**Nurse Support Program II FY 2027 – Competitive Institutional Grants**

**Mandatory Data Tables**

*Required Data Set for all Programs*

These definitions and metrics are consistently collected and reported by nursing programs in annual Maryland Board of Nursing (MBON) or accreditation reports.

**Faculty:** Calculate FTEs using the following formula: FTE calculation: 1 FTE = 15 credits or 600 hours per semester or as defined by your institution for Nursing Program Faculty as of October 15th of the most recent year.

|  |  |  |
| --- | --- | --- |
| **NURSING FACULTY As of Oct. 15, 2025** |  | **Equivalents (Total FTEs)** |
|  |  | **FT** | **PT** | **Total Number** |
| **Nursing Faculty with PhD in Nursing** |  |  |  |  |
| **Nursing Faculty with PhD - Other** |  |  |  |  |
| **Nursing Faculty with DNP** |  |  |  |  |
| **Nursing Faculty with EdD** |  |  |  |  |
| **Nursing Faculty with MSN** |  |  |  |  |
| **Clinical Nursing Faculty with BS** |  |  |  |  |
| **Clinical Nursing Faculty with MS** |  |  |  |  |

How many vacant faculty positions does your program have?

|  |  |  |
| --- | --- | --- |
| **As of Oct. 15, 2025** | **Full-Time** | **Part-Time** |
| **Number of Vacant Faculty Positions** |  |  |
| **Faculty Retention Rate (if known)** |  |  |

If faculty vacancies or difficulty admitting students, what was the primary cause?

\_\_\_\_ Insufficient funds to hire new faculty

\_\_\_\_\_Lack of qualified applicants- \_\_ competition \_\_\_\_unavailable in geographic area

\_\_\_\_\_Retirements or \_\_\_\_ Resignations- describe

\_\_\_\_\_Clinical Placements

\_\_\_\_\_Limited budgets in addition to above- describe

\_\_ Other (Specify):

Describe limitations in filling vacancies within your institution.

|  |  |  |
| --- | --- | --- |
| **Certified Nurse Educators As of Oct. 15, 2025** | **# with CNE** | **% of FT Faculty** |
| **Number of FT Faculty with NLN CNE credential** |  |  |

Discuss increases in CNE credentials in a paragraph with information on the faculty experiences with CNE Workshops, CNE examinations and % change this year.

Describe the limitations on the capacity of your program during the current academic year.

* Faculty recruitment. Specify areas of expertise and/or primary barriers:
* Availability of clinical placements. Specify area(s) of shortage and current clinical sites:
* Other: Describe (e.g. institutional, capacity, demand, student recruitment, etc.):

**Academic Year/Session for Indicated Program: FY 2027 RFA (AY 2024-2025)**

**Enrollment: Unduplicated headcount for academic year as of Oct. 15, 2025.**

|  |  |
| --- | --- |
| **Program Capacity (new students only)** |  |
| **Number of qualified applicants** |  |
| **Qualified but not admitted** |  |
| **Admitted who registered** |  |
| **Graduation Rate** |  |
| **Retention Rate** |  |

**Pass Rates**: The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years (CCNE). The APRNs eligible for each examination for which the program prepares graduates is provided for each of the three most recent calendar years (CCNE).

**Employment Rate:** Number of graduates, one year after graduation, employed in a position for which the program prepared them (ACEN).

|  |  |
| --- | --- |
| **Pass Rates (NCLEX-RN)**  |  |
| **Employment Rate** |  |

**Completion/Graduation: Number of students who graduate within a defined period of time.**

* Definition used by the ACEN for the program completion rate is the number of students who complete the program within 100% of the stated program length beginning with enrollment in the first nursing course.
* For part-time programs (such as RN to BSN): The program specifies the entry point and defines the time period to completion. The program describes the formula it uses to calculate the completion rate.

**# Graduates per academic year (as appropriate) Define AY reported: \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ADN** | **BSN** | **Master Entry** |  | **RN-BSN** | **RN-MSN** | **MS** | **DNP** | **PhD** |
| **Graduates** |  |  |  |  |  |  |  |  |  |

**Demographics - Students/Faculty Define AY reported :\_\_\_\_\_\_\_\_**

**Number from Underrepresented Groups in Nursing: Students and Faculty**

**\*\*Total Number should add up to # of individuals in group. We are no longer collecting percentages, only #s.**

|  |  |
| --- | --- |
| **Underrepresented Groups in Nursing** | **Ethnic/Racial Minority** |
|  | **Asian** | **Black/ African American** | **Latino/ Hispanic** | **Pacific Islanders & Native** **American** | **White** | **Mixed Race** | **Other** | **Total Number** |
| **Nursing Faculty (full-time)** |  |  |  |  |  |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |  |  |  |  |  |
| **Nursing students** |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Underrepresented Groups in Nursing** |  **Ethnic/Racial Minority** |
|  | **White** |  **Non-White** | **Total Number** |
| **Nursing Faculty (full-time)** |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |
| **Nursing students** |  |  |  |

|  |  |
| --- | --- |
| **Underrepresented Groups in Nursing** |  **Gender**  |
|  | **Female** | **Male** | **Total Number** |
| **Nursing Faculty (full-time)** |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |
| **Nursing students** |  |  |  |

|  |  |
| --- | --- |
| **Underrepresented Groups in Nursing** | **Age** |
|  | **Less than age 30** | **Greater than age 60** | **Total Number** |
| **Nursing Faculty (full-time)** |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |
| **Nursing students** |  |  |  |

**Geographic Impact**

|  |  |
| --- | --- |
| **In-State or Out of State**  | **State of Residence** |
|  | **Maryland** | **Geographic Neighbors (VA,DE, DC, PA, West VA)** | **Other States** | **Total Number** | **Percent In State** |
| **Nursing Faculty (full-time)** |  |  |  |  |  |
| **Clinical or part-time Faculty** |  |  |  |  |  |
| **Nursing students** |  |  |  |  |  |
|  |  |  |  |  |  |

**Note: The Dean/Director or designee already submits this information to the MBON and accrediting bodies each year. We expect it to match. Any questions, refer to your Dean/Director of the nursing program.**

Name of person completing Mandatory Data Table Form:

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Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_