



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) 706-7832**
 Address: **University of Maryland School of Nursing**
655 W. Lombard St., Room 505L
 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://www.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: **163**

4. Percentage with Doctorates

Please indicate the percentage of the above faculty who have a doctoral degree. **61**

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 ebooks in health. No data given.

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

Please indicate the approximate number of ebooks in nursing. No data given.

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

Assistance for students with disabilities

Campus computer network

Computer lab

Daycare for children of students

Employment services for current students

Housing assistance

Internet

Library services

Other

Placement services for program completers

Resume preparation assistance

Tutoring

Academic or career counseling

Bookstore

Career placement assistance

Computer-assisted instruction

E-mail services

Externships

Interactive nursing skills videos

Learning resource lab

Nursing audiovisuals

Paid internships

Remedial services

Skills, simulation, or other laboratory

Unpaid internships

9. Student Activities

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

Nursing club

Sigma Theta Tau

Nursing Honor Society

Student Nurses' Association

10. Nursing Student Profile

Please indicate the number of students currently enrolled in **baccalaureate** degree programs. **700**

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

a. Percent women **86**

b. Percent men **14**

c. Percent minority **33**

d. Percent international **2.71**

e. Percent part-time **28.43**

Please indicate the number of students currently enrolled in **graduate** degree programs. **975**

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

a. Percent women **89**

b. Percent men **11**

c. Percent minority **33.03**

d. Percent international **1.95**

e. Percent part-time **60.82**

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: **Mrs. Lisa Vikell**
 Title: **Office Manager**
 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**
 Country: **USA**
 URL address: **http://www.nursing.umaryland.edu/**

2. Tuition (2014-2015)

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

	FULL ACADEMIC YEAR	PART TIME TUITION
PUBLIC INSTITUTIONS		
In-district:		348 per credit hour
In state (out-of-district):	7930	768 per credit hour
Out-of-state:	29460	per
INTERNATIONAL STUDENTS: (nonresident aliens)	29460	

Please specify reporting currency.

US dollars

3. Required Fees (2014-2015)

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

FULL ACADEMIC YEAR **1750**

PART TIME:
 Per-credit fees **875**

Per-term fees

4. Housing (2014-2015)

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 2013-2014.

57 %

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?

(Your answers have been bolded.)

Minimum high school GPA

Minimum high school rank

Year(s) high school math

Year(s) high school science

High school chemistry

High school biology

High school foreign language

High school transcript

Transcript of college record

Minimum overall college GPA 3.0

Minimum GPA in nursing prerequisites 3.0

Interview

Letter(s) of recommendation (number) 2

Written essay

CPR certification

Immunizations

Health exam

Professional liability insurance/malpractice insurance

Prerequisite course work

RN licensure

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: **\$75**
 Currency: **US dollars**

4. Acceleration

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

Credit by examination

Credit for nursing courses completed elsewhere dependent upon specific evaluations

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? **Yes**

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 (your responses have been bolded).

Generic Baccalaureate

Accelerated Baccalaureate

RN Baccalaureate

Accelerated RN Baccalaureate

Baccalaureate for Second Degree

Accelerated Baccalaureate for Second Degree

ADN to Baccalaureate

LPN to Baccalaureate

Accelerated LPN to Baccalaureate

LPN to RN Baccalaureate

RPN to Baccalaureate

International Nurse 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: **Ms. Lisa Vikell**

Title: **Office Manager**

E-mail: **vikell@son.umaryland.edu**

Telephone: **(410) 706-3424**

Fax: **(410) 706-7832**

Address: **655 West Lombard Street**

City: **Baltimore**

State: **MD** Zip: **21201-1579**

Country: **USA**

URL address: **<http://www.nursing.umaryland.edu/>**

2. Tuition (2014-2015)

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): per
 Out-of-state: per
 INTERNATIONAL STUDENTS:
 (nonresident aliens)

Please specify reporting currency: No answer given

3. Required Fees (2014-2015)

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

FULL ACADEMIC YEAR

PART TIME:

Per-credit fees

Per-term fees

4. Housing (2014-2015)

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 2013-2014. **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	No	No	Acute care	No	No
Adult health	No	No	Adult health	No	No
Adult-gerontology acute care	No	No	Adult-gerontology acute care	No	No
Adult-psychiatric mental health	No	No	Adult-psychiatric mental health	No	No
Cardiovascular	No	No	Community health	No	No
Child/adolescent psychiatric-mental health	No	No	Family health	No	No
Community health	Yes	Yes	Gerontology	No	No
Critical care	No	No	Neonatal health	No	No
Family health	No	No	Occupational health	No	No
Forensic nursing	No	No	Oncology	No	No
Gerontology	No	No	Pediatric	No	No
Home health care	No	No	Pediatric primary care	No	No
Maternity-newborn	No	No	Primary care	No	No
Medical-surgical	No	No	Psychiatric/mental health	No	No
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	No	Health-care administration	No	No
Perinatal	No	No	Legal nurse consultant	No	No
Psychiatric/mental health	No	No	Nurse anesthesia	No	No
			Nurse case management	No	No

Public health	Yes	Yes	Nurse-midwifery	No	No
Public/community health	No	No	Nursing administration	No	No
Rehabilitation	No	No	Nursing education	No	No
School health	No	No	Nursing informatics	Yes	Yes
Women's health	No	No			

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.(your responses are in bold)

thesis or project
comprehensive exam

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. (your responses are in bold.)

- Clinical experience:
- Transcript of college record**
- Interview**
- Letter(s) of recommendation (number) 2**
- 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: **\$75**
 Currency: **US dollars**

7. Acceleration

Please indicate which acceleration options are available for the generic master's-level nursing program.(your responses are in bold)

- Credit by examination
- 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. (your responses are in bold)

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 (your responses are in bold).

Master's

Accelerated Master's

RN to Master's

Accelerated RN to Master's

Accelerated AD/RN to Master's

Master's for Nurses with Non-Nursing Degrees

Accelerated Master's for Nurses with Non-Nursing Degrees

Master's for Non-Nursing College Graduates

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. (your responses are in bold)

MA/MSM

MN/MBA

MN/MHSA

MN/MPH

MSN/Ed D

MSN/PhD

MSN/JD

MSN/HSM

MSN/MLAS

MSN/MA

MSN/MBA

MSN/MCM

MSN/MDIV

MSN/MHA

MSN/MHeA

MSN/MM

MSN/MOM

MSN/MPA

MSN/MPPM

MSN/MPH

MSN/MS

MSN/MSBA

MSN/MALAS

MSN/MSOB

MSN/MTS

MS/MA

MS/MBA

MS/MHSA

MS/MHA

MS/MN

MS/MN/MPH

MS/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 (your responses are in bold).

addiction/substance abuse
advanced practice nursing
aging
bio-behavioral research
biology of health and illness
 clinical nurse leader
clinical practice
clinical research
community health
critical care
ethics
faculty preparation
family health
 forensic nursing
gerontology
health policy
health promotion/disease prevention
health-care systems
human health and illness
illness and transition
individualized study
information systems
 legal nurse consultant
maternity-newborn
neuro-behavior
nurse case management
nursing administration
nursing education
nursing policy
nursing research
nursing science
oncology
palliative care
urban health
women's health

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 (your responses are in bold).

Clinical experience:

Interview

Letter(s) of recommendation (number) 3

Statistics course

MSN or equivalent

Number of scholarly papers

Vita

Writing sample

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: 1

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: **\$75**
 Currency: **US dollars**

5. Degree requirements

Please indicate the number of credits required for completion of the doctoral degree program. **36**

Please indicate which of the following are required to receive the doctoral degree (your responses are in bold).

dissertation

oral exam

residency

written 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 (your responses are in bold).

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 (your responses are in bold).

addiction/substance abuse

adolescent health

aging

cancer care

chronic illness

community health

family health

gerontology

health promotion/disease prevention

individualized study

infection prevention/skin care

information systems

neuro-behavior

nursing informatics

nursing interventions

nursing research

nursing science

outcomes

self-care

vulnerable population
women's health

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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