point:

"I understand that all information on this application is subject to verification and that knowingly supplying false information, including workforce data survey responses, on or with this application is a violation of KRS Chapter 314 and may subject me to disciplinary action."

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Page 2 Addition of Ten (10) Sections:

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| <u>2. Black or African American</u> | <u>5. White or Caucasian</u> | <u>7. A race/ethnicity not listed here</u> |
| <u>3. Hispanic or Latino</u> | <u>6. Multiracial or Biracial</u> | |

Section 2:

Highest Education Level Attained (on File): Highest Education Level Attained (Updated):

- | | |
|--|---|
| <u>1. Vocational-Tech/Practical Nursing</u> | <u>5. Baccalaureate/Nursing</u> |
| <u>2. Diploma Nursing (RN)</u> | <u>6. Baccalaureate/Non-Nursing Field</u> |
| <u>3. Associate Degree/Nursing</u> | <u>7. Masters/Nursing</u> |
| <u>4. Associate Degree/Non-Nursing Field</u> | <u>8. Masters/Non-Nursing Field</u> |
| <u>9. Doctorate/Nursing</u> | <u>10. Doctorate/Non-Nursing Field</u> |

Section 3:

How many years have you practiced as a nurse?

- | | | | |
|----------------------------|-----------------------|-----------------------|------------------------------|
| <u>1. less than 1 year</u> | <u>3. 6-10 years</u> | <u>5. 16-20 years</u> | <u>7. 26-30 years</u> |
| <u>2. 1-5 years</u> | <u>4. 11-15 years</u> | <u>6. 21-25 years</u> | <u>8. More than 30 years</u> |

Section 4:

What is your Employment status? (Mark all that apply)?

* Per Diem: An arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits.

Employed in Nursing: A nurse who receives compensation for work that requires licensure and/or educational preparation as a nurse.

Volunteer: A nursing position that is performed willingly and without pay.

- | | |
|---|--|
| <u>1. Actively employed in nursing Full-time</u> | <u>6. Actively employed in a field other than nursing Per diem</u> |
| <u>2. Actively employed in nursing Part-time</u> | <u>7. Working in nursing only as a Volunteer</u> |
| <u>3. Actively employed in nursing Per diem</u> | <u>8. Unemployed, seeking work as a nurse</u> |
| <u>4. Actively employed in a field other than nursing Full-time</u> | <u>9. Unemployed, not seeking work as a nurse</u> |

5. Actively employed in a field other than nursing Part-time 10. Retired

Section 5:

Are you planning to retire within?

- | | | |
|-----------------------------|-----------------------|---------------------------------|
| <u>1. less than 3 years</u> | <u>3. 5-10 years</u> | <u>5. 15-20 years</u> |
| <u>2. 3-5 years</u> | <u>4. 10-15 years</u> | <u>6. Greater than 20 years</u> |

Section 6:

* Primary Position: The position at which you work the most hours during your regular work year.

Secondary Position: The position at which you work the second greatest number of hours during your regular work year.

<u>Name of Primary Employer:</u>	<u>Name of Secondary Employer:</u>
<u>County of Primary Employment:</u>	<u>County of Secondary Employment:</u>
<u>State of Primary Employment:</u>	<u>State of Secondary Employment:</u>

Section 7:

Employment Hours for Primary Employer (on File):
Employment Hours for Primary Employer (Updated):
Employment Hours for Secondary Employer (on File):
Employment Hours for Secondary Employer (Updated):

- | | |
|------------------------------|---|
| <u>1. 36-40 hours</u> | <u>5. Retired from Nursing</u> |
| <u>2. 24-36 hours</u> | <u>6. Employed in Non-Nursing Field</u> |
| <u>3. 12-24 hours</u> | <u>7. Not Employed (other than retired)</u> |
| <u>4. Less than 12 hours</u> | <u>8. Not Employed (seeking nursing employment)</u> |

Section 8:

Hours in Excess of Regular Schedule per Week for Primary Employer (on File): Excess for Primary (Updated):

Hours in Excess of Regular Schedule per Week for Secondary Employer (on File): Excess for Secondary (Updated):

- | | | |
|-----------------------------|-----------------------|---------------------------------|
| <u>1. Less than 4 hours</u> | <u>3. 9-12 hours</u> | <u>5. Greater than 16 hours</u> |
| <u>2. 4-8 hours</u> | <u>4. 13-16 hours</u> | |

Section 9:

How many positions are your currently employed as a nurse?

Section 10:

Primary Employment Setting (on File): Primary Employment Setting (Updated):
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|--------------------------------------|--|---|
| <u>1. Ambulatory care/Outpatient</u> | <u>13. Medical/Device Sales</u> | <u>25. Psychiatric/Mental Health</u> |
| <u>2. APRN Office</u> | <u>14. Nurse Consulting</u> | <u>26. Rehab Care</u> |
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| <u>4. Community Health</u> | <u>16. Occupational Health</u> | <u>28. School Health Service/school nursing</u> |
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| <u>6. Dialysis Center</u> | <u>18. Palliative Care</u> | <u>30. Staffing Agency nurse</u> |

- | | | |
|--------------------------------------|--|---------------------------------------|
| <u>7. Extended Care</u> | <u>19. Personal Care</u> | <u>31. Travel nurse</u> |
| <u>8. Home Health</u> | <u>20. Pharmaceutical Sales</u> | <u>32. Urgent Care</u> |
| <u>9. Hospice</u> | <u>21. Physician's office</u> | <u>33. Veterans/Military Facility</u> |
| <u>10. Hospital Inpatient</u> | <u>22. Policy/Planning/Regulatory/Licensing Agency</u> | |
| <u>11. Insurance Claims/Benefits</u> | <u>23. Practice owner with employees</u> | <u>34. Non-Nursing Setting</u> |
| <u>12. Infusion therapy center</u> | <u>24. Public Health</u> | <u>35. Other</u> |

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Page 3:

Header:

"Workforce Data Survey (Continued)"

Page 3 Addition of Five (5) Sections:

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| <u>P. APRN Certified Nurse Practitioner</u> | <u>S. APRN Clinical Nurse Specialist</u> |
| <u>P1. Adult (Acute & Primary Care)</u> | <u>S1. Acute Care (Across the Lifespan)</u> |
| <u>P2. Adult Gerontology (Acute & Primary Care)</u> | <u>S2. Adult; Adult Gerontology</u> |
| <u>P3. Adult Psych Mental Health</u> | <u>S3. Adult Psych Mental Health</u> |
| <u>P4. Family</u> | <u>S4. Child/Adolescent Psych Mental Health</u> |
| <u>P5. Gerontological</u> | <u>S5. Gerontology</u> |
| <u>P6. Neonatal</u> | <u>S6. Neonatal</u> |
| <u>P7. Pediatric (Acute & Primary Care)</u> | <u>S7. Pediatric</u> |
| <u>P8. Psych Mental Health (Across the Lifespan)</u> | <u>S8. Psych Metal Health (Across the Lifespan)</u> |
| <u>P9. Women's Health</u> | |

- | | | |
|---|--------------------------------------|---|
| <u>1. Case Manager</u> | <u>9. Nurse Director</u> | <u>17. Staff Nurse</u> |
| <u>2. Chief Executive Officer</u> | <u>10. Nurse Executive</u> | <u>18. Quality Nurse</u> |
| <u>3. Chief Financial Officer</u> | <u>11. Nurse Manager/Supervisor</u> | <u>19. Staff Development/educator</u> |
| <u>4. Chief Nursing Officer</u> | <u>12. Travel Nurse/Agency nurse</u> | <u>20. Other-Healthcare Related (Specify)</u> |
| <u>5. Chief Operating Officer</u> | <u>13. Nurse Researcher</u> | |
| <u>6. Medical Reviewer</u> | <u>14. Office Nurse</u> | <u>21. Other-Not Healthcare Related (Specify)</u> |
| <u>7. Nurse Academic Faculty/Educator</u> | <u>15. Public Health Nurse</u> | |
| <u>8. Nurse Consultant</u> | <u>16. School nurse</u> | |

Section 2:

Primary Practice Area (on File): Primary Practice Area (Updated):

Secondary Practice Area (on File): Secondary Practice Area (Updated):

- | | | |
|--|---|--------------------------------------|
| <u>1. Acute Care</u> | <u>16. Infection Prevention</u> | <u>31. Pre-operative</u> |
| <u>2. Administration (non-nursing)</u> | <u>17. Maternal-Child Health/Obstetrics</u> | <u>32. Primary Care</u> |
| <u>3. Anesthesia</u> | <u>18. Medical Surgical</u> | <u>33. Primary/Secondary School</u> |
| <u>4. Cardiac</u> | <u>19. Neonatal</u> | <u>34. Private Duty</u> |
| <u>5. Case Management</u> | <u>20. Nephrology</u> | <u>35. Psychiatric/Mental Health</u> |

6. Community Health	21. Nursing Administration	36. Public Health
7. Cosmetic	22. Nursing Education	37. Quality Improvement
8. Critical Care	23. Occupational health	38. Regulatory
9. Dermatology	24. Oncology	39. Rehabilitation
10. Dialysis	25. Orthopedics	40. Sales
11. Emergency/Trauma	26. Pain management	41. Substance Abuse
12. Family Health	27. Palliative Care	42. Telehealth
13. Geriatric/Gerontology	28. Pediatrics	43. Urgent Care
14. Home Health	29. Perioperative/Operating room	44. Woman's Health
15. Hospice	30. Postoperative/PACU	

Section 3:

If not employed in nursing (other than retired, select reason):

- | | | |
|--|---|-------------------------------|
| 1. Benefits | 5. Inadequate Salary | 8. Unhealthy Work Environment |
| 2. Difficulty Finding a Nursing Position | 6. Lack of resources/support on the job | 9. Vaccine mandates |
| 3. Disabled | 7. Stressed out/burn out | 10. Other |
| 4. Home/family obligations | | |

Section 4:

Financial Information:

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| 1. Less than \$40,000 | 5. \$100,000 to less than \$120,000 | 8. \$160,000 to less than \$180,000 |
| 2. \$40,000 to less than \$60,000 | 6. \$120,000 to less than \$140,000 | 9. Greater than \$180,000 |
| 3. \$60,000 to less than \$80,000 | 7. \$140,000 to less than \$160,000 | 10. Prefer not to respond. |
| 4. \$80,000 to less than \$100,000 | | |

Section 5:

Please list all US Jurisdictions in which you hold an active license:

In the lower left-hand corner:

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"Page 3 of 3"

3. (g) The **"Annual Licensure Renewal Application: APRN with RN Compact license (Not Kentucky)"** is being revised to 2/2022 and will reflect the changes listed below:

Page 1:

Attestation Statement, last bullet point:

"I understand that all information on this application is subject to verification and that knowingly supplying false information, including workforce data survey responses, on or with this application is a violation of KRS Chapter 314 and may subject me to disciplinary action."

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- Responses to the following workforce data survey questions are mandatory. See 201 KAR 20:085.
- Responses to the following workforce data survey questions are confidential and exempt from open records. See KRS 61.878(1)(a); 201 KAR 20:085.”

Page 2 Addition of Ten (10) Sections:

Section 1:

Ethnic Group (on File): _____ Ethnic Group (Updated):

- | | | |
|-------------------------------------|---|--|
| <u>1. Asian or Pacific Islander</u> | <u>4. Native American or Alaskan Native</u> | |
| <u>2. Black or African American</u> | <u>5. White or Caucasian</u> | <u>7. A race/ethnicity not listed here</u> |
| <u>3. Hispanic or Latino</u> | <u>6. Multiracial or Biracial</u> | |

Section 2:

Highest Education Level Attained (on File): _____ Highest Education Level Attained (Updated):

- | | |
|--|---|
| <u>1. Vocational-Tech/Practical Nursing</u> | <u>5. Baccalaureate/Nursing</u> |
| <u>2. Diploma Nursing (RN)</u> | <u>6. Baccalaureate/Non-Nursing Field</u> |
| <u>3. Associate Degree/Nursing</u> | <u>7. Masters/Nursing</u> |
| <u>4. Associate Degree/Non-Nursing Field</u> | <u>8. Masters/Non-Nursing Field</u> |
| <u>9. Doctorate/Nursing</u> | <u>10. Doctorate/Non-Nursing Field</u> |

Section 3:

How many years have you practiced as a nurse?

- | | | | |
|----------------------------|-----------------------|-----------------------|------------------------------|
| <u>1. less than 1 year</u> | <u>3. 6-10 years</u> | <u>5. 16-20 years</u> | <u>7. 26-30 years</u> |
| <u>2. 1-5 years</u> | <u>4. 11-15 years</u> | <u>6. 21-25 years</u> | <u>8. More than 30 years</u> |

Section 4:

What is your Employment status? (Mark all that apply)?

* Per Diem: An arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits.

Employed in Nursing: A nurse who receives compensation for work that requires licensure and/or educational preparation as a nurse.

Volunteer: A nursing position that is performed willingly and without pay.

- | | |
|---|--|
| <u>1. Actively employed in nursing Full-time</u> | <u>6. Actively employed in a field other than nursing Per diem</u> |
| <u>2. Actively employed in nursing Part-time</u> | <u>7. Working in nursing only as a Volunteer</u> |
| <u>3. Actively employed in nursing Per diem</u> | <u>8. Unemployed, seeking work as a nurse</u> |
| <u>4. Actively employed in a field other than nursing Full-time</u> | <u>9. Unemployed, not seeking work as a nurse</u> |
| <u>5. Actively employed in a field other than nursing Part-time</u> | <u>10. Retired</u> |

Section 5:

Are you planning to retire within?

- | | | |
|-----------------------------|-----------------------|---------------------------------|
| <u>1. less than 3 years</u> | <u>3. 5-10 years</u> | <u>5. 15-20 years</u> |
| <u>2. 3-5 years</u> | <u>4. 10-15 years</u> | <u>6. Greater than 20 years</u> |

Section 6:

* Primary Position: The position at which you work the most hours during your regular work year.

Secondary Position: The position at which you work the second greatest number of hours during your regular work year.

Name of Primary Employer: _____ Name of Secondary Employer: _____

County of Primary Employment: _____ County of Secondary Employment: _____

State of Primary Employment: _____ State of Secondary Employment: _____

Section 7:

Employment Hours for Primary Employer (on File):

Employment Hours for Primary Employer (Updated):

Employment Hours for Secondary Employer (on File):

Employment Hours for Secondary Employer (Updated):

- | | |
|------------------------------|---|
| <u>1. 36-40 hours</u> | <u>5. Retired from Nursing</u> |
| <u>2. 24-36 hours</u> | <u>6. Employed in Non-Nursing Field</u> |
| <u>3. 12-24 hours</u> | <u>7. Not Employed (other than retired)</u> |
| <u>4. Less than 12 hours</u> | <u>8. Not Employed (seeking nursing employment)</u> |

Section 8:

Hours in Excess of Regular Schedule per Week for Primary Employer (on File): Excess for Primary (Updated):

Hours in Excess of Regular Schedule per Week for Secondary Employer (on File): Excess for Secondary (Updated):

- | | | |
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| <u>1. Less than 4 hours</u> | <u>3. 9-12 hours</u> | <u>5. Greater than 16 hours</u> |
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How many positions are your currently employed as a nurse?

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| <u>7. Extended Care</u> | <u>19. Personal Care</u> | <u>31. Travel nurse</u> |

- | | | |
|--------------------------------------|--|---------------------------------------|
| <u>8. Home Health</u> | <u>20. Pharmaceutical Sales</u> | <u>32. Urgent Care</u> |
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| <u>10. Hospital Inpatient</u> | <u>22. Policy/Planning/Regulatory/Licensing Agency</u> | |
| <u>11. Insurance Claims/Benefits</u> | <u>23. Practice owner with employees</u> | <u>34. Non-Nursing Setting</u> |
| <u>12. Infusion therapy center</u> | <u>24. Public Health</u> | <u>35. Other</u> |

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- | | | |
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| <u>1. Case Manager</u> | <u>9. Nurse Director</u> | <u>17. Staff Nurse</u> |
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- | | | | |
|----------------------------|-----------------------|-----------------------|------------------------------|
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- | | |
|---|--|
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| <u>3. Actively employed in nursing Per diem</u> | <u>8. Unemployed, seeking work as a nurse</u> |
| <u>4. Actively employed in a field other than nursing Full-time</u> | <u>9. Unemployed, not seeking work as a nurse</u> |
| <u>5. Actively employed in a field other than nursing Part-time</u> | <u>10. Retired</u> |

Section 5:

Are you planning to retire within?

- | | | |
|-----------------------------|-----------------------|---------------------------------|
| <u>1. less than 3 years</u> | <u>3. 5-10 years</u> | <u>5. 15-20 years</u> |
| <u>2. 3-5 years</u> | <u>4. 10-15 years</u> | <u>6. Greater than 20 years</u> |

Section 6:

* Primary Position: The position at which you work the most hours during your regular work year.

Secondary Position: The position at which you work the second greatest number of hours during your regular work year.

<u>Name of Primary Employer:</u>	<u>Name of Secondary Employer:</u>
<u>County of Primary Employment:</u>	<u>County of Secondary Employment:</u>
<u>State of Primary Employment:</u>	<u>State of Secondary Employment:</u>

Section 7:

Employment Hours for Primary Employer (on File):
Employment Hours for Primary Employer (Updated):
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- | | |
|------------------------------|---|
| <u>1. 36-40 hours</u> | <u>5. Retired from Nursing</u> |
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| <u>3. 12-24 hours</u> | <u>7. Not Employed (other than retired)</u> |
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Hours in Excess of Regular Schedule per Week for Primary Employer (on File): Excess for Primary (Updated):

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- | | | |
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| <u>2. 4-8 hours</u> | <u>4. 13-16 hours</u> | |

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How many positions are your currently employed as a nurse?

Section 10:

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- | | | |
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| <u>5. Correctional Facility</u> | <u>17. Pain Clinic</u> | <u>29. School of Nursing/Nursing education</u> |
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| <u>9. Hospice</u> | <u>21. Physician's office</u> | <u>33. Veterans/Military Facility</u> |
| <u>10. Hospital Inpatient</u> | <u>22. Policy/Planning/Regulatory/Licensing Agency</u> | |

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Page 3 Addition of Five (5) Sections:

Section 1:

Primary Nursing Position (on File): _____ Primary Nursing Position (Updated): _____

Secondary Nursing Position (on File): _____ Secondary Nursing Position (Updated): _____

A. APRN Certified Registered Nurse Anesthetist M. APRN Certified Nurse Midwife

P. APRN Certified Nurse Practitioner S. APRN Clinical Nurse Specialist

P1. Adult (Acute & Primary Care) S1. Acute Care (Across the Lifespan)

P2. Adult Gerontology (Acute & Primary Care) S2. Adult; Adult Gerontology

P3. Adult Psych Mental Health S3. Adult Psych Mental Health

P4. Family S4. Child/Adolescent Psych Mental Health

P5. Gerontological S5. Gerontology

P6. Neonatal S6. Neonatal

P7. Pediatric (Acute & Primary Care) S7. Pediatric

P8. Psych Mental Health (Across the Lifespan) S8. Psych Metal Health (Across the Lifespan)

P9. Women's Health

1. Case Manager 9. Nurse Director 17. Staff Nurse

2. Chief Executive Officer 10. Nurse Executive 18. Quality Nurse

3. Chief Financial Officer 11. Nurse Manager/Supervisor 19. Staff Development/educator

4. Chief Nursing Officer 12. Travel Nurse/Agency nurse 20. Other-Healthcare Related (Specify)

5. Chief Operating Officer 13. Nurse Researcher

6. Medical Reviewer 14. Office Nurse 21. Other-Not Healthcare Related (Specify)

7. Nurse Academic Faculty/Educator 15. Public Health Nurse

8. Nurse Consultant 16. School nurse

Section 2:

Primary Practice Area (on File): _____ Primary Practice Area (Updated): _____

Secondary Practice Area (on File): _____ Secondary Practice Area (Updated): _____

1. Acute Care 16. Infection Prevention 31. Pre-operative

2. Administration (non-nursing) 17. Maternal-Child Health/Obstetrics 32. Primary Care

3. Anesthesia 18. Medical Surgical 33. Primary/Secondary School

4. Cardiac 19. Neonatal 34. Private Duty

5. Case Management 20. Nephrology 35. Psychiatric/Mental Health

6. Community Health 21. Nursing Administration 36. Public Health

7. Cosmetic 22. Nursing Education 37. Quality Improvement

8. Critical Care 23. Occupational health 38. Regulatory

9. Dermatology 24. Oncology 39. Rehabilitation

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|----------------------------------|---|----------------------------|
| <u>10. Dialysis</u> | <u>25. Orthopedics</u> | <u>40. Sales</u> |
| <u>11. Emergency/Trauma</u> | <u>26. Pain management</u> | <u>41. Substance Abuse</u> |
| <u>12. Family Health</u> | <u>27. Palliative Care</u> | <u>42. Telehealth</u> |
| <u>13. Geriatric/Gerontology</u> | <u>28. Pediatrics</u> | <u>43. Urgent Care</u> |
| <u>14. Home Health</u> | <u>29. Perioperative/Operating room</u> | <u>44. Woman's Health</u> |
| <u>15. Hospice</u> | <u>30. Postoperative/PACU</u> | |

Section 3:

If not employed in nursing (other than retired, select reason):

- | | | |
|---|--|--------------------------------------|
| <u>1. Benefits</u> | <u>5. Inadequate Salary</u> | <u>8. Unhealthy Work Environment</u> |
| <u>2. Difficulty Finding a Nursing Position</u> | <u>6. Lack of resources/support on the job</u> | <u>9. Vaccine mandates</u> |
| <u>3. Disabled</u> | <u>7. Stressed out/burn out</u> | <u>10. Other</u> |
| <u>4. Home/family obligations</u> | | |

Section 4:

Financial Information:

- | | | |
|---|--|--|
| <u>1. Less than \$40,000</u> | <u>5. \$100,000 to less than \$120,000</u> | <u>8. \$160,000 to less than \$180,000</u> |
| <u>2. \$40,000 to less than \$60,000</u> | <u>6. \$120,000 to less than \$140,000</u> | <u>9. Greater than \$180,000</u> |
| <u>3. \$60,000 to less than \$80,000</u> | <u>7. \$140,000 to less than \$160,000</u> | <u>10. Prefer not to respond.</u> |
| <u>4. \$80,000 to less than \$100,000</u> | | |

Section 5:

Please list all US Jurisdictions in which you hold an active license:

In the lower left-hand corner:

"02/2022"

In the lower right-hand corner:

"Page 3 of 3"