Welcome to the 2010 Registered Nurse License Renewal Survey!

The 2010 Nursing Workforce Survey is designed to produce detailed and accurate information about the current supply, demand, location, and skill level of Wisconsin's nursing workforce. Your candid responses will help support efforts to maintain the quality of the state's nursing profession and, in doing so, ensure a healthy Wisconsin.

Please note the following:

Importantly, no personally identifiable information is attached to your survey responses. The data collected is kept strictly confidential. All data results will be presented in aggregate form so that no one individual's responses can be distinguished.

In order to speed the completion of the survey, please have the following information within reach before you begin:

Your nursing credential number;
Your estimated nursing-related 2009 wage and earnings information; and,
Your work address(es) with county location(s) and zip codes.

Please proceed through the survey as directed by the instructions accompanying each question. In addition, please note:

A list of definitions of selected key survey terms follows this introductory page.
A list of Frequently Asked Questions is also available at http://drl.wi.gov under “New Developments”.

The completed paper surveys will be processed through optical scanners.

We prefer you type your responses into the survey online, but you have the option of printing out the blank form and filling it in by hand. If you are not filling out the survey online, please use a #2 pencil or a black or dark blue pen. Try to stay within the borders. Print your text responses, the scanner cannot interpret cursive text.

If you need this survey in an alternate format, please contact the Department of Regulation and Licensing at (608) 266-0627, TTY # (608) 267-2416; TRS # 1-800-947-3529.

IMPORTANT NOTICE: At the end of the survey you will be asked to sign a form attesting that you have completed the survey to the best of your ability. Your 2010 RN License Renewal Survey submission will not be considered complete without the attestation form signed and submitted along with your survey form

If you are mailing the survey and signed attestation, please return it to:

Department of Regulation and Licensing
PO Box 8935
Madison, WI 53708-8935

Alternatively, you can email us this information using either of the following two options.

1. If you have a scanner, scan the completed survey and signed attestation to a file. Select PDF as the file format.
2. If your computer has a PDF printer driver, it would be found under the File menu, `Print…' option. The printer `Name:' drop-down list will have a PDF option. Select that option, then click the Print button. This saves the form with your filled-in responses to a new PDF file.

Email the file to:
DRLRenewal@wisconsin.gov

On behalf of the State of Wisconsin, thank you for your time and participation in the 2010 Nursing Workforce Survey.

2010 RN License Renewal Nursing Workforce Survey - Key Terms and Definitions

Americans with Disabilities Act (ADA). A federal law that prohibits discrimination against individuals with disabilities. Title I of the ADA covers employment by private employers with 15 or more employees as well as state and local government employers of the same size. Section 501 of the Rehabilitation Act provides the same protections for federal employees and applicants for federal employment. For further information: **http://www.eeoc.gov/facts/health_care_workers.html**

Advanced Practice Nurse. An umbrella classification for the purpose of regulation. An Advanced Practice Nurse is a registered nurse and is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.

Advanced Practice Nurse Prescriber (APNP). An advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2) of Wisconsin State Statutes.

Advanced Public Health Nurse (APHN). A registered nurse (RN) prepared in a graduate-level public/community health nursing program or an accepted equivalent. In Wisconsin, the title "public health nurse" means an individual who, in addition to being licensed as a registered nurse under **ch. 441, Wis. Stats.**, shall have one of the following:

- DHS 139.08(1) A bachelor's degree from a nursing program approved by the board of nursing under s. 441.01 (3), Stats., and ch. N 1, or accredited by the national professional nursing education accrediting organization. The program shall include preparation in public health nursing or community health nursing.
- DHS 139.08(2) A master's degree from a nursing program accredited by the national professional nursing education accrediting organization. The program shall include preparation in public health nursing or community health nursing.
- DHS 139.08(3) A public health nurse certificate issued by the department prior to December 1, 1984.

Direct patient care. Care provided personally by you to a patient, and which may involve any aspects of the health care of that patient, including treatments, counseling, self-care, patient education, or administration of medication.

Ethnicity. As defined by the United States Census Bureau and the Federal Office of Management and Budget (OMB), race and ethnicity are considered separate and distinct identities, with Hispanic or Latino origin asked as a separate question. Thus, in addition to their race or races, all respondents are categorized by membership in one of two ethnicities: "Hispanic or Latino" and "Not Hispanic or Latino." For further information: **http://2010.census.gov/partners/pdf/ConstituentFAQ.pdf**

Nurse Practitioner (NP). A registered nurse (RN) prepared in a formal, post-basic nurse practitioner program, who functions in an independent primary health care provider role addressing the full range of patient's/client's health problems and needs within an area of specialization. Certification and/or state recognition may be required for practice as an NP.

Primary place of work. The place of work where you currently spend the most hours during your regular work week. If you have two part-time positions with exactly the same hours per week, you may choose which one you consider "primary."

Race (See Ethnicity).

Print Form

Clear Form

1. Please enter your credential number

Today's Date

Your credential # is your licensed # and the registration type for your license. For example, a license # of 12345 and a registration type of 030 would be entered as 12345030 without dashes.

2. What was your age on March 5, 2010?

3. What is your gender?

- Female
- Male

4. Are you of Hispanic, Latino or Spanish origin? (Select one)

- No, not of Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino or Spanish origin

5. What is your race? (Check all that apply)

- White
- Black, African Am., or Negro
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Other Asian
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other Race not listed

6. Please select the state where you reside:

State

If Wisconsin, select the county where you reside:

County

7. Please list any languages other than English in which you are proficient

Second Language

Third Language

More Languages

8. Please list all degrees earned and year received

- Associate Degree in Nursing — Year
- Associate Degree in another field — Year
- Diploma in Nursing — Year
- Bachelor Degree in Nursing — Year
- Bachelor Degree in another field — Year
- Master Degree in Nursing — Year
- Master Degree in another field — Year
- Doctorate Degree in Nursing — Year
- Doctorate Degree in another field — Year

9. Are you an educationally prepared Advanced Practice Nurse?

◯ Yes ◯ No

10. In the last 5 years, have you had any work-related injury/injuries affecting your ability to perform direct patient care?

◯ Yes ◯ No

11. Do you have any disability requiring a reasonable accommodation provided by an employer under the Americans with Disabilities Act (ADA)?

◯ Yes ◯ No

IF YOU ARE CURRENTLY UNEMPLOYED OR RETIRED, you may stop here.

Thank you for your participation. Please feel free to enter any comments on your professional experience you wish to share.

12. Which of the following categories best describes your current employment in Wisconsin? (Select one)

☐ Providing direct patient care as a registered nurse

☐ Actively employed in health care, but not nursing

☐ Actively employed as a

☐ Not employed in Wisconsin

IF YOU ARE CURRENTLY WORKING IN NURSING OR A HEALTH CARE PROFESSION, please continue.

If you have more than one job, please provide information for your primary job only:

13. Please enter the zip code for your place of work: (5 digit zip code)

14. Is your position paid?

◯ Yes ◯ No

15. Are you currently employed in a position requiring you to be an Advanced Practice Nurse?

◯ Yes ◯ No

16. Which of the following best describes your primary place of work?

17. Please select the specialty that most closely corresponds to your nursing position

18. How many years have you worked at this primary place of work? (Round to nearest year)

19. Why were you unable to apply for re-licensure during the period of January 6th through March 5th, 2010? (Check all that apply)

- ☐ Returning to nursing workforce
- ☐ Moving back to Wisconsin
- ☐ Received renewal notice, but forgot to act on it
- ☐ Did not know my license was expiring
- ☐ Personal reasons
- ☐ Other

Further Comments (optional)

On behalf of the State of Wisconsin, thank you for your time and participation in the 2010 Nursing Workforce Survey

ATTESTATION FORM
NURSING WORKFORCE SURVEY
PAPER COPY ENCLOSED

Name: _____ **Credential Number:** _____
(please print)

I attest that I have completed the enclosed workforce survey to the best of my ability as required by law. I understand that failure to provide the requested information may result in the delay of my renewal and could lead to some enforcement action against my license.

Signature: _____ **Date:** _____

☐ **Check this box if you are submitting this form electronically, and unable to provide a handwritten signature. This will be considered your legal signature.**

Print Form