

Q2.

Instructions: Welcome to Peterson's 23rd annual survey of Nursing Programs. Information that you provide about your program for the survey will be displayed in Peterson's *Nursing Programs 2018* guide. The print publication is scheduled to publish in the spring of 2017 and is distributed to bookstores, libraries, and schools. To participate, simply complete the following survey.

General Information

- o All questions are referring to the current academic year unless noted.
- o If you need a further extension to complete the survey, please send an email to nursing@petersons.com with a proposed alternative date and we will do our best to accommodate your request.
- o If the unit name for your school has changed, please send an email to nursing@petersons.com with the name of your school, the current unit name, and the updated name; we can make that change for you.

[NursingFAQ.pdf](#)

Q5. INTERNAL USE ONLY - 32191754RR

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Q5.

1. Institution Address

	Nursing Programs
City:	Baltimore
State/Province :	MD
Zip Code:	21201
Country Code :	USA

Q7. 2. Survey Contact

Please give the name of the person who may be contacted if Peterson's has questions about survey responses.

Social Title:	
First Name:	Lisa
Middle Name:	
Last Name:	Vikell
Suffix:	
Title:	Office Manager
Address Line 1:	University of Maryland School of Nursing
Address Line 2:	655 West Lombard Street, Room 400A
City:	Baltimore
State/Province:	MD
Zip code:	21201-1579
Country Code:	USA
Phone Area Code:	410
Phone Number:	706-3424
Phone Extension:	

- Academic or career counseling
- Assistance for students with disabilities
- Bookstore
- Campus computer network
- Career placement assistance
- Computer lab
- Computer-assisted instruction
- Daycare for children of students
- E-mail services
- Employment services for current students
- Externships
- Housing assistance
- Internet
- Learning resource lab
- Library services
- Nursing audiovisuals
- Other
- Paid internships
- Placement services for program completers
- Remedial services
- Resume preparation assistance
- Skills, simulation, or other laboratory
- Tutoring
- Unpaid internships

Q13. 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
- Nursing Honor Society
- Sigma Theta Tau
- Student Nurses' Association

Q14. 10. Baccalaureate Nursing Student Profile

Please indicate the number of students currently enrolled in *baccalaureate* degree programs, if applicable.

823

Q15. Of the total number given above, please indicate the approximate percentage breakdowns in the following categories:

Percent women	85.66
Percent men	14.34
Percent nonresident alien	1.82
Percent Hispanic/Latino	6.44
Percent American Indian or Alaska Native	0
Percent Asian	13.97
Percent Black or African American	18.35
Percent Native Hawaiian or other Pacific Islander	.12
Percent White	54.56
Percent two or more races	3.52
Percent race/ethnicity unknown	1.22
Percent part-time	22.72

Q16. 11. Graduate Nursing Student Profile

Please indicate the number of students currently enrolled in *graduate* degree programs, if applicable.

980

	FULL ACADEMIC YEAR	PART TIME TUITION	PER
PUBLIC INSTITUTIONS			
In-district:	<input type="text" value="8496"/>	<input type="text" value="372"/>	<input type="text" value="per credit"/>
In state (out-of-district):	<input type="text" value="8496"/>	<input type="text" value="372"/>	<input type="text" value="per credit"/>
Out-of-state:	<input type="text" value="32958"/>	<input type="text" value="1179"/>	<input type="text" value="per credit"/>
INTERNATIONAL STUDENTS: (nonresident aliens)	<input type="text" value="32958"/>		

Q22. Required Fees (2016-2017)

Please indicate the typical required fees for Baccalaureate-level nursing students. Only whole numbers please, no dollar signs.

	Fee
Full academic year:	<input type="text" value="5360"/>
Part-time per credit fee:	<input type="text" value="223"/>
Part-time per term fee:	<input type="text"/>

Q24. Housing (2016-2017)

Please indicate the typical housing cost for Baccalaureate-level nursing students. Only whole numbers please, no dollar signs.

	Full academic year
Room and Board (on campus)	<input type="text"/>
Room only (on campus)	<input type="text"/>

Q23. Please specify reporting currency for tuition, fees, and housing above:

Q25. Percentage Receiving Financial Aid

Please indicate the percentage of students in Baccalaureate nursing programs who received financial aid of any kind in 2015-2016.

59.8

Q26. Please indicate the Baccalaureate degree awarded by your school:

Q27. Baccalaureate Entrance Requirements

Which of the following are required for admission to the Baccalaureate-level nursing program?
Please check all that apply

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

N/A

Q35. 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

No

N/A

Q36. Are the Baccalaureate degree programs available only online?

This question was not displayed to the respondent.

Q37. Available Programs

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

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

Q39.

If you have another Baccalaureate degree, please indicate the program name and add a brief description below.

Q40. 13. Please indicate whether your institution has a Master's program in nursing.

Yes

No

Q94. Graduate Program Contact

Please indicate who students should contact for information about applying to Master's-level or Doctoral-level nursing programs

Social Title:

Ms.

First Name:

Marchelle

Middle Name:

Last Name:

Payne Gassaway

Suffix:

Title:

Director of Admissions

Address Line 1:

655 West Lombard Street

Address Line 2:

Room 102

City:

Baltimore

State/Province:

MD

Zip code:

21201-1579

Country Code:

USA

Phone Area Code:

410

Phone Number:

706-0501

	Master's	Post-Master's
Acute care	<input type="checkbox"/>	<input type="checkbox"/>
Adult health	<input type="checkbox"/>	<input type="checkbox"/>
Adult-gerontology acute care	<input type="checkbox"/>	<input type="checkbox"/>
Adult-psychiatric mental health	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Child/adolescent psychiatric-mental health	<input type="checkbox"/>	<input type="checkbox"/>
Community health	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Critical care	<input type="checkbox"/>	<input type="checkbox"/>
Family health	<input type="checkbox"/>	<input type="checkbox"/>
Forensic nursing	<input type="checkbox"/>	<input type="checkbox"/>
Gerontology	<input type="checkbox"/>	<input type="checkbox"/>
Home health care	<input type="checkbox"/>	<input type="checkbox"/>
Maternity-newborn	<input type="checkbox"/>	<input type="checkbox"/>
Medical-surgical	<input type="checkbox"/>	<input type="checkbox"/>
Occupational health	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>
Parent-child	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric/mental health	<input type="checkbox"/>	<input type="checkbox"/>
Public health	<input type="checkbox"/>	<input type="checkbox"/>
Public/community health	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
School health	<input type="checkbox"/>	<input type="checkbox"/>
Women's health	<input type="checkbox"/>	<input type="checkbox"/>

Q46. Concentrations--Nurse practitioner programs

Please indicate which areas of study and concentrations are offered in your Master's degree program. (Please check all that apply)

	Master's	Post-Master's
Acute care	<input type="checkbox"/>	<input type="checkbox"/>
Adult health	<input type="checkbox"/>	<input type="checkbox"/>
Adult-gerontology acute care	<input type="checkbox"/>	<input type="checkbox"/>
Adult-psychiatric mental health	<input type="checkbox"/>	<input type="checkbox"/>
Community health	<input type="checkbox"/>	<input type="checkbox"/>
Family health	<input type="checkbox"/>	<input type="checkbox"/>
Gerontology	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal health	<input type="checkbox"/>	<input type="checkbox"/>
Occupational health	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric primary care	<input type="checkbox"/>	<input type="checkbox"/>
Primary care	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric/mental health	<input type="checkbox"/>	<input type="checkbox"/>
School health	<input type="checkbox"/>	<input type="checkbox"/>
Women's health	<input type="checkbox"/>	<input type="checkbox"/>

Q53. Applications for the Master's program are processed on a rolling basis.

- Yes
- No
- N/A

Q54. Please give the application fee for the Master's-level nursing program.

75

Q55. Please specify reporting currency for the Master's-level application fee.

US dollars

Q56. Acceleration

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

- Credit by examination
- Credit for nursing courses completed elsewhere dependent upon specific evaluations

Q57. Full-Time/Part-Time

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

- Full-Time
- Part-Time

Q58. 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
- No
- N/A

Q59. Are the Master's degree programs available only online?

- Yes
- No

Q60. Available Programs

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

- 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

health-care systems

Q65. Please indicate the typical GPA requirement for entrance into your DNP-level nursing program,

3.0

Q66.

Please indicate typical requirements for the doctoral degree program (please check all that apply).

Clinical experience

Number of scholarly papers

Interview

Statistics course

Interview by faculty committee

Vita

Letter(s) of recommendation (number)

Writing sample

MSN or equivalent

Q67. Application Deadlines

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

	Month	Day
Fall	<input type="text" value="11"/>	<input type="text" value="01"/>
Winter	<input type="text"/>	<input type="text"/>
Spring	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>

Q68. Applications for the DNP program are processed on a rolling basis.

Yes

No

N/A

Q69. Please give the application fee for the DNP-level nursing program.

75

Q70. Please specify reporting currency for the DNP-level application fee.

Q71. Please indicate the number of credits required for completion of the DNP degree program.

80

Q72. Please indicate which of the following are required to receive the DNP degree (please check all that apply).

Dissertation

Oral exam

Residency

health promotion/disease prevention

women's health

health-care systems

Q79. Please indicate the typical GPA requirement for entrance into your PhD-level nursing program.

3.5

Q80.

Please indicate typical requirements for the PhD-level degree program (please check all that apply).

Clinical experience

Number of scholarly papers

Interview

Statistics course

Interview by faculty committee

Vita

Letter(s) of recommendation (number)

Writing sample

MSN or equivalent

Q81. Application Deadlines

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

	Month	Day
Fall	<input type="text" value="11"/>	<input type="text" value="01"/>
Winter	<input type="text"/>	<input type="text"/>
Spring	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>

Q82. Applications for the PhD program are processed on a rolling basis.

Yes

No

N/A

Q83. Please give the application fee for the PhD-level nursing program.

75

Q84. Please specify reporting currency for the PhD-level application fee.

Q85. Please indicate the number of credits required for completion of the PhD-level degree program.

60

Q86. Please indicate which of the following are required to receive the PhD-level degree (please check all that apply).

Dissertation

Oral exam

Address Line 2:	Room 311H
City:	Baltimore
State/Province:	MD
Zip code:	21201-1579
Country Code:	USA
Phone Area Code:	410
Phone Number:	706-7630
Phone Extension:	
Fax Area Code:	
Fax Number:	
Fax Extension:	
E-mail:	franklin@son.umaryland.edu

Q102. You're now about to submit the survey. If you are not ready to submit, please close your browser. Your changes will be saved.

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Embedded Data

maincontrol: G

RecipientID: MLRP_1yTpeqTprkH44lf

Q_R: R_3l7dCDYiJ6l7rDf

contactID: MLRP_1yTpeqTprkH44lf

Location Data

Location: (39.295196533203, -76.623100280762)

Source: GeolP Estimation

