



1. Are you currently employed in the nursing profession? Yes No (If no, please skip to question #8)

2. Is this the first nursing job you have ever had? Yes No

3. How long have you been a licensed nurse? _____ (# of months)

4. Describe the setting of your current practice:

- | | |
|---|---------------------------------------|
| 1 _____ Hospital/Health Care Facility - Acute | 6 _____ Community - Doctor's Office |
| 2 _____ Hospital/Health Care Facility - Long term | 7 _____ Community HMO |
| 3 _____ Community/Clinic/Health Center | 8 _____ Community VNA |
| 4 _____ Community - Public Health Department | 9 _____ Temp Agency/Pool Home Health |
| 5 _____ Temp Agency/ Pool Hospital | 10 _____ Community Home Health Agency |
| 11 _____ Other (please specify): _____ | |

5. What is the focus of your current practice?

- | | |
|---------------------------------------|-----------------------------------|
| 1 _____ Medical/Surgical | 4 _____ Psychiatric/Mental Health |
| 2 _____ Gerontology | 5 _____ Pediatric |
| 3 _____ Maternal | 6 _____ Community/Home |
| 7 _____ Other (please specify): _____ | |

6. What is your present title?

- | | |
|---------------------------------------|------------------------------------|
| 1 _____ Staff Nurse | 4 _____ Public Health/School Nurse |
| 2 _____ Middle Manager | 5 _____ Staff Development |
| 3 _____ Head/Charge Nurse | 6 _____ Administrator |
| 7 _____ Other (please specify): _____ | |

7. Have you completed any of the following CEU offerings for nurses?

- | | | |
|---|------------------------------|-----------------------------|
| a. Non-academic credit granting courses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Education offerings such as workshops, seminars, conferences | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Staff development within the employment setting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(OVER)

3. Please indicate your level of satisfaction with the Medical Sonography Program based on the following items.

Very Somewhat Somewhat Very
Dissatisfied Dissatisfied Satisfied Satisfied

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Preparation to Seek Employment after Graduation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Extent to Which Orientation Prepared you for Program Demands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Clarity of Program Policies in Student Handbook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Did you take the Registry Exam? Yes No (Skip to question #5)

- If Yes, which exams did you take? Physics.....Did you pass? Yes No
- OB/GYN.....Did you pass? Yes No
- ABD.....Did you pass? Yes No

5. Please indicate the types of places you have been employed in since graduation (check all that apply)?

- Hospital (Larger than 500 Beds)
- Hospital (Less than 500 Beds)
- Clinic
- Mobile
- Other (please specify) _____

6. Which of the following studies do you do on a regular basis (check all that apply)?

- Abdomen
- OB
- GYN
- Carotid
- Peripheral Vascular
- Prostate
- Other (please specify) _____

7. Please indicate the name and address of your current employer. This helps us to provide information to prospective students on where our graduates are working.

Name: _____ Immediate Supervisor : _____

Address: _____

8. Do you have any additional comments about the Diagnostic Medical Sonography program?