California Board of Registered Nursing
2024-2025 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

The 2024-25 Board of Registered Nursing (BRN) School Survey was based on prior BRN surveys and modified based on recommendations from the Nursing Education & Workforce Advisory Committee (NEWAC), which consists of nursing education and industry stakeholders from across California. A list of committee members is included in Appendix C. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Organization of the Report

The BRN Annual School Survey collects data about nursing programs and their students and faculty. Data presented in this report are from the academic year beginning August 1, 2024 and ending July 31, 2025. Census and associated demographic data were requested for October 15, 2025.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form to describe overall trends and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Availability of Data

The survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A Tableau dashboard showcasing aggregate data from the last ten years of BRN School Surveys is available on the BRN website. The dashboard includes data on admission spaces, applications, enrollments, newly enrolled nursing students, student census, program completions, faculty data, nursing program statistics, and school-level insights.

Value of the Survey

This survey has been developed to support nursing, nursing education, and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal, and institutional levels.

The BRN extends appreciation to the Nursing Education & Workforce Advisory Committee and survey respondents. Their participation has been vital to the success of this project.

Survey Participation

All 145 California nursing schools were invited to participate in the survey, and all 145 nursing schools offering 156 BRN-approved pre-licensure programs responded to the survey.[1] Some schools offer more than one nursing program, which is why the number of programs is greater than the number of schools. A list of the participating nursing schools is provided in Appendix A.[2]

Table 1. RN Program Response Rate

Program type	# programs responded	Total # programs	Response rate
ADN	89	89	100.0%
LVN-to-ADN	5	5	100.0%
BSN	48	48	100.0%
ELM	14	14	100.0%
Number of programs	**156**	**156**	**100.0%**

[1] Since last year's report, one new ADN program opened and one closed, two BSN programs opened and one closed, and no ELM programs opened or closed.

[2] There was one new private school: California Northstate University. One private program/school that was reported in 2023-24 was not reported in 2024-25: UMass Global. Chamberlain University has two separate campuses that are counted as two separate schools starting in 2020-21. Gurnick Academy of Medical Arts has separate ADN and BSN programs that were previously counted as two separate schools but were reported as belonging to one school in 2024-25.

DATA SUMMARY – Pre-Licensure Programs

Admission Spaces, Applications, and Enrollments

Number of California Nursing Programs

- 60.3% (n=94) of California pre-licensure nursing programs that reported data are ADN programs, including both generic ADN programs and LVN-to-ADN programs.
- The majority of California pre-licensure nursing programs are public (66.0%, n=103).
- 52.8% (n=28) of the private colleges were not for profit, and 47.2% (n=25) were for profit.

Table 2. Number of California RN Programs by Program Type

Program type	#	%
ADN	89	57.1%
LVN-to-ADN	5	3.2%
BSN	48	30.8%
ELM	14	9.0%
Total	**156**	**100.0%**
Public	103	66.0%
Private	53	34.0%
For profit	*25*	*47.2%*
Not for profit	*28*	*52.8%*

Applications to California Nursing Programs

- 32.1% (n=20,556) of the 64,075 qualified applications to pre-licensure nursing education programs received in 2024-25 were accepted. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California. It is not known how many individual applicants did not receive an offer of admission from at least one nursing program.

Table 3. Applications for Admission by Program Type

	ADN	LVN-to-ADN	BSN**	ELM	All programs
Total applications received*	44,907	443	64,923	5,212	115,485
Screened	35,858	419	52,114	4,354	92,745
Qualified	22,970	331	37,452	3,322	64,075
Accepted	8,043	186	11,210	1,117	20,556
% qualified applications accepted	**35.0%**	**56.2%**	**29.9%**	**33.6%**	**32.1%**

*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.
**This table includes applicants to LVN-to-BSN in the BSN program totals.
Note: One BSN program and one ELM program reported no applicants or admissions. The ELM program was on teach-out. The BSN program gave no reason.

Number of Students Who Enrolled in California Nursing Programs

- ELM programs had the lowest share of students enroll into programs for which they were accepted (83.3%, n=930), followed by BSN programs (89.3%, n=10,014), while the generic ADN programs enrolled more students than they accepted (102.4%, n=8,237).
- ADN programs likely enrolled more students than the number of applications accepted because either (1) they added students from a waitlist, or (2) they admitted LVNs into the second year of a generic ADN program to replace an opening created by a generic ADN student that left the program.

Table 4. Share of Accepted Applications That Enrolled by Program Type

	ADN	LVN-to-ADN	BSN*	ELM	All programs
Applications accepted	8,043	186	11,210	1,117	20,556
New student enrollments	8,237	184	10,014	930	19,365
% accepted applications that enrolled	**102.4%**	**98.9%**	**89.3%**	**83.3%**	**94.2%**

*This table includes applicants to LVN-to-BSN in the BSN program totals.
Note: One BSN programs and one ELM program reported no applicants or admissions. The ELM program was on teach-out. The BSN program gave no reason.

- As in prior years, some pre-licensure nursing programs (31.4%, n=49) reported enrolling more students in 2024-25 than the reported number of available admission spaces. Most of these programs were ADN programs (n=36), but this year, there were also a number of BSN programs that overenrolled (n=12), and one ELM program. This can occur for several reasons, the most common being: (1) schools underestimate the share of admitted students who will accept the offer of admission, thus exceeding the targeted number of new enrollees; (2) schools admit LVNs into the second year of a generic ADN program to replace an opening created if a generic ADN student leaves the program.
- There were overall more admission spaces than student enrollments for LVN-to-ADN, BSN, and ELM programs, while generic ADN programs had more enrollments than admission spaces in 2024-25.

Table 5. Share of Admission Spaces Filled with New Student Enrollments by Program Type

	ADN	LVN-to-ADN	BSN*	ELM	All programs
Spaces available	8,044	189	10,506	985	19,724
New student enrollments	8,237	184	10,014	930	19,365
% spaces filled with new students enrollments	**102.4%**	**97.4%**	**95.3%**	**94.4%**	**98.2%**

*This table includes applicants to LVN-to-BSN in the BSN program totals. One BSN program reported unlimited admissions spaces, which is not feasible. As a result, the number of admitted students was used as a proxy.

Programs That Reported Enrolling Fewer Students Compared to Prior Years

- Schools were asked to report on whether they enrolled fewer students in 2024-25 compared to 2023-24. 17.3% of 150 programs (n=26) reported enrolling fewer students in 2024-25 than in the previous year.
    - 22.3% of ADN programs (n=20) reported enrolling fewer students in 2024-25, compared to about 10.0% of programs last year.
    - 20.0% of LVN-to-ADN programs (n=1) reported enrolling fewer students than in prior years.
    - 6.4% of BSN programs (n=3) reported enrolling fewer students in 2024-25, compared to 25.5% of programs last year.
    - 16.7% of ELM programs (n=2) reported enrolling fewer students in 2024-25, compared to 21.4% of programs last year.

Table 6. Programs That Enrolled Fewer Students in 2024-25 Than in 2023-24

	ADN	LVN-to-ADN	BSN	ELM	All programs
Enrolled fewer	23.3%	20.0%	6.4%	16.7%	17.3%
Did not enroll fewer	76.7%	80.0%	93.6%	83.3%	82.7%
Number of programs that reported	**86**	**5**	**47**	**12**	**150**

Note: These percents do not add up to 100% as five programs selected “not applicable” and one did not answer.

- Schools were also asked for the reasons they enrolled fewer students. In 2024-25, the most common reason given for enrolling fewer students was “Accepted students did not enroll” (53.8%, n=14).
- The second most common reason was “Unable to secure clinical placements for all students” (23.1%, n=6), followed by “Other” (19.2%, n=5).
- Twelve respondents also gave “other” write-in reasons for enrolling fewer students. Most of these comments repeated and elaborated upon categories chosen from the list. Other reasons included: BRN cap on enrollment, academic program transition with a pause in admissions, students not meeting admission requirements, students unable to secure gap funding, waitlisted students not having enough time for onboarding, readmitted or returning students, competition from new programs nearby, and unexpected loss of students during first semester.

Table 7. Reasons for Enrolling Fewer Students

Reasons	% of programs	# of programs
Accepted students did not enroll	53.8%	14
Unable to secure clinical placements for all students	23.1%	6
Other	19.2%	5
Lack of qualified applicants	15.4%	4
College/university/BRN requirement to reduce enrollment	3.8%	1
Lost funding	3.8%	1
Insufficient faculty	3.8%	1
To reduce costs	0.0%	0
Number of programs that reported		**26**

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The majority (51.7%, n=10,014) of students who enrolled in a pre-licensure nursing program for the first time in 2024-25 were BSN students. Until 2016-17, ADN enrollments predominated.
- The Institute of Medicine's "Future of Medicine" report of 2011 recommended increasing the percentage of the nursing workforce holding the BSN degree to 80% by 2020, suggesting a number of educational strategies to reach this goal. While many years behind schedule in terms of achieving 80%, the growing percentage of BSN graduates likely reflects attempts to reach this goal.

Table 8. Newly Enrolled Students by Program Type

Program type	% of enrollment	# of enrollees
ADN	42.5%	8,237
LVN-to-ADN	1.0%	184
BSN	51.7%	10,014
ELM	4.8%	930
Total	**100.0%**	**19,365**

Newly Enrolled Students in the 30-Unit Option

- The LVN 30-unit option was designed as a career ladder for California Licensed Vocational Nurses wishing to become registered nurses. This option takes approximately 18-24 months, and no degree is granted upon completion. Most ADN programs will give LVNs credit for some of the coursework they completed to become an LVN. However, most other states do not recognize California's LVN 30-unit option and will not issue RN licenses to these LVNs. The program is approved by the California Board of Registered Nursing.
- Respondents reported that 75 new students enrolled in a 30-unit option track in 2024-25. This is about twice the number of students in a 30-unit track last year.

Table 9. Newly Enrolled Students in the 30-Unit Option

	ADN	LVN-to-ADN	BSN	ELM	All programs
Number of 30-unit option students	48	27	0	0	75
Number of programs with students enrolled in 30-unit track	3	1	0	0	4
Number of programs that reported	**88**	**4**	**47**	**12**	**151**

Ethnic Distribution of Newly Enrolled Nursing Students

- 79.0% (n=14,386) of students who enrolled in a pre-licensure nursing program for the first time in 2024-25 were ethnic minorities. This is a slight increase over last year, when 78.4% of students were ethnic minorities.
- BSN programs enrolled the greatest share of ethnic minority students (79.1%, n=7,353), including the greatest share of South Asian students (9.9%, n=923). ELM programs had the greatest share of African American students (8.7%, n=78) and Other Asian students (23.5%, n=210), and ADN programs had the largest proportion of Hispanic students (39.1%, n=3,067).

Table 10. Ethnic Distribution of Newly Enrolled Nursing Students by Program Type

Race/ethnicity	ADN	LVN-to-ADN	BSN**	ELM	All programs
Native American	1.9%	0.0%	0.6%	0.1%	1.1%
South Asian	2.1%	2.2%	9.9%	1.8%	6.1%
Filipino	6.9%	6.2%	4.2%	5.2%	5.4%
Hawaii	0.3%	0.0%	2.2%	0.2%	1.3%
Other Asian	12.8%	12.9%	16.0%	23.5%	14.9%
Other Pacific Islander	1.0%	1.7%	0.1%	0.4%	0.5%
African American	7.0%	7.3%	5.2%	8.7%	6.2%
Hispanic	39.1%	33.1%	33.5%	30.8%	35.8%
Multi-race	7.0%	12.9%	6.2%	7.2%	6.7%
Other	1.0%	0.0%	1.1%	0.9%	1.0%
White	21.0%	23.6%	20.9%	21.1%	21.0%
Total	**7,841**	**178**	**9,299**	**892**	**18,210**
Ethnic minorities*	79.0%	76.4%	79.1%	78.9%	79.0%
# unknown/unreported	396	6	715	38	1,155

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

Gender Distribution of Newly Enrolled Nursing Students

- 21.9% (n=4,172) of students who enrolled in a pre-licensure program for the first time reported that their gender was male. Last year, 20.7% of newly enrolled students were male.

Table 11. Gender Distribution of Newly Enrolled Nursing Students by Program Type

Gender	ADN	LVN-to-ADN	BSN	ELM	All programs
Male	23.1%	12.1%	21.6%	17.2%	21.9%
Female	73.3%	87.9%	77.6%	82.7%	76.1%
Other	3.7%	0.0%	0.8%	0.1%	2.0%
Total	**8,197**	**174**	**9,715**	**928**	**19,014**
# unknown/unreported	40	10	299	2	351

Age Distribution of Newly Enrolled Nursing Students

- 91.9% (n=16,889) of newly enrolled students in pre-licensure nursing programs for whom age was known were younger than 41 years of age.
- A greater proportion of ADN and LVN-to-ADN students were older; 10.9% of ADN students and 19.0% of LVN-to-ADN students were over 40 years of age compared to 5.8% of BSN students and 5.4% of ELM students.

Table 12. Age Distribution of Newly Enrolled Nursing Students by Program Type

Age	ADN	LVN-to-ADN	BSN	ELM	All programs
17 – 20 years	5.9%	0.0%	13.8%	0.4%	9.6%
21 – 25 years	29.3%	9.2%	40.9%	47.5%	36.1%
26 – 30 years	23.6%	27.2%	21.2%	29.6%	22.7%
31 – 40 years	30.4%	44.6%	18.3%	17.1%	23.6%
41 – 50 years	9.0%	14.7%	4.8%	4.1%	6.6%
51 – 60 years	1.8%	3.8%	1.0%	1.3%	1.4%
61 years and older	0.1%	0.5%	0.0%	0.0%	0.1%
Total	**7,703**	**184**	**9,552**	**930**	**18,369**
# unknown/unreported	534	0	462	0	996

Student Census

Respondents were asked to provide the total number of students enrolled in their programs on October 15, 2025, both new and ongoing. There was a total of 37,601 students, including both newly enrolled and ongoing students, in pre-licensure programs. There were an additional 476 students in the post-licensure segment of ELM programs.

The majority of enrolled students on October 15, 2025 were BSN students.

Table 13. Student Census as of October 15, 2025

Census	%	#
ADN	35.5%	13,338
LVN-to-ADN	0.4%	151
BSN	59.6%	22,423
ELM	4.5%	1,689
Total	**100.0%**	**37,601**
Postlicensure ELM census		476

Satellite Campuses and Census

Twenty programs (representing 18 schools) reported having students enrolled in a satellite/alternate campus that is located in a different county than their main campus.[3] Twelve programs (representing twelve schools) reported just one satellite campus each. Four programs (representing four schools) reported two satellite campuses each. Three programs (representing two schools) reported satellite locations in three different counties. One school/program reported satellites in four counties.

Three programs that previously reported satellite programs did not report satellite programs this year. Two program's data is pending, and one other has not responded to inquiries.

Thirteen of the nineteen programs reported satellite campuses in a different *region* than their main campus.

There were 4,237 new and continuing students enrolled at the satellite campuses in 2024-25, or about 11.3% of the student census of 37,601.

Satellite data were collected to allow researchers to prepare regional projections.

[3] One program that previously reported a satellite campus did not report on that campus this year.

Students Who Completed a Nursing Program

Student Completions by Degree Earned

- Between August 1, 2024 and July 31, 2025, 16,421 students completed a pre-licensure nursing program in California.
- BSN programs made up the greatest share of completions (54.7%, n=8,982) followed by ADN programs (including both ADN and LVN-to-ADN programs) (40.6%, n=6,659).
- 46 students were reported as having completed a 30-unit option program.

Table 14. Nursing Student Completions by Program Type

Program type	%	#
ADN	39.4%	6,470
LVN-to-ADN	1.2%	189
BSN	54.7%	8,982
ELM	4.8%	780
Total	**100.0%**	**16,421**
Post-licensure ELM	-	225
30-unit option students	-	46

Ethnic Distribution of Students Who Completed a Nursing Program in California

- Overall, 76.9% (n=12,068) of students who completed a pre-licensure nursing program were from minority ethnic groups. This is a little higher than last year, when 75.3% of completing students were from ethnic minority groups.
- This proportion was similar across most program types. BSN programs had the largest proportion of students from ethnic minorities (77.7%, n=6,618) and LVN-to-ADN programs had the smallest (75.3%, n=137).
- Generic ADN programs had the greatest share of Hispanic student completions (39.8%, n=2,479). Pre-licensure ELM programs had the greatest proportion of African American (7.2%, n=55) and Other Asian completions (23.2%, n=178).

Table 15. Ethnic Distribution of Students Who Completed a Nursing Program by Program Type

Race/ethnicity	ADN	LVN-to-ADN	BSN	ELM	All programs	Post-licensure ELM
Native American	0.5%	3.3%	0.5%	1.6%	0.6%	0.5%
South Asian	1.4%	2.2%	12.4%	1.4%	7.4%	0.0%
Filipino	7.1%	11.0%	3.7%	3.3%	5.1%	1.9%
Hawaiian	0.5%	1.1%	0.7%	0.0%	0.6%	33.0%
Other Asian	13.5%	18.1%	15.3%	23.2%	15.0%	1.0%
Other Pacific Islander	0.9%	0.0%	0.2%	0.5%	0.5%	0.0%
African American	5.0%	0.0%	4.0%	7.2%	4.5%	10.2%
Hispanic	39.8%	29.7%	32.2%	30.1%	35.1%	29.1%
Multi-race	6.1%	8.8%	7.4%	8.2%	7.0%	5.3%
Other	1.2%	1.1%	1.4%	0.7%	1.2%	0.0%
White	24.0%	24.7%	22.3%	23.9%	23.1%	18.9%
Total	**6,223**	**182**	**8,513**	**767**	**15,685**	**206**
Ethnic minorities*	76.0%	75.3%	77.7%	76.1%	76.9%	81.1%
# unknown/unreported	247	7	469	13	736	19

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

Gender Distribution of Students Who Completed a Nursing Program

- 23.5% (n=3,751) of all students who completed a pre-licensure nursing program were male.
- ADN programs had the largest share of male students (23.8%, n=1,495) and ELM programs had the smallest share (15.8%, n=123).

Table 16. Gender Distribution of Students Who Completed a Nursing Program by Program Type

Gender	ADN	LVN-to-ADN	BSN	ELM	All programs	Post-licensure ELM
Male	23.8%	16.0%	24.1%	15.8%	23.5%	17.5%
Female	76.2%	84.0%	75.2%	83.9%	76.1%	81.6%
Other	0.1%	0.0%	0.8%	0.3%	0.5%	0.9%
Total	**6,293**	**187**	**8,734**	**778**	**15,992**	**223**
# unknown/unreported	177	2	248	2	429	2

Age Distribution of Students Who Completed a Nursing Program

- 90.3% (n=13,964) of students completing a nursing program in 2024-25 were younger than 41 years of age.
- Students 41 years and older accounted for just 9.7% (n=1,508) of completions from all pre-licensure programs.
- ADN and LVN-to-ADN programs had the highest percentage of students 41 years and older (12.8% and 13.2% respectively), while pre-licensure ELM programs had the highest percentage of people who were younger than 41 years of age (92.8%).

Table 17. Age Distribution of Students Who Completed a Nursing Program by Program Type

Age	ADN	LVN-to-ADN	BSN	ELM	All programs	Post-licensure ELM
17 – 20 years	3.1%	0.0%	1.9%	0.3%	2.3%	0.0%
21 – 25 years	23.9%	8.5%	37.4%	24.4%	31.0%	12.2%
26 – 30 years	26.7%	37.0%	29.5%	45.1%	29.3%	18.3%
31 – 40 years	33.5%	41.3%	23.5%	23.1%	27.7%	64.0%
41 – 50 years	10.7%	10.1%	6.5%	5.8%	8.2%	4.3%
51 – 60 years	1.9%	3.2%	1.1%	1.2%	1.4%	1.2%
61 years and older	0.2%	0.0%	0.1%	0.3%	0.1%	0.0%
Total	**6,114**	**189**	**8,389**	**780**	**15,472**	**164**
# unknown/unreported	356	0	593	0	949	61

Declared Disabilities Among Students Who Completed Nursing Programs

- Nursing programs reported that 1,869 students who completed their programs in 2024-25 had an accommodation for a declared disability—11.3% of all completions.
- Only 35 schools (24.1%) reported that their school collects student disability data as part of the admissions process.
- Exam accommodations (79.6%, n=1,488) was the most commonly provided accommodation, followed by notetaking services (27.4%, n=512). Priority registration (26.5%, n=496), disability-related counseling/referral (23.3%, n=435), and academic counseling and advising (19.6%, n=367). One hundred and twenty-three programs representing 122 schools provided data for this series of questions.
- "Other" responses from written text comments included: preferred seating, clinical accommodations, extended time for class re-assignments, modified attendance, and an educational assistant.

Table 18. Accommodation Provided for Students with Disabilities Who Completed Nursing Programs by Program Type

Accommodations	ADN	LVN-to-ADN	BSN	ELM	Total
Exam accommodations (modified/extended time/distraction reduced space)	92.9%	75.0%	62.8%	74.8%	79.6%
Note-taking services/reader/audio recording/ smart pen	34.4%	25.0%	16.2%	40.5%	27.4%
Priority registration	36.8%	0.0%	15.7%	11.7%	26.5%
Disability-related counseling/referral	39.4%	12.5%	4.0%	11.7%	23.3%
Academic counseling/advising	32.7%	37.5%	2.4%	17.1%	19.6%
Other	13.6%	0.0%	13.6%	27.0%	14.3%
Assistive technology/alternative format	12.5%	12.5%	6.7%	17.1%	10.4%
Adaptive equipment/physical space/facilities	8.4%	6.3%	2.5%	0.9%	5.6%
Interpreter and captioning services	1.6%	0.0%	0.3%	0.0%	1.0%
Transportation/mobility assistance and services/ parking	1.0%	0.0%	0.8%	0.0%	0.9%
Reduced courseload	0.2%	0.0%	0.0%	7.2%	0.5%
Service animals	0.3%	0.0%	0.1%	0.9%	0.3%
Total number of students receiving accommodations	**991**	**16**	**751**	**111**	**1,869**

Note: Students with declared disabilities may receive more than one accommodation so the number of accommodations may be higher than the number of students with a declared disability. Moreover, respondents sometimes reported that more students received a specific accommodation than the overall number of students who received accommodations.

Completion and Attrition Rates

- The overall attrition rate for pre-licensure nursing education programs in California was 7.4% in 2024-25.
- The overall on-time completion rate for pre-licensure nursing education programs in California was 84.6% in 2024-25.
- LVN-to-ADN programs had the lowest attrition rate (1.0%).
- ELM programs had the highest on-time completion rates (90.1%).
- Generic ADN programs had the highest attrition rate (8.8%) while BSN programs had the lowest on-time completion rate (83.1%) in 2024-25.

Table 19. On-time Completion and Attrition Data by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All programs
Students scheduled to complete the program	**6,906**	**208**	**9,586**	**930**	**17,630**
Completed on-time	5,938	184	7,962	838	14,922
Still enrolled	361	22	988	36	1,407
Total attrition	**607**	**2**	**636**	**56**	**1,301**
Dropped out	257	2	504	46	809
Dismissed	350	-	132	10	492
Completed late	386	73	482	12	953
On-time completion rate	**86.0%**	**88.5%**	**83.1%**	**90.1%**	**84.6%**
Attrition rate	**8.8%**	**1.0%**	**6.6%**	**6.0%**	**7.4%**

Note: Five programs did not provide data on attrition and completion. Four of these programs were new and had no completions. One program was on teach-out.

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity.
- In 2024-25, White students had the lowest attrition rate (6.2%), followed by Asian students (6.6%).
- White students had the highest on-time completion rate (89.1%), followed by Unknown race students (86.3%).
- African American students had the lowest on-time completion rate (72.7%) and the highest attrition rate (16.1%).

Table 20. On-time Completion and Attrition Data by Race and Ethnicity

	Native American	Asian	African American	Filipino¥	Hispanic	White	Other	Unknown
Students scheduled to complete the program	116	3,441	841	998	5,586	3,574	1,485	1,589
Completed on-time	88	2,866	611	771	4,747	3,183	1,281	1,375
Still enrolled	17	348	95	159	443	170	96	79
Total attrition	11	227	135	68	396	221	108	135
Dropped out	7	144	66	30	247	141	76	98
Dismissed	4	83	69	38	149	80	32	37
Completed late*	7	177	65	52	329	219	59	45
On-time completion rate**	**75.9%**	**83.3%**	**72.7%**	**77.3%**	**85.0%**	**89.1%**	**86.3%**	**86.5%**
Attrition rate***	**9.5%**	**6.6%**	**16.1%**	**6.8%**	**7.1%**	**6.2%**	**7.3%**	**8.5%**

*These completions are not included in the calculations for either completion or attrition rates.
**Completion rate = (students who completed the program on-time) / (students scheduled to complete the program)
***Attrition rate = (students who dropped or were dismissed) / (students scheduled to complete the program)
¥Filipino is broken out from Asian/Pacific Islander due to the large number of RN candidates in that category.
Note: Data for traditional and accelerated program tracks are combined in this table. Five programs did not provide data on attrition and completion. Four of these programs were new and had no completions. One program was on teach-out.

Employment of Recent Nursing Program Graduates

- Nursing schools reported that 81.6% of their recent RN graduates employed in nursing were employed in California.
- Program directors were asked to report on the employment location of recent graduates from their program. Program directors may not have accurate information about all graduates, so these estimates are likely to include some error.
- Across all programs, 61.0% of recent RN pre-licensure program graduates employed in nursing in October 2025 were reported to be working in hospitals.
- Post-licensure graduates of ELM programs were the most likely to work in hospitals (76.0%) while graduates of pre-licensure ELM programs were the least likely (58.0%).
- 2.6% of recent nursing program graduates were not yet licensed.
- Statewide, programs reported that 4.9% of nursing graduates from the prior academic year were unable to find employment by October 2025, up from 2.5% in 2024 and 1.7% in 2023.
- The employment setting was unknown for an average of 23.9% of recent graduates reported by the 135 schools who gave a breakdown of graduate employment.
- In 2024-25, other employment settings provided in text comments included: traveler, hospice, home health, case management, school nursing, MedSpas, surgery clinics, family clinics, rehabilitation, and not seeking employment due to pregnancy/recent birth.

Table 21. Employment of Recent Nursing Program Graduates

Employment site	ADN	LVN-to-ADN	BSN	ELM	Total	Post-licensure ELM
Hospital	58.2%	70.4%	66.3%	58.0%	**61.0%**	76.0%
Participating in a new graduate residency (paid)	10.3%	0.0%	9.1%	11.5%	**9.6%**	0.0%
Other healthcare facility	8.1%	6.0%	6.7%	8.9%	**7.7%**	3.1%
Unable to find employment	4.3%	3.0%	5.3%	8.4%	**4.9%**	1.3%
Long-term care facility	5.8%	6.6%	3.4%	0.7%	**4.7%**	1.3%
Pursuing additional nursing education	6.4%	3.0%	0.9%	0.3%	**4.2%**	0.0%
Community/public health facility	2.3%	3.3%	4.3%	6.9%	**3.2%**	7.6%
Not yet licensed	3.1%	6.0%	1.6%	0.8%	**2.6%**	1.3%
Other setting	1.1%	1.7%	1.8%	3.5%	**1.5%**	9.4%
Participating in a new graduate residency (unpaid)	0.6%	0.0%	0.5%	1.0%	**0.6%**	0.0%

Note: Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2024-25, on average, the employment setting was unknown for 23.9% of recent graduates. 135 programs provided answers about the employment location of graduates. Thirteen indicated that the employment of 100% of their graduates was unknown. Percentages are derived from an average of percentages provided by respondents.

Student Debt Load

- The overall average debt load of nursing graduates was $28,213, an increase from last year's average of $25,638.
- Private school graduates had an average debt load of $56,770, while public school graduates averaged $11,215. These are comparable to last year's figures.
- ELM students had the highest average debt load ($87,909) and ADN students had the lowest average debt load ($11,450).
- ELM graduates may incur more debt for a number of reasons: 1) there are more scholarships and loan assistance programs available for undergraduate programs, 2) ELM amounts provided may include debt from prior BSN program attendance, and 3) while ELM students may finish the pre-licensure segment of their program quickly, it may take many additional semesters or quarters to complete their degree, depending on the concentration.

Table 22. Student Debt Load by Program Type and Public/Private Status

Type of program	ADN	LVN-to-ADN	BSN	ELM	All programs
Average student debt	$11,450	$34,680	$41,271	$87,909	$28,213
Private	$36,430	$46,801	$55,222	$98,834	$56,770
Public	$5,899	$22,558	$17,729	$66,061	$11,215
Number of private programs that reported	**14**	**1**	**27**	**8**	**50**
Number of public programs that reported	**63**	**1**	**16**	**4**	**84**

Note: Fourteen programs, eight of them at community colleges, reported "$0" in student debt. Another 22 listed no data for this question. Those schools with average student debt of "$0" are averaged into this table.

Table 23. Average Annual In-State Tuition and Fees by Program Type and Public/Private Status

Type of program	ADN	LVN-to-ADN	BSN	ELM	All programs
Average tuition & fees	$10,417	$24,296	$39,974	$65,998	$24,789
Private	$52,364	$47,350	$55,203	$74,464	$57,291
Public	$2,027	$1,242	$17,531	$49,065	$7,154
Number of private programs that reported	**14**	**1**	**28**	**8**	**51**
Number of public programs that reported	**70**	**1**	**19**	**4**	**94**

Note: Two programs, one at a public college and one at a private college, reported "$0" in tuition. Eleven programs, all but two of them at public colleges and universities, provided no data for this question. Those schools with average tuition of "$0" are averaged into this table.

Table 24. Average Annual Cost of Attendance by Program Type and by Public/Private Status

Type of program	ADN	LVN-to-ADN	BSN	ELM	All programs
Average cost	$13,632	$29,208	$45,564	$71,401	$28,654
Private	$58,121	$47,350	$59,939	$76,298	$61,759
Public	$4,982	$11,065	$23,202	$61,609	$10,882
Number of private programs that reported	**14**	**1**	**28**	**8**	**51**
Number of public programs that reported	**72**	**1**	**18**	**4**	**95**

Note: Ten programs, eight of them at public colleges and universities, provided no data for this question. No schools reported average attendance costs of "$0".

Time to Complete

- Most programs are on a semester schedule (87.7%, n=136). A few are on a quarter schedule (12.3%, n=19).
- While the majority of ELM programs, like ADN and BSN programs, were on the semester system, a large minority of ELM programs used the quarter system (35.7%, n=5).
- The overall average number of *weeks* per semester was 16.2. The average number of weeks per quarter was 10.5.

Table 25. Type of Schedule by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Semester	94.3%	100.0%	81.3%	64.3%	87.7%
Quarter	5.7%	0.0%	18.8%	35.7%	12.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Number of programs that reported	**88**	**5**	**48**	**14**	**155**

- In 2024-25, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. Table 26 reports these averages. ELM directors reported minimum and maximum times for students to complete the pre-licensure segment of the program, while ADN, LVN-to-ADN, and BSN program directors reported overall averages for their programs.

Table 26. Average Time to Completion by Schedule and Program Type

	ADN	LVN-to-ADN	BSN	ELM min	ELM max
Time to completion for full-time generic students					
Average time to completion, semesters	4.2	2.0	6.5	4.7	5.8
Average time to completion, quarters	7.2	-	9.9	7.0	7.0
Number of programs that reported	**89**	**5**	**46**	**12**	**12**
Time to completion for full-time accelerated students					
Average time to completion, semesters	2.9	-	5.0	-	-
Average time to completion, quarters	4.5	-	9.2	-	-
Number of programs that reported	**33**	-	**18**	-	-

Note: Minimum and maximum numbers refer to pre-licensure ELM segments only.

- Respondents with ADN programs were asked to rank common reasons ADN graduation was delayed.
- The most highly ranked reason was “Student had to repeat one or more courses to pass/ progress” (average score 1.6) and “Student had personal issue(s) that required time away from school” (average score 1.7).
- Write-in answers for “other” included: financial problems (n=3), health issues (n=2), courses only offered annually, impacted pre-requisite science courses, family issues, and being unaware of required prerequisites.
- Reasons for selecting “not applicable” for some or all of the categories in this question included: “We have two student success advisers; all pre-requisite courses are offered and all required courses are available”, “No students were delayed”, “Students cannot return if unsuccessful in one of the nursing program courses. They can return if they take a leave of one year as long as they are in good standing and there is space available when they return”, and “Students are placed into cohort and classes are guaranteed”.

Table 27. Reasons for Delayed Completion, ADN Students Only

Reasons	Rank
Student had to repeat one or more courses to pass/progress	1.6
Student had personal issue(s) that required time away from school	1.7
Student changed course of study	4.4
Unable to obtain a required course(s) to progress	4.9
Inadequate academic advising	4.9
Required pre-requisite or required course not offered	5.5
Other	6.1
Number of programs that reported	**87**

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

Faculty Data

Analysis of faculty data by program type is not provided because faculty data are reported by school, not by program type. Many schools have multiple programs.

Full-Time and Part-Time Faculty Data

- On October 15, 2025, there were 6,281 nursing faculty.[4] More than two-thirds were part-time faculty (71.3%, n=4,478).
- The faculty vacancy rate in pre-licensure nursing programs was 8.5%, which is lower than last year's rate of 9.8%. The vacancy rate among full-time faculty (10.9%) was higher than that of part-time faculty (7.5%), but both were lower than last year's vacancy rates.

Table 28. Total Faculty and Faculty Vacancies

Faculty type	# of faculty	# of vacancies	Vacancy rate
Total faculty	**6,281**	**584**	**8.5%**
Full-time faculty	1,803	220	10.9%
Part-time faculty	4,478	364	7.5%

Note: One school provided no faculty information. This public program was on teach-out.

[4] Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools.

- In 2024-25, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past five years than previously. Among the 143 schools that responded, 43.4% (n=62) agreed. These 62 schools were asked to rank the reasons for this shift. Sixty-two schools ranked reasons.
- The top-ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions and insufficient number of full-time faculty applicants with required credential. This has remained the same for at least the last two years.
- "Other" reasons from text comments included the following:
    - "Increased enrollment into the Registered Nursing Program."
    - "Increased need d/t hospital required lower student/clinical group in agency."
    - "Increase in both full-time and part-time related to expansion."
    - "Retirements, resignation of full-time faculty, FT faculty on sabbatical."
    - "One program stopped due to lack of faculty that wanted to teach in LVN program."
    - "Smaller clinical lab sections secondary to COVID-19 and slow return to larger numbers."
    - "The clinical workload requires more human resources."

Table 29. Reasons for Hiring More Part-Time Faculty

Reasons	Average Rank*	# of schools ranking
Non-competitive salaries for full time faculty	2.9	62
Shortage of RNs applying for full time faculty positions	3.6	62
Insufficient number of full time faculty applicants with required credential	3.9	62
Need for part-time faculty to teach specialty content	4.4	62
Insufficient budget to afford benefits and other costs of FT faculty	4.5	62
Need for faculty to have time for clinical practice	6.0	62
Private, state university or community college laws, rules or policies	6.3	62
To allow for flexibility with respect to enrollment changes	6.6	62
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.8	62
Other	9.2	62

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

- Nearly all full-time and part-time faculty positions are budgeted positions funded by the school's general fund. About 2% of both full-time and part-time faculty positions are paid entirely with external funding, while a much greater proportion of part-time faculty are paid for through blended funding (4.5% vs. 1.9% for full-time faculty).

Table 30. Funding of Faculty Positions

Funding source	% full-time faculty	% part-time faculty
Budgeted positions	96.5%	93.8%
100% external funding	1.6%	1.7%
Combination of the above	1.9%	4.5%
Total faculty	**1,789**	**4,413**
Unknown/unreported	14	65

- The majority of faculty (57.5%, n=3,612) teach clinical courses only. A smaller proportion of faculty (32.0%, n=2,010) teaches both clinical and didactic courses, while fewer faculty teach only didactic courses (10.4%, n=656).

Table 31. Faculty Teaching Assignments

Course type	% all faculty
Clinical courses only	57.5%
Didactic courses only	10.4%
Clinical & didactic courses	32.0%
Total faculty	**100.0%**
Unknown/unreported	3

- 98 of 144 schools (68.1%) reported that faculty in their programs work an overloaded schedule, and 98.0% (n=96) of schools with faculty that work an overloaded schedule pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 33.8% (n=48) of schools reported that their externally funded positions will continue to be funded for the 2025-26 academic year.
- If these positions are not funded, schools reported that they would be able to enroll 18,770 students in pre-licensure RN programs in the next year, which 96.5% of the current number of students.

Table 32. External Funding for Faculty Next Year

Category	% of schools	# of schools
Will continue	33.8%	48
Will not continue	8.5%	12
Unknown	57.7%	82
Not applicable	0.0%	0
Number of schools that reported		**142**

Faculty Demographic Data

- Like last year, more than half of faculty were ethnic minorities (57.0%, n=3,169). Most faculty were female (81.5%, n=5,047). Sixty-seven percent of faculty (n=3,749) were 41 years of age or older.

Table 33. Faculty Race/Ethnicity

Race/ethnicity	% of faculty	# of faculty
Native American	0.5%	30
South Asian	6.6%	368
Filipino	7.8%	434
Other Asian	10.6%	589
Hawaiian	0.9%	50
Other Pacific Islander	0.2%	10
African American	9.6%	536
Hispanic	16.1%	897
Multi-race	3.6%	201
Other	1.0%	54
White	43.0%	2,393
Number of faculty	**100.0%**	**5,562**
Ethnic minorities*	57.0%	3,169
Unknown/unreported		719

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

Table 34. Faculty Gender

Gender	% of faculty	# of faculty
Men	18.3%	1,133
Women	81.5%	5,047
Other	0.1%	9
Number of faculty	**100.0%**	**6,189**
Unknown/unreported		92

Table 35. Faculty Age

Age	% of faculty	# of faculty
30 years or younger	6.4%	364
31 – 40 years	26.8%	1,521
41 – 50 years	27.9%	1,581
51 – 55 years	14.5%	824
56 – 60 years	10.4%	592
61 – 65 years	7.2%	410
66 – 70 years	4.2%	238
71 years and older	2.4%	137
Number of faculty	**100.0%**	**5,667**
Unknown/unreported		614

Faculty Education

- On October 15, 2025, almost all full-time faculty (94.4%, n=1,690) held a master's or doctoral degree, while only 61.0% (n=2,640) of part-time faculty held a graduate degree.
- As of October 15, 2025, 7.2% of all active faculty (n=455) were reported to be pursuing an advanced degree.

Table 36. Highest Level of Education of Faculty

Type of degree	% full-time faculty	% part-time faculty
Associate degree in nursing (ADN)	0.1%	3.8%
Baccalaureate degree in nursing (BSN)	5.1%	34.6%
Non-nursing baccalaureate	0.4%	0.6%
Master's degree in nursing (MSN)	56.0%	48.0%
Non-nursing master's degree	2.0%	2.1%
PhD in nursing	11.9%	2.3%
Doctorate of Nursing Practice (DNP)	19.6%	7.6%
Other doctorate in nursing	1.8%	0.3%
Non-nursing doctorate	3.1%	0.7%
Number of faculty	**1,790**	**4,330**
Unknown/unreported	13	148

Note: The number unknown is determined by subtracting the sum of the faculty by degree type from the overall sum of faculty reported. The sum of full- and part-time faculty by degree category reported by schools often did not equal the total number of faculty reported.

Recruiting Diverse Faculty

- Program representatives were asked what strategies they used to recruit diverse faculty.
- The most commonly used strategy was sharing school and program goals and commitments to diversity (75.5%), followed by highlighting campus and community demographics (73.4%), and sending job announcements to a diverse group of institutions and organizations (65.7%).
- "Other" written text comments included: word of mouth, recruiting prior graduates who have gone on to work in the community, referrals from clinical partners and faculty, program advisory board, open house for nurses, sending job announcements to alumni, recruit clinical site specialty areas, promoting positions in local hospitals, working with Human Resources on job postings to reach appropriate audience, and working with college administration on improving salaries and stipends for new hires.

Table 37. Strategies for Recruiting Diverse Faculty

Strategies	% of schools	# of schools
Share program/school goals and commitments to diversity	75.5%	108
Highlight campus and community demographics	73.4%	105
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	65.7%	94
Share faculty development and mentoring opportunities	64.3%	92
Highlight success of faculty, including faculty of color	47.6%	68
Showcase how diversity issues have been incorporated into the curriculum	44.8%	64
Use of publications targeting minority professionals (e.g. Minority Nurse)	30.1%	43
Other	11.2%	16
External funding and/or salary enhancements (e.g. endowed lectureship)	5.6%	8
Number of schools that reported		**143**

Methods Used to Prepare Part-Time Faculty to Teach

- Faculty orientations (95.7%) and program policies (85.6%) and were the most frequently reported methods used to prepare part-time faculty to teach.
- "Other" written text comments included: faculty shadowing and mentoring, nursing program faculty website and handbook, simulation and debriefing, new employee orientation, clinical site orientation, CEUs on teaching simulation and clinical, and guidance from lead faculty.

Table 38. Methods Used to Prepare Part-Time Faculty to Teach

Methods	% of schools	# of schools
Faculty orientation	95.7%	133
Program policies	85.6%	119
Mentoring program	74.8%	104
Administrative policies	69.8%	97
Specific orientation program	65.5%	91
Teaching strategies	64.7%	90
Curriculum review	61.9%	86
External training program	12.2%	17
Other	8.6%	12
None	0.0%	-
Number of schools that reported		**139**

Faculty Attrition

- Nursing schools reported 151 full-time and 690 part-time faculty members as having retired or left the program in 2024-25.
- Schools reported that an additional 168 faculty members (68 full-time and 100 part-time) are expected to retire or leave the school in 2024-25.
- The most frequently cited reason for a full-time faculty member leaving the program in 2024-25 was retirement (58.8%), followed by termination (23.5%) and career advancement or resigned for unknown reasons (both at 13.2%).
- The most common reasons for a part-time faculty member leaving the program was retirement and return to clinical practice (both at 30.5%), followed by career advancement (29.3%).
- Layoffs for budgetary reasons (2.9%) was the least common reason for full-time faculty leaving their positions. Workplace climate (1.2%) was the least common reason reported for part-time faculty leaving their positions.
- "Other" reasons for full-time faculty leaving reported in text comments included: personal and professional goals, disagreement with program policies, internal promotion, preferring to work at home, and did not make tenure.
- "Other" reasons for part-time faculty leaving reported in text comments included: took a term off, career advancement, deceased, unavailable to teach when needed, travel, became full-time faculty, or switched to another department, other job and educational commitments, and went to work in tech.

Table 39. Reasons Faculty Leave Their Positions

Reasons	Full-time faculty		Part-time faculty	
	% of schools	# of schools	% of schools	# of schools
Retirement	58.8%	40	30.5%	25
Return to clinical practice	11.8%	8	30.5%	25
Career advancement	13.2%	9	29.3%	24
Relocation of spouse or other family obligation	7.4%	5	24.4%	20
Resigned for unknown reasons	13.2%	9	23.2%	19
Personal health issues	10.3%	7	22.0%	18
Salary/Benefits	7.4%	5	20.7%	17
Termination (or requested resignation)	23.5%	16	19.5%	16
Other	11.8%	8	19.5%	16
Workload	4.4%	3	9.8%	8
Layoffs (for budgetary reasons)	2.9%	2	2.4%	2
Workplace climate	4.4%	3	1.2%	1
Number of schools that reported		**68**		**82**

- In 2024-25, 28 schools reported that 46 active faculty went from full-time to part-time.
- The main reason schools reported for faculty going from full-time to part-time schedules was family obligations (39.3%, n=11) and return to clinical practice (32.1%, n=9).
- "Other" reasons provided in text comments included: retiring soon, personal reasons, temporary position that ended, took a full-time tenured nursing professor job, and exploring other opportunities.

Table 40. Reasons Faculty Go from Full-Time to Part-Time

Reasons	% of schools	# of schools
Family obligations	39.3%	11
Return to clinical practice	32.1%	9
Preparing for retirement	21.4%	6
Other	17.9%	5
Personal health issues	14.3%	4
Workload	10.7%	3
Child care challenges due to childcare/ school closures	3.6%	1
Workplace climate	0.0%	-
Requested by program due to budgetary reason	0.0%	-
Number of schools that reported		**28**

Faculty Hiring

- One hundred twenty-nine schools reported hiring a total of 1,189 faculty members (226 full-time and 963 part-time) between August 1, 2024 and July 31, 2025.
- Forty seven percent (n=559) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- Most schools (71.3%) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching at another nursing school or experience teaching as a nurse educator in a clinical setting (69.0%). Another 27.9% experienced student teaching while in graduate school.
- However, 58.1% of schools also noted newly hired faculty with no teaching experience.
- "Other" characteristics described by respondents in text comments included: teaching nursing at a military facility, teaching experience in an acute care nursing education program, hospital-based teaching, one year experience with a VN program before moving into the RN program, and experience with orienting or precepting new grads in the clinical vs. academic setting.

Table 41. Characteristics of Newly Hired Faculty

Characteristics	% of schools	# of schools
Experience teaching at another nursing school	71.3%	92
Experience teaching as a nurse educator in a clinical setting	69.0%	89
Completed a graduate degree program in last two years	58.9%	76
No teaching experience	58.1%	75
Experience student teaching while in graduate school	27.9%	36
Experience teaching in a setting outside of nursing	14.7%	19
Other	5.4%	7
Number of schools that reported		**129**

- Eight schools (5.6%) reported they were under a hiring freeze for active faculty at some point between August 1, 2024 and July 31, 2025, and five of these schools (62.5% of schools under a hiring freeze) reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

- The most common reason for hiring new full-time faculty was to replace faculty that had left or retired (71.3%). This was the top reason for schools with all program types.
- To reduce faculty workload (31.8%) and to fill longstanding faculty vacancies (30.2%) were the second and third most common reasons overall. However, filling longstanding faculty vacancies was an uncommon reason for ELM programs this year.
- "Other" reasons for hiring faculty provided in text comments included: hiring for specific clinical or content expertise (n=3), requirements for smaller clinical groups necessitating more instructors (n=6), and backup for regular faculty (n=3). Specific reasons included: "To replace faculty who became director of the program", "CA BRN mandated", "Program expansion by 10 students", "New curriculum made it so we had overlapping clinical needed more instructors to cover clinical", and "Provide focused student coaching".

Table 42. Reasons for Hiring Faculty

Reasons	ADN	BSN	ELM	All Schools	# of Schools
To replace faculty that retired or left the program	69.9%	74.4%	83.3%	71.3%	92
To reduce faculty workload	33.7%	27.9%	41.7%	31.8%	41
To fill longstanding faculty vacancies (positions vacant for more than one year)	33.7%	27.9%	8.3%	30.2%	39
Due to program expansion	25.3%	30.2%	41.7%	28.7%	37
Other	18.1%	9.3%	8.3%	14.7%	19
To hire faculty with specific experience in virtual &/or simulation education	8.4%	7.0%	8.3%	7.8%	10
To hire faculty with specific experience in online teaching	2.4%	4.7%	8.3%	3.1%	4
Number of schools that reported	**83**	**43**	**12**	**129**	

Note: Data about faculty are reported at the school level, not at the program level. Hence numbers reported reflect barriers by schools that have this program type. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program. For this reason, there will be overlap in reporting and it is not possible to say that any particular barrier pertains to a specific program type if that school has more than one program type.

Barriers to Recruiting Faculty

- Non-competitive salaries (69.8%) was the primary barrier to recruiting faculty for schools overall, followed by insufficient number of faculty applicants with required credentials (56.9%).
- Workload was a distant third at 35.4% of schools.
- "Other" reasons given in text comments included: scheduling conflicts with primary nursing jobs (n=4), institutional hiring policies and procedures (n=2), hiring freeze, and University Restrictions (Statement of Faith).

Table 43. Barriers to Recruiting Faculty

Barriers	% of schools	# of schools
Non-competitive salaries	68.8%	99
Insufficient number of faculty applicants with required credentials	56.9%	82
Workload (not wanting faculty responsibilities)	35.4%	51
Overall shortage of RNs	27.1%	39
BRN rules and regulations	20.8%	30
Private, state university or community college laws, rules or policies	20.1%	29
Housing costs	15.3%	22
No barriers	11.8%	17
Other	6.3%	9
Number of schools that reported		**144**

Note: Data about faculty are reported at the school level, not at the program level. Hence numbers reported reflect barriers by schools that have this program type. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program. For this reason, there will be overlap in reporting and it is not possible to say that any particular barrier pertains to a specific program type if that school has more than one program type.

Difficult to Hire Clinical Areas

- Respondents indicated that pediatrics (58.5%), followed by psychiatry/mental health (52.1%) were the most difficult areas for which to recruit new active faculty. This finding is similar to last year's findings.
- 19.7% of respondents reported that there were no clinical areas for which it was difficult to recruit new active faculty.
- Other categories mentioned in text comments were not allowed to recruit and simulation.

Table 44. Difficult to Hire Clinical Areas

Clinical area	% of schools	# of schools
Pediatrics	58.5%	83
Psych/mental health	52.1%	74
Obstetrics/gynecology	45.8%	65
No clinical areas	19.7%	28
Medical-surgical	12.0%	17
Critical care	7.0%	10
Geriatrics	4.9%	7
Community health	3.5%	5
Other	2.1%	3
Number of schools that reported		**142**

Faculty Salaries

- On average, full-time faculty with doctoral degrees earned more than those with master's degrees.

Table 45. Average Annual Salary Paid for Full-Time Faculty by Highest Degree Earned and Length of Academic Appointment

	Master's degree		Doctoral degree	
	Average low	Average high	Average low	Average high
9 months	$ 76,598	$ 93,513	$ 104,464	$ 117,914
10 months	$ 78,898	$ 114,012	$ 86,743	$ 122,555
12 months	$ 97,621	$ 116,577	$ 113,468	$ 141,882
Other	$ 94,891	$ 122,198	$ 107,572	$ 137,328

Nursing Program Data

Admission Criteria

- Minimum/cumulative GPA (86.4% of programs) and score on pre-enrollment assessment tests (74.7%) were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Important factors in admission for many ELM programs included personal statement and letter of reference and holistic review (each 92.3%) in addition to minimum/cumulative GPA (100.0%).
- "Multi-criteria screening as defined in California Assembly Bill 548" was an important factor for more than half of generic ADN programs (66.3%) and LVN-to-ADN programs (40.0%), but not for BSN or ELM programs. This legislation applies specifically to community colleges.
- Other admission criteria described by respondents in text comments included: background check, drug screen, veteran status, other healthcare-related degrees/certificates, critical thinking test, letters of recommendation, proficiency in language other than English, volunteer experience, and standardized nursing preadmission exam.

Table 46. Admission Criteria by Program Type

Admission criteria	ADN	LVN -to-ADN	BSN	ELM	All programs
Minimum/cumulative GPA	80.9%	100.0%	91.5%	100.0%	86.4%
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	80.9%	80.0%	76.6%	23.1%	74.7%
Completion of prerequisite courses (including recency and/or repetition)	74.2%	80.0%	74.5%	0.0%	68.2%
Letter of reference/recommendation	5.6%	0.0%	44.7%	92.3%	66.2%
Minimum grade level in prerequisite courses	64.0%	80.0%	68.1%	61.5%	65.6%
Health-related work experience	51.7%	40.0%	53.2%	69.2%	53.2%
Multi-criteria screening as defined in California Assembly Bill 548 (community colleges only)	66.3%	40.0%	0.0%	0.0%	39.6%
Personal statement	16.9%	40.0%	44.7%	92.3%	32.5%
Science GPA	69.7%	80.0%	61.7%	53.8%	24.7%
Holistic review	0.0%	0.0%	55.3%	84.6%	24.7%
Lottery	32.6%	40.0%	0.0%	0.0%	24.0%
Interview	10.1%	20.0%	42.6%	61.5%	20.1%
Other	11.2%	20.0%	25.5%	0.0%	14.9%
Geographic location	7.9%	0.0%	25.5%	15.4%	13.6%
Community colleges' nursing prerequisite validation study - Chancellor's Formula	21.3%	20.0%	0.0%	0.0%	13.0%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	**89**	**5**	**47**	**13**	**154**

Selection Method for Qualified Applications

- Ranking by specific criteria was the most common method (74.7%, n=112) for selecting students for admission to nursing programs among those who met minimum qualifications. LVN-to-ADN and ELM programs more commonly cited this criterion.
- Only generic ADN programs used modified random selection (20.5%). No LVN-to-ADN, BSN, or ELM programs used this selection criterion. Only ADN programs, both generic and LVN-to-ADN, used random selection.
- ELM programs frequently reported using the interview and goal statement (both 57.1%) as selection criteria.
- Text-based answers included mixed forms of selection: 1 week admission period and minimum criteria—then random selection, 52 spots filled with merit-based selection and the remaining 20 spots filled using the lottery, 90% ranked by score and 10% random drawn from underrepresented, minimum score of 70 on criterion form and then randomized selection, etc.

Table 47. Selection Methods for Qualified Applications by Program Type

Selection criteria	ADN	LVN-to-ADN	BSN	ELM	All programs
Ranking by specific criteria	71.1%	80.0%	75.0%	92.9%	74.7%
Interviews	8.4%	20.0%	33.3%	57.1%	21.3%
Other	14.5%	0.0%	20.8%	14.3%	16.0%
Random selection	26.5%	20.0%	0.0%	0.0%	15.3%
Modified random selection	20.5%	0.0%	0.0%	0.0%	11.3%
Goal statement	2.4%	0.0%	14.6%	57.1%	11.3%
First come, first served from the waiting list	9.6%	0.0%	10.4%	0.0%	8.7%
First come, first served (based on application date for the quarter/semester)	4.8%	0.0%	16.7%	7.1%	8.7%
Number of programs that reported	**83**	**5**	**48**	**14**	**150**

Waiting List

- Twenty-three respondents reported having a waiting list. These respondents reported a total of 967 students on a waiting list, including 30 LVN-to-ADN students on a waiting list for a generic ADN program.
- Respondents described how long they keep students on a waiting list. Students typically spend about a semester waiting to get into an ELM program, but an average of 1.2 semesters to get into a BSN program, and an average of 2.8 semesters to get into a generic ADN program. Students waiting to get into an LVN-to-ADN only program could expect to wait 1.5 semesters, and those waiting to get into an LVN-to-ADN track within a generic ADN program could expect to wait an average of 3.4 semesters.
- Few programs were on a quarter system, but among those, students waiting to get into a generic ADN program could expect to wait 2.3 quarters, and those waiting to get into an LVN-to-ADN track within a generic ADN program could expect to wait an average of 3.0 quarters. Those waiting to get into a BSN program could expect to wait one quarter.

Table 48. Waiting Lists by Program Type

All programs	ADN	LVN-to-ADN	BSN	ELM	Total
Qualified applicants on a waiting list	643	14	295	15	967
Qualified LVN-to-BSN applicants on a waiting list for a BSN program	-	-	-	-	-
Qualified LVN-to-ADN applicants on a waiting list for a generic ADN program	30	-	-	-	30
Number of programs that reported	**11**	**2**	**8**	**2**	**23**
Programs on the semester system					
Average number of semesters to enroll after being placed on the waiting list	2.8	1.5	1.2	1.0	1.9
Average number of semesters to enroll after being placed on the waiting list--LVN-to-BSN	-	-	-	-	-
Average number of semesters to enroll after being placed on the waiting list--LVN-to-ADN within GADN program	3.4	-	-	-	3.4
Number of programs that reported	**14**	**2**	**5**	**1**	**22**
Programs on the quarter system					
Average number of quarters to enroll after being placed on the waiting list	2.3	-	1.0	-	1.8
Average number of quarters to enroll after being placed on the waiting list--LVN-to-BSN	-	-	-	-	-
Average number of quarters to enroll after being placed on the waiting list--LVN-to-ADN within GADN program	3.0	-	-	-	3.0
Number of programs that reported	**3**	**-**	**2**	**-**	**5**

- Respondents with waitlists described how long they keep applicants on their waiting list[5]: 52.2% (n=12) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, seven (30.4%) reported keeping students on the waiting list until they are admitted, three (13.0%) kept students on the waiting list for two application cycles, and another 13.0%% (n=3) gave some other cycle.
- While all BSN programs and most ELM programs keep students on the waitlist until the subsequent application cycle is complete and all spaces are filled, ADN programs were almost evenly spread over the various options.
- Other cycles noted in text comments included: “Applicant held on waiting list until 1st day of classes”, “Place on the waitlist for one application cycle which is 2 semesters, and then need to reapply”, and “12 weeks”.

Capacity for Program Expansion

- All program types projected an increase in enrollment over the next two years.
- BSN and ELM programs projected the most enrollment growth, while ADN and LVN-to-ADN programs projected more modest enrollment growth.

Table 49. Current and Projected New Student Enrollment by Program Type

Student enrollment	ADN	LVN-to-ADN	BSN	ELM	Total
2024-2025 new student enrollment	8,237	184	10,014	930	19,365
2025-2026 projected student enrollment	**8,643**	**189**	**10,756**	**1,077**	**20,665**
Expected 2025-2026 enrollment as % of 2024-2025 enrollment	104.9%	102.7%	107.4%	115.8%	106.7%
2026-2027 projected student enrollment	**8,901**	**201**	**11,245**	**1,125**	**21,472**
Expected 2026-2027 enrollment as % of 2024-2025 enrollment	108.1%	109.2%	112.3%	121.0%	110.9%

[5] Some programs reported on both ADN and LVN-to-ADN students within a generic ADN program.

Barriers to Program Expansion

- The principal general barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 59.4% (n=92) of programs. This is similar to last year's results.
- Non-competitive faculty salaries (40.6%, n=48), were the second most commonly cited barrier.
- Of the 155 programs that responded, 20.0% of programs (n=31) reported no general barriers to expansion.
- Other barriers to program expansion described by respondents in written comments included: BRN regulations and caps on admission (n=8), restrictions on the number of students that can be included in clinical groups (n=2), lack of clinical sites, hospital merger, waiting for accreditation, lack of support staff, and unsupportive college administration.
- One respondent commented "Concerns have been raised by students regarding the potential changes in federal funding under the current administrations and recent media coverage regarding lack of recognition of nursing as a professional degree."

Table 50. Barriers to Program Expansion by Program Type

Barriers	ADN	LVN-to-ADN	BSN	ELM	Total
Insufficient number of clinical sites	70.8%	40.0%	45.8%	38.5%	59.4%
Faculty salaries not competitive	42.7%	60.0%	37.5%	30.8%	40.6%
Insufficient funding for faculty salaries	41.6%	0.0%	20.8%	7.7%	31.0%
Insufficient number of qualified classroom faculty	34.8%	60.0%	25.0%	7.7%	30.3%
Insufficient number of physical facilities and space for classrooms	33.7%	20.0%	18.8%	15.4%	27.1%
Insufficient number of qualified clinical faculty	28.1%	40.0%	20.8%	15.4%	25.2%
Insufficient number of physical facilities and space for skills labs	32.6%	0.0%	14.6%	15.4%	24.5%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	28.1%	40.0%	16.7%	7.7%	23.2%
Insufficient number of allocated spaces for the nursing program	21.3%	40.0%	18.8%	15.4%	20.6%
No barriers to program expansion	14.6%	0.0%	29.2%	30.8%	20.0%
Other	10.1%	0.0%	18.8%	23.1%	13.5%
Insufficient support for nursing school by college or university	13.5%	0.0%	10.4%	7.7%	11.6%
Insufficient financial support for students	10.1%	20.0%	4.2%	7.7%	8.4%
Number of programs that reported	**89**	**5**	**48**	**13**	**155**

Program Expansion Strategies

- All but one of the 92 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently reported strategies to mitigate the lack of clinical sites were twelve-hour shifts (78.0%, n=71), weekend shifts (75.8%, n=69), and human patient simulators (65.9%, n=60).
- ”Other” strategies provided in text comments this year included: master clinical schedule, 10-hour shifts instead of 13-hour shifts because they are easier on students and aging faculty, networking with community agencies, use of dedicated education units during the last semester of the program, and a comment that all of the strategies were necessary just to maintain the current enrollment.

Table 51. Program Expansion Strategies to Address a Lack of Clinical Sites by Program Type

Strategies	ADN	LVN-to-ADN	BSN	ELM	Total
Twelve-hour shifts	74.2%	50.0%	86.4%	100.0%	78.0%
Weekend shifts	71.0%	100.0%	81.8%	100.0%	75.8%
Human patient simulators	64.5%	50.0%	63.6%	100.0%	65.9%
Evening shifts	56.5%	100.0%	72.7%	100.0%	63.7%
Innovative skills lab experiences	58.1%	50.0%	72.7%	60.0%	61.5%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	54.8%	50.0%	77.3%	60.0%	60.4%
Virtual simulation	51.6%	50.0%	68.2%	80.0%	57.1%
Night shifts	35.5%	0.0%	54.5%	80.0%	41.8%
Non-traditional clinical sites (e.g. correctional facilites)	35.5%	0.0%	45.5%	40.0%	37.4%
Regional computerized clinical placement system	35.5%	50.0%	22.7%	40.0%	33.0%
Preceptorships	27.4%	0.0%	40.9%	60.0%	31.9%
Telehealth	9.7%	0.0%	27.3%	20.0%	14.3%
Other	3.2%	0.0%	9.1%	20.0%	5.5%
None	1.6%	0.0%	0.0%	0.0%	1.1%
Number of programs that reported	**62**	**2**	**22**	**5**	**91**

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2024-25, a total of 62 programs (40.5% of 153 programs reporting) were denied access to a clinical placement, unit, or shift.
- The number of programs reporting a loss of clinical placements, units, or shifts this year is more comparable to pre-pandemic numbers—and considerably lower than last year's numbers (82 programs lost placements, units, or shifts in 2023-24).
- 37.1% (n=23) of 62 programs that were denied a clinical placement, unit, or shift were offered an alternative.

Table 52. RN Programs Denied Clinical Space by Program Type

Outcomes	ADN	LVN-to-ADN	BSN	ELM	Total
Programs denied clinical placement, unit, or shift	42	1	15	4	62
Percent of all programs	**48.3%**	**20.0%**	**31.3%**	**30.8%**	**40.5%**
Programs offered alternative by site	17	-	5	1	23
Placements, units, or shifts lost	205	1	158	25	389
Total number of students affected	1,077	28	669	156	1,930
Total number of programs that reported	**87**	**5**	**48**	**13**	**153**

- In addition, 56 programs (36.1% of 155 programs) reported that there were *fewer students* allowed for a clinical placement, unit, or shift in 2024-25 than in the prior year.

Table 53. RN Programs That Reported Fewer Students Allowed for Clinical Space

	ADN	LVN-to-ADN	BSN	ELM	Total
Fewer students allowed for a clinical placement, unit, or shift	35	1	14	6	56
Total number of programs that reported	**89**	**5**	**48**	**13**	**155**

- Most programs that lost placements, units, or shifts reported lost placement sites in medical/surgical clinical areas (62.9%, n=39). The next most common areas where placements, units, or shifts were lost were pediatrics (48.4%, n=30) and obstetrics (41.9%, n=26).
- "Other" areas described in text comments included: nursing homes, critical care, and fundamentals.

Table 54. Clinical Area That Lost Placements, Shifts or Units by Program Type

Clinical area	ADN	LVN-to-ADN	BSN	ELM	Total
Medical/surgical	64.3%	0.0%	53.3%	100.0%	62.9%
Pediatrics	45.2%	0.0%	53.3%	75.0%	48.4%
Obstetrics	31.0%	100.0%	66.7%	50.0%	41.9%
Psychiatry/mental health	28.6%	0.0%	46.7%	50.0%	33.9%
Preceptorship	33.3%	0.0%	33.3%	0.0%	30.6%
Geriatrics	19.0%	0.0%	6.7%	0.0%	14.5%
Other	2.4%	0.0%	13.3%	0.0%	4.8%
Number of programs that reported	**42**	**1**	**15**	**4**	**62**

Reasons for Clinical Space Being Unavailable

- Programs were asked to provide reasons for clinical space being unavailable.
- Competition for clinical space due to increase in number of nursing students in region (59.7%, n=37) was the top reason for clinical space being unavailable, followed by displaced by another program (43.5%, n=27), and staff nurse overload or insufficient qualified staff (41.9%, n=26).
- Respondents provided "other" reasons in text comments, including reduction in number of students accepted onsite (n=2), remodel or renovation of facility (n=2), toxic leak at hospital, implementation of a new onboarding system, contract delay, internal organizational changes (n=2), hospital closure creating competition for clinical placements elsewhere, and other competition from private college.
- No program reported being denied space because the facility began charging a fee or another RN program offered to pay a fee for the placement.
- However, in a separate question, six out of 155 programs (3.9%) reported providing fee to secure a clinical placement.

Table 55. Reasons for Clinical Space Being Unavailable by Program Type

Reasons	ADN	LVN-to-ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	64.3%	0.0%	40.0%	100.0%	59.7%
Displaced by another program	45.2%	0.0%	40.0%	50.0%	43.5%
Staff nurse overload or insufficient qualified staff due to other reasons	40.5%	100.0%	40.0%	50.0%	41.9%
Visit from Joint Commission or other accrediting agency	23.8%	0.0%	33.3%	50.0%	27.4%
Decrease in patient census due to other reasons	21.4%	0.0%	33.3%	0.0%	22.6%
Nurse residency programs	21.4%	0.0%	20.0%	25.0%	21.0%
Other	21.4%	0.0%	13.3%	25.0%	19.4%
Closure, or partial closure, of clinical facility	11.9%	0.0%	26.7%	0.0%	14.5%
Change in facility ownership/ management	11.9%	0.0%	26.7%	0.0%	14.5%
Other clinical facility business needs/ changes in policy	14.3%	0.0%	13.3%	25.0%	14.5%
No longer accepting ADN students*	11.9%	0.0%	0.0%	0.0%	8.1%
Clinical facility seeking magnet status	7.1%	0.0%	0.0%	0.0%	4.8%
Implementation of Electronic Health Records system	0.0%	0.0%	0.0%	0.0%	0.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay*	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	**42**	**1**	**15**	**4**	**62**

*Not asked of BSN or ELM programs.

- The most commonly reported strategies to address the lost clinical space was replacing the lost space at a different site currently used by the nursing program (67.7%, n=42) and adding or replacing lost space with a new site (46.8%, n=29).
- In 2024-25, only 8.1% of programs reported reducing student admissions (n=5). This is an improvement over 2021-22, when 19.6% (n=18) reported reducing student admissions, and 2020-21, when 27.6% (n=35) of programs reported doing so. This item seems to have reverted to its pre-pandemic position as one of the least cited strategies to address lost clinical space.
- Other strategies described by respondents in write-in answers included: a single 12-hour shift instead of a two-day clinical, and students completing clinical hours in the summer.

Table 56. Strategies to Address Lost Clinical Space by Program Type

Strategies	ADN	LVN-to-ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	61.9%	0.0%	80.0%	100.0%	67.7%
Added/replaced lost space with new site	40.5%	100.0%	53.3%	75.0%	46.8%
Replaced lost space at same clinical site	33.3%	0.0%	53.3%	25.0%	37.1%
Clinical simulation	21.4%	0.0%	53.3%	25.0%	29.0%
Reduced student admissions	11.9%	0.0%	0.0%	0.0%	8.1%
Other	4.8%	0.0%	0.0%	0.0%	3.2%
Number of programs that reported	**42**	**1**	**15**	**4**	**62**

Alternative Clinical Sites

- In 2024-25, 46 programs reported increasing out-of-hospital clinical placements.
- School health services (50.0%, n=23), skilled nursing/rehabilitation facilities (47.8%, n=23), and public health or community health agency (32.6%, n=15) were the top alternative out-of-hospital clinical sites reported by these 46 programs.
- Other placements described by respondents in text comments in 2024-25 included: child development center, non-profit screening exams, pediatric skilled nursing facility, Head Start, Senior Living, and parish/church, residential care, pediatric clinic, fire authority, and developmental center.

Table 57. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Program

Alternative clinical sites	ADN	LVN-to-ADN	BSN	ELM	Total
School health service (K-12 or college)	53.1%	-	36.4%	66.7%	50.0%
Skilled nursing/rehabilitation facility	37.5%	-	63.6%	100.0%	47.8%
Public health or community health agency	18.8%	-	54.5%	100.0%	32.6%
Medical practice, clinic, physician office	28.1%	-	18.2%	0.0%	23.9%
Surgery center/ambulatory care center	21.9%	-	18.2%	33.3%	21.7%
Outpatient mental health/substance abuse	21.9%	-	18.2%	0.0%	19.6%
Urgent care, not hospital-based	21.9%	-	9.1%	0.0%	17.4%
Hospice	12.5%	-	27.3%	0.0%	15.2%
Other	15.6%	-	9.1%	33.3%	15.2%
Home health agency/home health service	12.5%	-	18.2%	0.0%	13.0%
Case management/disease management	12.5%	-	0.0%	33.3%	10.9%
Renal dialysis unit	12.5%	-	0.0%	0.0%	8.7%
Correctional facility, prison, or jail	9.4%	-	0.0%	0.0%	6.5%
Occupational health or employee health service	6.3%	-	0.0%	0.0%	4.3%
Number of programs that reported	**32**	**0**	**11**	**3**	**46**

LVN-to-BSN Education

- Five BSN programs reported an LVN-to-BSN track that exclusively admits LVN students or differs significantly from the generic BSN program offered at the school.
- Of the 750 screened applicants, there were 583 qualified applicants, of whom 337 were admitted for a total of approximately 347 admission spaces.
- Most applications were made to a single online program. Because admission spaces at that program are listed as “999” (unlimited), the number of admitted applicants was used as a proxy for the number of admission spaces.
- The most commonly used admission criteria in these programs were minimum cumulative GPA, minimum grade level in prerequisite courses, and pre-enrollment assessment tests.

Table 58. LVN-to-BSN Admission Criteria

Admission criteria	%	#
Minimum/cumulative GPA	60.0%	3
Minimum grade level in prerequisite courses	60.0%	3
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	60.0%	3
Completion of prerequisite courses (including recency and/or repetition)	40.0%	2
Science GPA	40.0%	2
None	20.0%	1
Health-related work experience	20.0%	1
Personal statement	20.0%	1
Interview	20.0%	1
Letter of reference/recommendation	20.0%	1
Other	20.0%	1
Geographic location	0.0%	0
Lottery	0.0%	0
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	0.0%	0
Number of programs that reported		**5**

- Ranking by specific criteria and interviews were the most commonly reported methods for *selecting* students for admission for the LVN-to-BSN programs.

Table 59. LVN-to-BSN Selection Criteria

Selection criteria	%	#
Ranking by specific criteria	60.0%	3
Interviews	20.0%	1
Rolling admissions (based on application date for the quarter/ semester)	0.0%	0
Goal statement	20.0%	1
First come, first served from the waiting list	20.0%	1
Other	20.0%	1
Number of programs that reported		**5**

LVN-to-ADN Education

- Five nursing programs exclusively offer LVN-to-ADN education.
- Of the 89 generic ADN programs, 42.7% (n=38) reported having a separate track for LVNs and 62.9% (n=56) reported admitting LVNs to the generic ADN program on a space-available basis. (Thirteen programs reported both options.)
- Thirteen (14.6%) generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2025, there were a total of 30 LVNs on a generic ADN program waitlist. These programs reported that, on average, it takes 3.4 semesters or 3.0 quarters for an LVN student to enroll in the first nursing course after being placed on the waiting list. (See Table 48.)
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to ADN education are bridge courses, use of skills lab courses to document competencies, and direct articulation of LVN coursework. These have remained the top three for a number of years.
- Other mechanisms that facilitate a seamless progression from LVN to ADN described by respondents provided in write-in answers included: NSG 328 for transition of LVNs and military, lab sessions and program orientation, mandatory bootcamp, 30-unit option, mandatory advising, student success advisor, challenge exams, partnerships with local clinical partners/hospitals, and credit granted for LVN coursework following successful completion of advanced placement workshop.

Table 60. LVN-to-ADN Articulation by Program Type

Articulation	ADN	LVN-to-ADN	BSN	All programs
Bridge course	63.5%	60.0%	10.0%	46.9%
Use of skills lab course to document competencies	52.9%	80.0%	30.0%	46.9%
Direct articulation of LVN coursework	31.8%	40.0%	12.5%	26.2%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	32.9%	60.0%	30.0%	33.1%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	29.4%	20.0%	30.0%	29.2%
Specific program advisor	15.3%	0.0%	17.5%	15.4%
Other	17.6%	20.0%	42.5%	25.4%
Number of programs that reported	**85**	**5**	**40**	**130**

Partnerships

- In 2024-25, 78 nursing programs reported participating in collaborative or shared programs with another nursing program leading to a BSN or higher degree.
- A collaborative program entails a written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.[6]
- In 2024-25, 67.4% of ADN programs and 60.0% of LVN-to-ADN programs reported participating in these partnerships, as did 31.9% of BSN programs. No ELM program reported a partnership. Considerably fewer ADN and LVN-to-ADN programs reported participating in these partnerships this year compared to last year.
- All but one of the 60 ADN programs participating in a collaborative program were at community colleges, as were all LVN-to-ADN programs. All but four of the participating BSN programs were at California State Universities.

Table 61. RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All programs
Collaborative/shared programs leading to higher degree	60	3	15	N/A	78
Percent of programs with partnerships	67.4%	60.0%	31.3%	N/A	54.9%
Number of programs that reported	**89**	**5**	**48**	**N/A**	**142**

[6] See Close L, Orlowski C. Advancing Associate Degree in Nursing-to-Baccalaureate Degree in Nursing Academic Progression: The California Collaborative Model for Nursing Education. J Nurs Educ. 2015 Dec;54(12):683-8. doi: 10.3928/01484834-20151110-04. PMID: 26652803.

Professional Accreditation

- For this survey, professional accreditation was defined as “Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.”
- While 57.3% (n=51) of generic ADN programs reported some form of professional accreditation, this number is misleading because most of the “other” accreditations described in text comments were for professional accreditations. In reality, only 44 (49.4%) of ADN programs reported a credible form of professional accreditation or candidacy for accreditation.
- No LVN-to-ADN program reported professional accreditation.
- All BSN and ELM programs reported some form of accreditation. (“Other” is not included in this percentage because none of the write in comments referred to current professional accreditations.)
- 44.9% (n=40) of generic ADN programs reported having ACEN accreditation, while one ADN program had CNEA accreditation (1.1%).
- All ELM programs (n= 14) and 95.8% of BSN programs (n=46) reported having CCNE accreditation. One BSN program also listed CNEA accreditation (2.1%).
- “Other” professional accreditations listed included: ACEN candidacy (n=3, all ADN programs). Respondents also listed a number of institutional accreditations, including ACCJC/WASC-JC (n=5), ABHES (n=4), and COE (n=1).

Table 62. Professional Accreditation for Eligible Programs by Program Type

Accreditation	ADN	LVN-to-ADN	BSN	ELM	All programs
CCNE*	0.0%	-	95.8%	100.0%	41.4%
Not accredited	40.4%	-	0.0%	0.0%	28.3%
ACEN (formerly NLNAC)	44.9%	-	0.0%	0.0%	27.6%
Other	11.2%	-	6.3%	7.1%	9.7%
CNEA	1.1%	-	2.1%	0.0%	1.4%
Number of programs that reported	**89**	**5**	**48**	**14**	**145**

*CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2024-25, 89.9% of the 13,949 students at California BRN-approved nursing programs who took the NCLEX (National Council Licensure Examination) for the first time passed the exam.
- The NCLEX pass rate was highest for students who graduated from LVN-to-ADN programs (94.7%) and lowest for ELM programs (87.9%).

Table 63. First Time NCLEX Pass Rates by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
First time NCLEX pass rate	**91.6%**	**94.7%**	**88.2%**	**87.9%**	**89.9%**
# students that took the NCLEX	6,537	208	6,551	653	13,949
# students that passed the NCLEX	5,988	197	5,775	574	12,534
Number of programs that reported	**85**	**5**	**45**	**11**	**146**

- Usually, NCLEX pass rates in accelerated programs are similar to those in traditional programs.
- In 2024-25, accelerated ADN, BSN, and ELM programs had a higher average pass rate than their traditional counterparts.

Table 64. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	Total
First time NCLEX pass rate	**91.9%**	**88.3%**	**92.0%**	**88.6%**
# students that took the NCLEX	149	4,536	225	4,910
# students that passed the NCLEX	137	4,004	207	4,348
Number of programs that reported	**8**	**13**	**4**	**25**

Clinical Simulation

- In 2024-25, 148 out of 156 nursing programs (94.9%) reported using clinical simulation.
    - Five programs reported that they did not use clinical simulation. One of the five programs is new, one did not report using simulation last year, and three previously reported using simulation.
- Nearly half of the 148 programs (46.6%, n=69) have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.
- Most of the 148 programs (72.3%, n=107) using clinical simulation have a written simulation plan that guides integration of simulation in the curriculum.
- Those with written simulation plans were asked to indicate which elements were included. The most common element selected was course-by-course simulation topics (86.0%). However, most programs included each of the listed elements (except "other"), with the least common being abbreviated course-by-course simulation objectives or expected outcomes and "other".

Table 65. Elements of Simulation Plan

Elements	% of programs	# of programs
Course by course simulation topics	86.0%	92
Number of hours for each simulation	82.2%	88
How simulation is integrated throughout the curriculum	76.6%	82
Abbreviated course by course simulation objectives/ expected outcomes	63.6%	68
Total number of hours for each course	62.6%	67
Other	0.0%	0
Number of programs that reported		**107**

- The most common reason given for why a program with clinical simulation did not yet have a written plan was that faculty was in the process of developing a plan, followed by time or other limitations that delayed the development of the plan.
- The most common write-in answers as to why the program does not have a written plan were lack of a simulation coordinator or adequate staffing (n=4).
- One wrote about having a new coordinator who was in the process of developing a plan and resources. Example: “The NRL (Skills Lab Coordinator) position is a new role that had been implemented via grant money beginning Fall 2023. This individual is responsible for the simulation lab, will attend simulation trainings with our ultimate goal being CHSE Certification. The plan is to incorporate a written "best practice" plan created by faculty that can be a guide for any simulations in the near future...”
- Another noted, “The faculty members are actively engaged in a thorough revision of the curriculum to improve its overall quality and relevance to current practices. As part of this extensive update, they will incorporate detailed simulations focused on "best practices" that reflect the latest advancements in the field…”

Table 66. Reasons Why the Program Does Not Have a Written Plan

Reasons	% of programs	# of programs
Faculty in process of developing a plan	70.7%	29
Time or other limitations have delayed development of a written simulation plan	36.6%	15
Simulation coordinator is developing or assisting faculty with plan development	26.8%	11
Faculty unaware that use of a written plan is a suggested “best practice”	9.8%	4
Other	9.8%	4
No simulation coordinator*	7.3%	3
Number of programs that reported		**41**

*Category derived from text comments.

- Of the 148 programs, 19.6% (n=29) had “not at all” integrated recognized simulation standards (i.e., INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation. This is surprising because last year, only 2.7% (n=4) gave this answer.
- Almost a third (16.2%, n=24) had integrated simulation standards completely, while 62.2% (n=92) had somewhat or mostly integrated these standards.
- Two (1.4%) reported being unfamiliar with the standards.

Table 67. Extent of Integration of Recognized Simulation Standards

Extent	% of programs	# of programs
Not at all	19.6%	29
Somewhat	26.4%	39
Mostly	35.8%	53
Completely	16.2%	24
Not familiar with the standards	1.4%	2
No answer	0.7%	1
Number of programs that reported	**100.0%**	**148**

- In 2024-25, respondents were asked to name the simulation standards with which their programs were aligned. The most commonly cited standards were International Nursing Association for Clinical Simulation and Learning (INACSL), followed by Society for Simulation in Healthcare (SSH).
- Some programs reported being aligned with more than one standard.
- “Other” standards, provided as write-in text answers, included the California Simulation Alliance (n=5), HSSOBP - Healthcare Simulation Standards of Best Practice (n=1), and Western States Simulation Alliance (n=1).

Table 68. Simulation Standards with Which Program is Aligned

Simulation standards	% of programs	# of programs
International Nursing Association for Clinical Simulation and Learning (INACSL)	69.2%	101
Society for Simulation in Healthcare (SSH)	44.5%	65
National Council of State Boards of Nursing (NCSBN)	41.1%	60
National League for Nursing (NLN)	33.6%	49
Other	11.0%	16
None	6.2%	9
No answer	2.7%	4
Number of programs that reported		**146**

- Respondents were asked to identify the areas where simulation activities are used to achieve learning objectives.
- The most common area was “Critical thinking/decision making and managing priorities of care” (95.3%), followed by “Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration” (90.6%), “Patient safety/staff safety and quality of care” (89.9%), and “Preparation for direct clinical patient care” (89.3%). The least common was “other” (3.4%).
- More than half of respondents indicated that they were using simulation to achieve learning outcomes and objectives in every category except “other”.
- “Other” areas listed in text comments included: “Professional integrity, clinical judgment measurement model, LGBTQIA+”, “Correlation with the Clinical Judgement Model in debriefing”, “Development of clinical judgment”, and “By fostering a nurturing and inclusive atmosphere, we were able to significantly enhance the students’ confidence. Through targeted encouragement, personalized feedback, and a variety of engaging activities, students began to embrace challenges with enthusiasm, developing their skills and self-assurance in both academic and social settings. This holistic approach not only bolstered their self-esteem but also inspired a greater willingness to participate and express their ideas openly. Developing these with ATI integration and NCSB, NLN, and WSSA standards with 3 hours a week of simulation with each course.”

Table 69. Areas Where Simulation is Used to Achieve Learning Objectives

Learning objectives	% of programs	# of programs
Critical thinking/decision making/managing priorities of care	95.3%	142
Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration	90.6%	135
Patient safety/staff safety and quality of care	89.9%	134
Preparation for direct clinical patient care	89.3%	133
Application of nursing knowledge/use of the nursing process	88.6%	132
Communication/crucial conversations	87.9%	131
Manage high risk, low volume care and emergency situations	83.2%	124
Teamwork/inter-professional collaboration	82.6%	123
Leadership/delegation/role clarification	75.8%	113
Guaranteed exposure to critical content areas not available in the direct care setting	72.5%	108
Management of legal/ethical situations	57.7%	86
Other	3.4%	5
Number of programs that reported		**149**

- Respondents were asked whether their program collects annual data (quantitative and/or qualitative) that show the impact of simulation learning activities on annual NCLEX pass rates year-to-year. Only 6.1% (n=9) of all programs reported doing so, a number that decreased slightly since the prior year.
- These program representatives were asked to describe the quantitative measures used. They are listed below.

Table 70. Quantitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Quantitative measures
1	All simulation scenarios include measures and tracking of responses to the activities used in our simulation. Scenarios will have components such as ATI content and sample NCLEX questions as part of our briefing and debriefing process. We track performance results over time and use that correlate NCLEX scores and look for connections.
2	Anonymous surveys of students.
3	Benchmarks re: Peds, OB, Psych, Med-Surg, Nutrition, and Critical Thinking since Fall 2025 semester when ATI was re-instituted as the Policy was in Student Handbook submitted to CA BRN for the CAV 2023 with no Total Plan of Evaluation and no ATI benchmarks submitted. Re-instituted and TPE has been developed by new Program Director with ATI Benchmarks as quantitative measures.
4	Data collection is in progress through simulation activities aligned with SLOs, EPSLOs, and CJMM model.
5	Kaplan Diagnostics Review of trends in NCLEX pass rates.
6	OMS scenarios score students against AACN Essentials and NCLEX competencies.
7	Review pass rates trends details on clinical judegments Kaplan diagnostic assessments.
8	We use the Simulation Learning System (SLS) rubric for annotating if objectives/skills were met during the simulation.

- Respondents were also asked to describe the *qualitative* measures used, which are listed below.

Table 71. Qualitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Qualitative measures
1	All our IPE events use qualitative measures for all surveys: Readiness for Interprofessional Learning Scale (RIPLS) Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R).
2	Clinical surveys.
3	Clinical surveys.
4	Every 2-week, Student-Faculty meeting and receive verbal feedback from students re: ATI integration into the curriculum. Students are reporting they are engaged and working to reach the 97% predictability level to pass NCLEX on first attempt.
5	Simulation Effectiveness Tool (SET-M) completed by students after the simulation.

- Respondents were asked whether every simulation session was evaluated by students using standardized, nationally recognized simulation evaluation tools to measure simulation effectiveness. Forty-eight percent of the 148 programs that used simulation (n=71) responded affirmatively. This is similar to last year. Sixty-seven of these programs provided the names of the tools they used to evaluate simulation courses.
- Those who had students evaluate every simulation session with a nationally recognized tool were asked to name the tools they used to measure simulation effectiveness. The most commonly mentioned tools were SET-M, followed by some sort of unspecified survey, Creighton, and DASH.

Table 72. Nationally Recognized Tools Used to Evaluate Simulation Courses

Tools used	%	#
SET-M	38.81%	26
Survey, unspecified	11.94%	8
Creighton	10.45%	7
DASH	10.45%	7
INACSL	7.46%	5
Other tool (unspecified)	7.46%	5
SSIH	7.46%	5
NLN	5.97%	4
ATI	2.99%	2
Debrief	2.99%	2
DELTA PLUS	2.99%	2
PEARLS	2.99%	2
Shadowhealth	2.99%	2
Lasater	1.49%	1
Program for Nursing Curriculum Integration (PNCI) CAE Healthcare	1.49%	1
SPICE-R	1.49%	1
Total		**67**

Note: All categories derived from write-in answers.

- Respondents who did not ask students to evaluate every simulation session with a nationally recognized tool (n=71) were asked to describe how the program assessed or evaluated the effectiveness of simulation in each course. Sixty-three respondents provided text comments. The following table summarizes that information.
- A large number of respondents simply noted that they an unspecified evaluation “tool” (34.9%, n=22), an unspecified survey (28.6%, n=18), a course evaluation (14.3%, n=9), or a debrief/feedback tool (14.3%, n=9).

Table 73. Other Tools Used to Evaluate Simulation Courses

Tools used	%	#
Evaluation "tool" (unspecified)	34.9%	22
Survey (unspecified)	28.6%	18
Course evaluation	14.3%	9
Debrief/feedback	14.3%	9
Instructor feedback/observation	9.5%	6
Skills/SLO assessment/exams	6.3%	4
In development	3.2%	2
Other	3.2%	2
Self-evaluation/reflection	1.6%	1
Quiz	1.6%	1
INACSL	1.6%	1
Total providing comments		**63**

- Respondents were asked what types of simulation they used in different topic areas. Manikin-based simulation and computer-based remained the primary forms of simulation used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics.
- Role-play with other students was the most commonly used form of simulation in psychiatry/mental health (52.1%, n=74), and was also commonly used in fundamentals (44.5%, n=65).
- 11.9% (n=16) programs did not use simulation in geriatrics, and 12.7% (n=18) did not use simulation in psychiatry/mental health.
- Other topics described in text comments included: leadership (n=14), preceptorship (n=3), and public health (n=2). Other types of simulation use described in text comments included: virtual reality (n=5), escape room simulations (n=5), interprofessional education events (n=3), and “Hearing Voices (to understand some schizophrenia symptoms)” (n=2).

Table 74. Type of Simulation Used by Topic Area

Type of simulation	Fundamen-tals	Medical/ surgical	Obstetrics	Pediatrics	Geriatrics	Psych/ mental health	Other
Manikin-based	82.9%	94.6%	87.4%	84.5%	73.1%	27.5%	48.5%
Computer-based (i.e.: software) programs	40.4%	57.8%	44.1%	45.8%	42.5%	36.6%	48.5%
Role play with other students	44.5%	38.8%	30.8%	33.1%	32.1%	52.1%	39.4%
Standardized/ embedded participants	15.1%	24.5%	16.8%	13.4%	13.4%	21.8%	51.5%
Task trainers	54.1%	50.3%	37.1%	29.6%	33.6%	7.7%	27.3%
Virtual simulations (i.e., via Zoom)	16.4%	21.8%	21.0%	23.2%	8.2%	22.5%	24.2%
Other type of simulation	6.2%	8.8%	4.9%	4.9%	7.5%	6.3%	27.3%
None	8.2%	2.0%	4.2%	4.2%	11.9%	12.7%	6.1%
Number of programs that reported	**146**	**147**	**143**	**142**	**134**	**142**	**33**

Clinical Training in Nursing Education

- Respondents were asked to indicate the allocation of their program's clinical hours. The largest proportion of clinical hours in all programs was in direct inpatient care (73.0% for ADN programs, 71.6% for BSN, and 74.9% for ELM).
- BSN and ELM programs reported a relatively high percentage of hours in skills labs (12.2% and 13.7%, respectively) compared to ADN programs (8.7%). ADN programs had the greatest percentages of hours allocated to clinical observation (6.2%).
- In terms of content area, ADN programs allocated the greatest percentage of hours to medical/surgical (44.7% of hours in ADN programs), although the plurality of hours in each program was allocated to medical/surgical.
- ADN programs also allocated more hours to fundamentals (17.0%) than did other program types.
- ELM programs mentioned "other" content areas more frequently than other program types (16.0% of hours).
- Six programs reported no clinical hours. It is unclear why these schools provided no data.
    - In a separate question, respondents were asked whether their programs require that their fundamentals students have clinical practice in direct patient care. Most (76.9%, n=120) said "yes". This is close to the same number of programs as last year.

Table 75. Average Hours Spent in Clinical Training by Program Type and Content Area

Content area	Direct patient care--inpatient			Direct patient care--outpatient			Direct patient care--telehealth		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Medical/surgical	340.1	226.9	214.9	5.0	3.0	0.0	0.0	0.0	0.0
Fundamentals	74.6	44.0	30.7	1.2	1.0	3.5	0.0	0.1	0.2
Obstetrics	58.1	68.6	73.6	2.6	1.2	0.9	0.1	0.0	0.0
Pediatrics	48.5	64.0	75.4	11.2	3.1	2.2	0.0	0.0	0.0
Geriatrics	70.9	69.5	47.2	4.8	9.0	4.4	0.0	0.0	0.0
Psychiatry/mental health	64.3	64.9	75.2	4.9	3.3	3.5	0.3	0.1	0.0
Other	26.3	75.0	102.9	1.3	22.1	11.4	0.0	0.0	0.0
Total average clinical hours	**682.8**	**612.8**	**620.0**	**31.0**	**42.7**	**25.8**	**0.4**	**0.2**	**0.2**
Number of programs that reported	**91**	**46**	**13**	**91**	**46**	**13**	**91**	**46**	**13**
Percent of hours	73.0%	71.6%	74.9%	3.3%	5.0%	3.1%	0.0%	0.0%	0.0%

Note: Percent of clinical hours are derived by dividing the average number of clinical hours per category by the total number of clinical hours for that program type.

Table 75 (continued). Average Hours Spent in Clinical Training by Program Type and Content Area – Total Clinical Hours

Content area	Skills labs			Clinical simulation			Clinical observation		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	5.4	21.6	22.2	38.8	20.6	18.2	29.0	7.5	0.0
Fundamentals	72.8	59.9	65.6	9.5	6.9	5.9	0.9	1.2	0.0
Obstetrics	0.6	6.8	7.3	9.1	11.5	11.2	8.1	1.3	0.0
Pediatrics	1.3	5.8	5.5	8.4	11.1	8.9	7.7	1.7	0.0
Geriatrics	0.3	1.8	3.2	6.1	9.0	6.4	3.5	2.6	0.0
Psychiatry/mental health	1.1	2.0	1.8	6.1	6.2	5.4	5.2	7.8	2.3
Other	0.2	6.7	8.2	3.5	6.6	5.4	3.4	1.2	4.6
Total average clinical hours	**81.7**	**104.7**	**113.7**	**81.5**	**71.9**	**61.4**	**57.8**	**23.3**	**6.9**
Number of programs that reported	**91**	**46**	**13**	**91**	**46**	**13**	**91**	**46**	**13**
Percent of hours	8.7%	12.2%	13.7%	8.7%	8.4%	7.4%	6.2%	2.7%	0.8%

Content area	Total cinical hours			Percent of total clinical hours		
	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	418.3	279.5	255.2	44.7%	32.7%	30.8%
Fundamentals	159.0	113.0	105.9	17.0%	13.2%	12.8%
Obstetrics	78.6	89.5	93.1	8.4%	10.5%	11.2%
Pediatrics	77.1	85.6	91.9	8.2%	10.0%	11.1%
Geriatrics	85.6	91.9	61.2	9.2%	10.7%	7.4%
Psychiatry/mental health	82.0	84.3	88.2	8.8%	9.9%	10.6%
Other	34.6	111.7	132.5	3.7%	13.1%	16.0%
Total average clinical hours	**935.2**	**855.5**	**828.0**	**100.0%**	**100.0%**	**100.0%**
Number of programs that reported	**91**	**46**	**13**	**91**	**46**	**13**
Percent of hours	100.0%	100.0%	100.0%			

Note: Percent of clinical hours are derived by dividing the average number of clinical hours per category by the total number of clinical hours for that program type.

- In each content area and clinical experience, the majority of programs planned to maintain the current balance of clinical training hours over the next 12 months for each clinical experience type and content area listed in the table below.
- Across most content areas, ADN and BSN programs anticipated increases in clinical training hours in clinical simulation. The only places where ELM programs anticipated an overall increase in clinical simulation was in obstetrics and geriatrics. They projected fairly substantial decreases in direct in-patient care in both of those content areas.

Table 76. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience

Medical/surgical	Decrease hours			Maintain hours			Increase hours		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct in-patient care	11.7%	2.1%	7.1%	86.2%	95.8%	92.9%	2.1%	2.1%	0.0%
Direct out-patient care	1.1%	0.0%	0.0%	84.0%	81.3%	50.0%	2.1%	0.0%	0.0%
Direct care telehealth	0.0%	0.0%	0.0%	76.6%	79.2%	50.0%	1.1%	0.0%	0.0%
Skills labs	3.2%	0.0%	0.0%	92.6%	89.6%	92.9%	3.2%	4.2%	7.1%
Clinical simulation	2.1%	0.0%	0.0%	78.7%	87.5%	85.7%	17.0%	10.4%	0.0%
Clinical observation	1.1%	0.0%	0.0%	85.1%	81.3%	64.3%	0.0%	0.0%	0.0%
Total clinical hours	**5.4%**	**0.0%**	**0.0%**	**94.7%**	**95.8%**	**92.9%**	**0.0%**	**4.2%**	**7.1%**
Fundamentals	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct in-patient care	7.5%	0.0%	0.0%	85.1%	95.8%	85.7%	3.2%	2.1%	7.1%
Direct out-patient care	0.0%	0.0%	0.0%	82.8%	85.1%	61.5%	1.1%	2.1%	0.0%
Direct care telehealth	0.0%	0.0%	0.0%	77.2%	83.0%	61.5%	0.0%	0.0%	0.0%
Skills labs	1.1%	0.0%	7.1%	91.5%	95.8%	92.9%	4.3%	2.1%	0.0%
Clinical simulation	1.1%	0.0%	7.7%	83.9%	89.4%	76.9%	9.7%	6.4%	0.0%
Clinical observation	1.1%	0.0%	0.0%	83.7%	80.9%	61.5%	0.0%	0.0%	0.0%
Total clinical hours	**4.3%**	**0.0%**	**7.1%**	**92.6%**	**95.8%**	**92.9%**	**1.1%**	**4.2%**	**0.0%**
Obstetrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct in-patient care	6.8%	4.2%	14.3%	87.5%	93.8%	85.7%	5.7%	2.1%	0.0%
Direct out-patient care	1.2%	2.1%	0.0%	84.9%	83.0%	53.9%	1.2%	0.0%	0.0%
Direct care telehealth	0.0%	0.0%	0.0%	77.9%	80.9%	53.9%	0.0%	0.0%	0.0%
Skills labs	2.3%	2.1%	0.0%	95.4%	89.6%	92.9%	1.2%	0.0%	0.0%
Clinical simulation	1.1%	2.1%	0.0%	85.0%	91.7%	85.7%	10.8%	6.3%	7.1%
Clinical observation	1.2%	0.0%	0.0%	86.1%	80.9%	69.2%	0.0%	0.0%	0.0%
Total clinical hours	**5.3%**	**2.1%**	**7.1%**	**91.5%**	**93.8%**	**92.9%**	**2.1%**	**4.2%**	**0.0%**

Note: Totals do not always sum to 100% because some programs answered, “not applicable” or “unknown”.

Table 76 (continued). Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience

Pediatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct in-patient care	7.5%	4.2%	14.3%	85.1%	93.8%	85.7%	4.3%	2.1%	0.0%
Direct out-patient care	2.2%	2.1%	0.0%	82.8%	80.9%	53.9%	5.4%	2.1%	0.0%
Direct care telehealth	0.0%	0.0%	0.0%	78.3%	80.9%	53.9%	0.0%	0.0%	0.0%
Skills labs	2.2%	2.1%	0.0%	91.4%	87.5%	85.7%	2.2%	0.0%	0.0%
Clinical simulation	1.1%	2.1%	0.0%	81.7%	85.4%	64.3%	12.9%	8.3%	14.3%
Clinical observation	0.0%	0.0%	0.0%	87.0%	83.0%	69.2%	0.0%	0.0%	0.0%
Total clinical hours	**5.3%**	**0.0%**	**7.1%**	**92.6%**	**95.8%**	**92.9%**	**2.1%**	**2.1%**	**0.0%**

Geriatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct in-patient care	6.4%	2.1%	0.0%	92.6%	93.8%	85.7%	1.1%	2.1%	7.1%
Direct out-patient care	0.0%	0.0%	0.0%	90.2%	83.0%	53.9%	1.1%	0.0%	0.0%
Direct care telehealth	0.0%	0.0%	0.0%	77.2%	80.9%	53.9%	1.1%	0.0%	0.0%
Skills labs	1.1%	0.0%	0.0%	93.6%	87.5%	84.6%	1.1%	0.0%	0.0%
Clinical simulation	0.0%	0.0%	0.0%	90.3%	80.9%	76.9%	7.5%	8.5%	0.0%
Clinical observation	0.0%	0.0%	0.0%	85.9%	80.9%	69.2%	1.1%	0.0%	0.0%
Total clinical hours	**3.2%**	**2.1%**	**0.0%**	**94.7%**	**93.8%**	**85.7%**	**1.1%**	**4.2%**	**7.1%**

Psychiatry/mental health	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct in-patient care	8.5%	0.0%	0.0%	88.3%	97.9%	100.0%	3.2%	2.1%	0.0%
Direct out-patient care	0.0%	0.0%	0.0%	83.7%	89.6%	61.5%	4.4%	0.0%	0.0%
Direct care telehealth	1.1%	0.0%	0.0%	78.3%	78.7%	53.9%	0.0%	2.1%	0.0%
Skills labs	1.1%	0.0%	0.0%	91.4%	87.2%	76.9%	2.2%	0.0%	0.0%
Clinical simulation	1.1%	0.0%	0.0%	86.0%	89.4%	76.9%	8.6%	4.3%	0.0%
Clinical observation	1.1%	0.0%	0.0%	85.9%	80.9%	69.2%	0.0%	0.0%	0.0%
Total clinical hours	**5.3%**	**0.0%**	**0.0%**	**93.6%**	**95.8%**	**100.0%**	**1.1%**	**4.2%**	**0.0%**

Other	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct in-patient care	3.3%	0.0%	7.7%	87.0%	93.8%	76.9%	10.0%	6.3%	15.4%
Direct out-patient care	0.0%	0.0%	0.0%	87.0%	87.2%	61.5%	0.0%	0.0%	0.0%
Direct care telehealth	0.0%	0.0%	0.0%	83.5%	83.0%	61.5%	0.0%	0.0%	0.0%
Skills labs	0.0%	0.0%	7.7%	89.1%	85.4%	76.9%	1.1%	2.1%	0.0%
Clinical simulation	0.0%	0.0%	0.0%	89.1%	89.4%	84.6%	3.3%	4.3%	0.0%
Clinical observation	0.0%	0.0%	0.0%	88.0%	87.2%	76.9%	0.0%	0.0%	0.0%
Total clinical hours	**2.2%**	**0.0%**	**7.7%**	**91.3%**	**91.7%**	**84.6%**	**0.0%**	**2.1%**	**0.0%**

Note: Totals do not always sum to 100% because some programs answered, “not applicable” or “unknown”.

- Respondents were asked why they were reducing the number of clinical hours in their program if they indicated in the prior questions that they were decreasing overall clinical hours in any content area.
- Nine programs indicated that they were decreasing overall clinical hours.
- “Curriculum redesign or change” was the most common reason, followed by “students can meet learning objectives in less time”.
- “Other” reasons provided in text comments included the need to comply with BRN requirements.

Table 77. Why Programs Are Reducing Clinical Hours

Reasons	%	#
Curriculum redesign or change	88.9%	8
Students can meet learning objectives in less time	44.4%	4
Other	33.3%	3
Need to reduce units	22.2%	2
Unable to find sufficient clinical space	11.1%	1
Insufficient clinical faculty	11.1%	1
Funding issues or unavailable funding	0.0%	0
Number of programs that reported		**9**

School Data

Data in this section represents all schools with pre-licensure nursing programs. These questions were not asked for each program type. Where breakdowns are provided by the types of programs the school has, it is important to keep in mind that many schools have multiple programs and there may be overlaps (see the section on Other Program Administration).

Institutional Accreditations

- For this survey, institution accreditation was defined as, “Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.”
- The most commonly reported institutional accreditations were WASC-JC (56.7%, n=76) and WSCUC (34.3%, n=46).
- “Other” accreditations described in text comments included mostly *professional* accreditations such as the Commission on Collegiate Nursing Education (CCNE) (n=5).
- Other *institutional* accrediting agencies listed included: Adventist Accrediting Association, Accrediting Commission for Community and Junior Colleges (ACCJC), Accrediting Council for Continuing Education & Training (ACCET), and Council for Occupational Education (COE).

Table 78. Institutional Accreditations

Accreditations	% of schools	# of schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	56.7%	76
WASC – Senior College and University Commission (WSCUC)	34.3%	46
Other	9.0%	12
Accrediting Bureau of Health Education Schools (ABHES)	6.7%	9
Accrediting Commission of Career Schools & Colleges (ACCSC)	2.2%	3
Higher Learning Commission (HLC)	1.5%	2
Accrediting Council for Independent Colleges and Schools (ACICS)	0.0%	0
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.0%	0
Northwest Commission on Colleges and Universities (NWCCU)	0.0%	0
Number of schools that reported		**134**

RN Refresher Course

- In 2024-25, four nursing schools offered an RN refresher course, and 103 students completed one of these courses.

Nursing Program Directors

- Sixty-nine programs reported other programs administered by the RN pre-licensure program director. The most commonly reported programs also administered by the pre-licensure RN program director included “other”, CNA, and LVN.
- “Other” programs mentioned in write-in answers included: various “graduate” or post-licensure nursing programs (n=6), pre-licensure nursing programs such as ELM or LVN-to-ADN (n=7), medical assisting (n=3), nutrition (n=2), addiction studies, dental assisting, family consumer studies, and various tech and other undergraduate programs. Answers such as “none” and “n/a” were not included.

Table 79. Other Programs Administered by the RN Program Director

Program types	% of schools	# of schools
Other	40.6%	28
CNA	39.1%	27
LVN	37.7%	26
HHA	15.9%	11
EMT	15.9%	11
Technician (i.e., psychiatric, radiologic, etc.)	15.9%	11
Health sciences	14.5%	10
RN post-licensure programs	8.7%	6
Health professions	8.7%	6
Paramedic	8.7%	6
Other undergraduate programs	5.8%	4
Number of schools that reported		**69**

Other Program Administration

Assistant Directors

- Nearly all nursing schools (96.6%, 140 out of 145 schools) reported having *at least one* assistant director.
- The majority of nursing schools (55.9%, n=81) had one assistant director, almost a third (30.4%, n= 44) had two, and 10.4% (n=15) had three or more assistant directors.
- Larger schools were more likely to have multiple assistant directors—schools with 100 or fewer students averaged 1.2 assistant directors, those with 100-199 students averaged 1.3 assistant directors, and those with 200 or more averaged 2.4 assistant directors.
- While schools with BSN and ELM programs seem to have more assistant directors on average than those with ADN programs, this may be because ELM and BSN programs tend to be in larger schools.

Table 80. Number of Assistant Directors by Size of School and Program Type

	Number of students in school											
	Less than 100			100-199			200 or more			All programs		
# of assistant directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	3.1%	0.0%	33.3%	2.3%	0.0%	0.0%	5.3%	3.2%	0.0%	3.2%	2.1%	7.1%
1 asst. director	62.5%	85.7%	66.7%	67.4%	80.0%	83.3%	26.3%	32.3%	20.0%	57.4%	50.0%	57.1%
2 asst. director	34.4%	14.3%	0.0%	30.2%	20.0%	16.7%	31.6%	38.7%	20.0%	31.9%	31.3%	14.3%
3 asst. director	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.5%	6.5%	0.0%	2.1%	4.2%	0.0%
>3 asst. director	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	26.3%	19.4%	60.0%	5.3%	12.5%	21.4%
Number of programs that reported	**32**	**7**	**3**	**43**	**10**	**6**	**19**	**31**	**5**	**94**	**48**	**14**
Percent of program type by school size	34.0%	14.6%	21.4%	45.7%	20.8%	42.9%	20.2%	64.6%	35.7%	60.3%	30.8%	9.0%
Mean # of assistant directors	1.3	1.1	0.7	1.3	1.2	1.2	2.3	2.4	4.4	1.5	2.0	2.2

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined, and the same data were reported for both programs. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program.

- In most years, assistant directors had fewer hours allotted to administering the nursing program than they actually spent administering it. However, this year, the number of hours allocated and spent is very similar.
- On average, schools with ADN programs shared fewer assistant directors and had fewer assistant director hours allotted than schools with other types of programs.

Table 81. Average Number of Assistant Director Hours Allotted per Week by Size of School and Program Type

	Number of students in school											
	Less than 100			100-199			200 or more			All programs		
# of assistant directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 asst. director	17.9	9.7	25.0	14.3	15.2	19.3	14.2	23.9	40.0	15.7	17.3	24.7
2 asst. director	17.6	45.0	0.0	18.8	60.0	10.0	14.9	41.3	50.0	17.6	44.0	30.0
3 asst. director	0.0	0.0	0.0	0.0	0.0	0.0	33.5	108.0	0.0	33.5	108.0	0.0
>3 asst. director	0.0	0.0	0.0	0.0	0.0	0.0	116.2	173.0	159.3	116.2	173.0	159.3
Number of programs that reported	**31**	**7**	**2**	**41**	**8**	**4**	**18**	**29**	**5**	**90**	**44**	**11**
Avg. hours allotted/week	17.8	14.7	25.0	15.7	26.4	17.0	44.9	67.7	113.6	22.3	51.8	62.4
Percent of programs by student count	**27.6%**			**36.6%**			**35.9%**			**100.0%**		

Table 82. Average Number of Assistant Director Hours Spent per Week by Size of School and Program Type

	Less than 100			100-199			200 or more			All programs		
# of assistant directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 asst. director	16.3	9.5	25.0	14.3	17.2	20.0	17.0	25.8	40.0	15.4	18.7	25.0
2 asst. director	17.0	45.0	0.0	20.6	64.0	10.0	16.2	42.9	50.0	18.5	45.9	30.0
3 asst. director	0.0	0.0	0.0	0.0	0.0	0.0	27.0	112.0	0.0	27.0	112.0	0.0
>3 asst. director	0.0	0.0	0.0	0.0	0.0	0.0	132.5	162.3	159.3	132.5	162.3	159.3
Number of programs that reported	**32**	**7**	**3**	**43**	**10**	**6**	**19**	**31**	**5**	**94**	**48**	**14**
Avg. # of hours spent/week*	16.5	14.6	25.0	16.4	28.9	17.5	48.2	67.1	113.6	22.1	51.8	62.5
Percent of programs by student count	**26.9%**			**37.8%**			**35.3%**			**100.0%**		

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined, and the same data were reported for both programs. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program.
*Average hours reported are for all staff per program and not per person.

Clerical Staff

- All but three schools reported clerical staff.
- Schools with fewer students generally had fewer clerical staff—for example, schools with less than 100 students had an average of 1.8 clerical staff, those with between 100 and 200 students had an average of 3.5 clerical staff, while those with more than 200 students had an average of 5.6 clerical staff.
- Schools with ADN programs had an average of 3.0 clerical staff while those with BSN programs averaged 5.6 clerical staff, and those with ELM programs averaged 7.8.
- Average hours *per staff person* were 24.3 for ADN programs, 30.8 for BSN programs, and 30.5 for ELM programs with an overall average number of 27.1 hours per person, taking into account total clerical support hours and total number of staff reported.

Table 83. Number of Clerical Staff by Size of School and Program Type

	Number of students in school											
	Less than 100			100-199			200 or more			All programs		
Number of clerical staff	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None or not reported	3.1%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	2.1%	7.1%
1 clerical staff	50.0%	30.2%	33.3%	30.2%	20.0%	16.7%	0.0%	12.9%	0.0%	30.9%	16.7%	14.3%
2 clerical staff	25.0%	37.2%	0.0%	37.2%	10.0%	16.7%	10.5%	6.5%	0.0%	27.7%	6.3%	7.1%
3 clerical staff	12.5%	14.0%	0.0%	14.0%	0.0%	16.7%	31.6%	9.7%	0.0%	17.0%	8.3%	7.1%
4 clerical staff	6.3%	9.3%	0.0%	9.3%	10.0%	0.0%	21.1%	12.9%	20.0%	10.6%	16.7%	7.1%
>4 clerical staff	3.1%	9.3%	33.3%	9.3%	60.0%	50.0%	36.8%	58.1%	80.0%	12.8%	50.0%	57.1%
Avg. # of staff	**1.8**	**2.8**	**3.0**	**3.2**	**5.1**	**4.8**	**4.5**	**6.3**	**13.2**	**3.0**	**5.6**	**7.8**
Avg. hours per week*	**51.5**	**62.2**	**58.8**	**58.5**	**141.3**	**185.2**	**143.2**	**208.7**	**377.4**	**73.7**	**175.7**	**244.2**
Number of programs that reported	**32**	**7**	**3**	**43**	**10**	**6**	**19**	**31**	**5**	**94**	**48**	**14**

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined, and the same data were reported for both programs. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program.

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

Table 84. Average Number of Clerical Staff Hours by Size of School and Program Type

	Number of students in school											
	Less than 100			100-199			200 or more			All programs		
Number of clerical staff	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clerical staff	27.7	30.0	37.5	35.5	23.0	6.0	0.0	33.3	0.0	31.3	35.0	29.2
2 clerical staff	48.8	0.0	0.0	58.8	80.0	80.0	70.0	80.0	0.0	56.5	64.6	80.0
3 clerical staff	73.8	68.0	0.0	44.7	0.0	120.0	109.3	106.7	0.0	76.2	113.3	120.0
4 clerical staff	122.5	81.7	0.0	99.3	70.0	0.0	116.3	160.0	160.0	110.7	113.3	0.0
>4 clerical staff	200.0	0.0	80.0	112.3	215.2	360.0	208.6	280.1	431.8	175.8	274.6	304.5
Avg. hours per program	**51.5**	**62.2**	**58.8**	**58.5**	**141.3**	**185.2**	**143.2**	**208.7**	**377.4**	**73.7**	**175.7**	**244.2**
Avg. hours per staff	**27.6**	**21.9**	**19.6**	**18.2**	**27.7**	**38.6**	**32.0**	**32.3**	**28.6**	**24.3**	**30.8**	**30.5**
Number of programs that reported	**32**	**7**	**3**	**43**	**10**	**6**	**19**	**31**	**5**	**94**	**48**	**14**
Percent of programs by student count	**26.9%**			**37.8%**			**35.3%**			**100.0%**		

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined, and the same data were reported for both programs. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program.

*Average hours reported are for all staff per program and not per person except where specified.

- Respondents were asked to report on the adequacy of the amount of clerical support at their schools. The majority of schools with each program type indicated that their clerical support was very or somewhat adequate. Respondents at ADN programs were less likely to report that the amount of clerical support was somewhat or very adequate.

Table 85. Adequacy of Amount of Clerical Support

Adequacy	ADN	BSN	ELM
More than adequate	4.3%	8.9%	8.3%
Adequate	64.5%	66.7%	66.7%
Less than adequate	26.9%	22.2%	25.0%
Not at all adequate	4.3%	2.2%	0.0%
Number of programs that reported	**93**	**45**	**12**

Clinical Coordinators

- Of the 145 schools responding to this question, 87.0% (n=126) reported at least one staff person working as a clinical coordinator or on clinical coordination tasks. Schools with ELM programs (85.7%, n=12) and BSN programs (93.8%, n=45) were more likely to report having clinical coordinators on staff than were schools with ADN programs (84.0%, n=79).
- Schools with ELM and BSN programs were also more likely to have multiple clinical coordinators than were schools with ADN programs. 64.3% (n=9) of schools with ELM programs and 56.3% (n=27) of schools with BSN programs had multiple clinical coordinators compared to schools with ADN programs (34.0%, n=32).
- Overall, schools with ELM (avg. 4.2) and BSN (avg. 5.2) had more clinical coordinators on average than schools with ADN programs (avg. 2.0). This may be a function of ELM and BSN programs being in larger schools. Schools with less than 100 students averaged 1.5 coordinators, while schools with 100-199 students averaged 2.4 coordinators, and schools with 200 or more averaged 4.2 clinical coordinators.

Table 86. Number of Clinical Coordinators by Size of School and Program Type

	Number of students in school											
	Less than 100			100-199			200 or more			All programs		
# of clinical coordinators	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	25.0%	0.0%	33.3%	14.0%	10.0%	16.7%	5.3%	6.5%	0.0%	16.0%	6.3%	14.3%
1 clinical coordinator	50.0%	100.0%	33.3%	53.5%	30.0%	33.3%	42.1%	25.8%	0.0%	50.0%	37.5%	21.4%
2 clinical coordinators	15.6%	0.0%	0.0%	16.3%	30.0%	33.3%	21.1%	12.9%	0.0%	17.0%	14.6%	14.3%
>2 clinical coordinators	9.4%	0.0%	33.3%	16.3%	30.0%	16.7%	31.6%	54.8%	100.0%	17.0%	41.7%	50.0%
Avg. # of staff	**1.5**	**1.0**	**3.0**	**2.3**	**2.9**	**1.8**	**2.7**	**6.9**	**7.0**	**2.1**	**5.2**	**4.2**
Avg. # of hours*	**20.1**	**30.0**	**93.8**	**28.5**	**66.1**	**56.0**	**54.8**	**148.9**	**201.0**	**32.0**	**112.2**	**122.7**
Number of programs that reported	**32**	**7**	**3**	**43**	**10**	**6**	**19**	**31**	**5**	**94**	**48**	**14**
Percent of programs by student count	**26.9%**			**37.8%**			**35.3%**			**100.0%**		

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined, and the same data were reported for both programs. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program.

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

- Schools with BSN and ELM programs overall reported more clinical coordinator hours per week on average (112.2 and 122.7, respectively) than did schools with ADN programs (32.0 hours per week).
- Schools with BSN and ELM programs reported more clinical coordinator hours *per clinical coordinator* per week on average (20.6 and 29.5, respectively) than did schools with ADN programs (14.9 hours per week).
- Smaller schools had fewer average coordinator hours than larger schools, and fewer hours per coordinator than larger schools. Schools with less than 100 students averaged 26.9 hours of clinical coordinator hours per week overall, and 18.3 hours per coordinator. Schools with 100-199 students averaged 35.9 hours per week overall and 14.9 hours per coordinator. Schools with 200 or more students averaged 111.2 hours per week overall and 20.1 hours per coordinator.

Table 87. Average Number of Clinical Coordinator Hours by Size of School and Program Type

	Number of students in school											
	Less than 100			100-199			200 or more			All programs		
# of clinical coordinators	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
1 clinical coordinator	18.9	30.0	37.5	22.3	31.7	40.0	29.0	31.7	0.0	22.3	31.0	39.2
2 clinical coordinators	20.6	0.0	0.0	40.3	70.0	75.0	47.5	72.5	0.0	35.7	71.4	75.0
>2 clinical coordinators	25.7	0.0	150.0	38.4	96.7	50.0	94.2	219.2	201.0	56.9	199.8	172.1
Avg. hours per program*	**20.1**	**30.0**	**93.8**	**28.5**	**66.1**	**56.0**	**54.8**	**148.9**	**201.0**	**32.0**	**112.2**	**122.7**
Avg. hours per staff	**13.8**	**30.0**	**31.3**	**12.2**	**22.9**	**31.1**	**20.6**	**20.0**	**28.7**	**14.9**	**20.6**	**29.5**
Number of programs that reported	**35**	**8**	**5**	**40**	**7**	**4**	**19**	**31**	**5**	**94**	**46**	**14**
Percent of programs by student count	**31.2%**			**33.1%**			**35.7%**			**100.0%**		

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined, and the same data were reported for both programs. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program. Some programs had no clinical coordinators, and they are not reported in the program counts in this table.

*Average hours reported are for all staff per program and not per person unless otherwise specified. Averages are for programs that have clinical coordinators.

- Respondents were asked to report on the adequacy of the amount of clinical coordination support at their schools. Respondents with ADN programs were the most likely to report that the amount of clinical coordination support was less than or not at all adequate.

Table 88. Adequacy of Amount of Clinical Coordination Support

Adequacy	ADN	BSN	ELM
More than adequate	5.1%	8.9%	8.3%
Adequate	54.4%	71.1%	91.7%
Less than adequate	32.9%	17.8%	0.0%
Not at all adequate	7.6%	2.2%	0.0%
Number of programs that reported	**79**	**45**	**12**

Retention Specialists

- Thirty-seven percent (37.2%, n=54) of schools reported having a student retention specialist or coordinator on staff exclusively dedicated to the nursing program.
- Retention specialists were more common in schools with BSN programs (48.9%, n=23) and ELM programs (38.5%, n=5) compared to schools with ADN programs (34.0%, n=32).
- Schools with retention specialists had an average of 31.1 hours per week of retention specialist time. Smaller and mid-size schools had fewer retention specialist hours (average 21.6 and 20.3 hours per week, respectively) compared to large schools (43.2 hours per week). However, the hours for large schools are skewed by three schools that listed over 100 hours of retention specialist hours per week.
- While ELM and BSN programs had more retention specialist hours than ADN programs on average, ELM and BSN programs also tend to be in larger schools.

Table 89. Retention Specialists and Average Number of Retention Specialist Hours by Size of School and Program Type

	Number of students in school											
	Less than 100			100-199			200 or more			All programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
% with a retention specialist	18.8%	28.6%	0.0%	41.9%	40.0%	21.8%	42.1%	56.7%	60.0%	34.0%	48.9%	38.5%
# with a retention specialist	6	2	0	18	4	2	8	17	3	32	23	5
Avg. hours per program*	**21.8**	**20.0**	**0.0**	**19.0**	**32.5**	**27.5**	**47.8**	**41.0**	**37.8**	**26.7**	**37.7**	**33.7**
Number of programs that reported	**32**	**7**	**2**	**43**	**10**	**6**	**19**	**30**	**5**	**94**	**47**	**13**
No retention specialist	81.3%	71.4%	100.0%	58.1%	60.0%	78.2%	57.9%	43.3%	40.0%	66.0%	51.1%	61.5%

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined, and the same data were reported for both programs. Eleven schools reported two programs each; nine reported a BSN and an ELM program and two schools reported an ADN and a BSN program.

*Average hours reported are for all staff per program and not per person unless otherwise specified.

Factors Impacting Student Attrition

- Personal reasons and academic failure continue to be reported as the factors with the greatest impact on student attrition. 69.9% (93 of 136 respondents) reported personal reasons as having a great or moderate impact, while 59.4% (80 of 139 respondents) reported that academic failure had great or moderate impact on student attrition.
- "Other" factors from written comments included: mental health concerns, lack of necessary study skills, academic dishonesty, code of conduct, cheating, program too rigorous, unsafe clinical practice, work schedule conflicts, and "international student".

Table 90. Factors Impacting Student Attrition

	No impact	Minor impact	Moderate impact	Major impact	Total responses
Personal reasons (e.g. home, job, health, family)	1.5%	27.8%	35.3%	34.6%	136
Academic failure	4.6%	33.8%	28.5%	30.9%	139
Financial need	12.5%	28.6%	31.3%	23.7%	131
Other	23.1%	30.8%	23.1%	23.1%	33
Clinical failure	15.3%	50.8%	21.2%	11.3%	133
Change of major or career interest	34.0%	56.7%	7.2%	1.6%	129
Transfer to another school	61.3%	32.0%	5.3%	0.8%	124

Note: These percentages are derived by dividing the number answering each category by the total number of respondents answering each series.

Recruitment and Retention of Underrepresented Groups

- 37.3% of schools (n=53) of 142 schools reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.
- 142 answered questions regarding strategies to recruit and admit underrepresented students.
- The strategies most commonly used by schools to recruit and admit students from groups underrepresented in nursing were outreach, such as high school job fairs and community events (61.3%); holistic review (51.4%); and multi-criteria screening (AB 548) (43.0%).
- "Other" strategies mentioned in text comments included: bimonthly nursing workshops, information sessions, in-person preapplication workshops, preview day, a new pre-admission nursing course, and student ambassador outreach.

Table 91. Strategies to Recruit and Admit Underrepresented Students

Strategies	% of schools	# of schools
Outreach (e.g. high school fairs, community events)	61.3%	87
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	51.4%	73
Multi-criteria screening as defined in California Assembly Bill 548	43.0%	61
Admission counseling	42.3%	60
Additional financial support (e.g. scholarships)	33.1%	47
Open house	29.6%	42
No need; we already have a diverse applicant pool and no additional strategies are needed	26.8%	38
New admission policies instituted	12.7%	18
Other	7.7%	11
Number of schools that reported		**142**

- The strategies most used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring (85.9%); academic counseling (77.5%); and additional financial support such as scholarships (59.2%). These strategies were also the top three for the prior four years.
- "Other" strategies from written comments included: weekend and evening tutoring/skills lab, resilience program, on-campus affordable day-care, peer-mentoring program, student support program, bootcamps, offset of program cost, referrals, nursing affinity groups, augmented faculty in clinical settings, ESL partnerships, wellness services, and basic needs resources such as food, housing, and medical care.

Table 92. Strategies to Support and Retain Underrepresented Students

Strategies	% of schools	# of schools
Student success strategies (e.g. mentoring, remediation, tutoring)	85.9%	122
Academic counseling	77.5%	110
Additional financial support (e.g. scholarships)	59.2%	84
Wellness counseling	54.2%	77
Program revisions (e.g. curriculum revisions, evening/weekend program)	11.3%	16
No need; students from groups underrepresented in nursing are successful without any additional strategies	10.6%	15
Other	9.2%	13
Additional child care	6.3%	9
Number of schools that reported		**142**

- Most schools (82.1%, n=119) reported that they provided training for faculty to support the success of at-risk students in their nursing programs.
- The most common training included faculty development and orientation (98.3%) followed by faculty mentoring and peer mentoring programs (79.8%).
- Other training described in text comments included: open lab hours, ATI benchmarking and remediation, CTE (Center for Teaching Excellence) and Center for Artistic and Scholarly Excellence (CRASE) resources, ATI Champion Training, professional development to meet accreditation standards, and training and mentoring from director.

Table 93. Faculty Training Provided to Support the Success of At-Risk Students

Training type	% of schools	# of schools
Faculty development and orientation	98.3%	117
Faculty mentoring and peer mentoring programs	79.8%	95
Training on disabilities and accommodations	69.7%	83
Cultural diversity training	68.1%	81
Training on various student success initiatives	56.3%	67
Other	5.0%	6
Number of schools that reported		**119**

Access to Prerequisite Courses

- 32 of 145 nursing schools (22.0%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. 31 of these schools reported strategies used to address access to prerequisite courses.
- Accepting online courses from other institutions (51.6%), agreements with other schools for prerequisite courses (48.4%), and adding science course sections (45.2%) were the most common methods used to increase access to prerequisite courses.

Table 94. Access to Prerequisite Courses

Methods Used to Increase Access	% of schools	# of schools
Accepting online courses from other institutions	51.6%	16
Agreements with other schools for prerequisite courses	48.4%	15
Adding science course sections	45.2%	14
Offering additional prerequisite courses on weekends, evenings, and summers	38.7%	12
Transferable high school courses to achieve prerequisites	38.7%	12
Providing online courses	38.7%	12
Other	6.5%	2
Prerequisite courses in adult education	0.0%	0
Number of schools that reported		**31**

Restricting Student Access to Clinical Practice

- 87 out of 145 nursing schools (60.0%) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common or very common types of restricted access students faced were lack of access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, bar coding medication administration (i.e., Pyxis), and electronic medical records.

Table 95. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

Types of restricted access	Very uncommon	Un-common	Common	Very common	N/A	# of schools
Clinical site due to visit from the Joint Commission or other accrediting agency	4.6%	23.0%	39.1%	32.2%	1.1%	**87**
Bar coding medication administration (i.e., Pyxis)	12.6%	24.1%	31.0%	27.6%	3.4%	**86**
Electronic medical records	8.0%	29.9%	31.0%	24.1%	5.7%	**86**
Automated medical supply cabinets (i.e., OmniCell)	6.9%	27.6%	28.7%	24.1%	10.3%	**85**
Patients related to staff nurse preferences or concerns about their additional workload	10.3%	33.3%	34.5%	12.6%	8.0%	**86**
Health and safety requirements (i.e., drug screening, background checks)	18.4%	37.9%	16.1%	19.5%	6.9%	**86**
IV medication administration	6.9%	52.9%	25.3%	6.9%	6.9%	**86**
Glucometers	21.8%	41.4%	19.5%	9.2%	6.9%	**86**
Alternative settings due to liability (i.e., home health visits)	23.0%	27.6%	11.5%	5.7%	31.0%	**86**
Direct communication with health care team members	19.5%	50.6%	12.6%	3.4%	12.6%	**86**
Other	0.0%	1.1%	5.7%	6.9%	11.5%	**22**

Note: The numbers in this table differ from those presented in the Trend Report because the denominator is the number of programs that answered for each particular category rather than the number that answered any question in this series.

- Schools reported that students were most frequently restricted from using electronic medical records due to insufficient time to train students (59.5%, n=44) and liability (52.7%, n=39).
- The majority of schools reported that student access to medication administration systems was restricted due to liability (73.0%, n=54) and staff fatigue or burnout (50.0%, n=37).
- "Other" reasons reported in text comments included: no instructor to some areas in the hospital, students locked out of med rooms at facility, labor action, hospital policy, backlogged IT services at hospital delayed EMR access, lack of computers for students to use, joint commission visit, and agency or hospital policy.

Table 96. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

Reasons	Electronic Medical Records	Medication administration
Liability	52.7%	73.0%
Staff fatigue/burnout	48.6%	50.0%
Insufficient time to train students	59.5%	33.8%
Staff still learning and unable to assure documentation standards are being met	35.1%	24.3%
Other	17.6%	13.5%
Patient confidentiality	33.8%	10.8%
Cost for training	23.0%	10.8%
Number of schools that reported	**74**	**74**

- Thirty-two schools provided additional comments on restrictions to clinical access for students. These comments were varied. Many noted restrictions on the number of students per unit (n=9), competition with private schools (n=3), instructor and student access to medication administration n=5), and restrictions related to Joint Commission surveys. Some comments are listed below:
    - "The current restrictions on the number of students allowed in hospital units significantly hinder our ability to fulfill the direct patient care hours required by the California Board of Registered Nursing (BRN) regulations. As hospitals implement measures to reduce the student-to-faculty ratio, students are increasingly missing out on crucial hands-on learning experiences centered around the Clinical Judgment Measurement Model. These experiences are vital to developing the skills needed to provide safe, effective patient care under the supervision of qualified faculty. All students must have equal access to direct patient care opportunities and comprehensive, hands-on training, enabling them to build the competencies needed to thrive in their future nursing careers. Enhanced learning opportunities in a clinical setting not only benefit students but also better prepare them to manage the complexities of patient care in real-world settings."

  - "Even the clinical instructor's access is now restricted. The facility does not allow clinical instructors to supervise students administering medication to patients, but only the primary nurse/staff will accompany the students to the bedside. Because of this, it is very challenging to plan care, as clinical instructors are now restricted from accessing Pyxis in some facilities."
  - "Guidance or best practice information regarding students in clinical facilities during a survey (Joint Commission or CDPH) would be really helpful. We had to miss or reschedule for 3 different surveys this semester alone."
  - "We are being squeezed out by the private schools. We may not be open in the next couple of years if this trend does not stop."
  - "There are still sites that require COVID vaccination."
  - "I will say that for the most part, we are seeing a slow return to fewer restrictions. We're still not back at pre-COVID levels, but there seems to be a trend toward some improvement."

- The most common way that programs compensate for training in areas of restricted access is training students in the simulation lab. Training students in the classroom was the second most common way that programs compensated for restricted access.
- Other areas mentioned in written comments included: practice charting software, skills lab (n=4), rescheduling the clinical day, sim lab, training students on paper charting, rotation of student clinical experiences to sites where access is allowed, and obtaining the assistance of facility RNs for medication experiences.

Table 97. How the Nursing Program Compensates for Training in Areas of Restricted Access

Methods of compensation	% of schools	# of schools
Training students in the simulation lab	93.0%	80
Training students in the classroom	67.4%	58
Purchase practice software, such as SIM Chart	57.0%	49
Ensuring all students have access to sites that train them in this area	41.9%	36
Other	11.6%	10
Number of schools that reported		**86**

- The most common clinical practice areas in which students faced restrictions were medical/surgical, obstetrics, pediatrics, and psychiatry/mental health. This is the same order as last year.

Table 98. Clinical Area in Which Restricted Access Occurs

	% of schools	# of schools
Medical/surgical	88.4%	76
Obstetrics	80.2%	69
Pediatrics	77.9%	67
Psychiatry/mental health	69.8%	60
Geriatrics	48.8%	42
Other department	12.8%	11
Number of schools that reported		**86**

Collection of Student Disability Data

- In 2024-25, schools were asked if they collect student disability data as part of the admission process. Twenty-five percent (n=35) reported that they did so and 15.4% (n=22) did not know.

Table 99. Schools' Collection of Disability Data

	% of schools	# of schools
Yes	24.5%	35
No	60.1%	86
Don't Know	15.4%	22
Number of schools that reported		**143**

Use of Artificial Intelligence (AI) in Nursing Education

This year, the school survey included a number of questions about the growing use of Artificial Intelligence (AI) in nursing education. AI is technology that enables machines or computer systems to perform tasks that typically require human intelligence such as learning, reasoning, perception, problem-solving, decision-making and language understanding.

AI includes language-based models (e.g., ChatGPT), computational models (e.g., machine learning), assistive models (e.g., virtual assistants like Siri and Alexa), and advanced robotics (e.g., AI-supported mannequins).

Standards for AI Use

Schools were asked whether they had adopted any standards for the use of AI in instruction. A little more than half (51.0%, n=74) had done so, 41.4% (n=60) had not, 5.5% (n=8) were not sure, and three did not answer the question.

Schools that had adopted standards were asked to describe those standards. Seventy respondents provided descriptions, although some simply noted that they had policies or were in the process of developing standards. Many described policies for student use of AI for assignments rather than standards per se.

Many noted that they provided a statement for student use in the syllabi of nursing and other classes (n=20). Many schools also included a section in their student handbook (n=7), with some indicating that “AI falls under the Academic Integrity section”. These statements often indicated that some or all students use AI, particularly AI writing programs, constituting plagiarism.

However, some answers were more expansive, addressing faculty use of AI in instruction and research, discussing privacy concerns about using AI detection software in student work, career and technical education in AI, and professional development in the use of AI. For example, one respondent reported, “College of the Canyons’ “Statement on Artificial Intelligence in Education” (approved May 15, 2025):

> Purpose: The Academic Senate recognizes that Artificial Intelligence (AI) is permanently shaping higher education and aims to provide guiding principles for faculty to respond thoughtfully, ethically, and effectively.
>
> Key Principles:
> 1. Recognizing AI’s Role and Responding Thoughtfully: AI is now part of academic and professional life. Faculty should address its use deliberately—balancing its benefits with risks to academic integrity such as plagiarism and loss of authentic assessment.
> 2. AI Literacy and Lifelong Learning Faculty must pursue ongoing professional development to understand AI’s capabilities, limitations, and ethical issues (e.g., bias, privacy, intellectual property, environmental impact, and equity). AI literacy is essential for sound teaching decisions and responsible guidance of students.
> 3. Academic Freedom and AI Policies Faculty retain full academic freedom to decide how AI is used in their courses—whether to prohibit, restrict, or integrate it. They are responsible for creating clear AI-use policies and communicating them in syllabi and assignments to prevent confusion or misconduct.

4. Upholding Educational Goals Through Adaptive Teaching Although AI changes assessment challenges, COC's core mission—to foster creativity, critical thinking, and communication—remains. Faculty should design assignments emphasizing process, analysis, and application that AI cannot easily replicate.
5. Preparing Students Through AI Literacy Education Faculty should help students understand AI's functions, limitations, and ethical use, including when and how to cite AI-generated content. Students should learn to use AI responsibly in both academic and professional contexts.
6. Providing Institutional Support and Collaboration: The Senate and district commit to supporting faculty with professional development, shared resources, and collaboration to exchange best practices and address challenges together.

Conclusion: COC faculty are encouraged to engage with AI proactively, uphold ethical standards, adapt teaching to preserve authentic learning, and prepare students for an AI-influenced world through collaboration and lifelong learning."

Another provided this district-wide policy, "The Los Angeles Community College District maintains an environment wherein faculty are able to explore, adopt, and appropriately incorporate the processes and products of various generative Artificial Intelligence (AI) tools and platforms for the purposes of educating, reinforcing, empowering, and supplementing, but not supplanting, instruction to enhance student learning and success. Faculty employing generative AI tools and their products are encouraged and will be supported by the district to be sufficiently familiar with such tools as to be able to employ them critically and thoughtfully. Consistent with academic freedom, faculty recognize that they are responsible for any generative AI content that they choose to share. The district recognizes the impact generative AI tools can have on a student's educational experience. Generative AI tools have the potential to accelerate, make accessible, and support the acquisition of knowledge. Inappropriate use of generative AI tools can also supplant the acquisition of skills students are expected to attain in the course. Students should be provided with clear policies and expectations around the use of generative AI tools in classes and the extent to which permissions vary."

Some respondents cited nursing school specific, school-wide, or district-wide policies or guidelines, including websites with written policies. Examples include:
https://www.sdccd.edu/students/online/tools_and_tech/ai.aspx
https://www.fullerton.edu/it/ai/students/ethical-and-responsible-use-ai-students.html
https://www.imperial.edu/student-support/online-learning-services/ai-at-ivc/index.html
https://www.csub.edu/its/security/ai-guidelines.shtml

Other specific standards referenced include policies and procedures adapted from the *AI Position Statement from the American Nurses Association*[7], Illinois State University's Center for Integrated Professional Development "*Generative AI in the Classroom*"[8], or the California Community Colleges' 2025 *Artificial Intelligence Workplan*[9] *and 2024 Generative AI and the Future of Teaching and Learning*.[10]

[7] https://www.nursingworld.org/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/the-ethical-use-of-artificial-intelligence-in-nursing-practice_bod-approved-12_20_22.pdf
[8] https://prodev.illinoisstate.edu/instructional-resources/pedagogy/ai/classroom/
[9] https://www.cccco.edu/-/media/CCCCO-Website/docs/vision2030/artificial-intelligence-workplan.pdf
[10] https://www.cccco.edu/-/media/CCCCO-Website/docs/report/generative-ai-and-the-future-of-teaching-and-learning-7-17-24-2-a11y.pdf

Tasks for Which AI is Used

The most common task for which nursing schools reported using AI included interactive case studies (79.2% of schools reporting), creating images or visualizations for instructional materials 77.5%), and designing course materials (71.9%).

Other tasks for which AI was used, provided in text comments, included: use of Lippincott, which has adaptive quizzing, Elsevier's AI for case studies, Next Generation NCLEX for test items, presentation by guest speaker demonstrating AI for assisting with case management functions in community settings, curriculum and rubric development, learning games, survey question development, modeling for students how to use AI responsibly, and test question development. A total of nine comments were submitted.

Table 100. Tasks for Which Nursing Schools Use Artificial Intelligence

	Yes	No	# of schools reporting
Interactive case studies	79.2%	20.8%	120
Creating images or visualizations for instructional materials	77.5%	22.5%	111
Designing course materials	71.9%	28.1%	114
Assisting in administrative tasks	65.8%	34.2%	120
Adaptive quizzing	61.3%	38.7%	111
AI-powered simulation & virtual patients	55.8%	44.2%	113
Developing personalized lesson plans	49.5%	50.5%	91
Creating simulated or synthetic datasets	46.9%	53.1%	96
Recording/enhancing audio for lectures	45.0%	55.0%	100
Assessing students' assignments	28.0%	72.0%	107
Language translation & support	27.2%	72.8%	92

Policies for Student Use of Artificial Intelligence

Respondents were asked whether their nursing school had a policy for student use of AI for assignments or work products.

55.9% of schools (n=81) had such a policy, 36.6% (n=53) did not, 6.2% (n=9) were not sure, and two did not answer the question.

Seventy-seven schools provided descriptions of policies for student use of AI. As noted in the section on standards for AI use, many noted that student policies were added to syllabi and student handbooks. However, in this set of answers, many respondents went into detail about student use policies.

Some policies seemed to be entirely prohibitive, noting that instructors would use Turnitin or other detection tools to check for AI use and that students could face disciplinary action for plagiarism. Others noted that it was up to individual instructor discretion whether and how students could use AI for completing class assignments. (Ex: "Faculty members have the discretion to set their own policies for AI integration within their specific courses. This can range from a complete ban to required usage and evaluation of AI-generated content. Students should consult their course syllabi for specific guidelines.")

Some respondents noted policies that provided both acceptable and unacceptable uses of AI. For example, one respondent provided a policy that allowed the use of AI for reviewing content, generating study questions, etc. with faculty guidance. Students could also use AI "for non-graded brainstorming or preliminary research if they cited AI-generated content." However, "AI was not to be used to create graded assignments, clinical documentation, reflective journals, concept maps, or exams" unless expressly authorized by the instructor.

Another noted that the school allowed AI to be used as a tool to support learning, such as "generating topic ideas or providing feedback on grammar and punctuation." However, improper use of AI included "submitting an entire assignment written by AI; use of AI-generated content without evaluation of the risks of biases, copyright, misinformation, legal issues, factual inaccuracies, and other potential issues; use of AI-generated content without citing the source properly."

Many respondents noted that while AI could be a useful tool, students should recognize that it was prone to generating content that was not necessarily evidence-based and that students needed to be able to think independently and critically about the information that was being generated.

Suggestions for further exploration:

- What tools, if any, were instructors using to detect prohibited use of AI in student work products?
- How are instructors teaching students positive uses of AI for course assignments and for nursing practice?
- Break out policies for faculty use of AI from policies for student use of AI.
- Further differentiate between approved and prohibited student use of AI.

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (89)

American Career College
American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo Community College
California Career College
Career Care Institute of LA
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Compton College
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Gurnick Academy of Medical Arts - ADN
Hartnell College
High Desert Medical College*
Imperial Valley College
Lassen Community College*
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing and Allied Health
Los Angeles Harbor College
Los Angeles Pierce College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Marsha Fuerst School of Nursing – Glendale Career College
Merced College
Merritt College
Mira Costa College
Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount San Antonio College
Mount San Jacinto College
Napa Valley College
Ohlone College
Pacific College
Pacific Union College
Palomar College
Palo Verde College
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Sierra College
Smith Chason School of Nursing
Solano Community College
Southwestern College
Sri Sai Krish Institute
United Nursing College
Ventura College
Victor Valley College
Weimar University
West Hills College Lemoore
Xavier College
Yuba College

*New 2024-25

LVN-to-ADN Only Programs (5)

Allan Hancock College
Carrington College
Gavilan College
Madera College
Mission College

BSN Programs (48)

American University of Health Sciences
Angeles College
Arizona College of Nursing
Azusa Pacific University
Biola University
California Baptist University
California Career College
California Northstate University*
Chamberlain University - Rancho Cordova
Chamberlain University - Irwindale
Charles R. Drew College of Nursing
CNI College (Career Networks Institute)
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Dominican University of California
Fresno Pacific University
Gurnick Academy of Medical Arts - BSN
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
Simpson University
Sonoma State University
Stanbridge University
The Valley Foundation School of Nursing at San Jose State
Unitek College
University of California Irvine
University of California Los Angeles
University of San Francisco
Vanguard University
West Coast University
Westmont College
William Jessup College

*New BSN programs 2024-25

ELM Programs (14)

Azusa Pacific University
University of California San Francisco
California Baptist University
University of San Diego, Hahn School
Charles R. Drew College of Nursing
Loma Linda University*
University of San Francisco
Samuel Merritt University
Western University of Health Sciences
San Francisco State University
University of California Davis
University of California Irvine
University of California Los Angeles
University of the Pacific

APPENDIX B – Definition List

The following definitions apply throughout the survey whenever the word or phrase being defined appears unless otherwise noted.

Phrase	Definition
Accelerated Track	An accelerated track's curriculum extends over a **shorter time-period than a traditional program**. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.
Active Faculty	Faculty who teach students and have a teaching assignment during the period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.
Adjunct Faculty	A faculty member that is employed to teach a course in a part-time and/or temporary capacity.
Advanced Placement Students	Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but do not include students who transferred or were readmitted.
Assembly Bill 548 Multicriteria	Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.
Assistant Director	A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.
Attrition Rate	The total number of generic and/or accelerated students who withdrew or were dismissed from the program and who were scheduled to complete the program between August 1, 2023, and July 31, 2024, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same period.
Census Data	Number of students enrolled, or faculty present on October 15, 2024.
Clinical Observation	Students Observing a healthcare professional provide care to patients or clients in a clinical or other setting.
Clinical Practice with Real Patients	Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.
Clinical Simulation	Provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

Phrase	Definition
Cohort	A cohort is a learning group of first-time students who enroll in, progress together and complete a predetermined series of courses that eventually lead to a degree.
Collaborative / Shared Education	A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
Completed on Schedule Students	Students scheduled on admission to complete the program between August 1, 2023, and July 31, 2024, and completed the program on schedule.
Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2023, and July 31, 2024, divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same period.
Contract Education	A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.
Distance Education	Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).
Donor Partners	Hospitals or other entities that fund student spaces within your nursing program, including contract education arrangements.
Entry-level DNP	An entry-level DNP is any DNP that is the first advanced practice credential a candidate would obtain. Any DNP that does not require a master's entry-to-practice is the same as entry level.
Entry-level Master's (ELM)	A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.
Evening Program	A program that offers all program activities in the evening i.e., lectures, etc. This does not include a traditional program that offers evening clinical rotations.
Full-time Faculty	Faculty that work 1.0 FTE, as defined by the school.
Generic Pre-licensure Students	Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites).
Hi-Fidelity Manikin	A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.
Home campus	The campus where your school's administration is based.
Hybrid program	Combination of distance education and face-to-face courses.
Inpatient	Patient admitted to a facility (e.g., acute hospital, long-term care, etc.)
Institutional Accreditation	Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.

Phrase	Definition
LVN 30 Unit Option Students	LVNs enrolled in the curriculum for the 30-unit option.
LVN-to-BSN Program	A program that exclusively admits LVN-to-BSN students. If the school also has a generic BSN program, the LVN-to-BSN program is offered separately or differs significantly from the generic program.
Outpatient	Patient in all other healthcare settings than those defined as “inpatient” (e.g., ambulatory surgery, urgent or primary care clinics, health fairs, schools, etc.).
Part-time Faculty	Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.
Program Accreditation	Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.
Readmitted Students	Returning students who were previously enrolled in your program
Satellite/ Alternate campus	A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students.
Screened applications	The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between August 1, 2023, and July 31, 2024.
Shared Faculty	A faculty member is shared by more than one school, e.g., one faculty member teaches a course in pediatrics to three different schools in one region.
Skills Lab	Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, manikins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
Students Completing the Program Behind Schedule	Students completing the program behind schedule are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023, and July 31, 2024.
Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2023, and July 31, 2024.
Students Who Are Still Enrolled	Students still enrolled in the program, including those students on leave who are expected to return, who were scheduled to complete between August 1, 2023, and July 31, 2024.
Students Who Were Dismissed from the Program	Students who were required to leave the program prior to their scheduled completion date occurring between August 1, 2023, and July 31, 2024, due to an ineligibility determined by the program such as academic failure, attendance or other disqualification.
Students Who Withdrew from the Program	Students who voluntarily left the program prior to their scheduled completion date occurring between August 1, 2023, and July 31, 2024, due to personal and/or financial reasons.
Time Period for the Survey	August 1, 2023, and July 31, 2024. For those schools that admit multiple times a year, combine all student cohorts.

Phrase	Definition
Traditional Program	A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.
Transfer Students	Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.
Underrepresented Group/Students (Minority)	A group whose percentage of the population in nursing is lower than their percentage of the population in California. Underrepresented minorities are generally considered to include Hispanic/Latinos, African Americans, Native Americans, Native Hawaiian/Pacific Islanders, and those of two or more races.
Validated Prerequisites	The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.
Waiting List	A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied and will be considered for a subsequent enrollment cycle without needing to reapply.
Weekend Program	A program that offers all program activities on weekends, i.e., lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

APPENDIX C – BRN Nursing Education and Workforce Advisory Committee (NEWAC)

Members	Organization
Tanya Altmann, PhD, RN	California State University, Sacramento
Norlyn Asprec	Health Professions Education Foundation, OSHPD
BJ Bartleson, MS, RN, NEA-BC	California Hospital Association/North (CHA)
Barbara Barney-Knox, RN, MSN	Nursing/Health Care Services, California Department of Corrections and Rehabilitation
Garrett K. Chan, PhD, RN, CNS-BC, ACNPC, CEN, FAEN, FPCN, FNAP, FAAN	HealthImpact
Stephanie L. Decker	Kaiser Permanente National Patient Care
Denise Duncan, BSN, RN and Carol Jones, MSN, RN, PHN	The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP)
Jose Escobar, MSN, RN, PHN	Los Angeles County Department of Public Health
Brenda Fong	Community Colleges Chancellor's Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCSN-BC, FAPA	University of California, Los Angeles School of Nursing Health Center at the Union Rescue Mission
Jeannine Graves, MPA, BSN, RN, OCN, CNOR	Sutter Cancer Center
Sharon A. Goldfarb, DNP, FNP-BC, RN	Northern COADN President, College of Marin
Marketa Houskova, BA, RN, MAIA	American Nurses Association\California (ANA/C)
Loucine Huckabay, PhD, RN, PNP, FAAN	California State University, Long Beach
Kathy Hughes, RN	Service Employees International Union (SEIU)
Saskia Kim, JD and Victoria Bermudez, RN	California Nurses Association/ National Nurses United (CAN/NNU)
Donna Kistler, MS, RN	California Association of Nurse Leaders (ACNL)
Judy Martin-Holland, PhD, MPA, RN, FNP	University of California, San Francisco
Kim Tomasi, MSN, RN and Susan Odegaard Turner, PhD, RN	Association of California Nurse Leaders (ACNL)
Sandra Miller, MBA	Assessment Technologies Institute (ATI)
Robyn Nelson, PhD, RN	West Coast University
Linda Onstad-Adkins/ Fiona Castleton	Health Professions Education Foundation, Office of Statewide Health Planning and Development (OSHPD)
Stephanie R. Robinson, PhD, MHA, RN	Fresno City College
Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies University of California, San Francisco

Hazel Torres, MN, RN	Kaiser Permanente Southern CA, Ambulatory Care Services, Regional Professional Development
KT Waxman, DNP, MBA, RN, FSSH, FAAN	California Simulation Alliance, University of San Francisco
Peter Zografos, PhD, RN	Mount San Jacinto College

Ex-Officio Members

Janette Wackerly, MBA, RN	Supervising Nursing Education Consultant, California Board of Registered Nursing