1. Graduation from BSN Program?
   a. Month/Year: ______________

2. Type of BSN Graduate: (select only yes)
   a. Traditional BSN Graduate: Yes: _____  No: _____

3. When did you pass NCLEX after graduation:
   a. Within 3 months
   b. 4-6 months
   c. After 6 months

4. Post-graduation education
   What level of education are you planning on seeking? (select all that apply):
   a. Master’s
   b. PhD
   c. DNP

5. Post-graduation education
   Have you enrolled in post-graduate education?
   a. Yes
   b. No

6. Specialty Training and/or Certifications
   a. What additional training have you participated in? ____________________________
   b. What certification are you working on? _________________________________
   c. What certifications have you been awarded? _______________________________

7. Employment: How long have you been employed in nursing?
   a. Within 3 months
   b. 4-6 months
   c. After 6 months

8. Current Employment at (please circle one):
   a. Lufkin, TX: Memorial Health of East Tx
   b. Lufkin, TX: Woodland Heights
   c. Nacogdoches, TX: Nacogdoches Medical Center
   d. Nacogdoches, TX: Nacogdoches Memorial
   e. Temple, TX: Scott and White
   f. Tyler, TX: ETMC
   g. Tyler, TX: Trinity Mother Francis
   h. Other: (indicate City, State, and Name of Employer below):
9. Immediate Supervisor: (we would like to send a survey to your supervisor. By giving this information, you are giving us permission to send them a survey.

Please list the information as follows:
   1. Your name
   2. Supervisor’s name
   3. Supervisor’s email address
   Thanks!!

10. Professional Organization’s and Association’s:
   a. ANA
   b. TNA
   c. Sigma Theta Tau International
   d. Other: ______________________

11. Community Involvement:
   Do you belong to a community based and/or community service organization?
   a. Yes: (provide name of organization: _____________
   b. No

12. Recommendation of DeWitt School of Nursing: Would you recommend the SFASU DeWitt School of Nursing to someone interested in nursing?
   a. Yes
   b. No

13. INSTRUCTIONS: Consider the statements below and, in the space provided after each one, indicate the extent of your agreement, neutrality, or disagreement, by placing a number corresponding to your response from the scale provided:

<table>
<thead>
<tr>
<th>Question</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The SON prepared me to apply knowledge of the physical, social and</td>
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<tr>
<td>behavioral sciences in the provision of nursing care based on theory,</td>
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<td>research and evidence-based practice.</td>
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<td>2. The SON prepared me to deliver nursing care within established legal</td>
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<td>and ethical parameters in collaboration with clients and members of the</td>
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<td>interdisciplinary health care team.</td>
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<td>3. The SON prepared me to provide holistic nursing care to clients</td>
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<td>while respecting individual and cultural diversity.</td>
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<td>4. The SON prepared me to demonstrate effective leadership that</td>
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<td>fosters independent thinking, use of informatics, and collaborative</td>
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<td>communication in the management of nursing care.</td>
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<td>5. The SON prepared me to assume responsibility and accountability</td>
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<td>for quality improvement and delivery of safe and effective nursing care.</td>
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<tr>
<td>6. The SON prepared me to serve as an advocate for clients and for the</td>
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<td>profession of nursing.</td>
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<td>7. The SON prepared me to demonstrate continuing competence, growth</td>
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<td>and development in the profession.</td>
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</table>

14. Comments are welcomed: