



# Colorado Health Professions Workforce Initiatives Inventory Educational Institution Survey

The information you provide in this survey will be used to create a comprehensive, web-based database of community-based workforce initiatives and educational programs currently available in Colorado. If you have any questions, please contact Megan Dwyer at 720.382.7076 or via e-mail at [dwyerm@coloradohealthinstitute.org](mailto:dwyerm@coloradohealthinstitute.org). Thank you for your assistance in this important survey.

Please note that the institutional information has already been filled out for you. If any of this information is incorrect, please make the corrections on this form. Thank you.

## ABOUT YOUR INSTITUTION

1. Please provide the following information about your institution.

Institution Name: \_\_\_\_\_  
School/College Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_  
Web site: \_\_\_\_\_

2. Please provide the name and contact information for the person who is filling out the survey.

Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

## PROGRAM INFORMATION

**QUESTION THREE** ASKS YOU TO SELECT ONLY ONE HEALTH PROFESSIONAL TRAINING PROGRAM FROM THE LIST BELOW.

WE KNOW THAT YOUR SCHOOL OR COLLEGE MAY OFFER MORE THAN ONE HEALTH PROFESSIONAL PROGRAM OR MORE THAN ONE TYPE OF DEGREE. YOU WILL BE GIVEN THE OPPORTUNITY TO SELECT ADDITIONAL PROGRAMS OR DEGREES, ONCE YOU HAVE COMPLETED QUESTIONS THREE THROUGH TEN.

3. What is the name of your program? [MARK ONE BOX]

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Doctor of Pharmacy (Pharm D)
- Doctor of Nursing Practice (DNP)
- Ph. D. Nursing
- Doctor of Dental Surgery (DDS)
- Doctor of Physical Therapy (DPT)
- Ph. D. in Clinical Psychology
- Ph. D. in Social Work
- Master of Science Nursing (including NP, CNS, CNM, CNA)
- Registered Nurse to Master of Science Nursing
- Master of Physician Assistant Studies
- Master of Science in Physical Therapy
- Master of Occupational Therapy (MOT)
- Master of Science in Occupational Therapy
- Master of Science in Clinical Psychology

- Master of Social Work
- RN to Bachelor of Science in Nursing
- LPN to Bachelor of Science in Nursing
- Bachelor of Science Nursing- Traditional
- Bachelor of Science Nursing- Accelerated
- Bachelor of the Arts in Clinical Psychology
- Bachelor of Social Work
- Associate Degree in Nursing
- Associate of Applied Science in Dental Hygiene
- Associate Degree in Social Work
- Licensed Practical Nurse- Practical Nurse Certificate
- Certified Nurse Aide (CNA)
- Other (please specify)\_\_\_\_\_

THE REMAINDER OF THE QUESTIONS APPLY ONLY TO THE PARTICULAR PROGRAM YOU HAVE JUST IDENTIFIED IN YOUR ANSWER TO QUESTIONS THREE.

### APPLICANTS, STUDENTS AND GRADUATES

THE 2009-10 ACADEMIC YEAR TYPICALLY RUNS FROM AUGUST 1, 2009 THROUGH JULY 31, 2010, BUT MAY BEGIN EARLIER FOR SOME PROGRAMS.

4. How many applicants did this program have for the **2009-10** academic year?  
 \_\_\_\_\_ # of applicants
5. How many applicants were admitted to this program in the **2009-10** academic year?  
 \_\_\_\_\_ # of applicants
6. Was there a wait list for this program for the **2009-10** academic year?
  - Yes
  - No

6a. If yes, how many students were admitted to this program from the wait list?  
 \_\_\_\_\_ Students admitted from the wait list
7. How many students graduated from this program in the **2009-10** academic year?  
 \_\_\_\_\_ # of graduates

### CLINICAL PLACEMENTS

8. Was it difficult or easy for this program to secure clinical placement sites? [MARK ONE BOX]
  - Very difficult
  - Somewhat difficult
  - Neutral
  - Somewhat easy
  - Very easy
  - Clinical placement not required

## FUNDING

9. Approximately what percent of the funding for this program came from the following sources during the 2009-10 academic year? [PERCENT SHOULD ADD UP TO 100%]

_____ %	Local government
_____ %	State government
_____ %	Federal government
_____ %	Student tuition/fees
_____ %	Foundations
_____ %	Other (specify) _____
<b>100%</b>	<b>TOTAL</b>

10. Does your school/college offer another diploma/certificate/degree?

- Yes [FRESH SET OF QUESTIONS 11-18]  
 No [END OF SURVEY]

## PROGRAM INFORMATION

**QUESTION ELEVEN** ASKS YOU TO SELECT ONLY ONE HEALTH PROFESSIONAL TRAINING PROGRAM FROM THE LIST BELOW.

WE KNOW THAT YOUR SCHOOL OR COLLEGE MAY OFFER MORE THAN ONE HEALTH PROFESSIONAL PROGRAM OR MORE THAN ONE TYPE OF DEGREE. YOU WILL BE GIVEN THE OPPORTUNITY TO SELECT ADDITIONAL PROGRAMS OR DEGREES, ONCE YOU HAVE COMPLETED QUESTIONS ELEVEN THROUGH EIGHTEEN.

11. What is the name of your program? [MARK ONE BOX]

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Doctor of Pharmacy (Pharm D)
- Doctor of Nursing Practice (DNP)
- Ph. D. Nursing
- Doctor of Dental Surgery (DDS)
- Doctor of Physical Therapy (DPT)
- Ph. D. in Clinical Psychology
- Ph. D. in Social Work
- Master of Science Nursing (including NP, CNS, CNM, CNA)
- Registered Nurse to Master of Science Nursing
- Master of Physician Assistant Studies
- Master of Science in Physical Therapy
- Master of Occupational Therapy (MOT)
- Master of Science in Occupational Therapy
- Master of Science in Clinical Psychology
- Master of Social Work
- RN to Bachelor of Science in Nursing
- LPN to Bachelor of Science in Nursing
- Bachelor of Science Nursing- Traditional
- Bachelor of Science Nursing- Accelerated
- Bachelor of the Arts in Clinical Psychology
- Bachelor of Social Work

- Associate Degree in Nursing
- Associate of Applied Science in Dental Hygiene
- Associate Degree in Social Work
- Licensed Practical Nurse- Practical Nurse Certificate
- Certified Nurse Aide (CNA)
- Other (please specify) \_\_\_\_\_

THE REMAINDER OF THE QUESTIONS APPLIES ONLY TO THE PARTICULAR PROGRAM YOU HAVE JUST IDENTIFIED IN YOUR ANSWER TO QUESTIONS THREE.

## APPLICANTS, STUDENTS AND GRADUATES

THE 2009-10 ACADEMIC YEAR TYPICALLY RUNS FROM AUGUST 1, 2009 THROUGH JULY 31, 2010, BUT MAY BEGIN EARLIER FOR SOME PROGRAMS.

**12.** How many applicants did this program have for the **2009-10** academic year?  
 \_\_\_\_\_ # of applicants

**13.** How many applicants were admitted to this program in the **2009-10** academic year?  
 \_\_\_\_\_ # of applicants

**14.** Was there a wait list for this program for the **2009-10** academic year?  
 Yes  
 No

**14a.** If yes, how many students were admitted to this program from the wait list?  
 \_\_\_\_\_ Students admitted from the wait list

**15.** How many students graduated from this program in the **2009-10** academic year?  
 \_\_\_\_\_ # of graduates

## CLINICAL PLACEMENTS

**16.** Was it difficult or easy for this program to secure clinical placement sites? [MARK ONE BOX]

- Very difficult
- Somewhat difficult
- Neutral
- Somewhat easy
- Very easy
- Clinical placement not required

## FUNDING

17. Approximately what percent of the funding for this program came from the following sources during the 2009-10 academic year? [PERCENT SHOULD ADD UP TO 100%]

_____ %	Local government
_____ %	State government
_____ %	Federal government
_____ %	Student tuition/fees
_____ %	Foundations
_____ %	Other (specify) _____
<b>100%</b>	<b>TOTAL</b>

18. Does your school/college offer another diploma/certificate/degree?

- Yes [FRESH SET OF QUESTIONS 19-26]  
 No [END OF SURVEY]

## PROGRAM INFORMATION

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19. What is the name of your program? [MARK ONE BOX]

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 Doctor of Osteopathy (DO)  
 Doctor of Pharmacy (Pharm D)  
 Doctor of Nursing Practice (DNP)  
 Ph. D. Nursing  
 Doctor of Dental Surgery (DDS)  
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 Bachelor of Science Nursing- Accelerated  
 Bachelor of the Arts in Clinical Psychology

- Bachelor of Social Work
- Associate Degree in Nursing
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- Associate Degree in Social Work
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### APPLICANTS, STUDENTS AND GRADUATES

THE 2009-10 ACADEMIC YEAR TYPICALLY RUNS FROM AUGUST 1, 2009 THROUGH JULY 31, 2010, BUT MAY BEGIN EARLIER FOR SOME PROGRAMS.

20. How many applicants did this program have for the **2009-10** academic year?  
 \_\_\_\_\_ # of applicants
21. How many applicants were admitted to this program in the **2009-10** academic year?  
 \_\_\_\_\_ # of applicants
22. Was there a wait list for this program for the **2009-10** academic year?  
 Yes  
 No
- 22 a. If yes, how many students were admitted to this program from the wait list?  
 \_\_\_\_\_ Students admitted from the wait list
23. How many students graduated from this program in the **2009-10** academic year?  
 \_\_\_\_\_ # of graduates

### CLINICAL PLACEMENTS

24. Was it difficult or easy for this program to secure clinical placement sites? [MARK ONE BOX]
- Very difficult
  - Somewhat difficult
  - Neutral
  - Somewhat easy
  - Very easy
  - Clinical placement not required

## FUNDING

25. Approximately what percent of the funding for this program came from the following sources during the 2009-10 academic year? [PERCENT SHOULD ADD UP TO 100%]

_____ %	Local government
_____ %	State government
_____ %	Federal government
_____ %	Student tuition/fees
_____ %	Foundations
_____ %	Other (specify) _____
<b>100%</b>	<b>TOTAL</b>

26. Does your school/college offer another diploma/certificate/degree?

- Yes [FRESH SET OF QUESTIONS]  
 No [END OF SURVEY]