



## 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:  
 Title:  
 E-mail:  
 Telephone:  
 Fax:  
 Address:  
 City:  
 State: Zip:  
 Country:

### 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 Maria Vikell  
 Title: Coordinator, Academic Affairs  
 E-mail: [vikell@son.umaryland.edu](mailto: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: 191

### 4. Percentage with Doctorates

Please indicate the percentage of the above faculty who have a doctoral degree. 82

**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. 694  
Of the total number given above, please indicate the approximate percentage breakdowns in the following categories:

- a. Percent women 83
- b. Percent men 17
- c. Percent minority 48
- d. Percent international 6
- e. Percent part-time 38

Please indicate the number of students currently enrolled in **graduate** degree programs. 856  
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 39
- d. Percent international 1
- e. Percent part-time 62

**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: Ms. Melissa Egerton  
 Title: Admissions Counselor  
 E-mail: meger002@son.umaryland.edu  
 Telephone: (410) 706-8346  
 Fax: (410) 706-7238  
 Address: 655 West Lombard Street, Room 102, Stud.Services  
 City: Baltimore  
 State: MD Zip: 21201  
 Country: USA  
 URL address: <http://www.nursing.umaryland.edu/>

**2. Tuition (2009-2010)**

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

	FULL ACADEMIC YEAR	PART TIME TUITION
<b>PUBLIC INSTITUTIONS</b>		
In-district:	6890	301 per credit hour
In state (out-of-district):		per
Out-of-state:	20629	484 per credit hour
<b>INTERNATIONAL STUDENTS:</b> (nonresident aliens)	20629	

Please specify reporting currency.

US dollars

**3. Required Fees (2009-2010)**

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

FULL ACADEMIC YEAR 1366.3

PART TIME:

Per-credit fees

Per-term fees 823

**4. Housing (2009-2010)**

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

FULL ACADEMIC YEAR

ROOM AND BOARD

(on campus)

ROOM ONLY

(on campus)

850

**5. Percentage Receiving Financial Aid**

Please indicate the percentage of students in baccalaureate nursing programs who received financial aid of any kind in 2008-2009.

90 %

**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.

No Answer Given

### 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

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## 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: Asst. Director of Admissions

E-mail: Knies001@son.umaryland.edu

Telephone: (410) 706-1281

Fax: (410) 706-7238

Address: 655 West Lombard Street

Room 102

City: Baltimore

State: MD Zip: 21201-1579

Country: USA

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

### 2. Tuition (2009-2010)

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):

519 per credit hour

Out-of-state:

869 per credit hour

#### INTERNATIONAL STUDENTS:

(nonresident aliens)

Please specify reporting currency.

US dollars

### 3. Required Fees (2009-2010)

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

FULL ACADEMIC YEAR 1370

PART TIME:

Per-credit fees

Per-term fees 685

**4. Housing (2009-2010)**

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

FULL ACADEMIC YEAR:

ROOM AND BOARD

(on campus)

ROOM ONLY

(on campus)

850

**5. Percentage Receiving Financial Aid**

Please indicate the percentage of students in graduate nursing programs who received financial aid of any kind in 2008-2009. 50 %

**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
<b>Clinical nurse specialist programs in:</b>			<b>Nurse practitioner programs in:</b>		
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	<b>Programs in:</b>		
Parent-child	No	No	Clinical nurse leader	Yes	No
Pediatric	Yes	Yes	Health-care administration	No	No
Perinatal	No	No	Legal nurse consultant	No	No
Psychiatric/mental health	Yes	Yes	Nurse anesthesia	Yes	No
Public health	Yes	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. 30

**4. Thesis/Comprehensive Exam**

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

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. (Please check all that apply.)

Transcript of college record	Interview
Letter(s) of recommendation (number) = <b>2</b>	CPR certification
Immunizations	Professional liability insurance/malpractice insurance
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 bachelor'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).

**No**

Are the master's degree programs available only online?

**Yes**

**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/JD**

**MSN/MBA**

MSN/MPH

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**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. addiction/substance abuse
2. aging
3. bio-behavioral research
4. biology of health and illness
5. community health
6. critical care
7. faculty preparation
8. family health
9. gerontology
10. health promotion/disease prevention
11. health-care systems
12. human health and illness
13. information systems
14. neuro-behavior
15. nursing administration
16. nursing education
17. nursing research
18. oncology

**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. minimum overall college GPA 3.0
2. letters of recommendation 3
3. statistics course
4. MSN or equivalent
5. vita
6. 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: **February**  
Day: **15**

## c. Spring

Month: **February**  
Day: **15**

## d. Summer

Month: **February**  
Day: **15**

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. 60

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

- 1.residency
- 2.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 (check as many as apply).

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**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:

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**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: Miss Gail Doerr  
Title: Executive Director of Communications  
E-mail: Doerr@son.umaryland.edu  
Telephone: (410) 706-4122  
Fax:  
Address: 655 West Lombard Street, Room 311D  
City: Baltimore  
State: MD Zip: 21201-1579  
Country: USA

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