

Centra Health
School of Practical Nursing

GRADUATE FOLLOW-UP STUDY

This Graduate Follow-Up Study is sent to alumni of Centra Health School of Practical Nursing five years after graduation. The purpose of this study is to collect data regarding graduates of the school. Please assist us in the collection of this data by completing the questions below.

Name _____

Current
Address _____

Year of
Graduation _____

EMPLOYMENT DATA

A. Are you currently employed in nursing?

- ___ Yes, full time
- ___ Yes, part time
- ___ No, but actively seeking employment in nursing.
- ___ No, not actively seeking employment in nursing.
- ___ No, but working in another field (please specify) _____

B. If not currently employed, what is/are the reason(s)?

- ___ Family responsibilities
- ___ Attending school
- ___ Lack of positions available in:
 - ___ geographic area
 - ___ specialty
- ___ Other (please explain) _____

C. Which type of facility are you currently employed in?

- Hospital
- Nursing Home/Extended Care Facility
- Home Health Agency
- Public Health Department
- Nursing School
- Physician's Office
- School
- Business/Industry
- Private Duty
- Other (please specify)_____

D. Name and address of agency where currently employed.

E. What is your current area of clinical nursing practice?

- Maternal-child health
- Medical-surgical (adult)
- Psychiatric/mental health
- Operating/recovery room
- Critical care/emergency
- Occupational Health
- Physician's Office
- Industry
- Education/staff development
- Home health/community health
- Ambulatory care/clinics
- Extended care/nursing home
- School nurse
- Other (please specify)_____

F. What is your present position?

- Staff Nurse
- Educator
- Supervisor
- Asst. Supervisor
- Head Nurse
- Asst. Head Nurse
- Administrator

G. How long have you worked in your present position?

- | | |
|---|----------------------------------|
| <input type="checkbox"/> less than 6 months | <input type="checkbox"/> 3 years |
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 4 years |
| <input type="checkbox"/> 2 years | <input type="checkbox"/> 5 years |

EDUCATION

A. Have you taken college courses since graduation?

Yes No

If yes: Degree Sought _____ Number of credits earned _____

Degree Earned _____

B. Have you attended continuing education programs since graduation?

Yes No

C. Have you received any specialty certification since graduation?

Yes No

Areas of Certification _____

PROFESSIONAL LIFE

A. Please list the professional organizations to which you have belonged since graduation. Please indicate length of membership.

Number of Organizations:

B. List the professional journals you read on a fairly regular basis.

C. List committee/boards on which you have served since graduation.
Please include both those at work and in professional organizations.

D. List community activities in which you participate.

E. Please rate how well you feel Centra Health School of Practical Nursing prepared you to meet your professional expectations after graduation.

Below Average		Average		Above Average	
1	2	3	4	5	

Comments: