

Program Evaluation Demographic Form

Mark the box that applies

Age: 20 to 25 36 to 40 51 to 55
 26 to 30 41 to 45 56 to 60
 31 to 35 46 to 50 Greater than 60

Gender: M F

Race/Ethnicity: Caucasian African-American Hispanic, Native American Other

Income: (This is just your income. Not your household income)

<input type="checkbox"/> 0 to 10,000	<input type="checkbox"/> 50,001 to 60,000
<input type="checkbox"/> 10,001 to 15,000	<input type="checkbox"/> 60,001 to 70,000
<input type="checkbox"/> 15,001 to 20,000	<input type="checkbox"/> 70,001 to 80,000
<input type="checkbox"/> 20,001 to 25,000	<input type="checkbox"/> 80,001 to 90,000
<input type="checkbox"/> 25,001 to 30,000	<input type="checkbox"/> 90,001 to 100,000
<input type="checkbox"/> 30,001 to 40,000	<input type="checkbox"/> Greater than 100,000
<input type="checkbox"/> 40,001 to 50,000	

Have you already accepted an invitation to work at a healthcare facility upon graduation? Yes No

If so, which facility and where? _____

Are you planning to practice nursing in another state? Yes No

If so, where are you planning to move? _____

Have you thought about pursuing further education? Yes No

What do you plan on pursuing?

<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Nurse Educator
<input type="checkbox"/> Nurse Anesthetist	<input type="checkbox"/> Nurse Administrator
<input type="checkbox"/> Wound Care Specialist	