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Thomson 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: Dr. Mary Etta Mills
 Title: Associate Dean
 E-mail: mills@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

1. Institution Name and Address

Official Name of Institution: University of Maryland
 City: Baltimore
 State/Province: Maryland
 Zip Code: 21201-1627
 Country: United States

Name of Nursing School or Department: Master's Program in Nursing
 City: Baltimore
 State/Province: Maryland
 Zip Code: 21201-1627
 Country: United States
 Program-Specific World Wide Web
 (URL) Address: <http://nursing.umaryland.edu>

2. Survey Contact

Name: Dr. Mary Etta Mills
 Title: Associate Dean
 E-mail: mills@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: 157

4. Percentage with Doctorates

Please indicate the percentage of the above faculty who have a doctoral degree. 63

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. Please also indicate if courses are by distance learning technology.

	Class Level			Distance Learning
	Baccalaureate	Master's	Doctoral	
City: Shady Grove State: MD	Yes	Yes		Yes
City: Cumberland State: MD	Yes	Yes		Yes
City: Hagerstown State: MD				Yes

6. 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

7. 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 | Housing assistance |
| Interactive nursing skills videos | Internet |
| Learning resource lab | Library services |
| Nursing audiovisuals | Remedial services |
| Skills, simulation, or other laboratory | Tutoring |

8. 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 | |

9. Nursing Student Profile

Please indicate the number of students currently enrolled in **baccalaureate** degree programs. 727
Of the total number given above, please indicate the approximate percentage breakdowns in the following categories:

- a. Percent women 90
- b. Percent men 10
- c. Percent minority 42
- d. Percent international 2
- e. Percent part-time 8

Please indicate the number of students currently enrolled in **graduate** degree programs. 571
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 39
- d. Percent international 3
- e. Percent part-time 42

10. Baccalaureate Program

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

11. Graduate Program

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

12. Master's Program

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

13. Doctoral Program

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

14. Postdoctoral Program

Please indicate whether your institution has a postdoctoral program in nursing.
No

15. Continuing Education Program

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

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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. Jessica Franz
 Title: Admissions Counselor
 E-mail: JFran006@son.umaryland.edu
 Telephone: (410) 706-6253
 Fax: (410) 706-7238
 Address: 655 West Lombard Street
 City: Baltimore
 State: MD Zip: 21201
 Country: USA
 URL address: www.nursing.umaryland.edu

2. Tuition (2005-2006)

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

	FULL ACADEMIC YEAR	PART TIME TUITION
PUBLIC INSTITUTIONS		
In-district:	6890	301 per credit
In state (out-of-district):	17960	461 per credit
Out-of-state:	17960	461 per credit
INTERNATIONAL STUDENTS: (nonresident aliens)		

Please specify reporting currency.

US dollars

3. Required Fees (2005-2006)

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

FULL ACADEMIC YEAR 953

PART TIME:

Per-credit fees

Per-term fees 469

4. Housing (2005-2006)

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 2004-2005.

90 %

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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 = 3.00

CPR certification

Health exam

Minimum overall college GPA = 3.00

Written essay

Immunizations

Prerequisite course work

3. 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

4. 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

5. Transfer Students

Do you accept transfer students?

Yes

6. Available Programs

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

Generic Baccalaureate

RN Baccalaureate

Accelerated Baccalaureate for Second Degree

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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: Ms. Marie-Anusche Chapman
 Title: Admissions Counselor
 E-mail: Achap002@son.umaryland.edu
 Telephone: (410) 706-8346
 Fax: (410) 706-7238
 Address: 655 West Lombard Street
 Room 102
 City: Baltimore
 State: MD Zip: 21201-1579
 Country: USA
 URL address: www.nursing.umaryland.edu

2. Tuition (2005-2006)

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

FULL ACADEMIC YEAR PART TIME TUITION

PUBLIC INSTITUTIONS	
In-district:	409 per credit
In state (out-of-district):	731 per credit
Out-of-state:	731 per credit
INTERNATIONAL STUDENTS: (nonresident aliens)	

Please specify reporting currency.

US dollars

3. Required Fees (2005-2006)

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

FULL ACADEMIC YEAR 461

PART TIME:

Per-credit fees
 Per-term fees 230

4. Housing (2005-2006)

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 2004-2005. 50 %

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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	Yes	Yes
Adult health	No	No	Adult health	Yes	Yes
Cardiovascular	No	No	Pediatric	Yes	Yes
Pediatric	No	No	Community health	No	No
Community health	Yes	Yes	Family health	Yes	Yes
Critical care	No	No	Gerontology	Yes	Yes
Family health	No	No	Neonatal health	Yes	Yes
Gerontology	No	No	Occupational health	No	No
Home health care	No	No	Oncology	Yes	Yes
Maternity-newborn	No	No	Primary care	No	No
Medical-surgical	No	No	Psychiatric/mental health	Yes	Yes
Occupational health	No	No	School health	No	No
Oncology	No	No	Women's health	Yes	Yes
Parent-child	No	No	Programs in:		
Perinatal	No	No	Health-care administration	Yes	Yes
Psychiatric/mental health	Yes	Yes	Nurse anesthesia	Yes	No
Public health	No	No	Nurse case management	No	No
Rehabilitation	No	No	Nurse-midwifery	Yes	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. 35

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

Letter(s) of recommendation (number) = 2

Written essay

CPR certification

Immunizations
Physical assessment course

Nursing research course
Resume

6. Acceleration

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

Credit by examination

Credit for nursing courses completed elsewhere dependent upon specific evaluations

7. 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

6. Acceleration

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

Master's

RN to Master's

Accelerated Master's for Non-Nursing College Graduates

9. Combined Degrees

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

MSN/JD

MS/MBA

MS/MPH

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

1. Doctoral Degree Awarded: PhD

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. community health
5. critical care
6. family health
7. gerontology
8. health policy
9. health promotion/disease prevention
10. health-care systems
11. human health and illness
12. individualized study
13. information systems
14. maternity-newborn
15. nursing administration
16. nursing education
17. nursing policy
18. nursing research
19. nursing science
20. oncology
21. urban health
22. 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.

1. minimum overall college GPA 3.0
2. interview
3. letters of recommendation 3
4. statistics course
5. MSN or equivalent
6. vita
7. writing sample
8. interview by faculty committee

4. 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. dissertation
2. oral exam

- 3.residency
- 4.written exam

5. Available Programs

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

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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: Dr. Kathryn Montgomery
Title: Associate Dean for Organizational Partnership and Outreach
E-mail: Montgomery@son.umaryland.edu
Telephone: (410) 706-8198
Fax: (410) 706-0018
Address: 655 West Lombard Street
City: Baltimore
State: MD Zip: 21201-1579
Country: USA

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