

TEXAS BOARD OF NURSING  
333 GUADALUPE #3-460, AUSTIN, TEXAS 78701

THE TEXAS BOARD OF NURSING COLLECTS STATISTICAL DATA ON ALL NURSES IN THE STATE OF TEXAS. WE APPRECIATE YOU COMPLETING THIS FORM AND RETURNING IT TO OUR OFFICE AT YOUR EARLIEST CONVENIENCE. PLEASE SUPPLY ALL THE INFORMATION REQUESTED. THIS DATA IS USED TO MAKE POLICY DECISIONS WITH REGARDS TO APRN MANPOWER.

NURSING LIC #: \_\_\_\_\_ | NAME: \_\_\_\_\_ | LAST 4 DIGITS OF SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ | STATE: \_\_\_\_\_ | ZIP: \_\_\_\_\_

BIRTHDATE:(MM/DD/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | SEX: \_\_\_\_\_ M \_\_\_\_\_ F | EMAIL ADDRESS: \_\_\_\_\_

**BASIC NURSING EDUCATION**

- 1= DIPLOMA
- 2= ASSOCIATE DEGREE
- 3= BACCALAUREATE IN NURSING
- 4= OTHER: \_\_\_\_\_
- 5= MASTERS IN NURSING
- 6= ENROUTE TO MSN

**HIGHEST DEGREE**

- 1= DIPLOMA
- 2= ASSOCIATE DEGREE
- 3= BACCALAUREATE IN NURSING
- 5= MASTERS IN NURSING
- 7= DOCTORATE IN NURSING

**ADVANCED PRACTICE NURSE EDUCATION**

- 1= CERTIFICATE PROGRAM
- 2= BACCALAUREATE DEGREE PROGRAM
- 3= MASTERS DEGREE IN NURSING
- 4= MASTERS IN OTHER FIELD: \_\_\_\_\_
- 5= DOCTORATE IN NURSING

**WAS YOUR APRN PROGRAM IN TEXAS?**

- \_\_\_\_\_ YES
- \_\_\_\_\_ NO

**WAS YOUR HIGHEST DEGREE EARNED BEFORE OR AFTER YOUR APRN PROGRAM?**

- \_\_\_\_\_ BEFORE
- \_\_\_\_\_ AFTER

**CERTIFICATION BY EXAMINATION**

- 1= NATIONAL BOARD ON CERTIFICATION AND RECERTIFICATION OF NURSE ANESTHETISTS (NBCRNA)
- 2= AMERICAN MIDWIFERY CERTIFICATION BOARD (AMCB)
- 3= PEDIATRIC NURSING CERTIFICATION BOARD (PNCB)
- 4= NATIONAL CERTIFICATION CORPORATION (NCC)
- 5= AMERICAN NURSES CREDENTIALING CENTER (ANCC)
- 6= AMERICAN ACADEMY OF NURSE PRACTITIONERS (AANP)
- 7= NOT CERTIFIED AS APRN BY ANY OF THE ABOVE
- 8= AANC CERTIFICATION CORPORATION

**IS YOUR CERTIFICATION CURRENT THROUGH A CERTIFICATION MAINTENANCE PROGRAM (REQUIRING PERIODIC CONTINUING EDUCATION AND/OR EXAMINATION)?**

- \_\_\_\_\_ YES
- \_\_\_\_\_ NO

**ARE YOU CURRENTLY PRACTICING IN YOUR APRN ROLE, i.e., IN DIRECT PATIENT CARE?**

- \_\_\_\_\_ FULL TIME (30 HRS OR MORE PER WEEK)
- \_\_\_\_\_ PART TIME (LESS THAN 30 HRS PER WEEK)
- \_\_\_\_\_ NO

**PRIMARY PLACE OF EMPLOYMENT (PLEASE CIRCLE ONLY ONE)**

- 1= INPATIENT HOSPITAL CARE
- 2= OUTPATIENT HOSPITAL CARE
- 3= SCHOOL OF NURSING
- 4= COMMUNITY/PUBLIC HEALTH
- 5= SCHOOL/COLLEGE HEALTH
- 6= SELF-EMPLOYED/PRIVATE PRACTICE
- 7= PHYSICIAN OR DENTIST/PRIVATE PRACTICE
- 8= RURAL HEALTH CLINIC
- 9= FREESTANDING CLINIC
- 10= HOME HEALTH AGENCY
- 11= MILITARY INSTALLATION
- 12= TEMPORARY AGENCY/NURSING POOL
- 13= NURSING HOME/EXTENDED CARE FACILITY
- 14= BUSINESS/INDUSTRY
- 15= OTHER

**PRIMARY EMPLOYMENT ZIP CODE:**

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THANK YOU FOR YOUR COOPERATION IN FURNISHING THIS IMPORTANT INFORMATION.

