

Demographic Form for the Master of Science in Nursing

University of North Carolina Wilmington School of Nursing

Please identify the option for which you seek admission:

Family Nurse Practitioner _____

Post-Master's Certificate Family Nurse Practitioner _____

Nurse Educator _____

Post-Master's Certificate in Nursing Education _____

Name

Last

First

Middle

Residence:

Address

Street

City

State

Zip

County

Country

Employment:

Address

Street

City

State

Zip

County

Country

Home Phone () _____ Work Phone () _____

Social Security Number* _____

*Disclosure of your Social Security number is purely voluntary. It will be used for administrative purposes only, as your assigned identification number.

Gender** _____ Male _____ Female

Birthdate** (Month/Day/Year) _____

**Information requested only for reporting purposes.

Semester/Year of Expected Entrance _____

Full Time (or) Part Time

1. Do you have demonstrable computer skills, including ability to use electronic mail, a web browser, and a word processing program? _____ Yes _____ No

Do you own a computer? _____ Yes _____ No

If Yes, indicate type, amount of RAM, size of hard-drive, modem capabilities, programs installed, etc.

2. Do you have access to a computer in close proximity to where you will study?

_____ Yes _____ No **e-mail address** _____

3. The Federal government requires institutions of higher education receiving federal assistance to report minority group student enrollments. The information requested here will assist in meeting this requirement and will provide statistical data for the university. Please check the appropriate line:

_____ American Indian or Alaskan Native _____ White (Not of Hispanic Origin)
 _____ Black (Not of Hispanic Origin) _____ Asian or Pacific Islander
 _____ Hispanic _____ Other (Specify)

4. Is English your first (native) language? _____ Yes _____ No.

What language(s), other than English do you speak? _____.

5. **Sigma Theta Tau** membership, as an undergraduate? _____ Yes _____ No.

Other honorary membership(s) (Specify) _____ **Over** ⇨

NURSING EXPERIENCE:

1. Do you currently hold an active license to practice as a Registered Nurse? _____ Yes _____ No

If Yes; what state(s)? _____.

If Yes; Certificate number(s)? _____.

Years of RN experience. Full Time _____ Part Time _____.

2. Type of agency in which you work/have worked: (*Within the past two years, check all that apply.*)

- | | |
|---|--|
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Physician's Office |
| <input type="checkbox"/> County Health Department | <input type="checkbox"/> Rural Health Clinic |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> School |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> School of Nursing |
| <input type="checkbox"/> Migrant Health Clinic | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Other (Specify) | |

_____.

3. Population served/Nature of experience: (*Check all that apply.*)

- | | |
|---|--|
| <input type="checkbox"/> Infants; # of years _____. | <input type="checkbox"/> Adults; # of years _____. |
| <input type="checkbox"/> Children; # of years _____. | <input type="checkbox"/> Elderly/Older Adults; # of years _____. |
| <input type="checkbox"/> Women; # of years _____. | <input type="checkbox"/> Pregnant Women; # of years _____. |
| <input type="checkbox"/> Adolescents; # of years _____. | |

4. Percentage of medically underserved and/or minority population(s) served: (*Check all that apply.*)

- | | |
|--|--|
| <input type="checkbox"/> Low income _____%. | <input type="checkbox"/> Elderly _____%. |
| <input type="checkbox"/> African Americans _____%. | <input type="checkbox"/> Hispanics _____%. |
| <input type="checkbox"/> Native Americans _____%. | <input type="checkbox"/> Migrants _____%. |

Other (Specify) _____%.

I certify that the information on this survey is complete.

APPLICANT'S SIGNATURE _____ **Date** _____.

Please return completed Survey Form to address below or email to son@uncw.edu:

Student Services Coordinator
UNCW School of Nursing
601 South College Road
Wilmington, NC 28403-5995

(Up-dated 2/09)

End