



**3. Temporary Personnel**

- (a) Does your organization use temporary, external agency or traveling personnel?  
Yes  No
- (b) If **YES**, what percentage of nursing services is covered by temporary, external agency or traveling personnel on a typical day? \_\_\_\_\_%

**4. Part-time Personnel**

- (a) Does your organization use part-time personnel including internal PRN pools?  
Yes  No
- (b) If **YES**, what percentage of nursing services is covered by part-time personnel? \_\_\_\_\_%

**5. Foreign Trained RNs**

- (a) Does your organization use foreign trained registered nurses?  
Yes  No
- (b) If **YES**, what percentage of nursing services is covered with foreign trained RNs? \_\_\_\_\_%

**6. RN Turnover**

- (a) Total # of RN terminations for any reason for the most recent 12 months \_\_\_\_\_
- (b) Average # of employed RN FTEs for the most recent 12 months \_\_\_\_\_

**7. LPN Turnover**

- (a) Total # of LPN terminations for any reason for the most recent 12 months \_\_\_\_\_
- (b) Average # of employed LPN FTEs for the most recent 12 months \_\_\_\_\_

**8. Highest Educational Level for RN Employees**

Indicate the number of **CURRENT full and part-time RN employees**, regardless of nursing personnel category, whose highest educational level is: Diploma, Associate Degree, Baccalaureate Degree, Masters Degree or Doctoral Degree.

Highest Educational Level of RN Employees	# of CURRENTLY employed RNs (2010)	# you INTEND to employ next year (2011)	# you INTEND to employ in 2 years (2012)
Diploma			
Associate Degree			
Baccalaureate Degree			
Masters Degree			
Doctoral Degree			
<b>TOTAL</b>			

**9. Continuing Education**

List the two most urgent continuing education needs of your current nursing workforce:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_

**10. CONTACT INFORMATION:** Please provide contact information in case there is a need for clarification of responses. Thank you for your invaluable assistance.

Name of Institution: \_\_\_\_\_  
 County: \_\_\_\_\_ **ONW USE ONLY:PHD** \_\_\_\_\_ WIN District \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone & Ext: \_\_\_\_\_ Email: \_\_\_\_\_