



2012 Final survey

Peterson's Nursing Schools Online Survey

Section 1 - Institution: Name, Survey Contact, Off-Campus Sites, Facilities, Student Profile

Survey Respondent - Please identify yourself so that we may contact you if there are questions regarding your responses.

Name: Lisa M. Vikell
 Title: Office Manager
 E-mail: Vikell@son.umaryland.edu
 Telephone: (410) 706-3424
 Fax: (410) 706-4378
 Address: 655 West Lombard Street
 Room 505
 City: Baltimore
 State: MD Zip: 21201
 Country: USA

1. Institution Name and Address

Official Name of Institution: University of Maryland, Baltimore
 City: Baltimore
 State/Province: Maryland
 Zip Code: 21201
 Country: United States

Name of Nursing School or Department: Master's Program in Nursing
 City: Baltimore
 State/Province: Maryland
 Zip Code: 21201
 Country: United States
 Program-Specific World Wide Web
 (URL) Address: <http://nursing.umaryland.edu/>

2. Survey Contact

Name: Mrs. Lisa M. Vikell
 Title: Office Manager, Academic Affairs
 E-mail: vikell@son.umaryland.edu
 Telephone: (410) 706-3424
 Fax: (410) 706-7832
 Address: 655 West Lombard Street
 Room 505
 City: Baltimore
 State: MD Zip: 21201-1579
 Country: USA

3. Number of Nursing Faculty

Please indicate the total number of faculty who teach in the nursing program referred to above.
 (Please include both full-time and part-time faculty.)
 Faculty: 216

4. Percentage with Doctorates

Please indicate the percentage of the above faculty who have a doctoral degree. 57

5. Off-Campus Sites

If any classes in nursing are held away from the main campus, please indicate the city in which

they are located and what level of classes students can take there.

	Class Level		
	Baccalaureate	Master's	Doctoral
City: Baltimore-Shady Grove State: MD	Yes	Yes	

6. Distance Learning

Are distance learning nursing courses available at your institution? For the purposes of this survey, distance learning is defined as a planned learning experience in which student and teacher are separated by physical distance and use any of a wide spectrum of media.

Yes

7. Library Facilities

Please indicate the approximate number of bound volumes in health. 360000

Please indicate the approximate number of bound volumes in nursing. 60

Please indicate the approximate number of health-care-related periodical titles. 2400

8. Student Resources

Please indicate which of the following resources and facilities are available to students in the nursing school. (Please check all that apply.)

- | | |
|---|---|
| Academic advising | Academic or career counseling |
| Assistance for students with disabilities | Bookstore |
| Campus computer network | Career placement assistance |
| Computer lab | Computer-assisted instruction |
| E-mail services | Interactive nursing skills videos |
| Internet | Learning resource lab |
| Library services | Nursing audiovisuals |
| Remedial services | Skills, simulation, or other laboratory |
| Tutoring | |

9. Student Activities

Please indicate which of the following student activities and organizations are available to nursing students. (Please check all that apply.)

- | | |
|-----------------------------|-----------------|
| Nursing Honor Society | Sigma Theta Tau |
| Student Nurses' Association | |

10. Nursing Student Profile

Please indicate the number of students currently enrolled in **baccalaureate** degree programs. 594

Of the total number given above, please indicate the approximate percentage breakdowns in the following categories:

- a. Percent women 84
- b. Percent men 16
- c. Percent minority 38
- d. Percent international 3
- e. Percent part-time 23

Please indicate the number of students currently enrolled in **graduate** degree programs. 1119

Of the total number given above, please indicate the approximate percentage breakdowns in the following categories:

- a. Percent women 88
- b. Percent men 12
- c. Percent minority 35
- d. Percent international 2
- e. Percent part-time 66

11. Baccalaureate Program

Please indicate whether your institution has a baccalaureate program in nursing.

Yes

12. Graduate Program

Please indicate whether your institution has a graduate program in nursing.

Yes

13. Master's Program

Please indicate whether your institution has a master's program in nursing.

Yes

14. Doctoral Program

Please indicate whether your institution has a doctoral program in nursing.

Yes

15. Postdoctoral Program

Please indicate whether your institution has a postdoctoral program in nursing.

No

16. Continuing Education Program

Please indicate whether your institution has a continuing education program in nursing.

Yes

Section 2 - General Baccalaureate: Application Contact, Tuition and Fees

1. Baccalaureate Program Contact

Please indicate who students should contact for information about applying to baccalaureate-level nursing programs.

Name: Mr. Kevin Nies
 Title: Associate Director of Admissions
 E-mail: nies@son.umaryland.edu
 Telephone: (410) 706-1281
 Fax: (410) 706-7238
 Address: 655 West Lombard Street
 Room 102G
 City: Baltimore
 State: MD Zip: 21201
 Country: USA
 URL address: <http://www.nursing.umaryland.edu/>

2. Tuition (2012-2013)

Please indicate the typical tuition for baccalaureate-level nursing students.

	FULL ACADEMIC YEAR	PART TIME TUITION
PUBLIC INSTITUTIONS		
In-district:	7498	496 per credit
In state (out-of-district):		per
Out-of-state:	27012	697 per credit
INTERNATIONAL STUDENTS: (nonresident aliens)	27012	

Please specify reporting currency.

US dollars

3. Required Fees (2012-2013)

Please indicate the typical required fees for baccalaureate-level nursing students.

FULL ACADEMIC YEAR 1675

PART TIME:
 Per-credit fees 90
 Per-term fees 57.5

4. Housing (2012-2013)

Please indicate the typical housing cost for baccalaureate-level nursing students.

FULL ACADEMIC YEAR

ROOM AND BOARD

(on campus)

ROOM ONLY

(on campus)

5. Percentage Receiving Financial Aid

Please indicate the percentage of students in baccalaureate nursing programs who received financial aid of any kind in 2011-2012.

61 %

Section 3 - Detailed Baccalaureate: Entrance Requirements, Special Options**1. Baccalaureate Degree Awarded BSN****2. Entrance Requirements**

Which of the following are required for admission to the generic baccalaureate-level nursing program?

(Please check all that apply.)

Transcript of college record

Minimum GPA in nursing prerequisites = 3.0

Written essay

Immunizations

Prerequisite course work

Minimum overall college GPA = 3.0Letter(s) of recommendation (number) = 2

CPR certification

Health exam

Health insurance

3. Application Deadlines/Application Fee

Please indicate your institution's deadlines for accepting applications to the generic baccalaureate-level nursing program.

a. Fall

Month: February

Day: 1

b. Winter

Month:

Day:

c. Spring

Month: September

Day: 1

d. Summer

Month:

Day:

Applications are processed on a rolling basis: No

Application fee for the bachelor's-level nursing program: \$50

Currency: US dollars

4. Acceleration

Please indicate which acceleration options are available for the generic baccalaureate-level nursing program.

Credit by examination

5. Full-Time/Part-Time

Please indicate if coursework is available on a full- and/or part-time basis for the generic baccalaureate-level nursing program.

Full-Time

Part-Time

6. Transfer Students

Do you accept transfer students?

No

7. Online Degree Programs

Please indicate whether your nursing school offers an option where baccalaureate degree programs can be completed exclusively online (e.g., no on-campus requirement).

Yes

Are the baccalaureate degree programs available only online?

No

8. Available Programs

Please check the baccalaureate degree programs offered by your nursing school (check as many as apply).

Generic Baccalaureate

RN Baccalaureate

ADN to Baccalaureate

Section 4 - General Graduate Program: Application Contact, Tuition and Fees**1. Graduate Program Contact**

Please indicate who students should contact for information about applying to graduate-level nursing programs.

Name: Mr. Kevin Nies

Title: Assistant Director of Admissions

E-mail: knies@son.umaryland.edu

Telephone: (410) 706-1281

Fax: (410) 706-7832

Address: 655 West Lombard Street

Room 505

City: Baltimore

State: MD Zip: 21201-1579

Country: USA

URL address: <http://www.nursing.umaryland.edu/>**2. Tuition (2012-2013)**

Please indicate the typical tuition for graduate-level nursing students.

FULL ACADEMIC YEAR PART TIME TUITION

PUBLIC INSTITUTIONS

In-district:

per

In state (out-of-district): 27000

600 per credit

Out-of-state: 48330

1074 per credit

INTERNATIONAL STUDENTS: 48330
(nonresident aliens)

Please specify reporting currency.

US dollars

3. Required Fees (2012-2013)

Please indicate the typical required fees for graduate-level nursing students.

FULL ACADEMIC YEAR 1265

PART TIME:

Per-credit fees 90

Per-term fees 52.5

4. Housing (2012-2013)

Please indicate the typical housing cost for graduate-level nursing students.

FULL ACADEMIC YEAR:

ROOM AND BOARD

(on campus)

ROOM ONLY
(on campus)

5. Percentage Receiving Financial Aid

Please indicate the percentage of students in graduate nursing programs who received financial aid of any kind in 2011-2012. 53 %

Section 5 - Master's Program: Concentrations, Degree Requirements, Entrance Requirements, Special Options

1. Master's Degree Awarded MS

2. Concentrations

Please indicate which areas of study and concentrations are offered in your master's degree program. (Please check all that apply.) Also indicate whether each area of study is also available through a post-master's certification program.

	Master's	Post-master's		Master's	Post-master's
Clinical nurse specialist programs in:			Nurse practitioner programs in:		
Acute care	Yes	No	Acute care	Yes	Yes
Adult health	No	No	Adult health	Yes	Yes
Cardiovascular	No	No	Community health	No	No
Community health	Yes	Yes	Family health	Yes	Yes
Critical care	Yes	No	Gerontology	Yes	Yes
Family health	No	No	Neonatal health	No	No
Forensic nursing	No	No	Occupational health	No	No
Gerontology	No	No	Oncology	No	No
Home health care	No	No	Pediatric	Yes	Yes
Maternity-newborn	No	No	Primary care	Yes	Yes
Medical-surgical	No	No	Psychiatric/mental health	Yes	Yes
Occupational health	No	No	School health	No	No
Oncology	No	No	Women's health	No	No
Palliative care	No	No	Programs in:		
Parent-child	No	No	Clinical nurse leader	Yes	No
Pediatric	No	Yes	Health-care administration	No	No
Perinatal	No	No	Legal nurse consultant	No	No
Psychiatric/mental health	No	No	Nurse anesthesia	Yes	No
Public health	No	Yes	Nurse case management	No	No
Rehabilitation	No	No	Nurse-midwifery	No	No
School health	No	No	Nursing administration	Yes	Yes
Women's health	No	No	Nursing education	No	Yes
			Nursing informatics	Yes	Yes

3. Degree requirements

Please indicate the number of credits required for completion of the master's program. 36

4. Thesis/Comprehensive Exam

Please indicate whether a thesis/project and/or a comprehensive exam are required for completion of the master's program.

Thesis or project

5. Entrance Requirements

Please indicate the typical GPA requirement for entrance into your master's-level nursing program. 3.0

Please indicate typical entrance requirements for the master's degree program. (Please check all that apply.)

Transcript of college record	Interview
Letter(s) of recommendation (number) = <u>2</u>	Written essay
CPR certification	Immunizations
Professional liability insurance/malpractice insurance	Computer literacy
Statistics course	Nursing research course
Physical assessment course	Resume
Prerequisite course work	

6. Application Deadlines/Application Fee

Please indicate your institution's deadlines for accepting applications to the master's level nursing program.

a. Fall

Month: February

Day: 1

b. Winter

Month:

Day:

c. Spring

Month: September

Day: 1

d. Summer

Month:

Day:

Applications are processed on a rolling basis: No

Application fee for the master's-level nursing program: \$50

Currency: US dollars

7. Acceleration

Please indicate which acceleration options are available for the generic master's-level nursing program.

Credit for nursing courses completed elsewhere dependent upon specific evaluations

8. Full-Time/Part-Time

Please indicate if coursework is available on a full- and/or part-time basis for the generic master's-level nursing program.

Full-Time

Part-Time

9. Online Degree Programs

Please indicate whether your nursing school offers an option where master's degree programs can be completed exclusively online (e.g., no on-campus requirement).

Yes

Are the master's degree programs available only online?

No

10. Available Programs

Please check the master's degree programs offered by your nursing school (check as many as apply).

Master's

RN to Master's

Accelerated Master's for Non-Nursing College Graduates

11. Combined Degrees

Please indicate the combined degree(s), if any, offered by your master's-level nursing program. MSN/MBA

MSN/MPH

Section 6 - Doctoral Program: Areas of Study, Entrance Requirements, Degree Requirements

1. Doctoral Degree Awarded: DNP

2. Areas of Study:

Please indicate which areas of study are offered in your doctoral degree program.

1. advanced practice nursing

2. aging

3. community health

4. critical care

5. family health

6. gerontology

7. health policy

8. information systems

9. nursing administration

10. nursing policy

3. Entrance Requirements

Please indicate the typical GPA requirement for entrance into your doctoral-level nursing program.

3.0

Please indicate typical requirements for the doctoral degree program.

1. year(s) of clinical experience yrs
2. minimum overall college GPA 3.0
3. letters of recommendation 3
4. statistics course
5. MSN or equivalent
6. vita
7. interview by faculty committee

4. Application Deadlines/Application Fee

Please indicate your institution's deadlines for accepting applications to the doctoral-level nursing program.

a. Fall

Month: February
Day: 15

b. Winter

Month:
Day:

c. Spring

Month:
Day:

d. Summer

Month:
Day:

Applications are processed on a rolling basis: No

Application fee for the doctoral-level nursing program: \$50
Currency: US dollars

5. Degree requirements

Please indicate the number of credits required for completion of the doctoral degree program. 38

Please indicate which of the following are required to receive the doctoral degree.

1. oral exam

6. Online Degree Programs

Please indicate whether your nursing school offers an option where doctoral degree programs can be completed exclusively online (e.g., no on-campus requirement).

No

Are the doctoral degree programs available only online?

No

7. Available Programs

Please check the doctoral degree programs offered by your nursing school (check as many as apply).

- Doctorate
- Post-Baccalaureate Doctorate
- Doctorate for Nurses with Non-Nursing Degrees

Section 7 - Postdoctoral Program: Areas of Study, Application Contact

1. Areas of Study

The areas of study offered in your postdoctoral program.

No courses offered

2. Postdoctoral Contact

Please indicate the person students should contact for information about applying to postdoctoral nursing programs.

Name:

Title:

E-mail:

Telephone:

Fax:

Address:

City:

State: Zip:

Country:

URL address:

Section 8 - Continuing Education Program: Application Contact

1. Continuing Education Contact

Please indicate who students should contact for information about applying to continuing education nursing programs.

Name: Sonia Smith

Title: Program Coordinator

E-mail: Ssmith@son.umaryland.edu

Telephone: (410) 706-3768

Fax:

Address: 655 West Lombard Street

Room 311G

City: Baltimore

State: MD Zip: 21201-1579

Country: USA

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