

BOARD OF REGISTERED NURSING 1747 North Market Blvd, Suite 150, Sacramento, CA 94244-2100 P (916) 322-3350 | F (916) 574-8637 | <u>www.rn.ca.gov</u>

GENERAL NURSING PROGRAM OVERVIEW QUESTIONNAIRE AND COMPONENTS This information <u>must</u> be submitted directly to the Board from your nursing school.

- 1. Name of applicant (student):
- 2. Applicant's date of birth:
- 3. Title (Degree) Obtained:
- 4. Does the Ministry of Education or Ministry of Health or Ministry of Public Health approve/accredits your school?
- 5. What is the address of the Ministry that approves/accredits your school?
- 6. If the Ministry of Education or Ministry of Health or Public Health does not approve/accredits your school what agency does? Please provide this address.
- 7. Is your school a public institution or a private school?
- 8. What year was the school founded?
- 9. What year was the nursing school approved/accredited by the governmental agency?
- 10. What year did the nursing program start at your school?
- 11. Does your country have a national nursing program curriculum for all nursing schools?
- 12. What is the current official school name?
- 13. Other than the current name and address of the school, did the school have previous names and addresses, if so, what were the previous names and addresses?
- 14. Does your school have other campuses or is affiliated with another school? Please provide the addresses of the other campus location(s)
- 15. What is the name of the present or current Nursing Director and/or Nursing Dean of the School?
- 16. What is the language of instruction for the nursing students?
- 17. If the language of instruction has changed, what was the former language of instruction?
- 18. Does your school offer a "Distance Learning" or "Online" program in nursing?
- 19. Was any portion of program completed online, if so, provide a breakdown.
- 20. Was any portion of program completed via simulation vs direct patient care hours, if so, provide a breakdown.
- 21. Provide total theory and clinical hours completed for theory and clinical components for the nursing program completed.
- 22. Does your school of nursing utilize a semester system or quarter system? How many weeks are there in a semester system or quarter system? How many semesters or quarters are in a year?
- 23. Do you have other levels of nursing training? For example: clinical nurse, practical nurse, auxiliary nurse, enrolled nurse.
- 24. What is the minimum age requirement for enrollment into the nursing program?
- 25. Is completion of high school or secondary education a requirement to enter a nursing program?
- 26. What is the length of training for your general nursing program? Two Year, Three Year, etc.
- 27. Does your school have a bachelors and/or masters in nursing Program, if so, when did your bachelors and masters programs start?
- 28. Does your school have an "Accelerated and/or Abridged" Nursing Program, If so, when did it start and what length of time is the program?
- 29. Do you award a certificate or diploma upon completion of the nursing program?
- 30. Are there other requirements (for example social service of one year) prior to obtaining the diploma in nursing?
- 31. Does your country issue a nursing license? If so, what year did your country start issuing nursing licenses?
- 32. If your country does not issue a nursing license, is the nursing diploma used in lieu of a license to practice?
- 33. Does your school provide specialty training? For example, Midwifery, Pediatric Nursing, Psychiatric Nursing
- 34. Is the specialty training in addition to the general nursing program, if so are two diplomas issues for the specialty and nursing programs or just one?
- 35. Does your school host a website that we may access, if so, what is the website address?
- 36. Does the school have a course catalog or school syllabus or student handbook? Please provide a copy of the school's course catalog to Board for review and to include in our library of reference and resource materials center.





Entity #