

**2023 Registered Nurse (RN) License Renewal Information Fields  
(also administered to Advanced Practice Registered Nurses)**

1. Are you of Hispanic, Latina/o, or Spanish origin?  
[Radio Button]  
Yes  
No
  
2. What is your race? (Mark one or more boxes.)  
[Check all that apply]  
American Indian or Alaska Native  
Asian  
Black or African American  
Native Hawaiian/Pacific Islander  
White/Caucasian  
Other
  
3. What type of nursing degree/credential qualified you for your first US RN license?  
[Dropdown Selection]  
B – Diploma-Nursing  
C – Associate Degree-Nursing  
D – Baccalaureate Degree-Nursing  
E – Master’s Degree-Nursing  
F – Doctoral Degree-Nursing (DNP)  
G – Doctoral Degree-Nursing (PhD)  
H – Doctoral Degree-Nursing (Other)
  
4. Year of Initial RN Licensure:  
[Free Text]
  
5. Where did you complete your nursing education that qualified you for your first US RN license?  
[Dropdown Selection]  
Another Country (Not U.S.)  
Another State (Not Listed)  
Illinois  
Indiana  
Kentucky  
Michigan  
Ohio
  
6. What is your highest level of Nursing Education?  
[Dropdown Selection]  
1 – Diploma Nursing  
2 – Associate Degree-Nursing  
3 – Baccalaureate Degree-Nursing  
4 – Master’s Degree-Nursing  
5 - Doctoral Degree - Nursing(DNP)  
6 – Doctoral Degree - Nursing (PhD)  
7 - Doctoral Degree - Nursing (Other)
  
7. What is your highest level of post-secondary non-Nursing education?  
[Dropdown Selection]  
1 – Not Applicable  
2 – Vocational/Practical Certificate – Non-nursing  
3 – Diploma – Non-nursing  
4 – Associate Degree - Non-nursing  
5 – Baccalaureate Degree – Non-nursing  
6 – Master’s Degree – Non-nursing

7 – Doctoral Degree – Non-nursing

8. Please list the graduation year of any diplomas received.

Diploma in Nursing (Year received): [Free Text]  
LPN VN Certificate in Nursing (Year received): [Free Text]  
LPN VN Associate Degree in Nursing (Year received): [Free Text]  
Associate Degree in Nursing (Year received): [Free Text]  
Associate Degree - Other Field (Year received): [Free Text]  
Masters Degree in Nursing (Year received): [Free Text]  
Baccalaureate Degree in Nursing (Year received): [Free Text]  
Baccalaureate Degree - Other Field (Year received): [Free Text]  
Masters Degree- Other (Year received): [Free Text]  
Doctoral Degree in Nursing (Year received): [Free Text]  
Doctoral Degree - Other Field (Year received): [Free Text]  
Doctoral Degree Nursing Practice (DNP) (Year received): [Free Text]  
Doctoral Degree Nursing - Other (Year received): [Free Text]

9. If any, what other degree do you plan to pursue in the next 2 years?

[Dropdown Selection]

0 – Associate Degree – Nursing  
1 - Associate Degree – Other Field  
2 – Bachelor’s Degree – Nursing  
3 - Bachelor’s Degree – Other Field  
4 – Master’s Degree – Nursing  
5 - Master’s Degree – Other Field  
6 – Doctor of Nursing Practice (DNP)  
7 – PhD – Nursing  
8 – Doctoral Degree – Other Field  
9 – Do not intend to pursue further education in next 2 years

10. In what country were you initially licensed as an RN?

[Dropdown Selection]

UNITED STATES-USA  
AFGANISTAN-AFG  
ALBANIA-ALB  
ALEGERIA-DZA  
AMERICAN SAMOA-ASM  
ANDORRA-AND  
ANGOLA-AGO  
ANGUILLA-AIA  
ANTARTICA-ATA  
ANTIGUA AND BARBUDA-ATG  
ARGENTINA-ARG  
ARMENIA-ARM  
ARUBA-ABW  
AUSTRALIA-AUS  
AUSTRIA-AUT  
AZERBAIJAN-AZE  
BAHAMAS-BHS  
BAHRAIN-BHR  
BANGLADESH-BGD  
BARBADOS-BRB  
BELARUS-BLR  
BELGIUM-BEL  
BELIZE-BLZ  
BERMUDA-BMU  
BHUTAN-BTN  
BOLVIA-BOL

BOSINA AND HERZEGOWINA-BIH  
BOSTSWANA-BWA  
BOUVET ISLAND-BVT  
BRAZIL-BRA  
BRITISH INDIAN OCEAN TERRITORY-IOT  
BRUNEI DARUSSALAM-BRN  
BULGARIA-BGR  
BURKINA FASO-BFA  
BURUNDI-BDI  
CAMBODIA-KHM  
CAMEROON-CMR  
CANADA-CAN  
CAPE VERDE-CRV  
CAYMAN ISLAND-CYM  
CENTRAL AFRICAN REPUBLIC-CAF  
CHAD-TCO  
CHILD-CHL  
CHINA-CHN  
CHRISTMAS ISLAND-CXR  
COCO (KEELING) ISLAND-CCK  
COLOMBIA-COL  
COMOROS-COM  
CONGO, THE DRC-COD  
CONGO-COG  
COOK ISLANDS-COK  
COSTA RICA-CRI  
COTE D'IVOIRE-CIV  
CROATIA (LOCAL NAME: HRVATSKA)-HRV  
CUBA-CUB  
CYRPUUS-CYP  
CZECH REPUBLIC-CZE  
DENMARK-DNK  
DJIBOUTI-DJI  
DOMINICA-DMA  
DOMINICAN REPUBLIC-DOM  
EAST TIMOR-TMP  
ECUADOR-ECU  
EGYPT-EGY  
EL SALVADOR-SLV  
EQUATORIAL GUINEA-GNQ  
ERITREA-ERI  
ESTONIA-EST  
ETHIOPIA-ETH  
FALKLAND ISLANDS (MALVINAS)-FLK  
FAROE ISLANDS-FRO  
FIJI-FJI  
FINLAND-FIN  
FRANCE, METROPOLITAN-FXX  
FRANCE-FRA  
FRENCH GUIANA-GUF  
FRENCH POLYNESIA-PYF  
FRENCH SOUTHERN TERRITORIES-ATF  
GABON-GAB  
GAMBIA-GMB  
GEORGIA-GEO  
GERMANY-DEU  
GHANA-GHA  
GIBRALTAR-GIB

GREECE-GRC  
GREENLAND-GRL  
GRENADA-GRD  
GUADELOUPE-GLP  
GUAM-GUM  
GUATEMALA-GTM  
GUERNSEY-GGY  
GUINEA-BISSAU-GNB  
GUINEA-GIN  
GUYANA-GUY  
HAITI-HTI  
HEARD AND MC DONALD ISLAND-HMD  
HOLY SEE (VATICAN CITY STATE)-VAT  
HONDURAS-HND  
HONG KONG-HKG  
HUNGARY-HUN  
ICELAND-ISL  
INDIA-IND  
INDONESIA-IDN  
IRAN (ISLAMIC REPUBLIC OF)-IRN  
IRAQ-IRQ  
IRELAND-IRL  
ISLE OF MANOIMN  
ISRAEL-ISR  
ITALY-ITA  
JAMACIA-JAM  
JAPAN-JPN  
JERSEY-JEY  
JORDAN-JOR  
KAZAKHSTAN-KAZ  
KENYA-KEN  
KIRIBATI-KIR  
KOREA, D.P.R.0-PRK  
KOREA, REPUBLIC OF-KOR  
KUWAIT-KWT  
KYRGYZSTAN-KGZ  
LAOS-LAO  
LATVIA-LVA  
LABANON-LBN  
LESOTHO-LSO  
LIBERIA-LBR  
LIBYAN ARAB JAMAHIRIYA-LBY  
LIECHTENSTEIN-LIE  
LITHUANIA-LTU  
LUXEMBOURG-LUX  
MACAU-MAC  
MACEDONIA-MKD  
MADAGASCAR-MDG  
MALAWI-MWI  
MALAYSIA-MYS  
MALDIVES-MDV  
MALI-MLI  
MALTA-MLT  
MARSHALL ISLANDS-MHL  
MARTINIQUE-MTQ  
MAURITANIA-MRT  
MAURITIUS-MUS  
MAYOTTE-MYT

MEXICO-MEX  
MICRONESIA, FEDERATE STATES-FSM  
MOLDVOA, REPUBLIC OF-MDA  
MONACO-MCO  
MONGOLIA-MNG  
MONTENEGRO-MNE  
MONTESERRAT-MSR  
MOROCCO-MAR  
MOZAMBIQUE-MOZ  
MYANMAR (BURMA)-MMR  
NAMIA-NAM  
NAURU0NRU  
NEPAL-NPL  
NETHERLANDS ANTILLES-ANT  
NEHTERLANDS-NLD  
NEW CALEDONIA-NCL  
NEW ZEALAND0-NZL  
NICARAGUA-NIC  
NIGER-NER  
NIGERIA-NGA  
NIUE-NIU  
NORFOLK ISLAND-NFK  
NORHTER MARIANA ISLANDS-MNP  
NORWAY-NOR  
OMAN-OMN  
PAKISTAN-PAK  
PALAU-PLW  
PANAMA-PAN  
PAPUA NEW GUINEA-PNG  
PARAGUAY-PRY  
PERU-PER  
PHILIPPINES-PHL  
PITCAIRN-PCN  
POLAND-POL  
PORTUGAL-PRT  
PUERTO RICO-PRI  
QATAR-QAT  
REUNION-REU  
ROMANIA-ROM  
RUSSIAN FEDERATION-RUS  
RWANDA-RWA  
SAINT KITTS AND NEVIS-KNA  
SAINT LUCIA-LCA  
SAMOA-WSM  
SAN MARINO-SMR  
SAO TOME AND PRINCIPE-STP  
SAUDI ARABIA-SAU  
SENEGAL-SEN  
SERBIA AND MONTENEGRO-SRB  
SEYCHELLES-SYC  
SIERRA LEONE-SLE  
SINGAPORE-SGP  
SLOVAKIA (SLOVAK REPUBLIC)-SVK  
SLOVENIA-SVN  
SOLOMON ISLANDS-SLB  
SOMALIA-SOM  
SOUTH AFRICA-ZAF  
SOUTH GEORGIA AND SOUTH S.S.-SGS

SPAIN-ESP  
SRI LANKA-LKA  
ST VINCENT AND THE GRENADINES-VCT  
ST. HELENA-SHN  
ST. PIERRE AND MIQUELON-SPM  
SUDA-SDN  
SURINAME-SUR  
SVALBARD AND JAN MAYEN ISLAND-SJM  
SWAZILAND-SWZ  
SWEDEN-SWE  
SWITZERLAND-CHE  
SYRIAN ARAB REPUBLIC-SYR  
TAIWAN, PROVINCE OF CHINA-TWN  
TAJIKISTAN-TJK  
TANZANIA, UNITED REPUBLIC OF-TZA  
THAILAND-THA  
TOGO-TGO  
TOKELAU-TKL  
TONGA-TON  
TRINIDAD AND TOBAGO-TTO  
TUNISA-TUN  
TURKEY-TUR  
TURKMENISTAN-TKM  
TURKS AND CAICOS ISALNDS-TCA  
TUVALU-TUV  
U.S. MINOR ISLANDS-UMI  
UGANDA-UGA  
UKRAINE-UKR  
UNITED ARAB EMIRATES-ARE  
UNITED KINGDOM-GBR  
URUGUAY-URY  
VANUATU-VUT  
VENEZUELA-VEN  
VIET NAM-VNM  
VIRGIN ISLANDS (BRITISH)-VGR  
VIRGIN ISLANDS (U.S.)-VIR  
WALLIS AND FUTUNA ISLANDS-WLF  
WESTERN AND FUTUNA ISLANDS-WLF  
WESTERN SAHARA-ESH  
YEMEN-YEM  
YUGOSLAVIA (SERBIA/MONTENEGRO)-YUG  
ZAMBIA-ZMB  
ZIMBABWE-ZME

11. What is your current employment status?

[Dropdown Selection]

- A – Actively employed in nursing full-time
- B – Working in nursing only as a volunteer
- C – Actively employed in field other than nursing full-time
- E – Unemployed and seeking work as a nurse
- H – Retired
- I – Actively employed in nursing part-time
- J – Actively employed in nursing per diem
- K – Actively employed in a field other than nursing part-time
- L – Actively employed in a field other than nursing on a per diem basis
- U – Unemployed and not seeking work as a nurse

12. If unemployed, please indicate the reasons.

[Dropdown Selection]

- 0 – Not Applicable
- 1 – Taking care of home and family
- 2 – Disabled
- 3 – Inadequate Salary
- 4 – School
- 5 – Difficulty finding a nursing position
- 6 – Other

13. In how many paid positions in nursing are you currently employed?

[Dropdown Selection]

- 0
- 1
- 2
- 3
- 4

14. What are your employment plans for the next 2 years?

[Dropdown Selection]

- 1 – Increase Hours
- 2 – Decrease Hours
- 3 – Seek non-clinical job in the field of nursing
- 3 – Seek non-clinical job in a field other than nursing
- 4 – Retire
- 5 – Continue as you are
- 6 – Unknown

15. Do you use telehealth to deliver services to patients located in Indiana (as defined in IC 25-1-9.5-6; "telehealth" means the delivery of health care services using interactive electronic communications and information technology in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA), including: (1) secure videoconferencing, (2) store and forward technology, or (3) remote patient monitoring technology between a provider in one (1) location and a patient in another location)?

[Dropdown Selection]

- No
- Yes

16. Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purpose of this services list is to gather information on key health issues in Indiana). Please check all that apply.

[Multi-check box]

- Addiction counseling
- Dementia/Alzheimer's Care
- Hepatitis C Treatment/Management
- High-Risk Pregnancy Services
- HIV/AIDS Treatment/Management
- Labor and Delivery Services
- Medication Assisted Treatment (MAT) - Methadone
- Medication Assisted Treatment (MAT) - Buprenorphine
- Medication Assisted Treatment (MAT) – Naltrexone
- Post-Natal Services (Healthcare services provided immediately after birth and for the first 42 days of life)
- Pre-Natal Services (Healthcare services during pregnancy to promote health and well-being of the woman and fetus)
- Screening for addiction (ex: SBIRT)
- Screening for high-risk pregnancy
- Treatment of OUD-Affected Pregnancies
- I am a Sexual Assault Nurse Examiner (SANE)
- None of the above

17. Please indicate the population groups to which you provide services: (Please check all that apply.)

[Multi-check box]

Newborns

Children (ages 2-10)

Adolescents (ages 11-19)

Adults

Geriatrics (ages 65+)

Pregnant Women

Individuals who are incarcerated

Individuals with disabilities

Individuals in recovery

Veterans/Individuals who have served in the military

None of the Above Populations

18. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.

If this does not apply, please select "N/A":

[DROP-DOWN LIST OF STATE ABBREVIATIONS]

Please include all states' 2-letter postal abbreviation along with an option for N/A

19. Please provide the following information regarding your primary practice location. If this does not apply, please indicate N/A.

Street Address: [Free text]

City: [Free text]

Zip Code: [Free text]

20. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please enter 0.

[Dropdown Selection]

A – 0 hours per week

B – 1-4 hours per week

C – 5-8 hours per week

D – 9-12 hours per week

E – 13-16 hours per week

F – 17-20 hours per week

G – 21-24 hours per week

H – 25-28 hours per week

I – 29-32 hours per week

J – 33-36 hours per week

K – 37-40 hours per week

L – 41 or more hours per week

M – Not applicable

21. Please identify the type of setting that most closely corresponds to your primary nursing practice position (the position in which you spend the majority of your time).

[Dropdown Selection]

Not Applicable

A – Hospital

C – Public/Community Health

D – Occupational Health

E – Insurance Claims/Benefits

G – Home Health

I – Correctional Facility

I – School-based Health



K – Other  
M – Policy/Planning/Regulation/Licensing Agency  
V – Nursing Home/Extended Care  
W – Assisted Living Facility  
X – Hospice  
Y – Academic Institution  
Z–Outpatient Clinic  
Telehealth

22. If you are an Advanced Practice Registered Nurse, please indicate your APRN role.

[Single Select]

Nurse Practitioner (NP)  
Clinical Nurse Specialist (CNS)  
Certified Nurse Midwife (CNM)  
Certified Nurse Anesthetist (CRNA)  
I am not an Advanced Practice Registered Nurse.

23. If you are an Advanced Practice Registered Nurse, please indicate your specialty. Otherwise, select I am not an Advanced Practice Registered Nurse.

[Dropdown Selection]

I am not an Advanced Practice Registered Nurse  
Anesthesiology, Pathology, Radiology or Emergency Med.  
General Surgery  
Internal Medicine Subspecialties  
Obstetrics & Gynecology  
Other Specialty  
Pediatric Subspecialties  
Primary Care Specialties  
Psychiatry (Adult and Child)  
Surgical Specialties

24. If you responded “Other Specialty” to question number 23, please indicate your employment specialty in the text box. If you did not select “Other”, please type N/A.

[Free Text]

25. Please identify the position title(s) that most closely corresponds to your primary nursing practice position (the position in which you spend the majority of your time).

[Check All That Apply]

A – Staff Nurse  
C – Nurse Manager  
D – Consultant/Nurse Researcher  
E – Nurse Educator (faculty)  
E – Nurse Educator (patient educator)  
E – Nurse Educator (staff development)  
E - Clinical Preceptor  
G – Clinical Advanced Practice Registered Nurse  
K – Other – Health Related  
M – Nurse Executive  
Z – Not Applicable

26. If you are providing direct patient care, please identify the employment specialty that most closely corresponds to your primary nursing position (the position in which you spend the majority of your time).

[Dropdown Selection]

1–Acute care/Critical Care  
10–Oncology  
11–Palliative Care  
13–Public Health

- 14–Psychiatric/Mental Health/Substance Abuse
- 15-Rehabilitation
- 16-School Health
- 18-Women’s Health
- 19-Other
- 19-Trauma
- 24-Nephrology
- 3-Anesthesia
- 31-Adult Health
- 32-Family Health
- 33-Pediatrics
- 34-Neonatal
- 37-Patient Education
- 38-Not Applicable/I do not provide direct patient care in my primary nursing position
- 4-Community
- 5-Geriatric/Gerontology
- 6-Home Health
- 7-Maternal-Child Health
- 8-Medical Surgical
- 9-Occupational Health

27. If you responded “Other” to question number 26, please indicate your employment specialty at your primary work position in the text box. If you did not select “Other”, please type N/A.  
 [Free Text]

28. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select “N/A”:  
 [DROP-DOWN LIST OF STATE ABBREVIATIONS]  
 Please include all states’ 2-letter postal abbreviation along with an option for N/A

29. Please provide the following information regarding your secondary practice location. If this does not apply, please indicate N/A.

Street Address: [Free text]

City: [Free text]

Zip Code: [Free text]

30. Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please enter 0.

[Dropdown Selection]

- A – 0 hours per week
- B – 1-4 hours per week
- C – 5-8 hours per week
- D – 9-12 hours per week
- E – 13-16 hours per week
- F – 17-20 hours per week
- G – 21-24 hours per week
- H – 25-28 hours per week
- I – 29-32 hours per week
- J – 33-36 hours per week
- K – 37-40 hours per week
- L – 41 or more hours per week
- M – Not applicable

31. Please identify the type of setting that most closely corresponds to your secondary nursing practice position. If this does not apply, please select Not Applicable.

[Dropdown Selection]

- A – Hospital
- C – Home Health
- D – Correctional Facility
- F – Public/Community Health
- H – School-based Health
- I – Occupational Health
- K – Insurance Claims/Benefits
- L – Policy/Planning/Regulatory/Licensing Agency
- M – Academic Institution
- M – Other
- M – Outpatient Clinic
- N – Not Applicable
- W – Nursing Home/Extended Care
- X – Assisted Living Facility
- Y – Hospice
- Telehealth

32. Please identify the position title that most closely corresponds to your secondary nursing practice position. If this does not apply, please select Not Applicable.

[Check all that apply]

- A-Consultant/Nurse Researcher
- C-Nurse Executive
- D-Nurse Manager
- E-Nurse Educator (faculty)
- E-Nurse Educator (patient education)
- E-Nurse Educator (staff development)
- E–Clinical Preceptor
- G-Clinical Advance Practice Registered Nurse
- K-Staff Nurse
- L-Other-Health Related
- N-Not Applicable

33. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position. If this does not apply, please select Not Applicable

[Dropdown Selection]

- 1–Acute care/Critical Care
- 10–Oncology
- 11–Palliative Care
- 13–Public Health
- 14–Psychiatric/Mental Health/Substance Abuse
- 15-Rehabilitation
- 16-School Health
- 18-Women’s Health
- 19-Other
- 19-Trauma
- 24-Nephrology
- 3-Anesthesia
- 31-Adult Health
- 32-Family Health
- 33-Pediatrics
- 34-Neonatal
- 37-Patient Education
- 38-Not Applicable/I do not provide direct patient care in my secondary primary nursing position
- 4-Community
- 5-Geriatic/Gerontology

- 6-Home Health
- 7-Maternal-Child Health
- 8-Medical Surgical
- 9-Occupational Health

34. If you responded "Other" to question number 33, please indicate your employment specialty at your secondary work position in the text box. If you did not select "Other", please type N/A.  
[Free Text]