

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 (2011)	# you INTEND to employ next year (2012)	# you INTEND to employ in 2 years (2013)
Diploma			
Associate Degree			
Baccalaureate Degree			
Masters Degree			
Doctoral Degree			
TOTAL			

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: _____