
California Board of Registered Nursing

2024-2025 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

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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 Report

The survey collects aggregate data to describe overall trends about nursing programs and their students and faculty. Data represent the academic year beginning August 1, 2024 and ending July 31, 2025 unless otherwise noted. Census and associated demographic data were requested for October 15, 2025.

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 results of this survey provide data-driven evidence to inform policy at the local, state, federal, and institutional levels.

The participation of the BRN's Nursing Education & Workforce Advisory Committee (NEWAC) and of the survey respondents 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%

Note: After this table, all items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

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 AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2024-25 BRN School Survey in comparison with data from previous years of the survey. Data items include the number of nursing programs, enrollments, completions, on-time completion rates, National Council Licensure Examination for Registered Nurses (NCLEX-RN) pass rates, review courses, new graduate employment, student and faculty census data, use of clinical simulation, clinical training hours, availability of clinical space, and clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of California Nursing Programs

In 2024-25, 145 schools reported information about students enrolled in their 156 pre-licensure nursing programs. Since last year's report, one new ADN program opened and one closed, two BSN programs opened and one closed, and no new ELM programs opened or closed.

Since 2015-16, there has been a 10.6% (n=15) growth in the number of programs overall, with the biggest increase taking place in the number of BSN programs, which grew by 26.3% (n=10). This latter increase is largely the result of a growing number of new private BSN programs in this period.

Most pre-licensure nursing programs in California are public. The number of public programs has declined over the last ten years from 104 in 2015-16 to 103 in 2024-25 (-1.0%). The number of private programs has increased from 37 to 53 (+43.2%, n=16) over this period.

This year, the majority of BSN programs were private (60.4%, n=29), as were the majority of ELM programs (64.3%, n=9). However, the majority of ADN programs remain public (84.0%, n=79).

Table 2. Number of Nursing Programs by Academic Year

Type of program	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Total number of schools*	132	133	134	134	137	139	144	143	146	145
Total nursing programs	141	141	141	142	147	147	152	152	155	156
ADN**	89	91	92	91	93	92	91	92	94	94
BSN	38	37	37	39	42	43	48	47	47	48
ELM	14	13	12	12	12	12	13	13	14	14
Public	104	103	102	102	102	102	101	102	103	103
Private	37	38	39	40	45	45	51	50	52	53

*Since some nursing schools offer more than one program, the number of nursing programs is greater than the number of nursing schools.

**All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

The number of programs that reported a partnership with another RN education program for academic progression decreased this year after increasing for most of the last ten years. There were 80 collaborations reported in 2015-16 and 78 in 2024-25. The percentage of all ADN and BSN programs reporting partnerships has fluctuated, peaking in 2015-16 at 66.1% and hitting a ten-year low at 54.9% in 2024-25.

Associate's degree nursing programs reported the most partnerships. In 2024-25, 67.0% (n=63) of the 94 ADN nursing programs reported participating in these partnerships compared to 31.3% of BSN programs (n=15). It is common for multiple two-year schools to collaborate with a single four-year degree-granting institution.

Table 3. Partnerships by Academic Year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
ADN programs with partnerships	69	69	66	63	71	69	73	71	76	63
<i>Percent of ADN programs with partnerships</i>	82.1%	77.5%	73.3%	69.2%	77.2%	75.0%	80.2%	78.0%	80.9%	67.0%
<i>Number of ADN programs that reported</i>	84	89	90	91	92	92	91	91	94	94
BSN programs with partnerships	11	10	12	10	9	7	10	12	10	15
<i>Percent of BSN programs with partnerships</i>	29.7%	28.6%	33.3%	25.6%	22.0%	16.3%	20.8%	25.5%	21.7%	31.3%
<i>Number of BSN programs that reported</i>	37	35	36	39	41	43	48	47	46	48
All ADN & BSN programs with partnerships	80	79	78	73	80	76	83	83	86	78
<i>Percent of all programs with partnerships</i>	66.1%	63.7%	61.9%	56.2%	60.2%	56.3%	59.7%	60.1%	61.0%	54.9%
Number of programs that reported	121	124	126	130	133	135	139	138	141	142

Note: All items that reference ADN program data include both generic ADN and LVN-to-ADN programs. One ELM program also reported having a partnership program in 2019-20. That program is not reflected in this table.

Admission Spaces and New Student Enrollments

The overall number of spaces available for new students in nursing programs has risen over the past ten years, with some fluctuations. In 2024-25, 19,724 spaces were reported as available for new students, and these spaces were filled with 19,365 enrollments. In 2024-25, new enrollments were at a ten-year high.

As in prior years, some pre-licensure nursing programs enrolled more students in 2024-25 than the reported number of available admission spaces. This can occur for several reasons, the most common of which are: (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 general ADN student leaves the program.³

In 2024-25, while more admission spaces than enrollments were reported overall, 31.4% (n=49) of nursing programs reported filling more admission spaces than were available. The share of programs that enrolled more students than available admission spaces dipped during the years of the pandemic lockdown. The share of programs that enrolled more students than available admission spaces appears to be rebounding.

Table 4. Availability and Utilization of Admission Spaces by Academic Year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Spaces available	11,928	13,697	14,132	14,897	15,236	14,368	20,388	17,912	18,366	19,724
New student enrollments*	13,190	13,599	14,139	15,150	15,002	14,004	16,436	17,650	18,418	19,365
Share and number of nursing programs that reported filling more admission spaces than were available	44.0% (n=62)	40.4% (n=57)	39.7% (n=56)	33.1% (n=47)	24.5% (n=36)	25.9% (n=38)	28.9% (n=44)	27.0% (n=41)	30.3% (n=47)	31.4% (n=49)
% spaces filled with new student enrollments	110.6%	99.3%	100.0%	101.7%	98.5%	97.5%	80.6%	98.5%	100.3%	98.2%

*New student enrollments exclude readmitted student numbers.

Note on totals:

- 1) 2015-16 through 2019-20 values were corrected to reflect changes from one private BSN program.
- 2) 2019-20 totals include last year's values for one large BSN program that did not report new enrollments or admission spaces this year.
- 3) 2020-21 totals include calendar year 2020 values for one large BSN program that did not report new enrollments or admission spaces this year.
- 4) The percentage of spaces filled with new student enrollments across all years was corrected in 2023-24.
- 5) In 2024-25, one BSN program reported unlimited admissions spaces, which is not feasible. As a result, the number of admitted students was used as a proxy.

³ Dr. Joanne Spetz, Director, Philip R. Lee Institute for Health Policy Studies.

The number of qualified applications received by California nursing programs has increased by an estimated 128.5% (n=36,034) over the last ten years, from 28,041 in 2015-16 to 64,075 in 2024-25. The number of 2024-25 applications is higher than last year's total of 60,441. More than two-thirds (69.6%) of qualified applications were not enrolled in 2024-25.

The number of qualified applications for every program type trended upward from 2015-16 until 2022-23, when the numbers dipped. Since 2022-23, the numbers for ADN and ELM have remained relatively flat while the number of BSN applications has continued to rise.

This year's number of qualified BSN applications (n=37,452) was at a ten-year high. The number of qualified BSN applications first surpassed the number of ADN applications in 2019-20. This year, 55.5% of all qualified BSN applications were reported by just three schools.

Nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. The percentage of applications not enrolled peaked in 2020-21 and has since decreased. Because these data represent applications, and an individual can apply to multiple nursing programs, the number of applications is likely 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 5. Student Admission Applications by Academic Year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Qualified applications*	28,041	36,004	38,425	47,634	54,823	55,551	64,299	57,987	60,441	64,075
ADN	16,332	18,190	21,685	22,852	25,330	24,601	25,083	21,849	23,824	23,301
BSN	9,735	15,325	13,705	21,338	26,492	26,773	35,474	32,769	33,615	37,452
ELM	1,974	2,489	3,035	3,444	3,001	4,177	3,742	3,369	3,002	3,322
% Qualified applications not enrolled	53.0%	62.2%	63.2%	68.2%	72.6%	74.8%	74.4%	69.6%	69.5%	69.6%

*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.

Note: All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

Note on totals:

- 1) 2019-20 totals include last year's values for one large BSN program that did not report new enrollments, application breakdowns, or new enrollments this year. 2020-21 totals include calendar year 2020 values for this same as the BSN program.
- 2) 2018-19 number of qualified applications not enrolled was updated in 2019-20 to reflect a correction by one BSN program.

In 2024-25, 19,365 new students enrolled in registered nursing programs. Student enrollments in ELM programs have stayed relatively flat over the last decade. ADN program enrollments dipped during the pandemic shutdown years (2019-20 to 2021-22) but had exceeded pre-pandemic levels by 2022-23. While BSN enrollments slowed down during the pandemic years, they have been rising rapidly since 2021-22. (During 2019-20 and 2020-21, many programs reported skipping cohorts or decreasing cohorts.) (See Table 12.)

2020-21 was the first year that private program enrollments exceeded public school enrollments. The trend continued and intensified in 2023-24. This appears to be the result of several factors:

- 1) An overall increase in the number of private nursing programs in the last ten years (+43.2%, n=16),
- 2) An overall decrease in the number of public nursing programs over the last ten years (-1.0%, n=1),
- 3) An increase in the number of *enrollments* in BSN programs (+77.8%, n=4,382), most of which is in private programs, and a concurrent +26.3% (n=10) increase in the number of BSN programs over the last ten years.

Table 6. New Student Enrollment by Program Type by Academic Year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
New student enrollment	13,190	13,599	14,139	15,150	15,002	14,004	16,436	17,651	18,418	19,365
ADN	6,794	7,004	7,017	7,014	6,852	5,941	6,533	7,093	7,686	8,421
BSN	5,632	5,792	6,295	7,266	7,237	7,133	9,003	9,659	9,848	10,014
ELM	764	803	827	870	913	930	900	899	884	930
Private	5,202	5,769	6,188	7,047	7,058	7,138	8,925	9,690	10,342	10,818
Public	7,988	7,830	7,951	8,103	7,944	6,866	7,511	7,961	8,076	8,547

Note: All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

Note on totals:

- 1) The public/private breakdown for 2016-17 has been revised.
- 2) 2015-16 through 2019-20 values were corrected to reflect changes from one private BSN program.
- 3) 2019-20 totals include last year's values for one large BSN program that did not report new enrollments or admission spaces this year.
- 4) 2020-21 totals include calendar year 2020 values for one large BSN program that did not report new enrollments or admission spaces this year.

After remaining relatively flat or even declining during the pandemic years, enrollments and projected enrollments have increased steadily since 2020-21. Overall, enrollments have risen 46.8% (n=6,175) since 2015-16, and next year and two-year projections have risen by 49.1% (n=6,803) and 51.0% (n=7,253), respectively, over the last ten years.

Table 7. Current and Projected New Student Enrollment by Academic Year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Current enrollment	13,190	13,599	14,139	15,150	15,002	14,004	16,436	17,650	18,418	19,365
Next year	13,862	14,668	13,005	15,046	14,941	15,221	17,240	18,640	19,314	20,665
In two years	14,219	14,950	13,283	15,329	15,625	15,750	18,517	19,692	20,732	21,472

Respondents were asked to report if their programs had enrolled fewer students in this academic year than in the prior year. The proportion of programs that reported enrolling fewer students increased during the pandemic lockdown years, when many programs decreased a cohort or paused altogether. In 2024-25, 17.3% of 150 programs (n=26) reported enrolling fewer students than in the prior year.

Table 8. Percent of All Programs That Enrolled Fewer Students by Academic Year

Type of program	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
<i>Percent of all programs enrolling fewer students</i>	20.6%	17.9%	22.9%	12.7%	25.3%	40.1%	25.7%	16.4%	15.5%	17.3%
Number of programs enrolling fewer students	29	25	32	18	37	59	39	25	24	26
Number of programs that reported	141	140	140	142	146	147	152	152	155	150

In 2024-25, the percentage of ADN programs that reported enrolling fewer students seems to have risen a great deal from last year's ten-year low of 9.6%. In contrast, the percentage of BSN and ELM programs that reported enrolling fewer students has decreased to below pre-pandemic levels this year.

Table 9. Percent of ADN Programs That Enrolled Fewer Students by Academic Year

Type of program	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
<i>Percent of ADN programs enrolling fewer students</i>	20.2%	18.7%	22.0%	15.4%	26.9%	53.8%	20.9%	15.2%	9.6%	23.1%
Number of ADN programs enrolling fewer students	18	17	20	14	25	50	19	14	9	21
Number of ADN programs that reported	89	91	91	91	93	93	91	92	94	91

Note: All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

Table 10. Percent of BSN Programs That Enrolled Fewer Students by Academic Year

Type of program	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
<i>Percent of BSN programs enrolling fewer students</i>	18.4%	16.7%	24.3%	7.7%	24.4%	19.0%	31.3%	17.0%	25.5%	6.4%
Number of BSN programs enrolling fewer students	7	6	9	3	10	8	15	8	12	3
Number of BSN programs that reported	38	36	37	39	41	42	48	47	47	47

Table 11. Percent of ELM Programs That Enrolled Fewer Students by Academic Year

Type of program	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
<i>Percent of ELM programs enrolling fewer students</i>	28.6%	15.4%	25.0%	8.3%	16.7%	8.3%	38.5%	23.1%	21.4%	16.7%
Number of ELM programs enrolling fewer students	4	2	3	1	2	1	5	3	3	2
Number of ELM programs that reported	14	13	12	12	12	12	13	13	14	12

The most common reason given for enrolling fewer students in 2024-25 was “accepted students did not enroll”. Accepted students not enrolling has historically been the most common reason for enrolling fewer students, except for the two years during the COVID-19 pandemic shutdown, when “unable to secure clinical placements” was the top reason. In 2020-21, this latter reason was cited by more than half of all respondents who had enrolled fewer students (55.9%).

Other reasons for enrolling fewer students described in text comments included: students failing out in the first semester, waitlisted students not having enough time for onboarding, students needing to repeat some courses, a regulated cap on enrollment, students unable to secure gap funding, and smaller pool of applicants due to competition from new programs. (See continuation of table on the next page.)

Table 12. Reasons for Enrolling Fewer Students by Academic Year (Percents)

Reasons	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Accepted students did not enroll	41.4%	56.0%	53.1%	50.0%	32.4%	25.4%	38.5%	48.0%	50.0%	53.8%
Unable to secure clinical placements for all students	10.3%	28.0%	25.0%	37.5%	43.2%	55.9%	35.9%	16.0%	8.3%	23.1%
Other	17.2%	24.0%	21.9%	25.0%	18.9%	20.3%	28.2%	32.0%	33.3%	19.2%
Lack of qualified applicants*	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.4%
College/university requirement to reduce enrollment*	0.0%	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	8.3%	3.8%
Insufficient faculty	13.8%	8.0%	3.1%	0.0%	10.8%	10.2%	15.4%	24.0%	4.2%	3.8%
Lost funding	27.6%	12.0%	9.4%	0.0%	2.7%	6.8%	0.0%	0.0%	4.2%	3.8%
Program discontinued*	3.4%	0.0%	3.1%	0.0%	0.0%	1.7%	0.0%	0.0%	4.2%	0.0%
To reduce costs	17.2%	8.0%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	29	25	32	16	37	59	39	25	24	26

*Categories derived from text comments.

Table 13. Reasons for Enrolling Fewer Students by Academic Year (Raw Numbers)

Reasons	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Accepted students did not enroll	12	14	17	8	12	15	15	12	12	14
Unable to secure clinical placements for all students	3	7	8	6	16	33	14	4	2	6
Other	5	6	7	4	7	12	11	8	8	5
Lack of qualified applicants*	0	2	0	0	0	0	0	1	2	4
College/university requirement to reduce enrollment*	8	3	3	0	1	4	0	0	1	1
Insufficient faculty	4	2	1	0	4	6	6	6	1	1
Lost funding	5	2	1	0	0	0	0	0	0	1
Program discontinued*	1	0	0	0	0	0	0	0	0	0
To reduce costs	1	0	1	0	0	1	0	0	1	0
Number of programs that reported	29	25	32	16	37	59	39	25	24	26

*Categories derived from text comments.

Student Census

The overall student census has grown by 46.5% (n=11,930) since 2015-16.⁴ This is largely driven by the BSN student census, which has grown by 74.6% (n=9,577), far exceeding growth in any other program type.

Table 14. Student Census Data by Academic Year

Program type	2016	2017	2018	2019	2020	2021*	2022	2023	2024	2025
ADN	11,508	11,965	11,959	11,593	11,238	0	10,994	11,990	13,044	13,489
BSN	12,846	12,680	13,788	14,968	15,540	0	18,622	19,600	21,782	22,423
ELM	1,317	1,436	1,415	1,342	1,487	0	1,422	1,500	1,718	1,689
Total nursing students	25,671	26,081	27,162	27,903	28,265	0	31,038	33,090	36,544	37,601

*No student census was collected in 2020-2021.

⁴ Totals do not include post-licensure ELM students, which totaled 476 in 2025.

Student Completions

The number of students completing California nursing programs increased by 46.7% (n=5,230) over the last ten years, rising from 11,191 in 2015-16 to 16,421 in 2024-25. ADN completions increased by 17.4% from 5,671 in 2015-16 to 6,659 in 2024-25, a ten-year high. BSN completions increased from 4,868 to 8,982 (84.5%), and ELM completions increased from 652 to 780 (19.6%) over this period.

2019-20 was the first year that the number and percentage of BSN completions surpassed the number and percentage of ADN completions, and that trend has persisted.

In 2024-25, ADN graduates represented 40.6% of all students completing a pre-licensure nursing program in California. BSN graduates represented 54.7% and ELM graduates represented 4.8% of all completions.

Table 15. Student Completions by Program Type by Academic Year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
ADN*	5,671	5,981	5,785	5,888	5,851	5,661	5,381	5,428	6,226	6,659
BSN	4,868	4,666	5,224	5,354	6,094	5,871	7,197	7,754	8,139	8,982
ELM	652	655	822	615	769	772	795	806	745	780
Total student completions	11,191	11,302	11,831	11,857	12,714	12,304	13,373	13,988	15,110	16,421

*All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

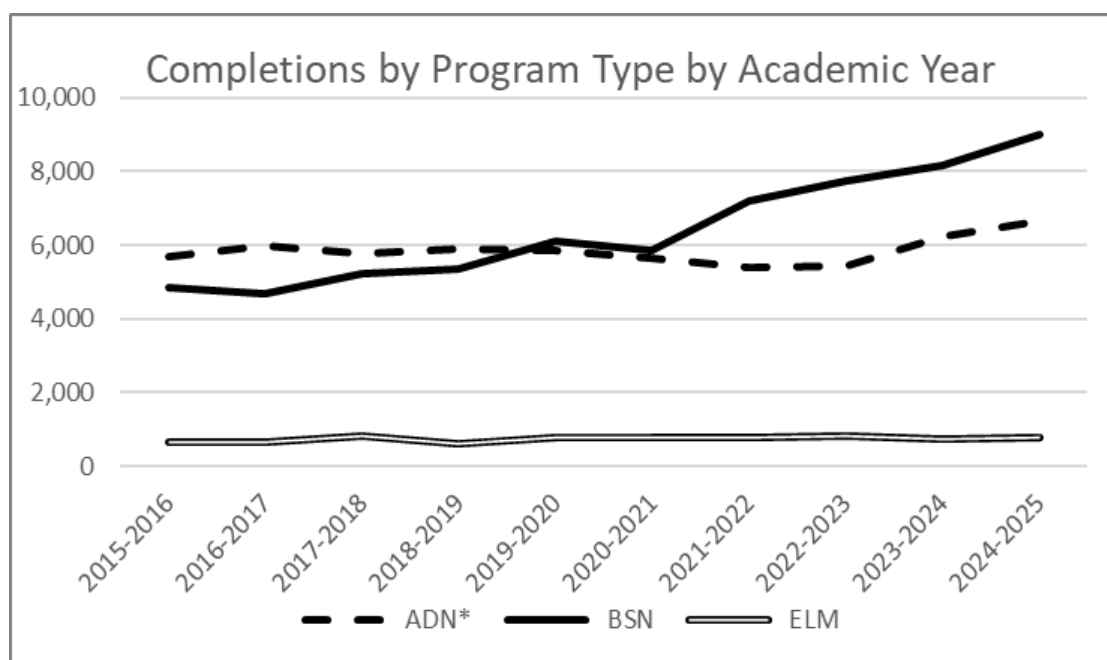


Figure 1. Student Completions by Program Type and Academic Year

Completion and Attrition Rates

Nursing programs report the number of students scheduled to complete the program each academic year, the number that completed on time, the number still enrolled, and the number that had left the program.

Of the 17,630 reported students scheduled to complete a nursing program in the 2024-25 academic year, 84.6% (n=14,922) completed the program on time, 8.0% (n=1,407) were still enrolled in the program, and 7.4% (n=1,301) left the program. Of those who left the program, 37.8% (n=492) had been dismissed and 62.2% (n=809) had withdrawn.

The on-time completion rate has fluctuated over the last decade, reaching a ten-year high of 85.5% in 2022-2023. The attrition rate has declined over the last ten years, hitting a ten-year low in 2020-21 at 7.1%. During the pandemic, many students were reportedly delayed as programs struggled to provide instruction and clinical experiences during the lockdown. However, attrition rates remained low.

Table 16. Student Completion and Attrition by Academic Year

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Students scheduled to complete the program	11,335	12,658	13,403	14,807	13,981	13,590	15,342	14,974	15,807	17,630
Completed on time	9,002	10,378	10,719	12,441	11,854	11,553	12,569	12,797	13,498	14,922
Still enrolled	893	901	1,395	790	948	1,072	1,449	902	1,035	1,407
Total attrition	1,440	1,379	1,289	1,576	1,179	965	1,324	1,275	1,274	1,301
<i>Attrition-dropped out</i>	<i>615</i>	<i>662</i>	<i>578</i>	<i>804</i>	<i>627</i>	<i>448</i>	<i>620</i>	<i>655</i>	<i>714</i>	<i>809</i>
<i>Attrition-dismissed</i>	<i>825</i>	<i>717</i>	<i>711</i>	<i>772</i>	<i>552</i>	<i>517</i>	<i>704</i>	<i>620</i>	<i>560</i>	<i>492</i>
Completed late [‡]	416	969	1,103	801	752	901	763	1,215	1,418	953
On-time completion rate*	79.4%	82.0%	80.0%	84.0%	84.8%	85.1%	81.9%	85.5%	85.4%	84.6%
Attrition rate**	12.7%	10.9%	9.6%	10.6%	8.4%	7.1%	8.6%	8.5%	8.1%	7.4%
% still enrolled	7.9%	7.1%	10.4%	5.3%	6.8%	7.9%	9.4%	6.0%	6.5%	8.0%

[‡] These completions are not included in the calculation of either on-time completion or attrition rates.

*On-time completion rate = (students completing the program on-time) / (students scheduled to complete)

**Attrition rate = (students dropped or dismissed who were scheduled to complete) / (students scheduled to complete the program)

Note:

- 1) In 2015-16, data for traditional and accelerated programs were combined beginning with 2010-11. Starting in 2016-17, data on LVN-to-ADN students within generic programs have been added to the totals for ADN students.
- 2) Data for 2017-18, 2018-19, and 2020-21 were updated based on information provided by one ADN program.
- 3) Data for 2016-17 was revised 2020 to reflect updates provided by schools.
- 4) In 2020-21, six programs did not provide data on attrition and completion. One ADN program was on pause. Four other programs were new and had no completions. One program submitted no data. 2019-20 data were used as proxy data for one BSN program that provided no attrition and completion in 2020-21.
- 5) In 2022-23, fourteen programs did not provide data on attrition and completion. Eleven of these programs were new and had no completions, one was on teach-out, and two gave no reason.
- 6) In 2023-24, seven programs did not provide data on attrition and completion. Five of these programs were new and had no completions, one was on teach-out. One had no completions this year.

Attrition rates differ across program types.

ADN programs have seen the most dramatic improvement in their average attrition rates, declining from a high of 14.3% in 2015-16 to a ten-year low of 7.8% in 2020-21. This year's rate was still relatively low at 8.6%.

Attrition rates for BSN programs have varied over the last decade, from a high of 11.7% in 2015-16 and a low of 6.6% in 2024-25.

In the past 10 years, attrition rates have been lowest among ELM programs, ranging from 4.4% in 2015-16 to a low of 1.9% in 2020-21. The attrition rate in ELM programs has declined over the decade, but not as sharply as it has for ADN programs.

For the prior six years, private programs' average attrition rates have been higher than public program's attrition rates, but this year, public programs had a somewhat higher average attrition rate.

Table 17. Attrition Rates by Program Type by Academic Year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
ADN*	14.3%	12.4%	11.3%	10.8%	9.0%	7.8%	9.3%	9.3%	8.6%	8.6%
BSN**	11.7%	9.2%	8.4%	11.2%	8.3%	7.1%	8.7%	8.5%	7.9%	6.6%
ELM	4.4%	7.3%	3.0%	3.0%	3.8%	1.9%	2.8%	2.9%	4.5%	6.0%
Private	14.0%	10.5%	8.7%	12.1%	8.9%	7.6%	9.2%	9.3%	9.3%	7.1%
Public	12.0%	11.2%	10.2%	9.5%	8.1%	6.7%	8.0%	7.8%	6.8%	7.7%

Note: Data for traditional and accelerated program tracks is combined in this table. Starting in 2016-17, data for LVN-to-ADN and LVN-to-BSN students *within* generic programs have been added to the totals for ADN and BSN students, respectively.

*2016-17 attrition rates were revised in 2020 based on new data provided by some schools.

**2019-20's data were used as proxy data for one BSN program that provided no attrition and completion data in 2020-21.

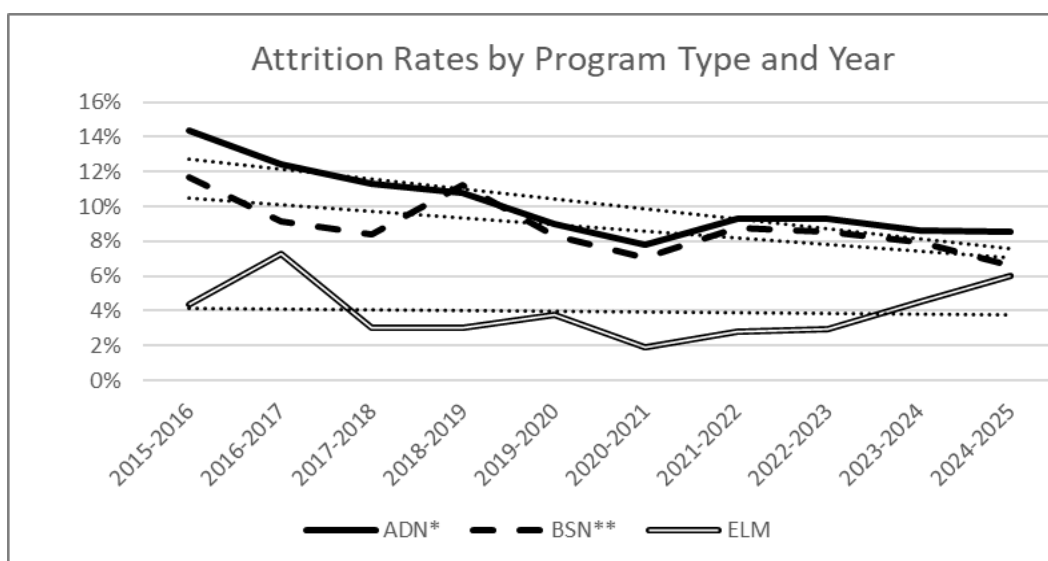


Figure 2. Attrition and Completion by Program Type and Academic Year

Attrition rates in both public and private programs have decreased over the decade, although they have done so more steadily for public programs.

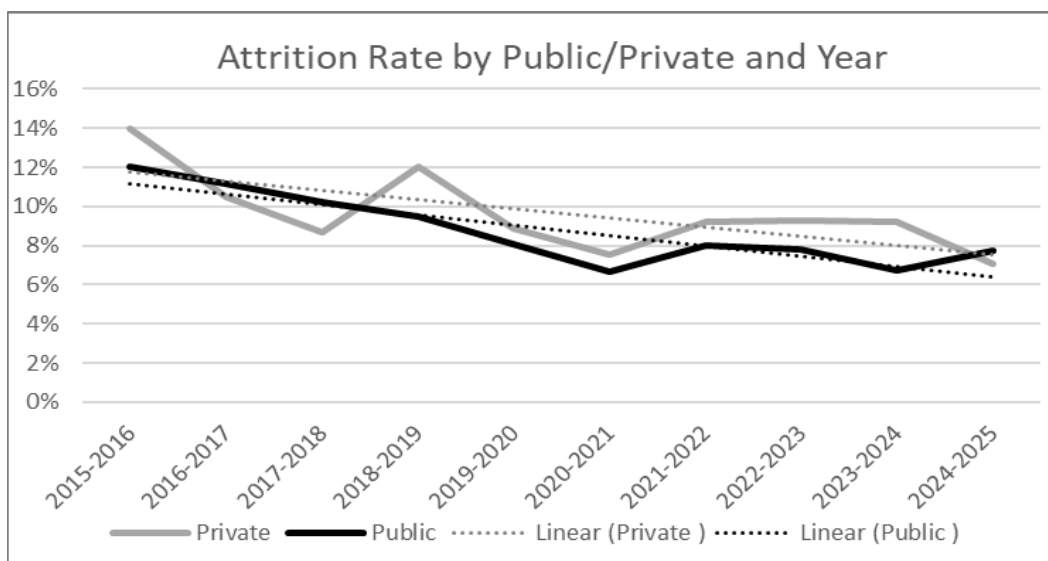


Figure 3. Attrition and Completion by Public/Private Status and Academic Year

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 students whose race and ethnicity were unknown (86.5%). African American students had the lowest on-time completion rate (72.7%) and the highest attrition rate (16.1%).

Table 18. Completion and Attrition Data by Race and Ethnicity, 2024-2025

	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 on-time completion or attrition rates.

**On-time completion rate = (students who completed the program on-time) / (students scheduled to complete the program)

***Attrition rate = (students who dropped or were dismissed who were scheduled to complete) / (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.

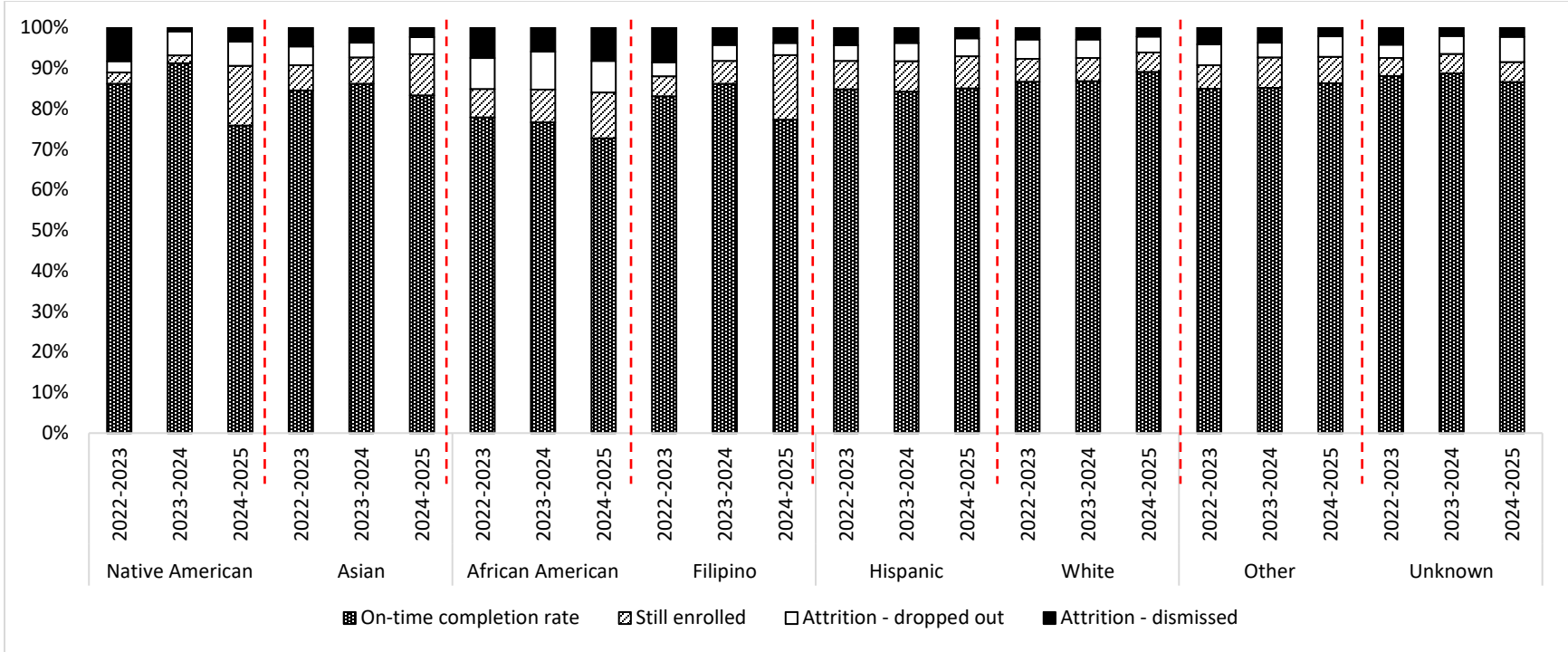


Figure 4. Completion and Attrition Data by Race and Ethnicity, 2022-23 to 2024-25

NCLEX Pass Rates

NCLEX (National Council Licensure Examination) have fluctuated over the years.

Table 19. First Time NCLEX Pass Rates by Program Type by Academic Year (Percents)

Program type	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
ADN	86.0%	87.8%	90.0%	91.3%	91.6%	89.7%	87.5%	87.8%	95.6%	91.7%
BSN	88.2%	91.6%	91.9%	91.6%	91.6%	88.8%	84.5%	84.4%	92.8%	88.2%
ELM	84.1%	89.9%	88.5%	89.5%	93.4%	88.7%	86.6%	84.8%	93.4%	87.9%
Number of programs that reported	135	129	134	137	137	140	141	138	147	146

Note: NCLEX pass rates are for students who took the exam for the first time in the given year. Numbers for 2021-22 were corrected in 2024.

Table 20. First Time NCLEX Pass Rates by Program Type by Academic Year (Raw Numbers)

Program type	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
ADN passed	4,938	5,210	5,162	5,878	5,370	5,127	5,454	5,102	5,674	6,185
ADN taken	5,744	5,933	5,733	6,440	5,862	5,713	6,231	5,810	5,937	6,745
BSN passed	4,268	4,544	4,719	5,539	5,059	5,596	6,507	6,874	7,462	5,775
BSN taken	4,837	4,961	5,136	6,046	5,520	6,303	7,705	8,149	8,038	6,551
ELM passed	403	250	896	582	590	532	623	597	565	574
ELM taken	479	278	1,012	650	632	600	719	704	605	653
Number of programs that reported	135	129	134	137	137	140	141	137	147	146

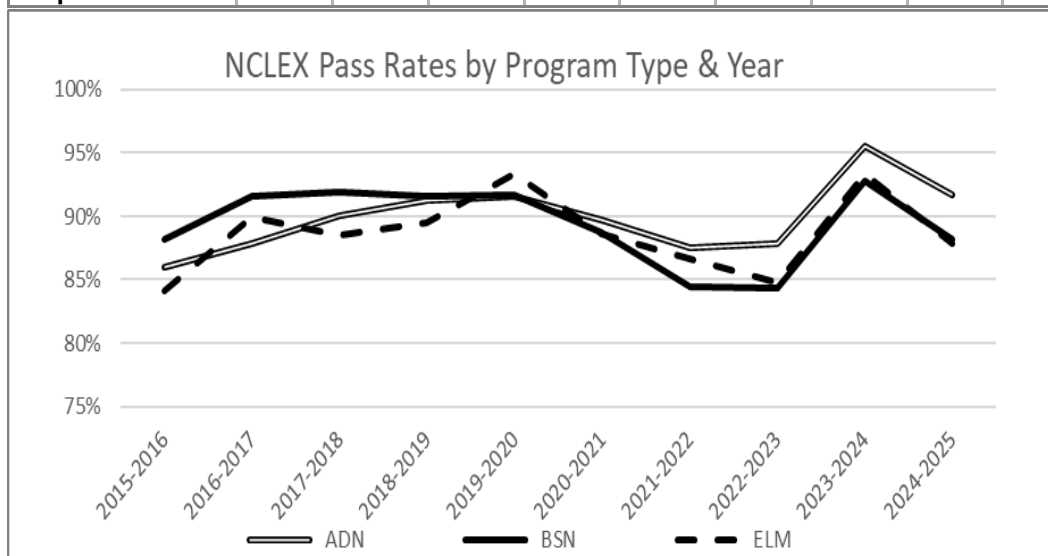


Figure 5. First Time NCLEX Pass Rates by Program Type by Academic Year

NCLEX pass rates for students who graduated from accelerated nursing programs are generally comparable to pass rates of students who completed traditional programs, although the pass rates have fluctuated over time. This trend continued in 2024-25. Students who graduated from accelerated ADN, BSN, and ELM programs all had higher average pass rates than their traditional counterparts.

Table 21. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year (Percents)

Program type	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
ADN	73.0%	68.9%	87.6%	82.3%	89.9%	93.8%	96.2%	89.8%	94.8%	91.9%
BSN	91.4%	90.5%	90.5%	92.7%	94.3%	91.4%	96.5%	83.5%	93.3%	88.3%
ELM	83.6%	95.2%	90.8%	92.3%	92.2%	87.3%	83.7%	91.4%	95.7%	92.0%
Number of programs that reported	14	19	16	18	27	23	22	24	22	25

Note: NCLEX pass rates are for students who took the exam for the first time in the given year.

Table 22. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year (Raw Numbers)

Program type	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
ADN passed	108	93	296	261	222	105	76	114	164	137
ADN taken	148	135	338	317	247	112	79	127	173	149
BSN passed	427	2,032	573	2,040	3,535	962	2,122	1,330	1,065	4,004
BSN taken	467	2,245	633	2,200	3,750	1,052	2,200	1,592	1,142	4,536
ELM passed	240	60	118	241	226	213	174	170	66	207
ELM taken	287	63	130	261	245	244	208	186	69	225
Number of programs that reported	14	19	16	18	27	23	22	24	22	25

Employment of Recent Nursing Program Graduates

Each year, program directors are asked to report on the percentage of that year's graduates that are employed in nursing in California. The share of new graduates working in nursing in California rose over the last ten years from 75.6% in 2015-16 to a high of 86.5% in 2022-23 and 86.4% in 2023-24, dipping to 83.6% in 2024-25.

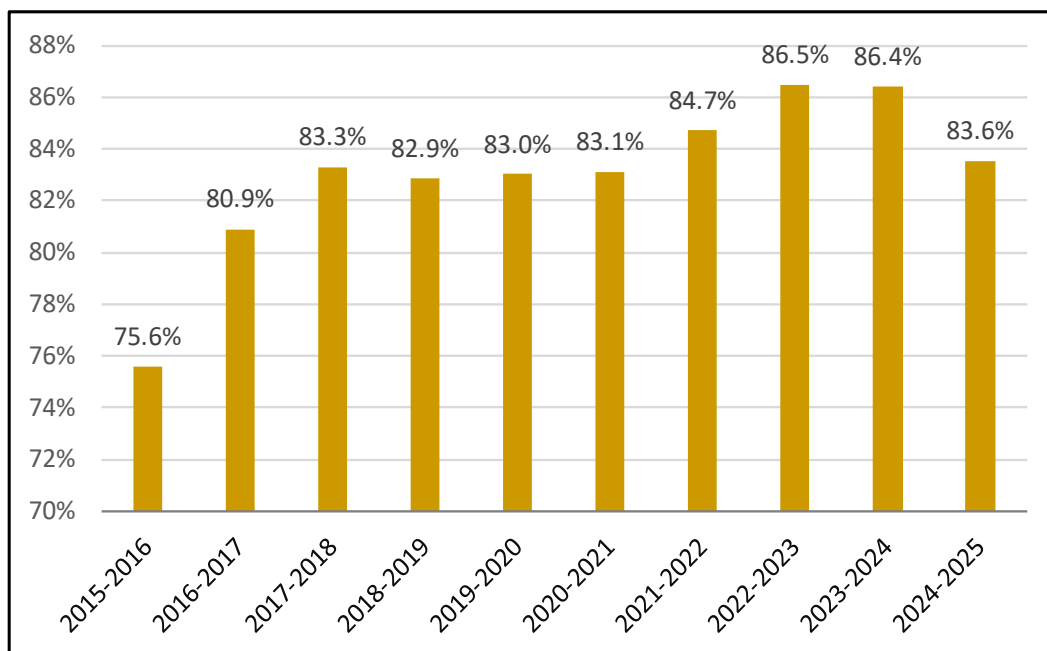


Figure 6. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

Table 23. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

Program type	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Employed in California	75.6%	80.9%	83.3%	82.9%	83.0%	83.1%	84.7%	86.5%	86.4%	83.6%
Number of programs that reported	118	119	127	125	126	128	134	129	128	125

Note: Percentages are derived from an average of non-zero percentages provided by respondents.

Nursing programs reported that the largest share of RN program graduates work in hospitals. While this share has fluctuated over the last ten years, hospitals remain the primary reported employer of new graduates. In 2024-25, 61.0% of graduates were reportedly employed in hospitals. Nursing programs reported that 10.2% (total) were participating in a paid or unpaid new graduate residency, and 2.6% of their graduates were not yet licensed. 4.9% of new graduates were unable to find employment as of October 2025. This is the highest rate since 2015-16, when it was 5.5%.

The percentage of graduates pursuing additional nursing education (4.2%) has decreased since 2017-18, possibly because the categories “participating in a new graduate residency (paid)” and “participating in a new graduate residency (unpaid)”, were added.

Since 2016-17, respondents who selected the category “other” have been prompted to describe other employment locations where their graduates work. Other employment locations written in by respondents over the years have included: corrections (n=13), not yet employed (n=20), hospice (7), outpatient clinics (n=7), home health (n=6), and school settings (n=6). In 2024-25, other sites provided included traveler, hospice, home health, case management, school nursing, spas, surgery clinics, family clinics, rehabilitation, and not seeking employment due to pregnancy/recent birth.

Table 24. Employment Location of Recent Nursing Program Graduates by Academic Year

Employment location	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Hospital	59.2%	61.1%	63.0%	59.1%	59.4%	60.4%	63.1%	72.4%	67.2%	61.0%
Participating in a new graduate residency (paid)	-	-	-	7.6%	5.7%	6.6%	8.7%	8.5%	8.5%	9.6%
Other healthcare facilities	3.5%	4.6%	5.3%	5.3%	3.5%	4.3%	5.0%	3.5%	4.3%	7.7%
Unable to find employment	5.5%	4.2%	2.4%	3.9%	3.3%	3.1%	1.6%	1.7%	2.5%	4.9%
Long-term care facilities	4.6%	5.2%	6.3%	6.8%	5.9%	4.9%	3.4%	3.4%	4.0%	4.7%
Pursuing additional nursing education	11.0%	10.3%	12.0%	9.1%	7.5%	6.0%	4.3%	2.9%	3.3%	4.2%
Community/public health facilities	2.6%	2.6%	3.0%	3.0%	3.4%	3.5%	3.4%	2.5%	4.2%	3.2%
Not yet licensed	10.6%	10.2%	7.2%	4.7%	9.9%	7.9%	7.5%	3.2%	3.5%	2.6%
Other	3.2%	2.0%	0.8%	0.9%	1.1%	2.7%	2.9%	1.5%	2.3%	1.5%
Participating in a new graduate residency (unpaid)	-	-	-	0.1%	0.2%	0.5%	0.2%	0.4%	0.2%	0.6%
Employed in California	75.6%	80.9%	83.3%	82.9%	83.0%	83.1%	84.7%	86.5%	86.4%	83.6%

Note: Blank cells indicate that the applicable information was not requested in that year.

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 amongst those who supplied percents for other employment categories. 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.

Hospitals were reported as the employment setting of the largest shares of recent graduates from all pre-licensure programs. In 2024-25, programs reported a similar share of recent graduates employed in hospitals at 58.9% for ADN programs and ELM programs. BSN program representatives reported that 66.3% of graduates were employed in hospitals.

In 2024-25 after hospital employment, the largest proportion of ADN, BSN, and ELM graduates were “participating in a new graduate residency” (paid or unpaid) (10.2%, 9.6%, and 12.5% respectively).

Table 25. Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year

ADN programs	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Hospital	54.7%	58.6%	59.1%	57.3%	57.0%	58.7%	65.7%	73.6%	67.7%	58.9%
Long-term care facilities	5.6%	6.3%	7.7%	9.0%	7.6%	6.4%	4.5%	3.8%	4.7%	5.8%
Community/ public health facilities	2.4%	3.0%	2.9%	3.0%	3.2%	3.9%	3.1%	1.8%	3.9%	2.3%
Other healthcare facilities	4.2%	5.6%	6.4%	6.3%	3.5%	4.4%	4.4%	3.4%	4.2%	7.9%
Pursuing additional nursing education	12.6%	11.7%	12.5%	11.8%	10.2%	8.6%	5.4%	3.5%	5.1%	6.2%
Participating in a new graduate residency (paid)	-	-	-	4.7%	5.3%	5.3%	6.4%	7.8%	8.2%	9.7%
Participating in a new graduate residency (unpaid)	-	-	-	0.1%	0.3%	0.7%	0.1%	0.3%	0.1%	0.5%
Unable to find employment	6.0%	5.2%	2.5%	3.8%	2.6%	2.5%	1.6%	1.0%	2.6%	4.3%
Not yet licensed	10.1%	8.6%	8.4%	3.9%	9.5%	7.0%	6.7%	3.7%	2.7%	3.3%
Other	4.6%	1.2%	0.6%	0.8%	1.0%	2.5%	2.1%	1.0%	0.8%	1.1%

Table 25 (continued) . Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year

BSN programs	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Hospital	72.2%	72.6%	76.1%	64.1%	65.2%	65.5%	61.3%	69.5%	66.6%	66.3%
Long-term care facilities	2.4%	3.8%	3.8%	2.7%	3.2%	2.5%	1.6%	2.1%	3.5%	3.4%
Community/ public health facilities	2.9%	1.9%	3.1%	2.9%	4.3%	2.9%	3.6%	3.5%	4.4%	4.3%
Other healthcare facilities	2.1%	3.3%	2.7%	3.4%	4.5%	5.0%	5.9%	3.7%	3.7%	6.7%
Pursuing additional nursing education	2.4%	2.3%	5.5%	0.9%	1.5%	1.2%	1.9%	1.9%	0.6%	0.9%
Participating in a new graduate residency (paid)	-	-	-	15.6%	7.5%	8.5%	11.0%	10.9%	7.2%	9.1%
Participating in a new graduate residency (unpaid)	-	-	-	0.1%	0.0%	0.3%	0.4%	0.8%	0.3%	0.5%
Unable to find employment	4.8%	2.1%	2.5%	4.9%	5.3%	5.0%	1.9%	3.2%	2.6%	5.3%
Not yet licensed	13.0%	10.4%	5.5%	4.2%	7.8%	8.5%	9.4%	2.7%	5.7%	1.6%
Other	0.1%	3.7%	0.7%	1.1%	0.8%	0.6%	3.0%	1.6%	5.6%	1.8%
ELM programs	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Hospital	53.3%	45.5%	54.6%	58.3%	61.4%	57.6%	45.9%	72.3%	66.6%	58.0%
Long-term care facilities	1.8%	0.1%	2.1%	0.9%	0.2%	0.3%	0.7%	4.3%	0.7%	0.7%
Community/ public health facilities	3.8%	1.1%	4.4%	3.4%	1.2%	1.7%	5.6%	4.7%	5.7%	6.9%
Other healthcare facilities	0.9%	0.4%	3.8%	2.3%	0.7%	1.6%	6.3%	3.7%	7.8%	8.9%
Pursuing additional nursing education	29.7%	23.8%	28.2%	12.7%	5.2%	0.7%	3.0%	1.2%	1.1%	0.3%
Participating in a new graduate residency (paid)	-	-	-	6.5%	3.1%	11.2%	20.6%	6.0%	15.5%	11.5%
Participating in a new graduate residency (unpaid)	-	-	-	0.0%	0.0%	0.0%	0.8%	0.1%	0.0%	1.0%
Unable to find employment	3.7%	2.1%	1.9%	2.1%	2.4%	2.2%	1.0%	2.2%	1.0%	8.4%
Not yet licensed	5.2%	23.9%	2.5%	12.7%	22.0%	13.0%	6.8%	0.6%	0.9%	0.8%
Other	1.9%	3.1%	2.5%	1.1%	3.8%	11.6%	9.2%	4.8%	0.6%	3.5%

Note: Statistics on the percentage of graduates employed in California were collected at the school level only.

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

Percentages are derived from an average of percentages provided by respondents.

The percentages for ADN paid and unpaid residencies were transposed in 2018-19 and have been corrected.

Clinical Space and Clinical Practice Restrictions

After the start of the pandemic in March 2020, a very large number of placements, units, and shifts were lost, and a large number of students were displaced from those shifts, impacting 2019-20 and 2020-21 in particular. The number of California nursing programs reporting they were denied access to a clinical placement, unit, or shift increased from 70 programs in 2018-19 to over 120 programs in 2019-20 and 2020-21 and then started to dip back down in 2021-22.

In 2024-25, the number of programs reporting a loss of clinical placements, units, or shifts has decreased to a pre-pandemic level, with 40.5% of programs (n=62) reporting that they were denied placements.

The number of students impacted by these denials has also decreased dramatically, from 22,415 in 2019-20 to 1,930 2024-25, as has the number of units, placements, or shifts lost, from 3,655 in 2019-20 to 389 in 2024-25.

Table 26. RN Programs Denied Clinical Space by Academic Year

Numbers & outcomes	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Programs denied a clinical placement, unit or shift	43.5%	54.6%	53.6%	49.6%	85.6%	88.3%	60.5%	53.6%	52.9%	40.5%
	60	77	75	70	125	128	92	81	82	62
Programs offered alternative by site	18.8%	22.0%	23.6%	19.1%	17.1%	22.8%	15.1%	13.2%	21.9%	15.0%
	26	31	33	27	25	33	23	20	34	23
Number of programs that reported	138	141	140	141	146	145	152	151	155	153
Number of placements, units or shifts lost* pre-pandemic	213	302	367	287	226	-	-	-	-	
Number of placements, units or shifts lost after the start of the pandemic	-	-	-	-	3,655	3,425	971	515	476	389
Number of students affected pre-pandemic	1,278	2,147	2,366	2,271	1,080	-	-	-	-	
Number of students affected after the start of the pandemic	-	-	-	-	22,415	15,043	5,163	3,933	3,611	1,930

Note: Blank cells indicate that the applicable information was not requested in that year.

In the 2024-25 survey, 56 of 156 programs (35.9%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. This is a ten-year low. This percentage has been decreasing since the pandemic years of 2019-20 and 2020-21, when many clinical sites could no longer take students or reduced the number of students that could be accommodated due to the COVID-19 pandemic. Some schools skipped or decreased cohorts.

Table 27. RN Programs That Reported Fewer Students Allowed for a Clinical Space by Program Type and Academic Year

Program type	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Percent ADN programs reporting fewer students	41.6%	39.6%	39.1%	39.6%	74.2%	85.9%	57.1%	44.6%	36.2%	38.3%
Number of ADN programs reporting fewer students	37	36	36	36	69	79	52	41	34	36
Total number of ADN programs	89	91	92	91	93	92	91	92	94	94
Percent BSN programs reporting fewer students	57.9%	48.6%	48.6%	48.7%	73.8%	74.4%	60.4%	40.4%	42.6%	29.2%
Number of BSN programs reporting fewer students	22	18	18	19	31	32	29	19	20	14
Total number of BSN programs	38	37	37	39	42	43	48	47	47	48
Percent ELM programs reporting fewer students	42.9%	46.2%	58.3%	50.0%	83.3%	83.3%	61.5%	46.2%	35.7%	46.2%
Number of ELM programs reporting fewer students	6	6	7	6	10	10	8	6	5	6
Total number of ELM programs	14	13	12	12	12	12	13	13	14	13
Percent of all nursing programs reporting fewer students	46.1%	42.6%	43.3%	43.0%	74.8%	82.3%	58.6%	43.4%	38.1%	35.9%
Number of nursing programs reporting fewer students	65	60	61	61	110	121	89	66	59	56
Total nursing programs	141	141	141	142	147	147	152	152	155	156

Every year, programs are asked about the reasons for clinical space being denied. In 2019-20, several answer categories were added to capture the impact of the COVID-19 pandemic on nursing programs. These questions were discontinued in 2023-24 because they had become less relevant (See Table 28 and Table 29.) In 2024-25, “competition for clinical space due to increase in number of nursing students in region” was back as the top reason for clinical space being denied (59.7%, n=37).

Respondents also provided write-in responses to this question. Over the years, the top responses included reasons such as clinical site expressing a preference for a particular type of student (BSN only, local students only, or students from particular schools preferred) (n=19); unknown reason (n=18); move or remodel (n=21); and other sites provided a fee to secure clinical spaces (n=11).

“Other” reasons provided in 2024-25 included: a toxic leak, implementation of a new onboarding system, remodel, competition from other programs, and reduction in the number of students accepted on rotations.

Table 28. Reasons for Clinical Space Being Unavailable by Academic Year, Percentages

Reasons	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Competition for clinical space due to increase in number of nursing students in region	48.3%	49.4%	52.7%	43.5%	29.0%	22.0%	37.0%	50.6%	50.0%	59.7%
Displaced by another program	35.0%	50.6%	50.0%	43.5%	21.0%	25.2%	25.0%	31.6%	32.5%	43.5%
Staff nurse overload or insufficient qualified staff	33.3%	51.9%	63.5%	50.7%	16.9%	25.2%	41.3%	45.6%	41.3%	41.9%
Visit from Joint Commission or other accrediting agency	23.3%	33.8%	29.7%	23.2%	12.1%	15.7%	22.8%	17.7%	16.3%	27.4%
Decrease in patient census	21.7%	18.2%	24.3%	17.4%	8.9%	9.4%	22.8%	20.3%	15.0%	22.6%
Nurse residency programs	26.7%	26.0%	24.3%	26.1%	6.5%	12.6%	20.7%	34.2%	26.3%	21.0%
Other	6.7%	11.7%	14.9%	14.5%	16.9%	2.4%	19.6%	17.7%	11.3%	19.4%
Change in facility ownership/management	18.3%	24.7%	14.9%	18.8%	8.1%	9.4%	8.7%	16.5%	6.3%	14.5%
Closure, or partial closure, of clinical facility	28.3%	18.2%	23.0%	18.8%	21.8%	19.7%	15.2%	20.3%	7.5%	14.5%
Other clinical facility business needs/changes in policy	-	-	-	24.6%	4.0%	8.7%	10.9%	10.1%	17.5%	14.5%
No longer accepting ADN students*	23.3%	27.3%	23.0%	21.7%	12.1%	11.8%	9.8%	5.1%	6.3%	8.1%
Clinical facility seeking magnet status	18.3%	15.6%	13.5%	14.5%	8.9%	7.1%	9.8%	3.8%	2.5%	4.8%
Implementation of Electronic Health Records system	10.0%	13.0%	17.6%	20.3%	8.1%	7.1%	3.3%	3.8%	5.0%	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	1.7%	1.3%	1.4%	1.4%	3.2%	1.6%	2.2%	0.0%	1.3%	0.0%
Change in site infection control protocols due to COVID-19	-	-	-	-	66.9%	59.8%	26.1%	3.8%	-	-
Decrease in patient census due to COVID-19	-	-	-	-	41.9%	41.7%	27.2%	8.9%	-	-
Lack of PPE due to COVID-19	-	-	-	-	76.6%	48.8%	4.3%	0.0%	-	-
Site closure or decreased services due to COVID-19	-	-	-	-	63.7%	64.6%	28.3%	6.3%	-	-
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	71.0%	72.4%	53.3%	25.3%	-	-
Number of programs that reported	60	77	74	69	124	127	92	79	80	62

Note: Blank cells indicate that the applicable information was not requested in that year.

*Not asked of BSN or ELM programs.

Table 29. Reasons for Clinical Space Being Unavailable by Academic Year, Counts

Reasons	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Competition for clinical space due to increase in number of nursing students in region	29	38	39	30	36	28	34	40	40	37
Displaced by another program	21	39	37	30	26	32	23	25	26	27
Staff nurse overload or insufficient qualified staff	20	40	47	35	21	32	38	36	33	26
Visit from Joint Commission or other accrediting agency	14	26	22	16	15	20	21	14	13	17
Decrease in patient census	13	14	18	12	11	12	21	16	12	14
Nurse residency programs	16	20	18	18	8	16	19	27	21	13
Other	4	9	11	10	21	3	18	14	9	12
Change in facility ownership/management	11	19	11	13	10	12	8	13	5	9
Closure, or partial closure, of clinical facility	17	14	17	13	27	25	14	16	6	9
Other clinical facility business needs/changes in policy	-	-	-	17	5	11	10	8	14	9
No longer accepting ADN students*	14	21	17	15	15	15	9	4	5	5
Clinical facility seeking magnet status	11	12	10	10	11	9	9	3	2	3
Implementation of Electronic Health Records system	6	10	13	14	10	9	3	3	4	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	1	1	1	1	4	2	2	0	1	0
Change in site infection control protocols due to COVID-19	-	-	-	-	83	76	24	3	-	-
Decrease in patient census due to COVID-19	-	-	-	-	52	53	25	7	-	-
Lack of PPE due to COVID-19	-	-	-	-	95	62	4	0	-	-
Site closure or decreased services due to COVID-19	-	-	-	-	79	82	26	5	-	-
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	88	92	49	20	-	-
Number of programs that reported	60	77	74	69	124	127	92	79	80	62

Note: Blank cells indicate that the applicable information was not requested in that year.

*Not asked of BSN or ELM programs.

In a separate question, programs were asked to report on whether they provide financial support to secure a clinical placement. The number and percentage of schools providing support to secure a clinical placement has dropped to 3.9% in 2024-25.

Table 30. Programs that Provided Financial Support to Secure a Clinical Placement

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Number providing financial support to secure a clinical placement	3	10	7	12	11	15	9	9	10	6
Percent providing financial support to secure a clinical placement	2.2%	7.1%	5.0%	8.5%	7.6%	10.4%	6.0%	6.0%	6.5%	3.9%
Number of programs that reported	139	141	140	142	144	144	151	150	155	155

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, units, or shifts. Prior to the start of the pandemic, most programs reported that the lost space was replaced at a different site currently being used by the program, followed by replacing the lost space with a new site.

After the pandemic started, many programs reported losing a large number of clinical placements. The most common strategy to replace them in 2019-20 and 2020-21 was clinical simulation (87.8% and 78.8%, respectively). By 2021-22, clinical simulation was in second place at 57.6%, but by 2024-25, it was down to third place at 37.1% of all programs reporting it as a strategy to address lost clinical space.

At the height of the pandemic in 2019-20 and 2020-21, many programs reported reducing student admissions (29.3% and 27.6%, respectively). By 2021-22, this percentage was down to 19.6%, and by 2024-25, it was down to 8.1% of all programs reporting it as a strategy to address lost clinical space.

In 2024-25, the most common strategy was replacing the lost space at a different site currently used by the nursing program (67.7%, n=42) followed by adding/replacing the lost space with a new site (46.8%, n=29).

In general, the strategies used to address the loss of clinical space seem to have fully reverted to their pre-pandemic pattern as of 2024-25.

Respondents also provided write-in responses to this question. Over the years, some of the most common strategies have included: using telehealth (n=17), a trend that started during the pandemic; using alternative (non-hospital) sites (n=12); delaying cohorts (n=10), again, a trend related to the pandemic; reducing the number of students per clinical group (n=7); and various scheduling workarounds (n=10).

In 2024-25, the “other” strategies provided in write-in answers included having students complete clinical hours in summer, and moving to 12-hour shifts instead of a two-day clinical.

Table 31. Strategies to Address the Loss of Clinical Space by Academic Year

Strategies	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Replaced lost space at different site currently used by nursing program	76.3%	61.8%	68.9%	79.4%	65.0%	49.6%	68.5%	69.1%	59.5%	67.7%
Added/replaced lost space with new site	44.1%	55.3%	60.8%	55.9%	60.2%	55.1%	53.3%	60.5%	53.2%	46.8%
Replaced lost space at same clinical site	32.2%	35.5%	43.2%	33.8%	32.5%	32.3%	26.1%	35.8%	38.0%	37.1%
Clinical simulation	30.5%	40.8%	43.2%	45.6%	87.8%	78.7%	57.6%	33.3%	34.2%	29.0%
Reduced student admissions	5.1%	9.2%	8.1%	11.8%	29.3%	27.6%	19.6%	4.9%	6.3%	8.1%
Other	3.4%	7.9%	4.1%	5.9%	15.4%	18.9%	10.9%	6.2%	3.8%	3.2%
Number of programs that reported	59	76	74	68	123	127	92	81	79	62

Note: In 2019-20, sites were asked to answer this question for the period before the start of the pandemic and the period after. Due to space concerns, only the period after the start of the pandemic is included here.

In 2024-25, 46 programs reported using alternative out-of-hospital clinical sites. The two most frequently reported non-hospital clinical sites were school health service (50.0%, n=23) and skilled nursing/rehabilitation facility (47.8%, n=22). This is the first time in the last ten years that school health service has been the top alternative out-of-hospital clinical site.

Over the years, “other” reasons provided in text comments have included: child-related facilities like childcare, pediatric clinics, Head Start, child development centers, and summer camps (n=45); senior facilities and long-term care (n=12); and outpatient clinics (n=13). Telehealth (n=19) and COVID support activities such as vaccine clinics and testing facilities (n=11) gained prominence during the pandemic. These numbers should be viewed with caution as they sometimes represent the same school giving the same answer over a number of years.

Other placements described by respondents in 2024-25 included: pediatric skilled nursing facility, child development center (n=2), Head Start, non-profit screening exams, senior living, residential care, and child development centers (n=2).

Table 32. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Nursing Programs

Out-of-hospital sites	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
School health service (K-12 or college)	27.9%	25.5%	39.6%	36.2%	29.2%	33.3%	46.4%	28.0%	55.0%	50.0%
Skilled nursing/rehabilitation facility	32.6%	37.3%	41.7%	42.6%	24.7%	33.3%	47.8%	44.0%	52.5%	47.8%
Public health or community health agency	51.2%	35.3%	39.6%	44.7%	60.7%	61.5%	58.0%	48.0%	32.5%	32.6%
Medical practice, clinic, physician office	37.2%	31.4%	37.5%	34.0%	30.3%	34.4%	30.4%	36.0%	50.0%	23.9%
Surgery center/ambulatory care center	25.6%	35.3%	29.2%	25.5%	19.1%	17.7%	20.3%	26.0%	20.0%	21.7%
Outpatient mental health/substance abuse	34.9%	31.4%	33.3%	21.3%	32.6%	31.3%	33.3%	36.0%	32.5%	19.6%
Urgent care, not hospital-based	7.0%	9.8%	6.3%	14.9%	14.6%	15.6%	13.0%	10.0%	20.0%	17.4%
Hospice	25.6%	21.6%	20.8%	23.4%	23.6%	16.7%	13.0%	18.0%	17.5%	15.2%
Other	16.3%	23.5%	12.5%	12.8%	24.7%	30.2%	21.7%	10.0%	12.5%	15.2%
Home health agency/home health service	41.9%	29.4%	29.2%	25.5%	24.7%	25.0%	15.9%	26.0%	20.0%	13.0%
Case management/disease management	16.3%	7.8%	8.3%	17.0%	18.0%	15.6%	7.2%	10.0%	2.5%	10.9%
Renal dialysis unit	7.0%	5.9%	2.1%	4.3%	7.9%	5.2%	7.2%	8.0%	10.0%	8.7%
Correctional facility, prison or jail	9.3%	7.8%	10.4%	6.4%	4.5%	2.1%	8.7%	10.0%	5.0%	6.5%
Occupational health or employee health service	2.3%	2.0%	2.1%	4.3%	3.4%	7.3%	7.2%	2.0%	0.0%	4.3%
Number of programs that reported	43	51	48	47	89	96	69	50	40	46

In 2024-25, 60.8% (n=87) of 143 nursing schools that reported indicated that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.

The most common types of restrictions students faced in 2024-25 were 1) clinical site due to visit from the Joint Commission or other accrediting agency (71.3%, n=62), 2) bar coding medication administration (58.6%, n=51), 3) Electronic Medical Records (55.2%, n=48), and 4) automated medical supply cabinets (52.9%, n=46). This distribution mirrors most of the top reasons for restricted access prior to the pandemic (starting in 2019-20).

From 2019-20 through 2021-22, restrictions to sites overall due to COVID-19 was the top reason for restrictions to clinical practice. This, and other COVID-related restrictions declined considerably in importance since the pandemic years, so these answer categories were removed in 2023-24.

Table 33. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

Common types of restricted access	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Clinical site due to visit from accrediting agency (Joint Commission)	76.5%	75.8%	81.5%	87.0%	65.6%	60.5%	61.9%	54.3%	65.0%	71.3%
Bar coding medication administration	68.2%	64.8%	66.3%	62.0%	51.6%	46.0%	46.7%	51.1%	57.5%	58.6%
Electronic medical records	61.2%	64.8%	63.0%	60.9%	43.0%	45.2%	43.8%	50.0%	60.0%	55.2%
Automated medical supply cabinets	54.1%	57.1%	55.4%	59.8%	53.9%	45.2%	51.4%	51.1%	56.3%	52.9%
Some patients due to staff workload	27.1%	37.4%	38.0%	46.7%	31.3%	36.3%	40.0%	43.5%	61.3%	47.1%
Student health and safety requirements	42.4%	41.8%	34.8%	42.4%	33.6%	29.0%	33.3%	30.4%	38.8%	35.6%
IV medication administration	34.1%	29.7%	35.9%	40.2%	28.1%	33.1%	25.7%	29.3%	36.3%	32.2%
Glucometers	34.1%	36.3%	30.4%	32.6%	25.0%	26.6%	16.2%	19.6%	25.0%	28.7%
Alternative setting due to liability	18.8%	17.6%	18.5%	20.7%	28.9%	26.6%	22.9%	16.3%	22.5%	17.2%
Direct communication with health te	8.2%	12.1%	10.9%	16.3%	17.2%	12.9%	14.3%	17.4%	16.3%	16.1%
Inability to onboard or complete orientation of new cohort due to COVID-19	-	-	-	-	63.3%	49.2%	31.4%	9.8%	-	-
Lack of access to specific units due to lack of PPE	-	-	-	-	76.6%	52.4%	21.9%	7.6%	-	-
Other	-	-	-	-	6.3%	8.1%	6.7%	19.6%	-	-
Sites overall due to COVID-19	-	-	-	-	89.8%	84.7%	67.6%	28.3%	-	-
Number of schools that reported	85	91	92	92	128	124	105	92	80	87

Note: Blank cells indicate that the applicable information was not requested in that year.

Numbers indicate the percent of schools reporting these restrictions as “common” or “very common.” Percentages are derived by dividing the total number of schools that rated each restriction “common” or “very common” by the total number of schools that answered any of these questions. The numbers in this table differ from those presented in the Summary Report because the denominator is the total number of programs that answered any question in this series rather than the number of schools that answered for each category.

In 2024-25, schools reported that restricted student access to *electronic medical records* was primarily due to insufficient time for clinical site staff to train students (59.5%, n=44), “liability” (52.7%, n=39) and “staff fatigue/burn out” (48.6%, n=36).

Over the years, some respondents who selected “other” reasons for restricted access to *electronic medical records* provided write-in answers. One main category over the years had to do with lack of access to the EMR, including responses like “inability to receive access codes” (n=35). During the pandemic years, COVID became a predominant reason for restricted access (n=14). Another major category has been “general policy” (n=19).

In 2024-25, text comment reasons included: hospital policy (n=5), strikes, site not providing instructor access, lack of computers for student use, and staff RN sentinel event.

Table 34. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records by Academic Year

Reasons	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Insufficient time to train students	75.7%	65.8%	63.9%	69.1%	56.1%	59.6%	57.8%	61.3%	55.6%	59.5%
Liability	40.5%	52.6%	48.2%	48.1%	45.9%	49.4%	36.1%	46.7%	52.8%	52.7%
Staff fatigue/burnout	32.4%	34.2%	47.0%	44.4%	36.7%	42.7%	38.6%	44.0%	50.0%	48.6%
Staff still learning and unable to assure documentation standards are being met	52.7%	46.1%	49.4%	51.9%	35.7%	38.2%	45.8%	46.7%	48.6%	35.1%
Patient confidentiality	28.4%	27.6%	19.3%	24.7%	25.5%	25.8%	25.3%	28.0%	27.8%	33.8%
Cost for training	29.7%	26.3%	31.3%	27.2%	29.6%	22.5%	20.5%	17.3%	25.0%	23.0%
Other	9.5%	7.9%	12.0%	8.6%	14.3%	16.9%	9.6%	9.3%	16.7%	17.6%
Number of schools that reported	74	76	83	81	98	89	83	75	72	74

In 2024-25, schools reported that students were restricted from using *medication administration systems* due primarily to liability (73.0%, n=54), staff fatigue/burnout (50.0%, n=37), and insufficient time to train students (33.8%, n=25).

Some respondents who selected “other” reasons for restricted access to *medication administration systems* also provided write-in answers. Over the years, general policy was frequently noted with answers like “hospital policy” (n=30). Lack of access was also frequently cited (n=28).

In 2024-2025, answers included policy (n=6), access issues (n=3) (e.g., “Hospitals do not provide instructor access to some areas”), IT issues (n=2) (e.g., “Lack of computers for student use”, “IT services at hospital backlogged resulting in EMR access delayed”), and other (e.g., “Required faculty attestation that had a false statement”).

Table 35. Share of Schools Reporting Reasons for Restricting Student Access to Medication Administration by Academic Year

Reasons	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Liability	37.9%	36.9%	42.3%	39.2%	34.1%	36.0%	34.6%	39.0%	64.3%	73.0%
Staff fatigue/burnout	22.7%	25.0%	21.8%	17.6%	25.3%	26.7%	25.6%	29.9%	57.1%	50.0%
Insufficient time to train students	65.2%	77.4%	74.4%	78.4%	67.0%	65.1%	61.5%	61.0%	28.6%	33.8%
Staff still learning and unable to assure documentation standards are being met	30.3%	29.8%	42.3%	36.5%	39.6%	45.3%	51.3%	54.5%	32.9%	24.3%
Other	18.2%	13.1%	10.3%	13.5%	18.7%	12.8%	7.7%	7.8%	17.1%	13.5%
Cost for training	6.1%	6.0%	5.1%	4.1%	7.7%	10.5%	6.4%	10.4%	11.4%	10.8%
Patient confidentiality	9.1%	13.1%	14.1%	9.5%	16.5%	17.4%	10.3%	15.6%	11.4%	10.8%
Number of schools that reported	74	76	83	81	98	89	83	75	72	74

Eighty-six schools provided information about how they compensate for restricted student access. The most common approaches were providing training in the simulation lab (93.0%, n=80), training students in the classroom (67.4%, n=58), and purchasing practice software such as SIM Chart (57.0%, n=49).

Purchasing practice software rose to the second most common form of compensating during the COVID-19 pandemic lockdown years, but it was back down to the third most common in 2023-24 and 2024-25.

Over the years, respondents offered write in answers in the “other” category, including some that expanded on or repeated defined answer categories. These included training in a skills or computer lab (n=22); simulation, usually virtual simulation like i-Human (n=32); using alternative sites such as clinics (n=16); and faculty training students in advance on campus in “boot camps” or other modes of instructor workarounds such as college faculty providing EMR training (n=12). These numbers should be viewed with caution as they sometimes represent the same school giving the same answer over a number of years.

In 2024-25, “other” ways that schools compensate included: training students in the skills lab (n=4) (e.g.: “Training students in skills lab, training students on paper charting”); charting software or paper charting (n=2); rotation of student clinical experiences to sites where access is allowed; skills or Sim Lab along with case studies as a combination for a 10 hour make up day; and instructors have access and facilitate student learning.

Table 36. How Nursing Programs Compensate for Training in Areas of Restricted Access by Academic Year

Methods of compensating	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Training students in the simulation lab	88.0%	87.9%	87.1%	88.2%	90.4%	91.8%	89.0%	91.2%	92.5%	93.0%
Training students in the classroom	66.3%	56.0%	67.7%	65.6%	63.2%	60.7%	69.0%	62.6%	73.8%	67.4%
Purchase practice software, such as SIM Chart	43.4%	45.1%	53.8%	50.5%	71.2%	70.5%	63.0%	51.6%	58.8%	57.0%
Ensuring all students have access to sites that train them in this area	50.6%	54.9%	48.4%	48.4%	50.4%	49.2%	47.0%	54.9%	47.5%	41.9%
Other	12.0%	11.0%	17.2%	10.8%	14.4%	13.9%	16.0%	8.8%	10.0%	11.6%
Number of schools that reported	83	91	93	93	125	122	100	91	80	86

Faculty Data⁵

On October 15, 2025, there were 6,281 total nursing faculty.⁶ Of these faculty, 28.7% (n=1,803) were full-time and 71.3% (n=4,478) were part-time.

In 2024-25, the total number of faculty increased by 4.9% (n=291) compared to the prior year. Overall, the number of faculty has increased by 43.9% (n=1,915) over the last decade, largely due to increases in the number of part-time faculty.

Faculty vacancy rates have fluctuated over time. From 2016 through 2025, the rate has ranged from 6.7% to 12.1%. In 2025, the vacancy rate was 8.5%, which is lower than the prior five years' rates.

Table 37. Faculty Census Data by Year

	2016*	2017	2018	2019	2020	2021	2022	2023	2024	2025
Total faculty	4,366	4,799	4,939	5,359	4,929	5,302	5,156	5,787	5,990	6,281
<i>Full-time</i>	1,513	1,546	1,561	1,552	1,556	1,637	1,546	1,662	1,754	1,803
<i>Part-time</i>	2,953	3,253	3,378	3,807	3,373	3,665	3,610	4,125	4,236	4,478
Vacancy rate*	9.1%	8.1%	8.0%	8.2%	6.7%	10.1%	12.1%	9.7%	9.8%	8.5%
<i>Vacancies</i>	435	424	430	476	354	596	710	623	652	584

Note: In 2024-2025, two schools did not list faculty numbers. One was on teach-out and the other gave no reason. In these years, the sum of full-time and part-time faculty did not equal the total faculty reported.

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

Starting in 2015-16, schools were asked if their program was hiring “significantly more” part-time than full-time active faculty in the current year as compared with five years prior. In 2024-25, 43.4% (n=62) of 143 schools agreed that they had hired more part-time faculty than in the prior five years.

In 2024-25, 45.2% (n=42) of ADN programs, 43.8% (n=21) of BSN programs, and 30.8% of ELM programs (n=4) reported hiring more part-time faculty than in prior years.

Table 38. Schools That Reported Hiring More Part-Time Faculty than in Prior Years

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2024- 2025	2024- 2025
Number of schools that hired more part-time faculty	48	61	56	48	57	58	69	67	60	62
Percent of schools that hired more part-time faculty	37.2%	46.6%	42.7%	36.9%	41.9%	41.7%	47.9%	47.2%	41.1%	43.4%
Number of schools that reported	129	131	131	130	136	139	144	142	146	143

⁵ Data represents the number of faculty on October 15th of the given year.

⁶ 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 California nursing schools.

These schools were asked to rank the reason for this shift. In 2024-25, the top-ranked reasons were “non-competitive salaries for full-time faculty” and “shortage of RNs applying for full time faculty positions”, followed by “insufficient number of full-time faculty applicants with required credential”. These three items have remained the top three, in this order, over the ten years that this question has been included in the survey. Over the last six years, “need for part-time faculty to teach specialty content” has moved up to the fourth most common reason, displacing “insufficient budget to afford benefits and other costs of FT faculty” to fifth place.

Over the ten years that this question has been on the survey, “other” reasons for hiring more faculty have been provided as write-in answers. These reasons included: retirement of full-time faculty (n=19), the need to decrease the student/faculty ratio—often due to reduction in the number of students allowed at clinical (n=15), and campus hiring process (too slow, difficulty in getting new positions approved) (n=12).

In 2024-25, other reasons from text comments included: increase in both full-time and part-time related to expansion; increased enrollment; lack of full-time faculty—including retirements, resignations, and sabbatical; clinical workload; and requirements for smaller clinical lab sections.

Table 39. Reasons for Hiring More Part-Time Faculty

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Non-competitive salaries for full time faculty	2.5	2.5	2.8	2.5	3.0	2.8	2.6	2.5	2.9	2.9
Shortage of RNs applying for full time faculty positions	3.0	3.0	3.2	3.1	3.4	3.1	2.9	3.1	3.3	3.6
Insufficient number of full time faculty applicants with required credential	3.6	3.4	3.5	4.1	3.9	3.9	3.6	3.9	3.8	3.9
Need for part-time faculty to teach specialty content	4.8	4.4	4.5	4.8	4.1	4.3	4.3	4.4	4.2	4.4
Insufficient budget to afford benefits and other costs of FT faculty	4.7	4.1	4.2	4.8	4.7	4.7	4.7	5.1	5.0	4.5
Need for faculty to have time for clinical practice	6.0	5.6	6.4	6.0	6.1	6.0	6.3	6.3	6.3	6.0
Private, state university or community college laws, rules or policies	5.4	5.7	5.7	5.8	5.9	6.2	5.7	5.6	6.1	6.3
To allow for flexibility with respect to enrollment changes	6.7	6.2	7.0	6.9	6.9	7.2	6.9	7.2	6.9	6.6
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	6.8	7.0	7.7	7.5	7.9	8.1	7.4	7.7	7.8	7.8
Other	5.1	5.9	6.6	5.8	9.1	8.7	8.9	9.1	8.8	9.2
Number of schools that reported	48	60	53	42	56	55	68	61	56	62

Note: The lower the ranking, the greater the importance of the reason (one has the highest importance and ten has the lowest importance.) These numbers are averages of rankings across respondents.

In 2024-25, 98 of 144 schools (68.1%) reported that faculty in their programs work an overloaded schedule, and 98.0% (n=96) of these schools paid the faculty extra for the overloaded schedule.

Over the last ten years, the share of schools that have overloaded faculty has fluctuated between 64.4% and 73.2%.

The share of schools with overloaded faculty that pays faculty extra for the overload has remained between 90.5% and 98.0% over this ten-year period.

Table 40. Faculty with Overloaded Schedules by Academic Year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025
Number of schools with overloaded faculty	85	92	92	95	97	95	98	104	96	98
Share of schools with overloaded faculty	64.4%	69.7%	69.7%	72.0%	71.3%	68.3%	68.1%	73.2%	65.8%	68.1%
Number of schools with overloaded faculty that pay faculty extra for	82	89	88	86	92	91	92	101	93	96
Share of schools with overloaded faculty that pay faculty extra for the overload	96.5%	96.7%	95.7%	90.5%	94.8%	95.8%	93.9%	97.1%	96.9%	98.0%
Number of schools that reported	132	132	132	132	136	139	144	142	146	144

Note: In 2024-25, the denominator used to calculate the share of schools with overloaded faculty was updated to include only the schools that responded to this question to more accurately reflect the experiences of the schools that provided relevant data.

SUMMARY

Number of Programs

Over the past decade, the number of California pre-licensure nursing programs has grown by 10.6% (Table 2). The number of programs dipped to 141 in 2015-16, rising to 142 in 2018-19 and eventually to 156 by 2024-25, due largely to an increase in the number of BSN programs. The number of private programs has grown considerably (+43.2%) over this time while the number of public programs has declined (-1.0%).

Academic Progression Partnerships by Academic Year

The share of ADN and BSN programs that reported a partnership with another program for academic progression has decreased over the last ten years, from 66.1% (n=80) in 2015-16 to 54.9% (n=78) in 2024-25, although the number and percentage has fluctuated over time. Most of these partnerships were reported by public associate's degree nursing programs—and it is the decrease in reported partnerships from ADN programs that is behind the overall decrease, since the number and percent of partnerships reported by BSN programs has gone up. In 2024-25, 67.0% (n=63) of 94 ADN nursing programs responding to this question reported participating in these partnerships—a drop from the 80.9% that reported partnerships in 2023-24 (Table 3).

Available Admission Spaces, Applications, and New Student Enrollments by Academic Year

The number of available admission spaces (n=19,724) reported by California RN programs in 2024-25 was the second highest in the last ten years (Table 4).

The number of qualified student applications to RN pre-licensure programs (n=64,075) is the second highest number in the last ten years. The percentage of qualified applications not enrolled is the same as last year—69.6%.

New enrollments (n=19,365) are at a ten-year high. Over the last decade, there has been an increase in enrollments in ADN (+23.9%, n=1,627), BSN (+77.8%, n=4,382), and ELM (+21.7%, n=166) programs (Table 6). One program accounts for 14.2% of all new enrollments.

For the fifth year in a row, private program enrollments exceeded public program enrollments, showing 108.0% growth in the number of new enrollments over the last ten years (Table 6).

In 2024-25, 31.4% of nursing programs reported filling more admission spaces than were available. The share of programs that enrolled more students than available admission spaces dipped during the years of the pandemic lockdown. This year, the share of programs that enrolled more students than available admission spaces appears to have rebounded somewhat.

The number and percentage of programs that reported enrolling *fewer* students has decreased slightly since 2015-16, although still lower than what was experienced during the pandemic years (Table 8). During 2019-20 and 2020-21, the primary reason for enrolling fewer students than in prior years was lack of clinical spaces, and some respondents indicated that skipping or decreasing a cohort due to the COVID-19 pandemic was a significant reason for enrolling fewer students. However, by 2021-22 and continuing through 2024-25, the primary reason for enrolling fewer students was that accepted students did not enroll, which had been the primary reason prior to the pandemic (Table 12).

Student Completions by Academic Year

Pre-licensure RN programs reported 16,421 completions in 2024-25—a 46.7% increase in student completions since 2015-16. ADN completions increased by 17.4% over the decade, BSN completions increased by 84.5%, and ELM completions increased by 19.6% during this period (Table 15). For the sixth year in a row, BSN completions exceeded ADN completions. Again, one program represented 18.9% of all completions.

Completion, Attrition, and Employment Rates

The average on-time completion rate in 2024-25 was 84.6%, while the attrition rate was 7.4% (Table 16). Over the last ten years, attrition rates for ADN and ELM programs have decreased, while BSN attrition rates have varied.

At the time of the survey, 4.9% of nursing program graduates were unable to find employment, which is a little lower than the ten-year high of 5.5% in 2015-16, but considerably higher than the reported unemployment rate in recent years. Over the last ten years, the percentage of recent graduates employed in California has improved, from 75.6% in 2014-15 to 83.6% in 2024-25. Hospitals continue to be the primary employment location for all program types.

Clinical Space and Clinical Practice Restrictions

The number of California nursing programs reporting they were denied access to a clinical placement or shift (40.5%, n=62) was considerably lower than last year's number and percentage. This is a considerable improvement over the numbers reported during the pandemic years when up to 88.3% of programs reported being denied a clinical placement or shift (Table 26). It appears that this impact has declined to below the level of pre-pandemic years. The number and percentage of programs reporting that they were allowed fewer students for clinical placements, units, or shifts also decreased considerably in 2024-25, down to 56 programs compared to 59 in 2023-24, and over 100 in 2019-20 and 2020-21 (Table 27). However, anecdotally, some sites still complain that hospitals have kept the size of clinical groups to a minimum, creating difficulties for programming.

"Competition for clinical space due to an increase in the number of nursing students in the region" (59.7%) was the most commonly mentioned reason for clinical space being unavailable, followed by being "displaced by another program" (43.5%) (Table 28). The lack of access to clinical space in 2024-25 resulted in a loss of 389 clinical placements, units, or shifts—affecting 1,930 students (Table 26). These numbers are comparable to those of pre-pandemic years.

In 2024-25, programs that reported a loss of clinical space (n=62) addressed that loss by replacing space at a different site currently used by the nursing program (67.7%), followed by adding or replacing the lost space with a new site (46.8%) (Table 31). As clinical spaces become available again, the reported use of clinical simulation as a replacement has decreased from the most common strategy in 2019-20 and 2020-21 to the third most common strategy in 2024-24 (37.1%).

In 2024-25, common or very common types of restricted access in the clinical setting reported by nursing programs (n=87) included clinical site due to visit from accrediting agency (Joint Commission) (71.3%), bar coding medication administration (58.6%), electronic medical records (55.2%), and automated supply cabinets (52.9%) (Table 33).

Faculty Demographics, Vacancy Rates, and Overload

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. The number of nursing faculty overall has increased by 43.9% in the past ten years, from 4,366 in 2016 to 6,281 in 2025. Of these, 6,281 faculty, 28.7% were full-time and 71.3% were part-time. In 2025, 584 faculty vacancies were reported, representing an overall faculty vacancy rate of 8.5% (10.9% for full-time faculty and 7.5% for part-time faculty) (Table 37).

In 2024-25, 43.4% of schools reported hiring more part-time faculty than in previous years. The number of part-time faculty reported has increased by 51.6% over the last ten years compared to an increase of only 19.2% for full-time faculty. The top reasons for hiring more part-time faculty include non-competitive salaries for full-time faculty and a shortage of RNs applying for full-time faculty positions.

In 2024-25, 98 of 144 schools that reported (68.1%) indicated that faculty in their programs work an overloaded schedule (Table 40). Nearly all of the schools with overloaded faculty pay faculty extra for the overload (98.0%).

Conclusion

As of 2024-25, nursing programs appear to have stabilized from the impacts of the COVID-19 pandemic and lockdown. The number of nursing programs was higher than pre-pandemic totals, new enrollments increased to a ten-year high in 2024-25, and the number of admission spaces was the second highest in ten years. Reported employment rates were also high—although the current rate of graduates reported as unable to find employment (4.9%) is higher than in the prior eight years.

The number of BSN programs has grown at a faster rate than any other program type, and BSN enrollments and completions continue to eclipse ADN enrollments and completions. The number of private programs has also continued to grow, and private program enrollments have exceeded public program enrollments for the last five years.

There are continuing signs of diminishing pandemic impact: the number of programs reporting being denied a clinical placement, unit, or shift, the number of placements, units or shifts lost, and the number of students impacted are comparable to or lower than pre-pandemic levels.

While more than two-thirds (69.6%) of qualified applications in 2024-25 did not result in enrollments, this is an improvement over the pandemic years, when three-quarters did not result in enrollments. This percent has held steady for three years.

Faculty vacancy rates have decreased to pre-pandemic rates. While schools have hired a growing proportion of part-time faculty over the last ten years, this growth seems to be leveling off. The reasons given for hiring more part-time faculty have remained the same over the last nine years that this question has been asked: non-competitive salaries for full-time faculty, a shortage of RNs applying for full-time faculty positions, and a lack of full-time applicants with required credentials.

APPENDIX A – List of Survey Respondents by Degree

ADN Programs (89)

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

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

* Note: New program as of 2024-25.

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

Member	Organization
Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN	HealthImpact
Jeannine Graves, MPA, MSN, RN, OCN, CNOR	Sutter Cancer Center
Tanya Altmann, PhD, RN	California State University, Sacramento
Tammy Vant Hul, PhD, RN, ACNP, CNE	Riverside City College
LaCandice Ochoa	Community College Chancellor's Office
Wendy Hansbrough, PHN, RN, CNE	California State University, San Marcos
Sagie De Guzman, PhD, A-CNS, A-NPC	Los Angeles Community Hospital and Saint John's Cancer and Research Institute
Alice Benjamin, MSN, ACNS-BC, FNP-C, CEN CV-BC	Sutter Health
Hazel Torres, MN, RN, DNP	Kaiser Permanente
Judy Kornell, RN	Deputy Director Nursing, Statewide Chief Nurse Executive, California Correctional Health Care Services
Kathy Hughes, RN	Service Employees International Union (SEIU)
Jacqueline Bowman	United Nurses Association of California Union of Health Care Professionals (UNAC/UHCP)
Carmen Comsti	California Nurses Association/National Nurses United
VACANT	Healthcare Workforce Development Division
Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies at UCSF
Sandra Miller, MBA	Assessment Technologies Institute