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# California Board of Registered Nursing

## 2017-2018 Annual School Report

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Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

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## PREFACE AND SURVEY METHODS

### Nursing Education Survey Design

The 2017-2018 Board of Registered Nursing (BRN) School Survey was designed to provide comparable data to prior surveys and was updated based on recommendations from the Board's Nursing Education and Workforce Advisory Committee. The School Survey is primarily intended to collect data on pre-licensure registered nursing (RN) education programs in California. Since 2004-2005, pre-licensure nursing education programs that also offer post-licensure programs have been asked to provide data on their post-licensure programs. Note that the data presented in this report are only for post-licensure programs that also have an approved pre-licensure program in California. Programs that are located outside California and offer post-licensure education online are not included.

The California Board of Registered Nursing commissioned the University of California, San Francisco to develop the online survey instrument, administer the survey, and report data collected from the survey. Revisions to the post-licensure sections of the survey may prevent comparability of some data.

The survey collected data about nursing programs, their students, and their faculty from August 1, 2017, through July 31, 2018. Demographic information and census data were requested for October 15, 2018.

### Survey Participation

In 2017-2018, 38 RN-to-BSN programs, 38 Master's degree programs, and 14 doctoral programs responded to the survey. A list of survey respondents is provided in Appendix A.

Since 2008-2009, the number of post-licensure programs in schools with pre-licensure programs surveyed by the BRN have increased by 18.9% (n=7). This includes an increase of 18.8% (n=6) in the number of RN-to-BSN programs, 32.1% (n=9) in the number of Master's degree programs, and 100% (n=7) in the number of doctoral programs. Between 2016-2017 and 2017-2018, two schools began offering new RN-to-BSN programs, one school began offering a new MSN program, two RN-to-BSN programs closed, one MSN program closed, one doctoral program closed and one doctoral program was not surveyed because the school no longer offers a pre-licensure program.

**Table 1. Number of Post-Licensure Programs by Program Type by Academic Year**

	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018
RN-to-BSN	32	31*	34	33	32	35	34	34	38	38
Master's Degree	29	31	36	36	36	36	35	35	38	38
Doctoral	7	7	9	10	12	13	13	13	16	14
<b>Number of schools<sup>†</sup></b>	<b>39</b>	<b>39</b>	<b>43</b>	<b>45</b>	<b>44</b>	<b>45</b>	<b>44</b>	<b>42</b>	<b>46</b>	<b>46</b>

<sup>†</sup>Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.

\*One of the RN-to-BSN programs had been counted twice when the 2009-2010 report was published. The data have been corrected in this report.

Only nine schools had single post-licensure programs. Most had a combination of programs, the most common being an RN-to-BSN program and an MSN program.

**Table 2. Post-licensure Program Combinations, 2017-2018**

Programs	#
RN-to-BSN only	8
MSN only	1
Doctoral only	0
RN-to-BSN & MSN	23
MSN & Doctoral	7
RN-to-BSN, MSN & Doctoral	7
<b>Number of schools</b>	<b>46</b>

## Analysis

This report focuses on the post-licensure data; previously-published reports present the results of the pre-licensure sections of the survey. Data are presented in aggregate form to describe overall trends in RN education in California statewide and within regions of the state. Note that statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

## POST-LICENSURE RN EDUCATION PROGRAM SUMMARY AND TRENDS

Since post-licensure programs offer a range of degrees, this report is presented in three sections: RN-to-BSN programs, Master's degree programs, and doctoral programs. Faculty census data and staffing data are presented separately since they are collected by school, not by program type. Note that the data do not include post-licensure education programs offered by schools that do not have an approved California pre-licensure RN education program.

### RN-to-BSN Programs

#### Number of RN-to-BSN Programs

The number of RN-to-BSN programs increased by 18.8% (n=6) over the last ten years, from 32 programs in 2008-2009 to 38 programs in 2017-2018. In 2017-2018, more than half of RN-to-BSN programs were offered at private schools (55.3%, n=21), while 44.7% (n=17) of RN-to-BSN programs were offered at public schools. The number of RN-to-BSN programs offered at private schools increased by 61.6% (n=8) over the last ten years, while the number of RN-to-BSN programs offered at public schools decreased by 10.6% (n=2). The proportion of private RN-to-BSN programs has risen steadily over the decade, exceeding half of all RN-to-BSN programs by 2016-2017.

**Table 3. Number of RN-to-BSN Programs by Academic Year and Public/Private Status**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Public	59.4%	58.1%	55.9%	57.6%	53.1%	54.3%	52.9%	50.0%	47.4%	44.7%
Private	40.6%	41.9%	44.1%	42.4%	46.9%	45.7%	47.1%	50.0%	52.6%	55.3%
<b>Number of programs reporting</b>	<b>32</b>	<b>31</b>	<b>34</b>	<b>33</b>	<b>32</b>	<b>35</b>	<b>34</b>	<b>34</b>	<b>38</b>	<b>38</b>

#### Program Information

Most RN-to-BSN programs use distance learning and flexible course scheduling as methods of increasing access to the program. Offering courses via distance education peaked at 83.3% in 2012-2013 and 2014-2015, and has since declined to around 70% for the last three years. Flexible course scheduling remains a common method that RN-to-BSN programs use to increase access, although its use has decreased somewhat since 2008-2009.

Some programs offer courses in work settings and use partial funding of classes by work settings to increase access. However, the use of courses in work settings has decreased over the decade, reaching a ten-year low of 11.1% (n=4) in 2017-2018.

**Table 4. Approaches to Increase RN Access to the Program by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Distance education modes	66.7%	57.7%	56.7%	71.0%	83.3%	71.4%	83.3%	68.8%	70.3%	69.4%
Flexibility in course scheduling	74.1%	80.7%	63.3%	67.7%	63.3%	68.6%	73.3%	62.5%	62.2%	52.8%
Partial funding of classes by work setting	33.3%	46.2%	56.7%	35.5%	30.0%	22.9%	46.7%	40.6%	32.4%	30.6%
Courses provided in work settings	33.3%	38.5%	33.3%	41.9%	30.0%	17.1%	23.3%	25.0%	16.2%	11.1%
<b>Number of programs reporting</b>	<b>27</b>	<b>26</b>	<b>30</b>	<b>31</b>	<b>30</b>	<b>35</b>	<b>30</b>	<b>32</b>	<b>37</b>	<b>36</b>

In 2017-2018, the most commonly cited methods to award credit for prior education and experience were direct articulation of ADN coursework (51.4%, n=18) and partnerships with ADN programs or similar collaborations (51.4%, n=18). The use of partnerships with ADN programs or similar collaborations has increased steadily over the decade, peaking in 2015-2016 at 63.3% (n=19) of programs and then declining somewhat.

The use of portfolios to document competencies as a mechanism to award credit has overall declined since 2008-2009, when 16.7% (n=5) of programs used this mechanism. By 2017-2018, only one program reported using portfolios to document competencies to award credit. The use of other mechanisms to award credit have fluctuated over the decade.

**Table 5. Mechanisms to Award Credit for Prior Education and Experience by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Direct articulation of ADN coursework	70.0%	71.4%	64.5%	71.0%	73.3%	67.7%	90.0%	50.0%	61.8%	51.4%
Partnerships with ADN programs or similar collaborations	23.3%	28.6%	45.2%	45.2%	53.3%	54.8%	60.0%	63.3%	52.9%	51.4%
Specific program advisor	60.0%	53.6%	51.6%	45.2%	43.3%	38.7%	70.0%	30.0%	35.3%	37.1%
Tests to award credit*	20.0%	17.9%	22.6%	22.6%	20.0%	22.6%	30.0%	13.3%	20.6%	17.1%
Specific upper division courses	30.0%	28.6%	19.4%	12.9%	13.3%	9.7%	20.0%	10.0%	17.6%	20.0%
Portfolios to document competencies	16.7%	14.3%	19.4%	16.1%	6.7%	12.9%	20.0%	13.3%	0.0%	2.9%
<b>Number of programs</b>	<b>30</b>	<b>28</b>	<b>31</b>	<b>31</b>	<b>30</b>	<b>31</b>	<b>30</b>	<b>30</b>	<b>34</b>	<b>35</b>

\*NLN achievement tests or challenge exams

### New Student Enrollments

In 2017-2018, 6,658 admission spaces were filled with 4,238 students. Some online RN-to-BSN programs accept all qualified applicants and there is no cap on enrollment; these programs did not report a number of admissions spaces and the number of new enrollments was used as the number of spaces available. 2017-2018 marked the highest number of spaces available this decade (6,658) and the lowest percent of spaces filled with new enrollments (63.7%).

**Table 6. Availability and Utilization of Admission Spaces by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Spaces available*	2,286	2,346	2,287	2,978	3,224	3,368	3,180	4,941	5,119	6,658
New student enrollments	1,985	2,101	1,913	1,998	2,488	2,252	2,351	4,317	3,698	4,238
<b>% Spaces filled with new student enrollments</b>	<b>86.8%</b>	<b>89.6%</b>	<b>83.6%</b>	<b>67.1%</b>	<b>77.2%</b>	<b>66.9%</b>	<b>73.9%</b>	<b>87.4%</b>	<b>72.2%</b>	<b>63.7%</b>

\*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.



New student enrollment increased between 2007-2008 and 2015-2016, reaching a ten-year high of 4,317 in 2015-2016 before declining in 2016-2017. In 2017-2018, new student enrollment climbed again to 4,238. Overall RN-to-BSN enrollments have increased over time, although public program enrollments have decreased since 2015-2016 while private program enrollments have continued to rise, surpassing public school enrollments in 2015-2016.

Of these 4,238 new enrollments in 2017-2018, 3,589 were enrolled in a general post-licensure BSN (RN-to-BSN) while 649 were enrolled in a specific post-licensure program in which students begin taking BSN courses while still enrolled in an ADN program (e.g. California Collaborative Model for Nursing Education).

**Table 7. RN-to-BSN New Student Enrollment by Program Type by Academic Year**

	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018
<b>New student enrollment</b>	<b>1,985</b>	<b>2,101</b>	<b>1,913</b>	<b>1,998</b>	<b>2,488</b>	<b>2,252</b>	<b>2,351</b>	<b>4,317</b>	<b>3,698</b>	<b>4,238</b>
Public	867	788	788	1,083	1,578	1,247	1,772	2,010	1,557	1,446
Private	1,118	1,313	1,125	915	910	1,005	579	2,307	2,141	2,792

Seventeen programs (44.7%) reported that they enrolled fewer students in 2017-2018 than in the prior year. The majority reported that this resulted from accepted students not enrolling (47.1%, n=8), followed by lack of qualified applicants (23.5%, n=4) and competition or mode of delivery (23.5%, n=4). The latter two categories were derived from text comments. In 2017-2018, some examples of comments indicating lack of qualified applicants include: “fewer applicants” and “decreased number of applicants”. Some examples of comments indicating competition/mode issues include: “increased competition” and “students choosing fully on-line programs”.

**Table 8. Reasons for Enrolling Fewer Students by Academic Year**

	2014- 2015	2015- 2016	2016- 2017	2017- 2018**
Accepted students did not enroll	61.5%	60.0%	60.0%	47.1%
Lack of qualified applicants*	8.3%	40.0%	33.3%	23.5%
Competition/mode*	7.7%	0.0%	26.7%	23.5%
Program revisions*	-	-	6.7%	11.8%
Other	7.7%	10.0%	13.3%	5.9%
College/university / BRN requirement to reduce enrollment	15.4%	10.0%	0.0%	0.0%
To reduce costs	7.7%	0.0%	0.0%	0.0%
Unable to secure clinical placements for all students	7.7%	0.0%	6.7%	0.0%
Lost funding	0.0%	0.0%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%
<b>Programs reporting</b>	<b>13</b>	<b>10</b>	<b>15</b>	<b>17</b>

\*Categories derived from text comments.

\*\*17 programs reported enrolling fewer students, but only 16 gave reasons for doing so.

In 2017-2018, RN-to-BSN programs received 5,416 qualified applications for admission, a decline from the prior year (2016-2017) and from the ten-year high of 6,028 in 2015-2016. Of the 5,416 applications received, 7.9% (n=427) were not accepted for admission. The acceptance rates in 2017-2018 and 2016-2017 were considerably higher than in any of the previous ten years.

Prior to 2014-15, admitted students were recorded as enrolled students. From 2014-2015 onward, enrolled students were differentiated from admitted students because many who are admitted do not enroll. In 2019-2020, this table was revised to reflect the number admitted, not enrolled, from 2012-2013 onward.

**Table 9. Applications\* for Admission to RN-to-BSN Programs by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
<b>Qualified applications</b>	<b>2,364</b>	<b>2,651</b>	<b>2,424</b>	<b>2,581</b>	<b>3,069</b>	<b>2,873</b>	<b>3,844</b>	<b>6,028</b>	<b>5,613</b>	<b>5,416</b>
Accepted	1,985	2,101	1,913	1,998	2,448	2,522	3,468	5,783	5,198	4,989
Not accepted	379	550	511	583	621	351	376	245	415	427
<i>% Qualified applications not admitted</i>	16.0%	20.7%	21.1%	22.6%	20.2%	12.2%	9.8%	4.1%	7.4%	7.9%

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

### Student Census Data

The total number of students enrolled in RN-to-BSN programs has fluctuated over the last ten years from a low of 3,099 in 2011 to a high of 6,654 in 2017.<sup>1</sup> The number of students enrolled in RN-to-BSN programs increased dramatically between 2015 and 2018, largely due to increases in the number of private program enrollments.

In 2018, the number of students in public RN-to-BSN programs increased slightly by 3.3% (n=74) from the prior year, while the number of students in private RN-to-BSN programs decreased by 13.7% (n=609). Until 2016, private school students accounted for less than half of all RN-to-BSN students, but by 2017-2018, they accounted for 62.4% of all RN-to-BSN students.

**Table 10. Student Census Data, RN-to-BSN Programs, by Academic Year**

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Public programs	2,055	1,873	2,086	2,182	2,624	2,194	2,536	3,073	2,224	2,298
Private programs	1,427	1,374	1,013	1,223	1,467	1,242	873	3,356	4,430	3,821
<b>Total nursing students</b>	<b>3,482</b>	<b>3,247</b>	<b>3,099</b>	<b>3,405</b>	<b>4,091</b>	<b>3,436</b>	<b>3,409</b>	<b>6,429</b>	<b>6,654</b>	<b>6,119</b>

Note: Census data represent the number of students on October 15 of the given year.

<sup>1</sup> Much of this increase from 2014-2015 has to do with one school that did not report data previously.

### Student Completions

The number of students that completed an RN-to-BSN program in California has increased over the last ten years, from 1,439 in 2008-2009 to 3,675 in 2017-2018. There has been considerable growth in the number of completions from both public and private programs over this period, but private programs have had a greater share of RN-to-BSN completions than public programs for the past three years. Some of this increase is due to the inclusion of a very large program that had not reported data prior to 2015-2016.

Of these 3,675 completions, 3,336 were enrolled in a standard post-licensure BSN (RN-to-BSN), and 339 were enrolled in a specific post-licensure program in which students begin taking BSN courses while enrolled in an ADN program (e.g. California Collaborative Model for Nursing Education).

**Table 11. Student Completions, RN-to-BSN Programs, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Public programs	608	613	696	850	1,030	1,097	1,174	1,076	1,386	1,549
Private programs	831	761	572	750	796	675	671	1,357	1,748	2,126
<b>Total student completions</b>	<b>1,439</b>	<b>1,374</b>	<b>1,268</b>	<b>1,600</b>	<b>1,826</b>	<b>1,772</b>	<b>1,845</b>	<b>2,433</b>	<b>3,134</b>	<b>3,675</b>

Starting in 2016-2017, RN-to-BSN programs were asked to describe the type of term system they used (semester, quarter, or other) and the average time to completion for part-time and full-time students. In 2017-2018: the majority of programs (68.4%, n=26) reported using the semester system and 13.2% (n=5) reported using the quarter system. "Other" systems included 1-month terms, trimesters, and 10-week blocks.

**Table 12. Type of Term, RN-to-BSN Programs**

	2016-2017		2017-2018	
	#	%	#	%
Semester	25	71.4%	26	68.4%
Quarter	5	14.3%	5	13.2%
Other	5	14.3%	7	18.4%
<b>Total</b>	<b>35</b>	<b>100.0%</b>	<b>38</b>	<b>100.0%</b>

In 2017-2018, part-time students required an average of 6.1 semesters or 7.3 quarters to complete the RN-to-BSN program. Full-time students required an average of 4.0 semesters or 6.2 quarters to complete.

**Table 13. Time to Completion by Term, RN-to-BSN Programs, 2017-2018**

Time to complete	Semesters	Quarters	Programs reporting*
Part-time program	6.1	7.3	20
Full-time program	4.0	6.2	31

\*Only programs that reported numbers greater than "0" were used for this analysis.

### Summary of RN-to-BSN program data

The number of RN-to-BSN programs has stayed the same over the last year and, for the second year in a row, there were more private than public programs. RN-to-BSN programs enrolled and graduated many more students in 2017-2018 than in 2008-2009. The number of spaces available, and new students enrolling in these programs increased somewhat over the last year, although the number of qualified applicants dropped slightly. Almost half of programs reported that they had enrolled fewer students this year compared to last largely because accepted students did not enroll and due to a lack of qualified applicants. The student census decreased slightly, but the number of students that completed RN-to-BSN programs increased between 2016-2017 and 2017-2018.

### **Master's Degree Programs**

Master's degree programs offer post-licensure nursing education in functional areas such as nursing education and administration, as well as advanced practice nursing fields (i.e. nurse practitioner, clinical nurse specialist, nurse midwife, and nurse anesthetist).

### Number of MSN Programs

In 2017-2018, 38 schools that offered a Master's degree program responded to this survey. The number of Master's degree programs has stayed the same since 2016-17. Half (50%) of reported programs are public.

**Table 14. Number of Master's Degree Programs by Academic Year**

	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017*	2017- 2018
Public	55.2%	58.1%	52.8%	52.8%	52.8%	52.8%	54.3%	54.3%	50.0%	50.0%
Private	42.9%	41.9%	47.2%	47.2%	47.2%	47.2%	45.7%	45.7%	50.0%	50.0%
<b>Number of programs reporting</b>	<b>29</b>	<b>31</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>35</b>	<b>35</b>	<b>38</b>	<b>38</b>

\*One private school was inadvertently coded as public in the 2016-17 report; that designation has been corrected for this report.

### New Student Enrollments

New student enrollment has grown considerably over the past decade, reaching a 10-year high of 3,544 in 2017-2018. However, admission spaces available for new student enrollments in Master's degree programs have also grown by 78.0% (n=1,943) over the last ten years to a total of 4,434 admission spaces in 2017-2018. Since 2010-2011, the gap between the number of spaces available and the number of new student enrollments has increased. In 2017-2018, about 20% of the available spaces were not filled.

**Table 15. Availability and Utilization of Admission Spaces, Master's Degree Programs, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Spaces available*	2,491	2,671	2,474	2,938	2,472	2,856	2,440	3,969	3,464	4,434
New student enrollments	2,147	2,464	2,454	2,200	2,274	2,211	2,133	2,307	2,769	3,544
<b>% Spaces filled with new student enrollments</b>	<b>86.2%</b>	<b>92.3%</b>	<b>99.2%</b>	<b>74.9%</b>	<b>92.0%</b>	<b>77.4%</b>	<b>87.4%</b>	<b>58.1%</b>	<b>79.9%</b>	<b>79.9%</b>

\*If number of admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

In the past ten years, Master's degree programs have seen enrollment grow by 65.1% (n=1,397). This growth is attributable to private programs, which have seen 223% growth (n=1,694) in new student enrollments since 2008-2009, reaching a ten-year high of 2,620 in 2017-2018. New student enrollment in public programs has been declining since 2010-2011, reaching a low of 924 in 2017-2018.

In 2017-2018, 73.9% of new Master's degree students (n=2,620) enrolled in private programs.

**Table 16. New Student Enrollment, Master's Degree Programs, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017*	2017-2018
<b>New student enrollment</b>	<b>2,147</b>	<b>2,464</b>	<b>2,454</b>	<b>2,200</b>	<b>2,274</b>	<b>2,211</b>	<b>2,133</b>	<b>2,307</b>	<b>2,769</b>	<b>3,544</b>
Public	1,221	1,204	1,353	1,083	1,077	1,071	909	1,001	990	924
Private	926	1,260	1,101	1,117	1,197	1,140	1,224	1,306	1,779	2,620

\*One private school was inadvertently coded as public in the 2016-17 report; that designation has been corrected for this report.

Seventeen programs (44.7%) reported that they had enrolled fewer students in 2017-2018 than in the prior year. The majority reported that this resulted from accepted students not enrolling (5%). Sixty-nine percent of the programs enrolling fewer students reported “other” reasons. Respondents provided write-in descriptions of these reasons, including lack of qualified applicants and discontinuation of the program. The more common write-in answers were recoded and are reflected as percentages in Table 17 below and indicated with an asterisk.

Examples of these write-in answers in 2017-2018 include “We admitted no students, as this was the last year of the program,” and “Decreased number of qualified applicants.”

**Table 17. Reasons for Enrolling Fewer Students by Academic Year**

	2014-2015	2015-2016	2016-2017	2017-2018
Accepted students did not enroll	64.7%	78.6%	75.0%	52.9%
Lack of qualified applicants*	29.4%	28.6%	12.5%	47.1%
Other	11.8%	28.6%	12.5%	11.8%
Program discontinued*	0.0%	-	6.3%	5.9%
Unable to secure clinical placements for all students	5.9%	7.1%	6.3%	5.9%
College/university /requirement to reduce enrollment	0.0%	0.0%	0.0%	0.0%
To reduce costs	0.0%	7.1%	0.0%	0.0%
Lost funding	5.9%	7.1%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%
<b>All Reporting</b>	<b>17</b>	<b>14</b>	<b>16</b>	<b>17</b>

\*Categories derived from text comments.

Overall, however, the number of qualified applications received by Master’s degree programs, both public and private, has increased 107% (n=2,326) over the last ten years to 5,086 applications in 2017-2018. In 2017-2018, 24.8% (n=1,259) of applications were not accepted for admission.

**Table 18. Applications\* for Admission to Master’s Degree Programs by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Qualified applications	2,760	3,723	3,001	3,214	3,764	3,476	3,217	3,747	4,198	5,086
Accepted	2,147	2,464	2,454	2,200	2,274	2,211	2,133	2,307	3,223	3,827
Not accepted	613	1,259	547	1,014	1,490	1,265	1,084	1,440	975	1,259
<b>% Qualified applications not enrolled</b>	22.2%	33.8%	18.2%	31.5%	39.6%	36.4%	33.7%	38.4%	23.2%	24.8%

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

### Student Census Data

The total number of students enrolled in Master's degree programs has increased by 49.9% (n=1,909) over the past ten years reaching a ten-year high of 6,267 in 2016-2017 and 2017-2018. Private programs have had a dramatic increase in total student enrollment since 2009 (231.2%, n=2,728) while enrollment in public programs decreased by 31.0% (n=819) over the same period. Private programs currently account for 68.8% of enrolled students.

**Table 19. Student Census Data, Master's Degree Programs, by Academic Year**

	2009	2010	2011	2012	2013	2014	2015	2016	2017*	2018
Public programs	2,775	2,613	2,722	2,557	2,572	2,382	2,329	2,159	2,106	1,956
Private programs	1,583	2,093	1,835	2,062	2,443	2,464	2,528	2,608	4,161	4,311
<b>Total nursing students</b>	<b>4,358</b>	<b>4,706</b>	<b>4,557</b>	<b>4,619</b>	<b>5,015</b>	<b>4,846</b>	<b>4,857</b>	<b>4,767</b>	<b>6,267</b>	<b>6,267</b>

Note: Census data represent the number of students on October 15 of the given year.

\*One private school was inadvertently coded as public in the 2016-17 report; that designation has been corrected for this report.

### Student Completions

The number of students that completed a Master's degree program in California has increased by 59.3% in the last decade, reaching a ten-year high of 2,306 students in 2017-2018. Growth over this period in the number of completions from private programs was much larger (163.5%, n=639) than growth from public programs (3.4%, n=29).

**Table 20. Student Completions, Master's Degree Programs, by Academic Year**

	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018
Public programs	892	904	952	1,034	933	933	911	852	870	921
Private programs	646	687	612	857	829	1,006	1,072	789	1,216	1,385
<b>Total student completions</b>	<b>1,538</b>	<b>1,591</b>	<b>1,564</b>	<b>1,891</b>	<b>1,762</b>	<b>1,939</b>	<b>1,983</b>	<b>1,641</b>	<b>2,086</b>	<b>2,306</b>

Nurse practitioners were the largest share of graduates from Master's degree programs in 2017-2018, accounting for over half of all graduates. The share of Nurse practitioners has grown over the last ten years from 40.4% in 2008-2009 to 54.3% in 2017-2018. The field of nursing administration, which represents the second largest group of graduates, has fluctuated over this period, increasing from 5.3% in 2016-2017 to 13.2% in 2017-2018. The field of clinical nurse specialist experienced the greatest decline in the share of graduates since 2008-2009, reaching a ten-year low of 3.2% in 2017-2018.

In 2017-2018, "Other" included educational leadership, nursing leadership, occupational/environmental health specialist, and dual role NP/CNS.

**Table 21. Student Completions by Program Track or Specialty Area, Master's Degree Programs, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Nurse Practitioner	40.4%	39.2%	45.6%	44.7%	56.4%	53.4%	57.8%	52.8%	51.3%	54.3%
Nursing Administration	10.0%	10.2%	13.4%	11.6%	7.3%	4.5%	4.2%	5.4%	5.3%	13.2%
Nursing Education	15.1%	14.6%	13.5%	8.6%	9.6%	7.8%	3.7%	13.9%	11.2%	11.0%
Other track	2.7%	6.1%	0.7%	0.8%	1.0%	0.1%	3.1%	9.0%	9.4%	5.9%
Nurse Generalist	9.0%	3.3%	1.6%	1.2%	0.2%	1.8%	2.8%	3.7%	1.7%	4.3%
Clinical Nurse Specialist	13.8%	11.9%	8.0%	8.8%	8.9%	6.4%	6.7%	4.9%	3.4%	3.2%
Certified Nurse Anesthetist	4.6%	4.8%	4.6%	3.8%	3.6%	3.9%	4.6%	5.3%	4.1%	3.0%
School Nurse	0.7%	3.0%	1.5%	1.4%	1.1%	1.9%	1.9%	2.0%	1.8%	1.9%
Nursing Science and Leadership	-	-	-	2.5%	2.4%	1.2%	1.4%	1.5%	1.2%	1.0%
Nursing Informatics	-	-	-	-	-	0.3%	0.3%	0.9%	0.9%	0.8%
Certified Nurse Midwife	1.0%	1.7%	1.9%	1.2%	0.9%	0.9%	1.1%	1.1%	0.5%	0.6%
Ambulatory Care	1.2%	1.2%	1.7%	2.2%	0.0%	1.9%	0.0%	0.6%	0.4%	0.3%
Health Policy	-	-	-	2.6%	0.2%	0.0%	0.2%	0.3%	0.3%	0.3%
Community Health/ public Health	0.1%	1.2%	0.6%	0.5%	0.7%	1.0%	0.7%	1.0%	0.8%	0.2%
Clinical Nurse Leader	4.4%	3.5%	6.1%	10.4%	7.9%	9.4%	9.0%	0.1%	6.0%	0.1%
Case Management	0.7%	2.1%	2.3%	2.2%	2.3%	2.2%	2.5%	0.1%	0.0%	0.1%
<b>Total Student Completions</b>	<b>1,538</b>	<b>1,591</b>	<b>1,564</b>	<b>1,891</b>	<b>1,762</b>	<b>1,939</b>	<b>1,796</b>	<b>1,641</b>	<b>2,086</b>	<b>2,306</b>

Blank cells indicate that the information was not requested in the given year.

<sup>1</sup>- Students who double-majored were counted in each specialty area for the first time in 2008-09. Therefore, each student who completed a Master's degree program may be represented in multiple categories.

\* This answer option was inadvertently dropped from the 2014-2015 survey.



Individual/family nursing is the most common specialty area for nurse practitioners (NPs), with 68.2% (n=854) of NPs graduating in this specialty area in 2017-2018. Other common specialty areas in 2017-2018 included adult/gerontology acute care (8.6%, n=108), adult/gerontology primary care (7.6%, n=95) and psychiatry/mental health (6.2%, n=78).

In 2017-2018, other specialty included Occupational/Environmental Health NP (two mentions) and “no specialties”.

**Table 22. Student Completions by Nurse Practitioner Specialty, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Acute care	9.0%	12.0%	10.4%	6.2%	7.1%	-	-	-	-	-
Adult	4.7%	8.3%	14.3%	7.1%	6.0%	-	-	-	-	-
Family	62.5%	58.0%	53.0%	67.2%	70.9%	-	-	-	-	-
Individual/Family	-	-	-	-	-	66.9%	75.0%	64.5%	64.0%	68.2%
Gerontology	2.9%	2.7%	2.4%	1.7%	1.5%	-	-	-	-	-
Adult/Gerontology primary	-	-	-	-	-	10.8%	10.3%	12.0%	8.8%	7.6%
Adult/Gerontology acute	-	-	-	-	-	6.2%	5.3%	6.7%	9.3%	8.6%
Neonatal	0.8%	1.1%	1.4%	1.2%	0.0%	0.2%	0.0%	0.0%	0.1%	0.1%
Occupational health*	1.3%	1.9%	1.4%	0.6%	0.2%	-	-	-	0.2%	0.2%
Pediatric	8.5%	9.1%	8.4%	6.2%	4.2%	-	-	-	-	-
Pediatric primary	-	-	-	-	-	5.3%	5.3%	3.6%	3.0%	3.1%
Pediatric acute	-	-	-	-	-	1.5%	1.8%	1.7%	1.8%	1.0%
Psychiatric/mental health	1.6%	3.2%	5.9%	4.6%	3.4%	4.6%	3.4%	6.5%	6.8%	6.2%
Women's health	5.0%	1.9%	2.4%	3.0%	3.6%	3.3%	2.8%	3.2%	2.1%	2.4%
Other	3.7%	1.8%	0.4%	2.4%	2.9%	1.2%	1.1%	1.7%	3.9%	0.7%
<b>Total Number of Nurse Practitioners*</b>	<b>622</b>	<b>624</b>	<b>713</b>	<b>845</b>	<b>994</b>	<b>1,035</b>	<b>1,015</b>	<b>866</b>	<b>1,070</b>	<b>1,252</b>

Note: Response categories were modified in 2013-2014.

\*This category was on the survey up until 2011-2012. After that time, percentages were from text comments as necessary.

\*In 2017-2018, two respondents did not break down the number of nurse practitioner completions by specialty.

In 2016-2017 and 2017-2018, MSN programs were asked to describe the type of term system they used (semester, quarter, or other) and then provide the average time to completion for part-time and full-time students. The majority of programs (73.7%) reported using the semester system. “Other” systems included trimesters and “non-term”.

**Table 23. Type of Term, MSN Programs**

	2016-2017		2017-2018	
	Number	Percent	Number	Percent
Semester	28	77.8%	28	73.7%
Quarter	6	16.7%	7	18.4%
Other	2	5.6%	3	7.9%
<b>Number of programs reporting</b>	<b>36</b>	<b>100.0%</b>	<b>38</b>	<b>100.0%</b>

In 2017-2018, part-time students required an average of 7.3 semesters or 12.5 quarters to complete their MSN program. Full-time students required an average of 5.2 semesters or 7.0 quarters to complete.

**Table 24. Time to Completion by Term, MSN Programs, 2017-2018**

Time to complete	Semesters	Quarters	Programs reporting
Part-time program	7.3	12.5	26
Full-time program	5.2	7.0	33

### Summary of MSN program data

There was no change in the number of master's programs grew over the last year, although one private program closed and another opened. Growth in the number admission spaces (78.0%), and new student enrollments (65.1%) over the last ten years has been driven by the inclusion of large private programs, some of them online programs.

In 2017-2018, master's programs received 5,086 qualified applications (a ten-year high) for 4,434 admission spaces, although it is not known if students whose applications were rejected by one school were admitted to a different school. Despite the record number of qualified applications, half of programs noted that they had enrolled *fewer* students than they had the prior year, with the most common reason being that accepted students did not enroll. Hence, the number of admission spaces far exceeds the number of new student enrollments, with 20% of spaces unfilled.

The MSN student census grew by 49.9% over the last ten years while the number of students that completed one of these programs has grown by 59.3% in the same period. In 2017-2018, the number of completions (2,306) reached a ten-year high.

Nurse Practitioner (NP) continues to be the most common specialty for students completing a Master's degree, making up more than half of all completions. However, nursing administration, which has varied in prominence over the last ten years, was the second most common program track completion in 2017-2018. In 2016-2017, more than two-thirds (68.2%) of graduating NPs specialized in individual/family nursing.

## Doctoral Programs

### Number of Doctoral Programs

The number of doctoral nursing programs in California has doubled since 2008-2009. In 2017-2018, there were 14 nursing doctoral programs in California—57.1% (n=8) were in private schools. Two schools that reported doctoral programs in 2016-2017 did not do so in 2017-2018.

**Table 25. Number of Doctoral Degree Programs by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Public	28.6%	28.6%	33.3%	40.0%	50.0%	53.8%	53.8%	46.2%	43.8%	42.9%
Private	71.4%	71.4%	66.7%	60.0%	50.0%	46.2%	46.2%	53.8%	56.3%	57.1%
<b>Number of programs reporting</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>10</b>	<b>12</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>16</b>	<b>14</b>

### New Student Enrollments

Admission spaces available for new student enrollments in doctoral programs have almost tripled since 2008-2009, from 163 to 487, despite a slight decline in availability of admission spaces in 2009-2010.

In 2017-2018, 358 new students enrolled in doctoral programs, a ten-year high with 220% growth since 2008-2009. Starting in 2011-2012, there have been more admission spaces available than students enrolled in doctoral programs; in 2017-2018, there were 129 unfilled spaces reported.

**Table 26. Availability and Utilization of Admission Spaces, Doctoral Programs, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Spaces available*	163	159	165	203	362	372	320	368	394	487
New student enrollments	112	158	186	227	314	230	198	236	290	358
<b>% Spaces filled with new student enrollments</b>	<b>68.7%</b>	<b>99.4%</b>	<b>112.7%</b>	<b>111.8%</b>	<b>86.7%</b>	<b>61.8%</b>	<b>61.9%</b>	<b>64.1%</b>	<b>73.6%</b>	<b>73.5%</b>

\*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

Private school doctoral program enrollments have grown by 174% (n=141) since 2008-2009, while public program enrollments have grown by 339% (n=105) in the same period. Public programs showed more fluctuation in new student enrollments than private programs. Private program enrollments far exceeded public program enrollments prior to 2012-2013, but this gap has narrowed somewhat in recent years.

**Table 27. New Student Enrollment, Doctoral Programs, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
<b>New student enrollment</b>	<b>112</b>	<b>158</b>	<b>186</b>	<b>203</b>	<b>314</b>	<b>230</b>	<b>198</b>	<b>236</b>	<b>290</b>	<b>358</b>
Public	31	38	32	41	142	93	94	99	140	136
Private	81	120	154	162	172	137	104	137	150	222

Four of 14 programs (28.6%) reported that they had enrolled fewer students this year than in the prior year. The four programs that provided reasons for their enrollment decline reported that this resulted from accepted students not enrolling (100%) and two of the four programs reported a lack of qualified applicants (50.0%).

**Table 28. Reasons for Enrolling Fewer Students by Academic Year**

	2014-2015	2015-2016	2016-2017	2017-2018
Accepted students did not enroll	80.0%	75.0%	100.0%	100.0%
Lack of qualified applicants	20.0%	0.0%	33.3%	50.0%
Other	20.0%	50.0%	0.0%	25.0%
<b>Number of programs reporting</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>4</b>

The number of qualified applications to doctoral programs has fluctuated over the last ten years. In 2017-2018, doctoral programs received 624 qualified applications to their programs—a ten-year high and more than five times the number of applications in 2008-2009. Of these 624 applications, 24.8% were not accepted for admission.

**Table 29. Applications\* for Admission to Doctoral Programs by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Qualified applications	<b>120</b>	<b>201</b>	<b>420</b>	<b>203</b>	<b>431</b>	<b>321</b>	<b>314</b>	<b>377</b>	<b>459</b>	<b>624</b>
Accepted	112	158	186	203	314	230	255	236	372	469
Not accepted	8	43	234	0	117	91	59	141	87	155
<b>% Qualified applications not enrolled</b>	<b>6.7%</b>	<b>21.4%</b>	<b>55.7%</b>	<b>0.0%</b>	<b>27.1%</b>	<b>28.3%</b>	<b>18.8%</b>	<b>37.4%</b>	<b>19.0%</b>	<b>24.8%</b>

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

### Student Census Data

The total number of students enrolled in doctoral programs more than doubled in ten years, from 407 students on October 15, 2009, to 957 in 2018. Both private and public programs increased the number of students in their programs over the last ten years, although private programs increased enrollments more rapidly. In 2017-2018, the private program doctoral census was roughly twice that of public programs.

**Table 30. Student Census Data,\* Doctoral Programs, by Year**

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Public programs	155	163	176	216	376	307	338	252	393	294
Private programs	252	268	391	412	451	431	395	337	406	663
<b>Total nursing students</b>	<b>407</b>	<b>431</b>	<b>567</b>	<b>628</b>	<b>827</b>	<b>738</b>	<b>733</b>	<b>589</b>	<b>799</b>	<b>957</b>

\*Census data represent the number of students on October 15 of the given year.

### Student Completions

The number of students that completed a nursing doctoral program in California more than tripled in the past ten years, from 49 in 2008-2009 to 185 in 2017-2018, although this is still lower than the ten year high of 242 in 2014-2015. Private program graduates made up 61.0% of all graduates in 2017-2018.

**Table 31. Student Completions, Doctoral Programs, by Academic Year**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Public programs	22	20	30	23	21	90	141	97	58	75
Private programs	27	44	46	61	105	96	101	79	113	110
<b>Total student completions</b>	<b>49</b>	<b>64</b>	<b>76</b>	<b>84</b>	<b>126</b>	<b>186</b>	<b>242</b>	<b>176</b>	<b>171</b>	<b>185</b>

Respondents reported that 75.1% (n=139) of these graduates were DNP students. Of these 139 DNP graduates, 36.0% completed a Nursing Science and Health Care Leadership program, 34.5% completed a Nurse Generalist program, 20.1% completed a Nurse Practitioner program, 0.7% completed a Clinical Nurse Specialist track, and 1.4% completed some other program or were not reported.

**Table 32. Student Completions, DNP Tracks**

Track	2016-17		2017-18	
	Percent	Number	Percent	Number
Nursing Science and Healthcare Leadership	30.5%	43	36.0%	50
Nurse Generalist	25.5%	36	34.5%	48
Nurse Practitioner	35.5%	50	20.1%	28
Other / unknown	8.5%	12	1.4%	2
Clinical Nurse Specialist	0.0%	0	0.7%	1
Nursing Education	0.0%	0	0.0%	0
Nursing Administration	0.0%	0	0.0%	0
Certified Nurse Midwife	0.0%	0	0.0%	0
Certified Registered Nurse Anesthetist	0.0%	0	0.0%	0
School Nursing	0.0%	0	0.0%	0
Clinical Nurse Leader	0.0%	0	0.0%	0
Case Management	0.0%	0	0.0%	0
Community Health/Public Health	0.0%	0	0.0%	0
Informatics/Nursing Informatics	0.0%	0	0.0%	0
Ambulatory care	-	-	0.0%	0
Health Policy	0.0%	0	0.0%	0
<b>Total</b>	<b>100.0%</b>	<b>141</b>	<b>100.0%</b>	<b>139</b>

Of the 28 that completed a Nurse Practitioner program, 53.6% completed an individual/family specialty track, while 28.6% were in psychiatry/mental health and 17.9% were in adult/gerontology (primary).

**Table 33. Student Completions, Nurse Practitioner Specialties**

NP Specialty	2016-2017		2017-2018	
	Percent	Number	Percent	Number
Individual/Family	68.0%	34	53.6%	15
Psychiatric-Mental Health	6.0%	3	28.6%	8
Adult/Gerontology (primary)	18.0%	9	17.9%	5
Adult/Gerontology (acute)	0.0%	0	0.0%	0
Pediatrics (acute)	0.0%	0	0.0%	0
Neonatal	0.0%	0	0.0%	0
Women's Health/Gender	0.0%	0	0.0%	0
Other	0.0%	0	0.0%	0
Pediatrics (primary)	8.0%	4	0.0%	0
<b>Total</b>	<b>100.0%</b>	<b>50</b>	<b>100.0%</b>	<b>28</b>

In 2016-2017 and 2017-2018, doctoral programs were asked to describe the type of term system they used (semester, quarter, or other) and then provide the average time to completion for part-time and full-time students. In 2017-2018, the majority of programs (64.3%) reported using the quarter system.

**Table 34. Type of Term, Doctoral Programs**

	2016-2017		2017-2018	
	Percent	Number	Percent	Number
Semester	28.6%	4	35.7%	5
Quarter	71.4%	10	64.3%	9
Other	0.0%	0	0.0%	0
<b>Total</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>14</b>

Part-time students required an average of 10.7 semesters or 17.0 quarters to complete the doctoral program. Full-time students required an average of 6.9 semesters or 14.3 quarters to complete.

**Table 35. Time to Completion by Term, Doctoral Programs**

Time to complete	Semesters	Quarters	Programs reporting
Part-time program	10.7	17.0	9
Full-time program	6.9	14.3	13

### Summary of doctoral program data

The number of schools offering doctoral degrees and the number of students pursuing those degrees have increased over the past ten years. Since 2016-2017, this survey has stopped tracking two doctoral programs—one because it closed. Nonetheless, 2017-2018 showed a ten-year high in the number of available spaces, new student enrollments, qualified applicants, and student census.

Private programs account for 57.1% of all doctoral programs surveyed. Historically, private doctoral programs have been responsible for most of the increases in new student enrollments, student census and student completions. In 2017-2018, private programs were responsible for 62% of new enrollments, 69.3% of all enrolled students, and 61% of completions in doctoral programs.

### Faculty Census Data

Faculty data were collected by school, not by degree program. Therefore, faculty data represent post-licensure programs as a whole, not a specific degree program.

On October 15, 2018, post-licensure programs reported 1,653 faculty that taught post-licensure courses; some of these faculty also had a teaching role in the pre-licensure programs offered at the school. Over the last ten years, there have been fluctuations in the number of faculty teaching post-licensure students. Some of these fluctuations may be due to changes in the survey in 2009-2010<sup>2</sup>, while others are likely due to online programs that have large fluctuations in enrollment and hence, fluctuations in faculty numbers from year to year.

Of the 46 schools that offered post-licensure nursing programs in 2017-2018, 91.3% (n=42) reported sharing faculty with the pre-licensure programs offered at their school. Forty-five schools (97.8%) reported that they have some faculty that exclusively teach post-licensure students. Since many programs use the same faculty for pre- and post-licensure programs, 33.3% (n=551) of the 1,653 total post-licensure faculty reported in 2018 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 63 vacant faculty positions in 2017. These vacancies represent a 3.7% faculty vacancy rate.

**Table 36. Faculty Census Data by Year**

	2009	2010	2011	2012	2013*	2014	2015*	2016*	2017 <sup>‡</sup>	2018
<b>Total faculty</b>	<b>1,813</b>	<b>1,169</b>	<b>1,598</b>	<b>1,446</b>	<b>1,086</b>	<b>1,001</b>	<b>1,085</b>	<b>1,187</b>	<b>1,261</b>	<b>1,653</b>
Faculty (post-licensure only) <sup>1</sup>	-	816	1,138	953	758	488	668	660	728	1,102
<i>Full-time</i>	656	267	302	320	237	274	285	322	336	405
<i>Part-time</i>	1,157	549	836	633	332	214	397	402	392	697
Faculty (also teach pre-licensure)	1,813	353	460	493	328	513	417	331	533	551
<b>Vacancy rate**</b>	<b>3.4%</b>	<b>4.9%</b>	<b>1.2%</b>	<b>4.9%</b>	<b>5.0%</b>	<b>3.9%</b>	<b>13.8%</b>	<b>4.9%</b>	<b>4.4%</b>	<b>3.7%</b>
<i>Vacancies</i>	63	60	19	75	57	41	173	61	58	63

Note: Census data represent the number of faculty on October 15th of the given year.

\*The sum of full- and part-time faculty did not equal the total faculty reported in these years.

\*\*\*Vacancy rate = number of vacancies/(total faculty + number of vacancies)

<sup>‡</sup> Not all schools provided information for this question.

<sup>2</sup> Prior to 2009-2010, if schools reported that pre-licensure faculty were used to teach post-licensure programs, it was assumed that all pre-licensure faculty had a post-licensure teaching role. Feedback from nursing school deans and directors indicated that this assumption was not always true. Therefore, these questions were modified in 2009-2010 to collect data on the number of faculty that exclusively teach post-licensure students and the share of the pre-licensure faculty that also teach post-licensure courses.

In 2017-2018, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. Thirty-nine percent (38.5%, n=15) of 39 schools responding agreed.<sup>3</sup> These fifteen schools were asked to rank the reason for this shift. The top ranked reasons non-competitive salaries for full-time faculty, shortage of RNs applying for full-time faculty positions, and insufficient number of full-time faculty applicants with required credential.

Non-competitive salaries for full-time faculty has been the first or second ranked item for the three years this question has been asked. Shortage of RNs applying for full time faculty positions has been the second or third ranked reason in all three years. In 2016-2017, insufficient budget to afford benefits and other costs of full-time faculty was the first ranked reason, but was not in the top three in either of the other years.

**Table 37. Reasons for Hiring More Part-Time Faculty**

	2015-2016		2016-2017		2017-2018	
	Average Rank*	Programs reporting	Average Rank*	Programs reporting	Average Rank	Programs reporting
Non-competitive salaries for full time faculty	2.3	3	3.0	5	2.4	10
Shortage of RNs applying for full time faculty positions	2.7	3	4.8	5	3.4	9
Insufficient number of full time faculty applicants with required credential	4.3	3	5.8	5	3.9	9
Need for part-time faculty to teach specialty content	7.3	3	5.0	5	4.4	11
Private, state university or community college laws, rules or policies	5.7	3	5.4	5	4.4	10
Insufficient budget to afford benefits and other costs of FT faculty	4.7	3	2.0	5	4.9	9
Other	-	0	10.0	5	5.0	8
To allow for flexibility with respect to enrollment changes	7.7	3	6.3	5	6.6	10
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	5.7	3	6.0	1	6.7	3
Need for faculty to have time for clinical practice	4.7	3	5.6	6	6.8	9

\*The lower the ranking, the greater the importance of the reason. (1 has the highest importance and 10 has the lowest importance.)

In 2017-2018, schools were asked how many of their full-time post-licensure-only faculty shifted from full-time to part-time schedules during this program year. Four schools identified five faculty who had transitioned from full-time to part-time. Reasons given for this transition included preparing for retirement (75%), workload (25%), and “other (25%). The one “other” reasons was “retired then recalled”.

<sup>3</sup> Seven schools did not answer this question.



## Staffing and Administration

In 2017-2018, post-licensure programs were asked to report the number of clerical staff and clinical coordinators they employed, and whether these staff were adequate for program needs.

Because only schools with approved pre-licensure programs were surveyed, there is considerable overlap in staffing numbers between pre- and post-licensure programs in the following tables as many staff reported support both types of programs. In addition, there is considerable overlap between post-licensure programs as most schools have more than one post-licensure program.

### Clerical Staff

All but two schools reported clerical staff that supported their post-licensure programs. Schools reported 241 clerical staff in total, 68 supporting only post-licensure programs and 173 supporting both pre- and post-licensure programs.

Schools with doctoral programs were more likely to have four or more clerical staff (85.7%) compared to 50.0% of schools with MSN programs and 41.7% of schools with RN-to-BSN programs.

On average, schools with doctoral programs had more total clerical staff (9.0) than schools with MSN programs (5.7), and RN-to-BSN programs (5.3).

Doctoral programs were more likely to be in schools with multiple post-licensure programs, a factor which was somewhat correlated with the number of clerical staff.

**Table 38. Number of Clerical Staff by Size of School and Program Type, 2017-18**

	Number of Students in School*											
	Less than 100			100-199			200 or more			All Programs		
	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral
None	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	5.6%	0.0%	0.0%	2.8%	0.0%
1 clerical staff	17.6%	30.0%	50.0%	0.0%	0.0%	0.0%	14.3%	11.1%	0.0%	13.9%	13.9%	7.1%
2 clerical staff	17.6%	10.0%	0.0%	28.6%	25.0%	0.0%	21.4%	16.7%	11.1%	22.2%	16.7%	7.1%
3 clerical staff	23.5%	20.0%	0.0%	28.6%	25.0%	0.0%	14.3%	11.1%	0.0%	22.2%	16.7%	0.0%
4 clerical staff	5.9%	10.0%	0.0%	14.3%	25.0%	66.7%	7.1%	22.2%	44.4%	8.3%	19.4%	42.9%
>4 clerical staff	29.4%	30.0%	50.0%	28.6%	25.0%	33.3%	35.7%	33.3%	44.4%	33.3%	30.6%	42.9%
Average # clerical staff**	<b>5.7</b>	<b>6.8</b>	<b>15.5</b>	<b>3.4</b>	<b>3.7</b>	<b>5.0</b>	<b>6.5</b>	<b>6.2</b>	<b>8.9</b>	<b>5.3</b>	<b>5.7</b>	<b>9.0</b>
<b>Number of programs reporting</b>	<b>17</b>	<b>10</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>3</b>	<b>14</b>	<b>18</b>	<b>9</b>	<b>36</b>	<b>34</b>	<b>14</b>

\*Student data were collected by program while staff numbers were collected by school. Since most schools have multiple post-licensure programs, the number of students was combined and the same data were reported for both programs.

Clerical staff provided a total of 6,947 hours of support weekly, 2,073 dedicated to post-licensure programs only, and an additional 4,874 split between pre- and post-licensure programs.

On average, schools with doctoral programs had more clerical hours per week (242.2) than schools with MSN programs (158.2) and RN-to-BSN programs (157.8). However, the average number of hours per reported staff did not vary a great deal between program types, ranging from 25.8 hours per staff member for doctoral programs to 29.3 hours per staff member for RN-to-BSN programs.

**Table 39. Average Number of Clerical Staff Hours by Size of School and Program Type, 2017-18**

	Number of Students in School*											
	Less than 100			100-199			More than 200			All Programs		
	RN-to-BSN	MSN	Docto-ral	RN-to-BSN	MSN	Docto-ral	RN-to-BSN	MSN	Docto-ral	RN-to-BSN	MSN	Docto-ral
1 clerical staff	40.0	35.0	30.0	0.0	0.0	0.0	40.0	40.0	0.0	40.0	36.7	30.0
2 clerical staff	77.3	80.0	0.0	65.0	65.0	0.0	73.3	73.3	80.0	72.8	71.7	80.0
3 clerical staff	113.8	120.0	0.0	100.0	100.0	0.0	120.0	120.0	0.0	111.9	113.3	0.0
4 clerical staff	115.0	115.0	0.0	160.0	120.0	120.0	55.0	81.3	81.3	110.0	97.1	94.2
>4 clerical staff	341.2	412.2	630.0	185.0	114.0	28.0	398.4	388.3	514.4	339.0	344.9	452.6
<b>Number of programs reporting</b>	<b>15</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>3</b>	<b>12</b>	<b>16</b>	<b>9</b>	<b>34</b>	<b>33</b>	<b>14</b>
Average hours per week**	<b>172.5</b>	<b>193.5</b>	<b>330.0</b>	<b>122.9</b>	<b>99.8</b>	<b>89.3</b>	<b>212.3</b>	<b>197.2</b>	<b>273.6</b>	<b>157.8</b>	<b>158.2</b>	<b>242.2</b>

\*Student data were collected by program while staff numbers were collected by school. Since most schools have multiple post-licensure programs, the number of students was combined and the same data were reported for both programs.

\*\*Average hours reported are for all staff and not per person.

Respondents were asked to report on the adequacy of the amount of clerical support at their schools. Respondents at schools with doctoral programs were more likely to report that the amount of clerical support was somewhat or very adequate (92.9%) compared to schools with RN-to-BSN programs or MSN programs (85.3% and 87.9% respectively).

**Table 40. Adequacy of Amount of Clerical Support, 2017-18**

Adequacy	RN-to-BSN	MSN	Doctoral
Very adequate	50.0%	51.5%	64.3%
Somewhat adequate	35.3%	36.4%	28.6%
Somewhat inadequate	8.8%	6.1%	7.1%
Very inadequate	5.9%	6.1%	0.0%
<b>Number of programs reporting</b>	<b>34</b>	<b>33</b>	<b>14</b>

### Clinical Coordinators

All but six schools reported clinical coordination staff. Schools reported 101 clinical coordinator staff working 2,152 aggregate hours per week. Six RN-to-BSN programs had no clinical coordinator, as did three MSN and one doctoral program.

Schools with doctoral programs were more likely to have two or more clinical coordinators (71.4%) compared to 61.1% of schools with MSN programs and 47.4% of schools with RN-to-BSN programs. On average, schools with Doctoral programs had more clinical coordinator staff (3.5) than schools with MSN programs (2.5), and RN-to-BSN programs (2.6). Some respondents reported that clinical coordinators were faculty who dedicated some of their time to clinical coordination, not a standalone position. Overall, clinical coordinators were reported to spend about 21.5 hours a week on these responsibilities.

**Table 41. Number of Clinical Coordinators by Size of School and Program Type, 2017-18**

	Number of Students in School*											
	Less than 100			100-199			More than 200			All Programs		
	RN-to-BSN	MSN	Docto- ral	RN-to-BSN	MSN	Docto- ral	RN-to-BSN	MSN	Docto- ral	RN-to-BSN	MSN	Docto- ral
No clinical coordinator	29.4%	20.0%	0.0%	0.0%	0.0%	0.0%	7.1%	5.6%	11.1%	15.8%	8.3%	7.1%
1 clinical coordinator	17.6%	0.0%	0.0%	85.7%	62.5%	33.3%	35.7%	33.3%	22.2%	36.8%	30.6%	21.4%
2 clinical coordinators	29.4%	50.0%	50.0%	14.3%	25.0%	33.3%	28.6%	27.8%	11.1%	26.3%	33.3%	21.4%
>2 clinical coordinators	23.5%	30.0%	50.0%	0.0%	12.5%	33.3%	28.6%	33.3%	55.6%	21.1%	27.8%	50.0%
Average number of clinical coordinators	<b>2.8</b>	<b>2.5</b>	<b>2.5</b>	<b>1.0</b>	<b>1.4</b>	<b>2.0</b>	<b>3.0</b>	<b>3.0</b>	<b>4.0</b>	<b>2.6</b>	<b>2.5</b>	<b>3.5</b>
<b>Number of programs reporting</b>	<b>17</b>	<b>10</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>3</b>	<b>14</b>	<b>18</b>	<b>9</b>	<b>38</b>	<b>36</b>	<b>14</b>

\*Student data were collected by program while staff numbers were collected by school. Since most schools have multiple post-licensure programs, the number of students was combined and the same data were reported for both programs.

\*\*Average hours reported are for all staff and not per person.

Private schools had more clinical coordinator hours (48.8) per week on average than did public schools (44.6).

Schools with doctoral programs reported more clinical coordination hours per week (74.2) on average than did schools with MSN programs (61.6) or MSN programs (52.1). Schools with RN-to-BSN programs reported more hours per clinical coordinator per week on average (24.0 hours) than did schools with RN-to-BSN and doctoral programs (20.4 and 21.0 hours per week respectively).

**Table 42. Average Number of Clinical Coordinator Hours by Size of School and Program Type, 2017-18**

	Number of Students in School*											
	Less than 100			100-199			More than 200			All programs		
	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral
Coordinator 1	30.0	0.0	0.0	18.7	22.2	40.0	46.0	44.6	33.8	30.9	34.4	35.8
Coordinator 2	41.6	48.0	70.0	5.0	14.5	24.0	73.3	69.4	57.5	48.1	49.7	50.5
All other clinical coordinators	65.0	83.3	70.0	0.0	45.0	45.0	122.8	125.2	118.2	93.9	104.6	100.9
<b>Number of programs reporting</b>	<b>12.0</b>	<b>7.0</b>	<b>12.0</b>	<b>8.0</b>	<b>8.0</b>	<b>16.0</b>	<b>2.0</b>	<b>3.0</b>	<b>8.0</b>	<b>22.0</b>	<b>18.0</b>	<b>36.0</b>
Average hours per week**	46.5	61.3	70.0	16.7	23.1	36.3	78.4	81.0	89.5	52.1	61.6	74.2

\*Student data were collected by program while staff numbers were collected by school. Since most schools have multiple post-licensure programs, the number of students was combined and the same data were reported for both programs.

\*\*Average hours reported are for all staff and not per person.

Respondents were asked to report the adequacy of the amount of clinical coordination support at their schools. Respondents at schools with doctoral programs were more likely than other schools to report that the amount of clinical coordination support was very adequate. (57.1%) as compared to 47.1% for MSN programs and 38.2% for RN-to-BSN programs. Schools with doctoral programs were the least likely to report that the clinical coordination support was “very inadequate.” Overall, 85-92% of schools with each type of program found their clinical coordination support to be “somewhat adequate” or “very adequate.”

**Table 43. Adequacy of Amount of Clinical Coordination Support, 2017-18**

Adequacy	RN-to-BSN	MSN	Doctoral
Very adequate	38.2%	47.1%	57.1%
Somewhat adequate	47.1%	38.2%	35.7%
Somewhat inadequate	5.9%	2.9%	7.1%
Very inadequate	8.8%	11.8%	0.0%
<b>Number of programs reporting</b>	<b>34</b>	<b>34</b>	<b>14</b>

**APPENDICES****APPENDIX A – List of Post-Licensure Nursing Education Programs****RN-to-BSN Programs (38)**

Azusa Pacific University  
 California Baptist University  
 Charles R. Drew University of Medicine and  
 Science  
 CNI College (Career Networks Institute)  
 Concordia University Irvine  
 CSU Bakersfield  
 CSU Chico  
 CSU Channel Islands\*  
 CSU Fresno  
 CSU Dominguez Hills  
 CSU East Bay  
 CSU Fullerton  
 CSU Long Beach  
 CSU Los Angeles  
 CSU Northridge  
 CSU Sacramento  
 CSU San Bernardino  
 CSU San Marcos  
 CSU Stanislaus  
 Glendale Career College  
 Holy Names University  
 Loma Linda University  
 Mount St. Mary's University BSN  
 National University\*  
 Pacific Union College  
 Point Loma Nazarene University  
 Samuel Merritt University  
 San Diego State University  
 Simpson University  
 Sonoma State University  
 The Valley Foundation School of Nursing at  
 United States University  
 Unitek College  
 University of Phoenix-NorCal\*  
 University of Phoenix-SoCal  
 Vanguard University  
 West Coast University  
 Western Governors University

**Master's Degree Programs (38)**

Azusa Pacific University  
 California Baptist University  
 Charles R. Drew University of Medicine and  
 Science  
 Concordia University Irvine  
 CSU Bakersfield  
 CSU Chico  
 CSU Dominguez Hills  
 CSU Fresno  
 CSU Fullerton  
 CSU Long Beach  
 CSU Los Angeles  
 CSU Sacramento  
 CSU San Bernardino  
 CSU San Marcos  
 CSU Stanislaus  
 Holy Names University  
 Loma Linda University  
 Mount St. Mary's University BSN  
 National University  
 Point Loma Nazarene University  
 Samuel Merritt University  
 San Diego State University  
 San Francisco State University  
 Sonoma State University  
 The Valley Foundation School of Nursing at  
 San Jose  
 United States University  
 University of California Davis  
 University of California Irvine  
 University of California Los Angeles  
 University of California San Francisco  
 University of Phoenix-NorCal  
 University of Phoenix-SoCal  
 University of San Diego, Hahn School of  
 Nursing  
 University of San Francisco  
 Vanguard University\*  
 West Coast University  
 Western Governors University  
 Western University of Health Sciences

\*New program in 2017-2018

**Doctoral Programs (14)**

Azusa Pacific University  
CSU Fresno  
CSU Fullerton  
California Baptist University  
Loma Linda University  
Point Loma Nazarene University  
Samuel Merritt University  
University of California Davis  
University of California Irvine  
University of California Los Angeles  
University of California San Francisco  
University of San Diego, Hahn School of  
Nursing  
University of San Francisco

**APPENDIX B – BRN Nursing Education and Workforce Advisory Committee****Members**

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 Carol Jones, MSN, RN, PHN  
 Saskia Kim, JD and Victoria Bermudez, RN

Judy Martin-Holland, PhD, MPA, RN, FNP  
 Kim Tomasi, MSN, RN and  
 Susan Odegaard Turner, PhD, RN  
 Sandra Miller, MBA  
 Robyn Nelson, PhD, RN  
 Linda Onstad-Adkins/ Fiona Castleton

Stephanie R. Robinson, PhD, MHA, RN  
 Joanne Spetz, PhD

Stacie Walker

Peter Zografos, PhD, RN

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 Janette Wackerly, MBA, RN

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 California Hospital Association/North (CHA)  
 HealthImpact

Samuel Merritt University  
 Kaiser Permanente National Patient Care  
 The United Nurses Associations of  
 California/Union of Health Care Professionals  
 (UNAC/UHCP)

Los Angeles County Department of Public Health  
 Community Colleges Chancellor's Office  
 University of California, Los Angeles School of  
 Nursing Health Center at the Union Rescue  
 Mission

Sutter Cancer Center  
 American Nurses Association\California (ANA/C)  
 California State University, Long Beach  
 Service Employees International Union (SEIU)

California Nurses Association/  
 National Nurses United (CAN/NNU)  
 University of California, San Francisco  
 Association of California Nurse Leaders (ACNL)

Assessment Technologies Institute (ATI)  
 West Coast University  
 Health Professions Education Foundation,  
 Office of Statewide Health Planning and  
 Development (OSHPD)

Fresno City College  
 Phillip R. Lee Institute for Health Policy Studies  
 University of California, San Francisco  
 Health Workforce Development Division, Office of  
 Statewide Health Planning and Development  
 (OSHPD)

Mount San Jacinto College

California Board of Registered Nursing  
 Supervising Nursing Education Consultant,  
 California Board of Registered Nursing