

# Facts About Your School for the 1939 List

To the Director of the School of Nursing:

We are preparing the 1939 List of Nursing Schools Meeting Minimum State Requirements which is to contain similar information to that included in the 1935 List.

In order to have your school included in this book, will you please fill out and return one copy of this form to us at once. Tabulating the data and printing the report take many weeks, and we cannot proceed until all information is in. For that reason, if you wish your school to be included, and we know you do, will you please, without fail, have this form filled out and back in our office before **January 25**.

Your cooperation in returning this information promptly will help us very much, for the sooner we can publish this List the more valuable it will be for all who use it. Will you please also send us the latest circular of information about your school?

CLARIBEL A. WHEELER, R.N., Executive Secretary  
National League of Nursing Education

City Baltimore State Maryland Date Jan. 5, 1939

- Name of your school of nursing (please give exact title) University of Maryland School of Nursing
- Name of hospital with which school is connected University Hospital
- Is your school connected with a religious denomination No? If so, what one \_\_\_\_\_?
- In what year was your school of nursing established 1889
- Check the type of hospital with which your school is connected:
 

General	Maternity
Nervous and Mental	Children's
Tuberculosis	Other (specify)
- How many beds 398? bassinets 50? total 448? are there in your hospital?
  - How many of these beds are for the use of patients in private rooms 68?
- What is the daily average number of patients, including newborn, in your hospital 323?
- Have you an out-patient department Yes? If so, what was the total number of visits during your latest hospital year (include both old and new patient visits) 106,947?
- How many regular students, including preliminary students and those absent on affiliation, were enrolled in your school on January 1, 1939 93? (Do not include in this total any students affiliating with you from other schools.)
  - Of these students, how many were white 93? colored \_\_\_\_\_?
  - How many were men \_\_\_\_\_? women 93?
    - If you have none enrolled now, does your school ever accept men students No? (Answer yes or no)
- How many students were graduated and received your school diploma during 1938 33?
- Does your school offer a combined undergraduate program leading to a diploma in nursing and to a degree Yes? What degree B.S.? (This does not mean arrangements with colleges and universities whereby nurses are given credit towards a degree for their nursing course after graduation from the school of nursing.)
  - How many students are taking this combined course at the present time 12?
- Check below the minimum amount of education which you require for entrance to your school:
 

1 year high school	1 year college
2 years high school	2 years college
3 years high school	3 years college
4 years high school <input checked="" type="checkbox"/>	4 years college
- How old do you require a student to be at the time she begins her preliminary course 18 years?
- Do your students pay tuition Yes? If so, state amount each student pays in her first year \$50.00? in her second year ✓? third year ✓? total for course \$50.00?
- Do you pay allowances to your students No? If so, please state how much money a student receives per month in each part of her training:
 

Preliminary period	Second year of training
Remainder of first year	Third year of training
- How many months are in your full nursing course (count time from day student begins her preliminary period until she completes her full nursing course) 36? Of this total, how many months are spent in the preliminary period 6?
  - How many weeks of vacation is a student given: each year 4? during entire course 10?

17. What is the total number of hours which you plan that a student shall spend on the wards during her entire preliminary period.....370.....?
18. After the preliminary period is over, how many hours per week (exclusive of time spent at meals, study, and class) do your students spend on day duty.....19.....? on night duty.....6.3.....?
19. How many hours of theory, including any received during affiliation, do you plan that each student shall receive during her entire course.....946.....? Of this total, how many hours do you plan that she shall receive during her preliminary period.....457.....?
20. How many full-time nurse instructors are employed in your school.....3.....?
21. How many day and night supervisors and head nurses are employed in your hospital.....30.....?  
(Do not include the Superintendent of Nurses, Director of the School, or any assistants who do no supervisory work on the wards.)
22. What was the average number of general duty nurses (that is, floor duty nurses giving bedside care) employed in your hospital during 1938.....44.....?
23. Please indicate by a check mark in the appropriate column whether your students are given the indicated experience (1) at your school, (2) at some other school through affiliation, or (3) not given experience at all. (If an experience is offered only as an elective, please indicate that fact by writing "elective" in the proper column. Be sure you check each type of nursing practice in one of the three columns.)

Experience in	(1) At Home School	(2) At Other School	(3) Not Given
Medical Nursing	✓		
Diet Kitchen	✓		
Surgical Nursing	✓		
Operating Room	✓		
Obstetric Nursing	✓		
Pediatric Nursing	✓		
Psychiatric Nursing		✓	
Tuberculosis Nursing			✓
Other Communicable Disease Nursing	✓		
Out-patient Department	✓		

24. Do you have an affiliation with a Community Health Agency.....Yes.....? If so, do all of your students receive this experience.....No.....? or is it an elective.....Yes.....? (Check which)
25. Do you offer any courses to students from affiliating schools.....No.....? If so, please indicate below the number of weeks you offer in each course:

Weeks	Weeks
Medical Nursing	Orthopedic Nursing
Surgical Nursing	Tuberculosis Nursing
Operating Room	Other Communicable Disease Nursing
Obstetric Nursing	Eye, Ear, Nose, Throat Nursing
Pediatric Nursing	Out-patient Department
Psychiatric Nursing	Diet Kitchen
	Other, specify

Signed.....  
Director of the School of Nursing

.....  
Director of the School of Nursing  
(Please print or type your name on the above line so that we may be absolutely certain we are interpreting your signature correctly)