

SOUTHERN ILLINOIS UNIVERSITY  
**EDWARDSVILLE**  
School of Nursing

Please complete this survey and return it electronically to: [pkoehe@siue.edu](mailto:pkoehe@siue.edu) or in the attached envelope as soon as possible.

The School of Nursing is developing a proposal for a doctor of nursing practice (DNP) program. This is a new type of doctoral program for nurses in clinical practice or administration / management. This is a practice degree, not a research degree like the PhD. The emphasis on research in the DNP program is on clinical scholarship / evidence-based practice.

It would be of great assistance to us in planning this program if you would take the time to complete and return this survey.

1. Your zip code \_\_\_\_\_
  
2. Do you currently have a master's degree or higher in nursing?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Are you currently an undergraduate nursing student?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please skip to **item #6**)  
.
  
4. Please mark any or all advanced practice or advanced nursing educational programs you have completed:  
\_\_\_\_ nurse practitioner (NP)  
\_\_\_\_ clinical nurse specialist (CNS)  
\_\_\_\_ certified nurse midwife (CNM)  
\_\_\_\_ certified registered nurse anesthetist (CRNA)  
\_\_\_\_ Other (Please specify) \_\_\_\_\_
  
5. Are you currently enrolled in a master's degree program in nursing or in a post-master's certificate program in nursing?  
  
\_\_\_\_ Yes (Please specify) \_\_\_\_\_  
\_\_\_\_ No
  
6. If yes, please indicate where:  
\_\_\_\_ SIUE  
\_\_\_\_ other college or university (Please specify) \_\_\_\_\_  
  
\_\_\_\_\_
  
7. If you plan to pursue a graduate degree in nursing, which areas of specialization most appeal to you? (check all that apply)  
\_\_\_\_ family nurse practitioner (FNP)  
\_\_\_\_ nurse anesthesia (CRNA)  
\_\_\_\_ nursing administration / management  
\_\_\_\_ public health/community health nursing  
\_\_\_\_ mental health/behavioral health nursing  
\_\_\_\_ nurse educator  
\_\_\_\_ other (specify) \_\_\_\_\_
  
8. Are you interested in an academic career in nursing ? (check one)  
  
\_\_\_\_ No  
\_\_\_\_ Yes, within associate degree program  
\_\_\_\_ Yes, within baccalaureate or higher education degree program  
\_\_\_\_ Yes, within either type of program

9..Are you interested in pursuing the doctor of nursing practice (DNP) degree?

\_\_\_\_yes

\_\_\_\_no

\_\_\_\_uncertain

9a. If yes, do you plan to enroll within? \_\_\_\_<5 years, \_\_\_\_5 years, \_\_\_\_10 years,  
\_\_\_\_uncertain

9b. If yes, preference is for \_\_\_\_ full-time study, \_\_\_\_ part-time study,\_\_\_\_ uncertain

10. What would be the best way to offer classes to you? Prioritize the following by numbering them from 1 through 5, with 1 being the **most desirable method** of program delivery.

\_\_\_\_ Online only

\_\_\_\_ Mixture of online and classroom courses

\_\_\_\_ One day set aside for classes each week (classroom courses)

\_\_\_\_ Evening offerings only

\_\_\_\_ Weekend offerings

\_\_\_\_ A mixture of days, evenings and weekends

\_\_\_\_ Other schedules (please indicate)\_\_\_\_\_

\_\_\_\_\_

8. Will your current employer provide tuition support if you enroll in the DNP program?

\_\_\_\_yes

\_\_\_\_no

\_\_\_\_uncertain

9. Would you be interested in SIUE's DNP Program? \_\_\_\_Yes \_\_\_\_ No

Please complete the following:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Current employer** \_\_\_\_\_

Basic nursing education

\_\_\_\_diploma

\_\_\_\_ADN

\_\_\_\_BSN

\_\_\_\_Accelerated BSN

Highest level of education

\_\_\_\_ADN/diploma

\_\_\_\_BS/BA in nursing

\_\_\_\_BS/BA not in nursing

\_\_\_\_MS/MA in nursing

\_\_\_\_MS/MA not in nursing

\_\_\_\_Doctoral degree in nursing

\_\_\_\_Doctoral degree not in nursing

**THANK YOU VERY MUCH FOR YOUR INPUT. WE HOPE TO HEAR FROM YOU  
REGARDING THE PROPOSED DNP PROGRAM.**

[www.siu.edu/nursing](http://www.siu.edu/nursing)