ALABAMA BOARD OF NURSING

Graduate Programs Annual Survey Report

Governing Institution Information

Governing Institution Name: President/Chancellor, (etc.):
Mailing Address: Email Address:
C/S/Z: Website:
Is your institution accredited?
What is your accrediting organization?
Accreditation Status:
Last Visit: Next Visit:

Graduate Program Information

Graduate Program Name: Dean/Director (on file with the ABN):
Mailing Address: Email Address:
C/S/Z: Program Website:
Is your nursing education program accredited?
If yes by what organization?
Accreditation Status:
Last Visit: Next Visit:

Program Institutional Sites

Institutional Site	Institutional Site Address	Nursing Program Administrator	CRNA No of Nursing Students	CRNP No of Nursing Students	CNM No of Nursing Students	CNS No of Nursing Students	Total Number of Nursing Students
Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.
Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.
Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.	Click to enter.

Budget Allocations

How many Full Time Equivalents (FTEs) are allocated for your graduate nursing education program by your parent institution?

How many FTEs are currently filled for your graduate nursing education program? Insert the following:
Administrative FTEs: _____ . _____

Faculty FTEs: Nursing _____ . _____   Non- Nursing _____ . _____

Clinical / Adjunct Faculty FTEs: _____ . _____

Support FTEs: _____ . _____

Personnel Vacancies

Number of Faculty Vacancies: Click to enter.

Select all that apply to recruiting barriers for retaining Faculty and Clinical Supervisors:
- ☐ Salary
- ☐ Benefits
- ☐ Qualifications
- ☐ Location
- ☐ Specialty Area
- ☐ Workload
- ☐ Budget Constraints
- ☐ Other: **[enter reason if box is checked]**

Program Policies and Procedures

Enter link access to policies and procedures: Click to enter.

Curriculum

Enter link access to curriculum: Click to enter.

CLINICAL SITES OUTSIDE OF ALABAMA

Does your graduate program utilize clinical sites outside the State of Alabama? Choose an item.

If you answered **YES** to the preceding question, please select All states that apply. This includes states where students may be sent for clinical experiences / practicums.

Substantive Changes during this reporting period

Select all that:
- ☐ Parent Institution Administrator
- ☐ Nursing Program Administrator
- ☐ Governance Structure of Parent Institution
- ☐ Ownership or Merger of Parent Institution
- ☐ Accreditation Status of Parent Institution
- ☐ Accreditation Status of Nursing Education Program
- ☐ Nursing Education Program Name
- ☐ Relocation
- ☐ Significant Curriculum Changes

- ☐ Intent to Close a Program
- ☐ Expand or Collapse, Combine, Or Separate program(s)
- ☐ Reduction in nursing program faculty size exceeding 30%
- ☐ Annual Turnover rate in faculty greater than 30%
- ☐ Percentage of total nursing faculty...as full-time faculty falls below 30%
- ☐ Utilization of virtual or simulation lab in lieu of any required direct clinical hours for national certification exam
- ☐ Other

Explanation: Click to enter.

Accreditation Agency Reports:

Please check all boxes for applicable reports used during the reporting period.

☐ Self-Study / Evaluation Report

☐ Annual Survey / Report

☐ Site Visit Report

☐ Monitoring Report

☐ Continuous Improvement Report

☐ Other

Report Completion and Signature Page

For the entire reporting period for Fiscal Year 2022 (October 1, 20XX, through September 30, 20XX), my signature as the Graduate Program Administrator below affirms:

1. All nursing Faculty members have an active unencumbered Alabama registered nurse license, or a multistate registered nurse license issued by a party state.

2. All nursing Faculty have at least one graduate degree in nursing or health-related field.

3. The information contained in this Graduate Program Annual Report is true and accurate.

4. Institutional and program policies are written, published and publicly available.

My electronic signature affixed below demonstrates my agreement with each of the above affirmations.

Full Name of Graduate Program Administrator	Title of Graduate Program Administrator
Click to enter.	Click to enter.
Graduate Program Administrator Email	Graduate Program Administrator Phone
Click to enter.	Click to enter.

Signature of Graduate Program Administrator

Click to enter.

PLEASE NOTE: IF YOU ARE NOT THE NURSING PROGRAM ADMINISTRATOR ON FILE AT THE ABN, YOU MUST ENTER YOUR INFO BELOW.

Full Name of Preparer	Title of Preparer
Click to enter.	Click to enter.
Preparer's Email	Preparer's Phone
Click to enter.	Click to enter.

Signature of Preparer (if other than Graduate Program Administrator)

Click to enter.