



Please complete this survey and return it electronically to: pkoehe@siue.edu or in the attached envelope as soon as possible.

The School of Nursing is developing a proposal for a doctor of nursing practice (DNP) program. This is a new type of doctoral program for nurses in clinical practice or administration / management. This is a practice degree, not a research degree like the PhD. The emphasis on research in the DNP program is on clinical scholarship / evidence-based practice.

It would be of great assistance to us in planning this program if you would take the time to complete and return this survey.

1. Your zip code _____

2. Do you currently have a master's degree or higher in nursing?
Yes _____ No _____

3. Are you currently an undergraduate nursing student?
Yes _____ No _____ (If No, please skip to **item #7**)
.

4. Please mark any or all advanced practice or advanced nursing educational programs you have completed:
____ nurse practitioner (NP)
____ clinical nurse specialist (CNS)
____ certified nurse midwife (CNM)
____ certified registered nurse anesthetist (CRNA)
____ Other (Please specify) _____

5. Are you currently enrolled in a master's degree program in nursing or in a post-master's certificate program in nursing?

____ Yes (Please specify) _____
____ No

6. If yes, please indicate where:
____ SIUE
____ other college or university (Please specify) _____

7. If you plan to pursue a graduate degree in nursing, which areas of specialization most appeal to you? (check all that apply)
____ family nurse practitioner (FNP)
____ nurse anesthesia (CRNA)
____ nursing administration / management
____ public health/community health nursing
____ mental health/behavioral health nursing
____ nurse educator
____ other (specify)

8. Are you interested in an academic career in nursing ? (check one)

____ No
____ Yes, within associate degree program
____ Yes, within baccalaureate or higher education degree program
____ Yes, within either type of program

9..Are you interested in pursuing the doctor of nursing practice (DNP) degree?

____yes

____no

____uncertain

9a. If yes, do you plan to enroll within? ____<5 years, ____5 years, ____10 years,
____uncertain

9b. If yes, preference is for ____ full-time study, ____ part-time study,____ uncertain

10. What would be the best way to offer classes to you? Prioritize the following by numbering them from 1 through 5, with 1 being the **most desirable method** of program delivery.

____ Online only

____ Mixture of online and classroom courses

____ One day set aside for classes each week (classroom courses)

____ Evening offerings only

____ Weekend offerings

____ A mixture of days, evenings and weekends

____ Other schedules (please indicate)_____

8. Will your current employer provide tuition support if you enroll in the DNP program?

____yes

____no

____uncertain

9. Would you be interested in SIUE's DNP Program? ____Yes ____ No

Please complete the following:

Name _____

Address _____

E-mail address _____

Telephone _____

Current employer _____

Basic nursing education

____diploma

____ADN

____BSN

____Accelerated BSN

Highest level of education

____ADN/diploma

____BS/BA in nursing

____BS/BA not in nursing

____MS/MA in nursing

____MS/MA not in nursing

____Doctoral degree in nursing

____Doctoral degree not in nursing

**THANK YOU VERY MUCH FOR YOUR INPUT. WE HOPE TO HEAR FROM YOU
REGARDING THE PROPOSED DNP PROGRAM.**

www.siu.edu/nursing