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# California Board of Registered Nursing

## 2022-2023 Annual School Report

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Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

July 3, 2024

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## **PREFACE AND SURVEY METHODS**

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### **Nursing Education Survey Design**

The 2022-2023 Board of Registered Nursing (BRN) School Survey was designed to provide comparable data to prior surveys and was updated based on recommendations from the Board's Nursing Education and Workforce Advisory Committee. The School Survey is primarily intended to collect data on pre-licensure registered nursing (RN) education programs in California. Since 2004-2005, pre-licensure nursing education programs that also offer post-licensure programs have been asked to provide data on their post-licensure programs. Note that the data presented in this report are only for post-licensure programs that also have an approved pre-licensure program in California. Programs that are located outside California and offer post-licensure education online are not included.

The California Board of Registered Nursing commissioned the University of California, San Francisco to develop the online survey instrument, administer the survey, and report data collected from the survey. Revisions to the post-licensure sections of the survey may prevent comparability of some data.

The survey collected data about nursing programs, their students, and their faculty from August 1, 2022, through July 31, 2023. Census data were requested for October 15, 2023.

### **Survey Participation**

In 2021-2022, 39 RN-to-BSN programs, 38 Master's degree programs, and 20 Doctoral programs (13 that are DNP programs only and seven that have both DNP and PhD tracks) responded to the survey. There was a total of 49 schools, including Phoenix University—whose campuses across California are counted as two schools—Southern California and Northern California.

Since 2013-2014, there has been a small increase of 11.4% (n=4) in the number of RN-to-BSN programs, 5.6% (n=2) in the number of Master's degree programs, and 53.8% (n=7) in the number of Doctoral programs (DNP and/or PhD). Overall, the number of programs increased by 15.5% (n=13) over this period. However, the overall number of programs reporting has decreased since 2020-21

For the seven schools that offer both a DNP and PhD, these two programs are counted as one Doctoral program for this calculation to maintain consistency with prior years. There were 20 DNP programs and seven research-based Doctoral programs (PhD) in 2022-2023.

There was one new RN-to-BSN program, two new MSN programs (and one that did not report last year although it reported in prior years), and two new DNP programs reported in 2022-2023. Five RN-to-BSN programs that were reported in 2021-2022 were not reported in 2022-2023, and two MSN programs that were reported in 2021-2022 were not reported in 2022-2023. These changes may be due to a number of reasons. For instance, the program may have closed, the school may have been exempted from answering the post-licensure survey because it ceased to offer a BRN-approved pre-licensure program, or the school did not report the program for other reasons such as lack of enrollment. A list of schools that responded to the survey is provided in Appendix A.

Only eleven schools reported single post-licensure programs. Most had a combination of programs, the most common being an RN-to-BSN program with an MSN program.

Of the 20 schools with Doctoral programs, 13 schools had a DNP program with no PhD program, and seven had both.

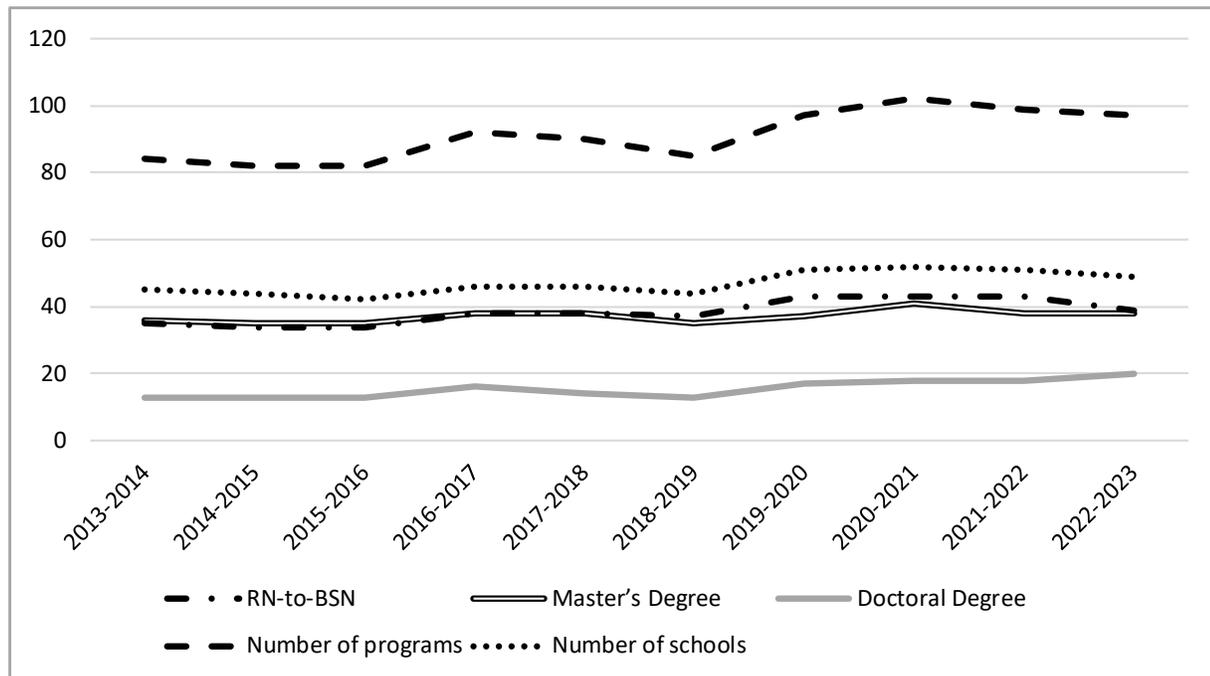
**Table 1. Post-licensure program combinations, 2022-2023**

Programs	#
RN-to-BSN only	9
MSN only	1
Doctoral only	1
RN-to-BSN & MSN	19
RN-to-BSN & Doctoral	1
MSN & Doctoral	6
RN-to-BSN, MSN & Doctoral	12
<b>Number of schools</b>	<b>49</b>

**Table 2. Number of post-licensure programs by program type by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
RN-to-BSN	35	34	34	38	38	37	43	43	43	39
Master's Degree	36	35	35	38	38	35	37	41	38	38
Doctoral Degree	13	13	13	16	14	13	17	18	18	20
<b>Number of programs</b>	<b>84</b>	<b>82</b>	<b>82</b>	<b>92</b>	<b>90</b>	<b>85</b>	<b>97</b>	<b>102</b>	<b>99</b>	<b>97</b>
<b>Number of schools</b>	<b>45</b>	<b>44</b>	<b>42</b>	<b>46</b>	<b>46</b>	<b>44</b>	<b>51</b>	<b>52</b>	<b>51</b>	<b>49</b>

<sup>T</sup>Since most nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.



**Figure 1. Number of post-licensure programs by program type by academic year**

Fifty-five percent of the schools reporting were private (n=27), while forty-five percent (n=22) were public.

Starting this year, respondents from private schools were asked to provide their status as either for or non-profit institutions. Most private schools (64.3%) reported non-profit status.

Non-profit status predominated across private schools no matter the program type. However, private schools with RN-to-BSN programs were the most likely to be for-profit institutions (42.9%, n=9) while no private PhD programs were in for-profit schools.

**Table 3. Program Type and by For/Non-Profit Status for Private Schools**

Program Type	For-Profit	Non-Profit	Total # of Schools
RN-to-BSN	42.9%	57.1%	<b>21</b>
MSN	27.8%	72.2%	<b>18</b>
DNP	8.3%	91.7%	<b>12</b>
PhD	0.0%	100.0%	<b>3</b>
<b>Percent of Schools</b>	<b>37.0%</b>	<b>63.0%</b>	<b>100%</b>
<b>Total Number of Schools</b>	<b>10</b>	<b>17</b>	<b>27</b>

At the program level, the majority of all programs as well as the majority of RN-to-BSN and DNP programs were private, while the majority of MSN and PhD programs were public.

**Table 4. Schools by Program Type and Public/Private Status**

Program Type	Public	Private	Total # of Programs
RN-to-BSN	46.2%	53.8%	<b>39</b>
MSN	52.6%	47.4%	<b>38</b>
DNP	36.8%	63.2%	<b>19</b>
PhD	57.1%	42.9%	<b>7</b>
<b>Percent of programs</b>	<b>47.6%</b>	<b>52.4%</b>	<b>100%</b>
<b>Total number of programs</b>	<b>49</b>	<b>54</b>	<b>103</b>

Note: the number of programs listed here is greater than the number of programs listed in Table 2 because DNP and PhD programs are broken out separately. All PhD programs are in schools that also contain DNP programs.

## Analysis

This report focuses on the post-licensure data; previously published reports present the results of the pre-licensure sections of the survey. Data are presented in aggregate form to describe overall trends in RN education in California statewide and within regions of the state. Note that statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to compare enrollment and completion data.

## POST-LICENSURE RN EDUCATION PROGRAM SUMMARY AND TRENDS

Since post-licensure programs offer a range of degrees, this report is presented in three program-level sections: RN-to-BSN programs, Master’s degree programs, and Doctoral programs. Doctoral programs are broken out into doctorate of nursing practice (DNP) and research-based Doctoral programs (PhD). Faculty census data and staffing data are presented separately since they are collected by school, not by program type. Note that the data *do not* include post-licensure education programs offered by schools that do not have an approved California pre-licensure RN education program.

### RN-to-BSN Programs

#### Number of RN-to-BSN Programs

The number of RN-to-BSN programs increased by 11.4% (n=4) over the last ten years, from 35 programs in 2013-14 to 39 programs in 2022-23. The number of RN-to-BSN programs offered at private schools increased by 31.3% (n=5) over the last ten years, while the number of RN-to-BSN programs offered at public schools decreased by 5.3% (n=1). However, the number of RN-to-BSN programs has dropped this year after reaching a high of 43 over the last three years. There is one additional program that did not report data, but even without that school, numbers of programs declined.

In 2022-2023, more than half of RN-to-BSN programs were offered at private schools (53.8%, n=21), while 46.2% (n=18) of RN-to-BSN programs were offered at public schools.

The proportion of private RN-to-BSN programs has risen over the decade, exceeding half of all RN-to-BSN programs in 2016-2017, and hitting a ten-year high of 58.1% over the three years prior to 2022-23, before dropping to 53.8% in 2022-23. The number of public RN-to-BSN programs has remained steady over the last four years while private programs saw a decrease.

**Table 5. Number of RN-to-BSN degree programs by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Public	54.3%	52.9%	50.0%	47.4%	44.7%	43.2%	41.9%	41.9%	41.9%	46.2%
count	19	18	17	18	17	16	18	18	18	18
Private	45.7%	47.1%	50.0%	52.6%	55.3%	56.8%	58.1%	58.1%	58.1%	53.8%
count	16	16	17	20	21	21	25	25	25	21
<b>Number of programs reporting</b>	<b>35</b>	<b>34</b>	<b>34</b>	<b>38</b>	<b>38</b>	<b>37</b>	<b>43</b>	<b>43</b>	<b>43</b>	<b>39</b>

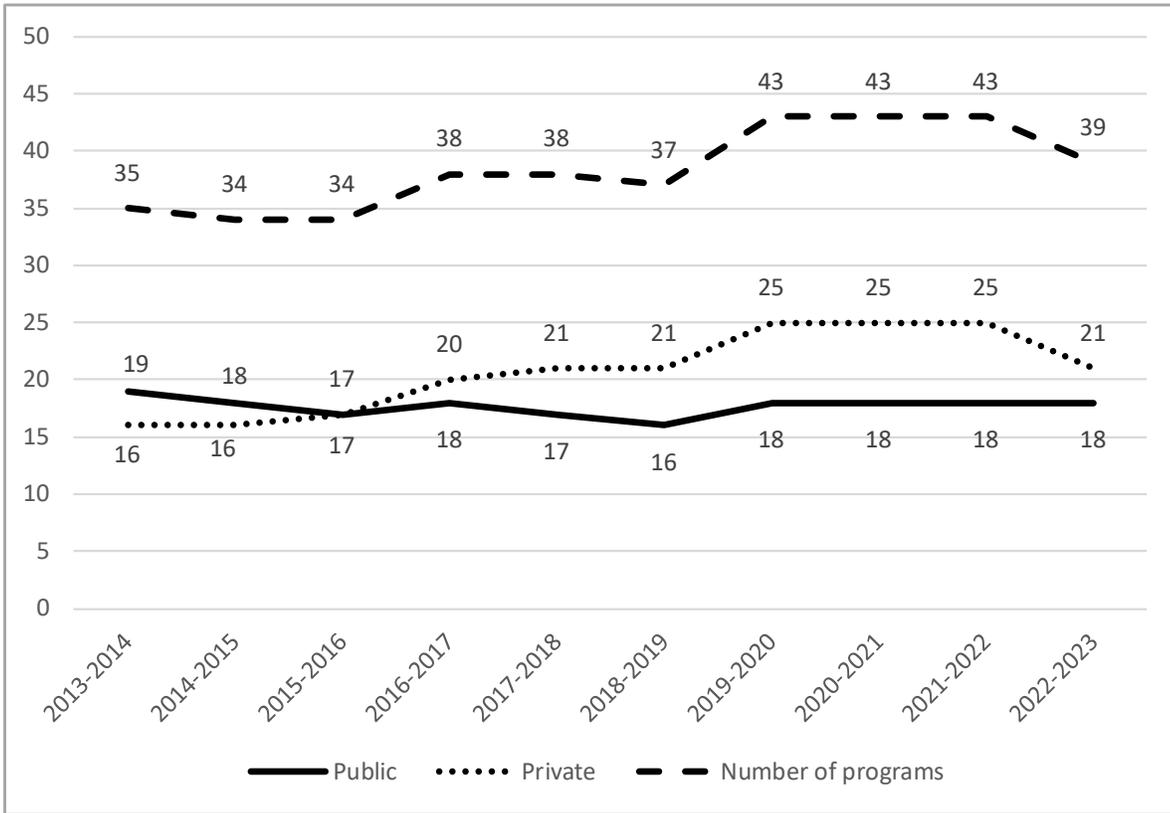


Figure 2. Number of public and private RN-to-BSN programs by academic year

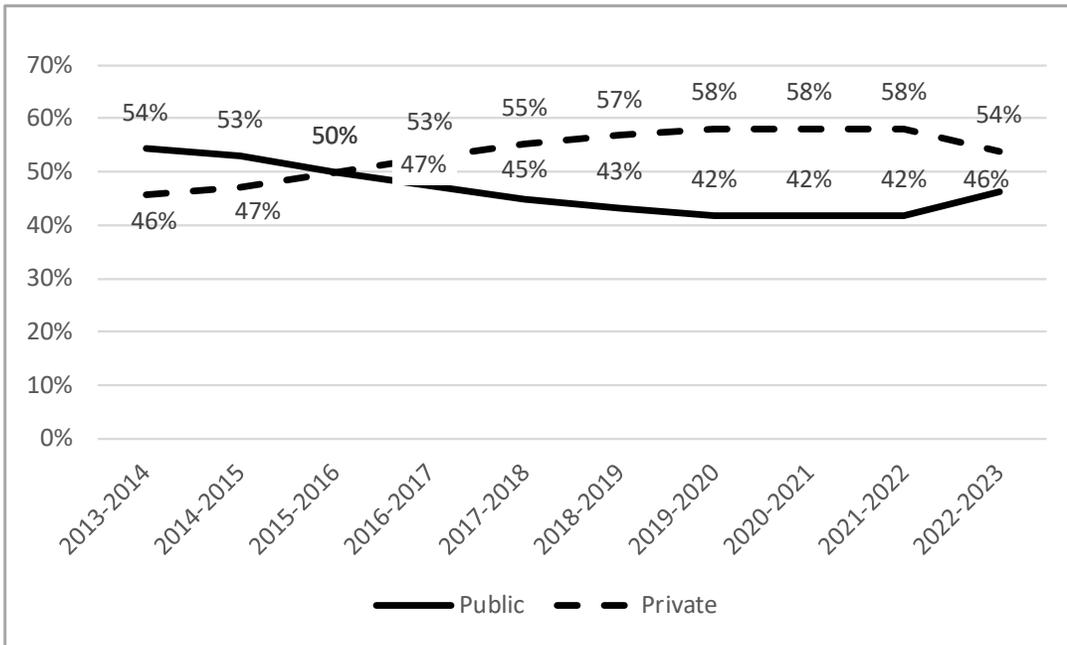


Figure 3. Percent of public and private RN-to-BSN programs by academic year

### RN-to-BSN Program Characteristics

In 2022-23, as in all prior years, the regular RN-to-BSN program type with no prelicensure students was the most commonly offered master's degree program.

In 2022-23, some programs provided "other" program types and described them in text comments. Four of the "other" program types were described as being collaborative or concurrent enrollment programs with another institution. One noted that, "Students are admitted as pre-licensure but obtain license prior to BSN graduation".

**Table 6. RN-to-BSN program types by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
RN to BSN program only (no pre-licensure students)	30	24	28	33	32	29	35	39	34	28
RNs are admitted into spaces with pre-licensure students	4	4	2	1	2	3	4	4	6	7
RNs are admitted to a specific RN-to-BSN track in the Generic BSN program	5	5	4	3	0	3	3	1	4	7
Other	1	2	3	4	4	4	3	3	4	5
<b>Number of programs</b>	<b>35</b>	<b>34</b>	<b>34</b>	<b>38</b>	<b>38</b>	<b>37</b>	<b>43</b>	<b>43</b>	<b>43</b>	<b>39</b>

In 2022-23, the hybrid (online and in-person) format was the most commonly selected mode of delivery, offered by 66.7% of programs. The use of hybrid programs reached a ten-year high in 2022-23, possibly partially as a result of the COVID-19 pandemic, which required more remote learning to keep students and faculty safe. This prompted many programs to enhance their online technology capabilities. While full-time programming was the second most commonly selected format in 2022-23, offered by 43.6% of programs, it experienced a decline after 2019-20. The use of distance/online education was also popular and reported by 14 programs (35.9%). The use of traditional (or 100% in-person) and evening formats has decreased over time.

**Table 7. RN-to-BSN degree program delivery formats and modes by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Traditional Program	17	10	6	9	8	6	8	7	5	4
Collaborative/Shared Education	4	-	-	-	-	-	-	-	-	-
Contract Education	1	-	-	-	-	-	-	-	-	-
Distance Education/ Online	13	9	12	18	16	16	23	18	14	14
Evening Program	6	7	9	6	6	5	5	2	-	-
Extended Campus	3	-	-	-	-	-	-	-	-	-
Part-time Program	8	15	15	15	15	18	24	17	14	12
Weekend Program	2	1	1	2	1	1	1	3	2	3
Accelerated	5	-	-	-	-	-	-	-	-	-
Other	2	2	1	3	2	2	6	5	4	5
Hybrid Online/In-Person	-	14	16	15	15	11	16	22	25	26
Full-time Program	-	17	21	20	19	22	24	21	21	17
<b>Number of programs</b>	<b>35</b>	<b>34</b>	<b>34</b>	<b>38</b>	<b>38</b>	<b>37</b>	<b>43</b>	<b>43</b>	<b>43</b>	<b>39</b>

\*The wording for this answer choice was changed to "100% on-line" in 2020-21, so categories may not be directly comparable.

Over the last ten years, the majority of RN-to-BSN programs were accredited by the Commission on Collegiate Nursing Education (CCNE). RN-to-BSN accreditation from the Accreditation Commission for Education in Nursing (ACEN) has been on the decline since 2014-15, but experienced an uptick in 2022-23.

The CCNE approves accreditation for bachelor’s and master’s nursing programs while the ACEN approves accreditation for all types of nursing programs, including associate, baccalaureate, master’s, and doctoral.

**Table 8. RN-to-BSN program accreditation**

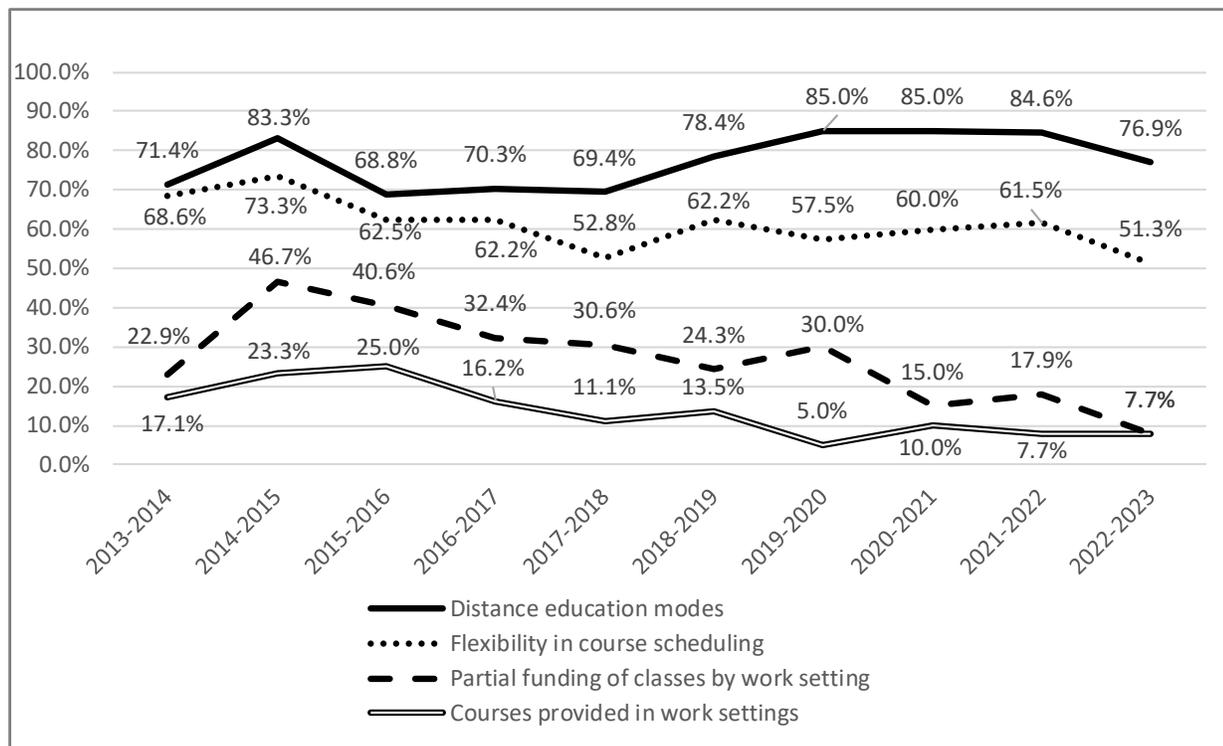
	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ACEN (Accreditation Commission for Education in Nursing)	10.0%	10.0%	6.1%	5.6%	5.7%	5.7%	4.9%	2.5%	4.8%	7.7%
CCNE (Commission on Collegiate Nursing Education)	90.0%	90.0%	93.9%	86.1%	88.6%	85.7%	90.2%	90.0%	92.9%	92.3%
CNEA (Commission for Nursing Education Accreditation)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	2.6%
Council on Accreditation of Nurse Anesthesia Educational Programs (COA)	n/a	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Accreditation Commission for Midwifery Education (ACME)	n/a	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	13.3%	13.3%	6.1%	8.3%	5.7%	5.7%	9.8%	5.0%	0.0%	0.0%
None	3.3%	3.3%	0.0%	2.8%	5.7%	8.6%	2.4%	2.5%	2.4%	5.1%
<b>Programs responding</b>	<b>30</b>	<b>30</b>	<b>33</b>	<b>36</b>	<b>35</b>	<b>35</b>	<b>41</b>	<b>40</b>	<b>42</b>	<b>39</b>

Most RN-to-BSN programs use distance education modes (whether 100% online or hybrid) and flexible course scheduling as methods of increasing access to the program. Offering courses via distance education modes rose to about 85% over the last three years—but decreased to 76.9% (n=30) in 2022-23. Flexible course scheduling remains a common method that RN-to-BSN programs use to increase access in 2022-23 (51.5%, n=20).

Some programs offer courses in work settings and use partial funding of classes by work settings to increase access, although use of both has declined over the last decade, especially providing courses in work settings.

**Table 9. Approaches to increase RN access to the program by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Distance education modes	71.4%	83.3%	68.8%	70.3%	69.4%	78.4%	85.0%	85.0%	84.6%	76.9%
Flexibility in course scheduling	68.6%	73.3%	62.5%	62.2%	52.8%	62.2%	57.5%	60.0%	61.5%	51.3%
Partial funding of classes by work setting	22.9%	46.7%	40.6%	32.4%	30.6%	24.3%	30.0%	15.0%	17.9%	7.7%
Courses provided in work settings	17.1%	23.3%	25.0%	16.2%	11.1%	13.5%	5.0%	10.0%	7.7%	7.7%
<b>Number of programs reporting</b>	<b>35</b>	<b>30</b>	<b>32</b>	<b>37</b>	<b>36</b>	<b>37</b>	<b>40</b>	<b>40</b>	<b>39</b>	<b>39</b>



**Figure 4. Approaches to increase RN access to the program by academic year**

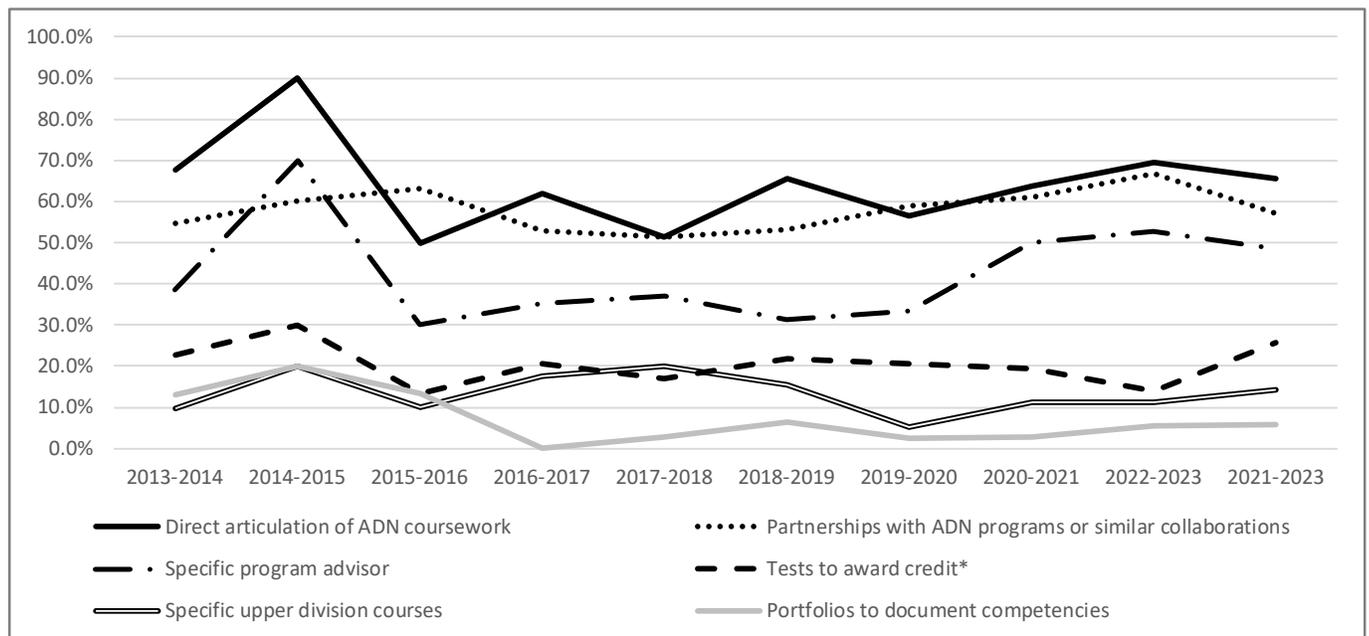
In 2022-23, the most commonly cited method to award credit for prior education and experience was direct articulation of ADN coursework (65.7%, n=23). The direct articulation of ADN coursework remains the most common method of awarding credit for prior education although its use has decreased since peaking at 90.0% (n=27) in 2014-2015. The use of partnerships with ADN programs or similar collaborations has increased overall over the decade, reaching a ten-year high of 66.7% (n=24) in 2021-22, and then declining to 57.1% (n=20) in 2022-23.

The use of portfolios to document competencies as a mechanism to award credit has overall declined since 2014-15, when 20.0% of programs used this mechanism. By 2022-23, only two programs (5.7%) reported using portfolios to document competencies to award credit.

**Table 10. Mechanisms to award credit for prior education and experience by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2022-2023	2021-2023
Direct articulation of ADN coursework	67.7%	90.0%	50.0%	61.8%	51.4%	65.6%	56.4%	63.9%	69.4%	65.7%
Partnerships with ADN programs or similar collaborations	54.8%	60.0%	63.3%	52.9%	51.4%	53.1%	59.0%	61.1%	66.7%	57.1%
Specific program advisor	38.7%	70.0%	30.0%	35.3%	37.1%	31.3%	33.3%	50.0%	52.8%	48.6%
Tests to award credit*	22.6%	30.0%	13.3%	20.6%	17.1%	21.9%	20.5%	19.4%	13.9%	25.7%
Specific upper division courses	9.7%	20.0%	10.0%	17.6%	20.0%	15.6%	5.1%	11.1%	11.1%	14.3%
Portfolios to document competencies	12.9%	20.0%	13.3%	0.0%	2.9%	6.3%	2.6%	2.8%	5.6%	5.7%
<b>Number of programs reporting</b>	<b>31</b>	<b>30</b>	<b>30</b>	<b>34</b>	<b>35</b>	<b>32</b>	<b>39</b>	<b>36</b>	<b>36</b>	<b>35</b>

\*NLN achievement tests or challenge exams



**Figure 5. Mechanisms to award credit for prior education and experience by academic year**

## RN-to-BSN Applications, Admissions, and Enrollments

In 2022-23, RN-to-BSN programs received 3,139 applications for admission, representing a ten-year low. Of the 3,139 applications received in 2022-23, 33.5% (n=1,164) were not accepted for admission, and 8.9% (n=176) of those admitted did not enroll.

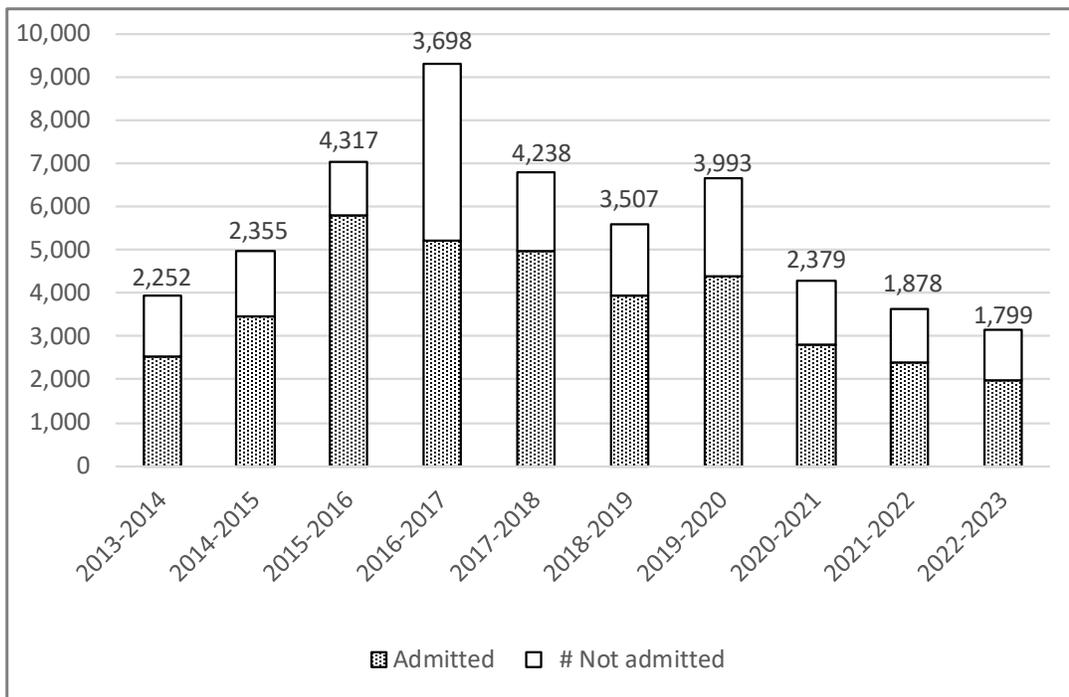
Prior to 2014-15, admitted students were recorded as enrolled students. From 2014-2015 onward, enrolled students were differentiated from admitted students because many who are admitted did not enroll. In 2019-2020, this table was revised to reflect the number admitted, not enrolled, from 2012-2013 onward. Starting in 2020-21, the number of qualified applicants was not requested, so this table has been revised to reflect the total number of applicants rather than the number of qualified applicants.

**Table 11. Applications for admission to RN-to-BSN programs by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
<b>Applications*</b>	<b>3,927</b>	<b>4,989</b>	<b>7,035</b>	<b>9,321</b>	<b>6,783</b>	<b>5,588</b>	<b>6,660</b>	<b>4,299</b>	<b>3,623</b>	<b>3,139</b>
<b>Admitted</b>	2,522	3,468	5,783	5,198	4,989	3,945	4,401	2,821	2,409	1,975
New student enrollments	2,252	2,355	4,317	3,698	4,238	3,507	3,993	2,379	1,878	1,799
# Not admitted	1,405	1,521	1,252	4,123	1,794	1,643	2,259	1,478	1,214	1,164
# Not enrolled	1,675	2,634	2,718	5,623	2,545	2,081	2,667	1,920	1,745	1,340
<b>% applications admitted</b>	<b>64.2%</b>	<b>69.5%</b>	<b>82.2%</b>	<b>55.8%</b>	<b>73.6%</b>	<b>70.6%</b>	<b>66.1%</b>	<b>65.6%</b>	<b>66.5%</b>	<b>62.9%</b>
<b>% of those admitted who enrolled</b>	<b>89.3%</b>	<b>67.9%</b>	<b>74.6%</b>	<b>71.1%</b>	<b>84.9%</b>	<b>88.9%</b>	<b>90.7%</b>	<b>84.3%</b>	<b>78.0%</b>	<b>91.1%</b>

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

In 2020-21, five programs reported no applications, admissions, or enrollments, as did eight programs in 2021-22 and two programs in 2022-23.



**Figure 6. Admitted and not admitted applicants by academic year, RN-to-BSN programs**

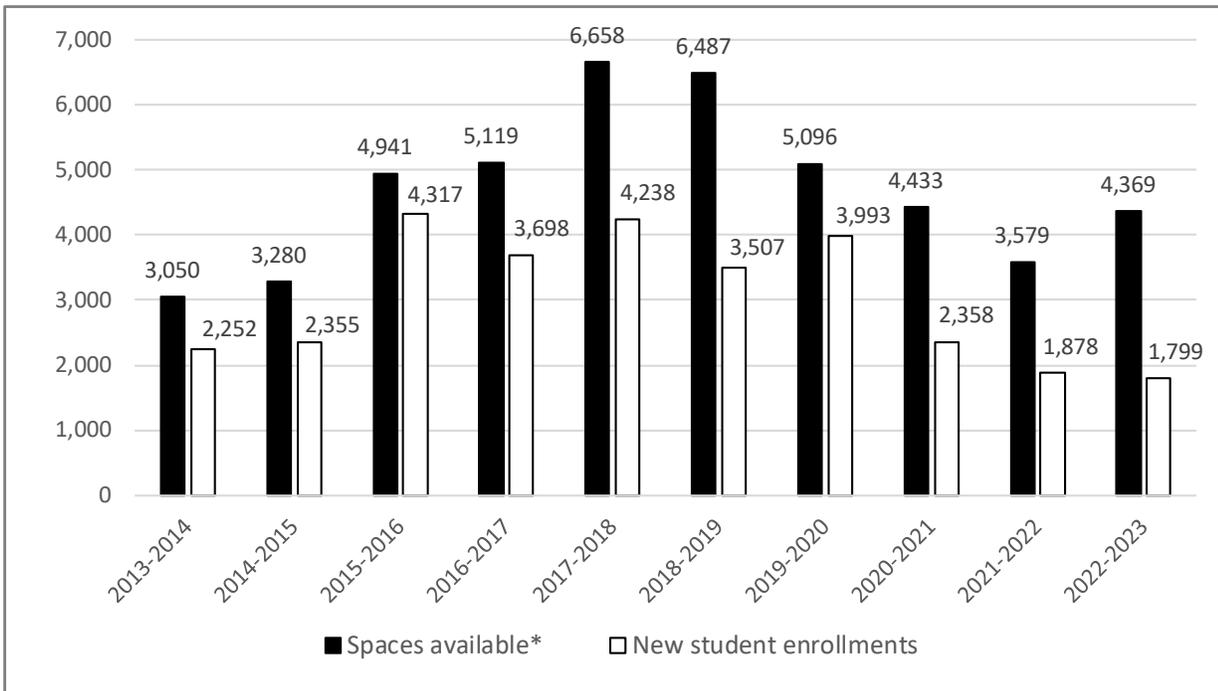
In 2022-23, 4,369 admission spaces were filled with 1,799 students. This is the lowest number of new student enrollments reported in the last decade, and the lowest proportion of admission spaces filled with new student enrollments over the same period. Some online RN-to-BSN programs accept all qualified applicants and there is no cap on enrollment; for programs where there was no number of admission spaces given ( $n=1$ ), or the number of admission spaces was extremely high, indicating “no cap” (ex: 999,  $n=4$ ), the number of new enrollments was used as the number of spaces available. Three programs listed more than 200 admission spaces, not including those that listed “999”.

Thirty-two of the thirty-nine RN-to-BSN programs listed fewer new enrollments than admissions spaces available in 2022-23, not including the online programs with no cap. For two schools, the number of admission spaces exceeded the number of new enrollments by hundreds of spaces.

In 2022-23, only 41.2% of admission spaces were filled with new enrollments—the lowest level in the last ten years.

**Table 12. Availability and utilization of RN-to-BSN admission spaces by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Spaces available*	3,050	3,280	4,941	5,119	6,658	6,487	5,096	4,433	3,579	4,369
New student enrollments	2,252	2,355	4,317	3,698	4,238	3,507	3,993	2,358	1,878	1,799
<b>% Spaces filled with new student enrollments</b>	<b>73.8%</b>	<b>71.8%</b>	<b>87.4%</b>	<b>72.2%</b>	<b>63.7%</b>	<b>54.1%</b>	<b>78.4%</b>	<b>53.2%</b>	<b>52.5%</b>	<b>41.2%</b>



**Figure 7. Availability and utilization of RN-to-BSN admission spaces by academic year**

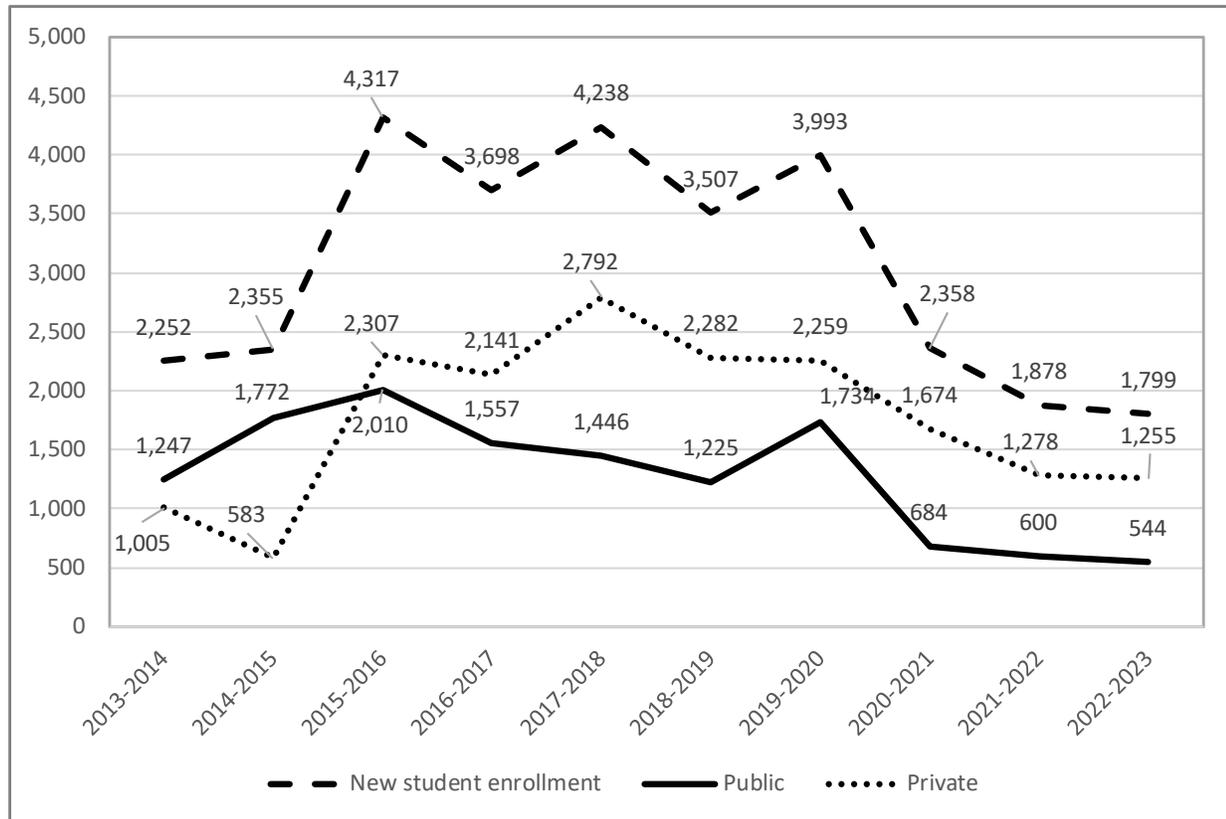
New student enrollment reached a ten-year high of 4,317 in 2015-16. Since that time, enrollment has fluctuated, declining to 1,799 in 2022-23. This is a drop off of about 79 new enrollments since 2021-22 or about 4%.

Private program enrollments surpassed public school enrollments in 2015-16 and have remained more than half of all new student enrollments since that time. However, in 2021-22, both public and private programs saw a drop in enrollments.

**Table 13. RN-to-BSN new student enrollment by public/private schools by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
<b>New student enrollment</b>	<b>2,252</b>	<b>2,355</b>	<b>4,317</b>	<b>3,698</b>	<b>4,238</b>	<b>3,507</b>	<b>3,993</b>	<b>2,358</b>	<b>1,878</b>	<b>1,799</b>
Public	1,247	1,772	2,010	1,557	1,446	1,225	1,734	684	600	544
Private	1,005	583	2,307	2,141	2,792	2,282	2,259	1,674	1,278	1,255

Note: Much of the increase between 2014-15 and 2015-16 is the result of the inclusion of a new private RN-to-BSN program.



**Figure 8. RN-to-BSN new student enrollment by program type by academic year**

Of the 1,799 new enrollments in 2022-23, 1,086 (30.5%) were enrolled in a standard post-licensure BSN (RN-to-BSN) program while 713 were enrolled in a specific post-licensure program in which students begin taking BSN courses while still enrolled in an ADN program (e.g., California Collaborative Model for Nursing Education). The percent of students enrolled in concurrent enrollment style programs has increased since 2013-2014, from 5.6% in 2013-14 to 39.6% in 2022-23.

**Table 14. RN-to-BSN new student enrollment by program type by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021*	2021-2022	2022-2023
Standard post-licensure BSN (RN-to-BSN)	2,064	2,053	3,927	2,850	3,589	2,873	3,255	1,708	1,305	1,086
Specific post-licensure program (e.g. California Collaborative Model for Nursing Education)	127	124	390	500	649	634	738	671	573	713
Unknown	61	178	0	348	0	0	0	-21	0	0
<b>Total student enrollments</b>	<b>2,252</b>	<b>2,355</b>	<b>4,317</b>	<b>3,698</b>	<b>4,238</b>	<b>3,507</b>	<b>3,993</b>	<b>2,358</b>	<b>1,878</b>	<b>1,799</b>

\*The number of RN to BSN students broken out by program type exceeded the overall number of new enrollments in 2020-21.

The majority of newly enrolled RN-to-BSN students over the last decade have been people of color, primarily Hispanic and Asian. While the proportion of Hispanic enrollees has increased over time, the proportion of enrollees from other groups has varied without a clear trajectory.

**Table 15. Ethnic distribution of RN-to-BSN new enrollments by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Native American	0.7%	0.5%	0.4%	1.0%	0.3%	0.4%	0.6%	0.6%	0.5%	0.6%
<b>Asian/ Pacific Islander subtotal</b>	<b>31.0%</b>	<b>33.5%</b>	<b>26.7%</b>	<b>25.1%</b>	<b>23.9%</b>	<b>19.4%</b>	<b>27.7%</b>	<b>27.7%</b>	<b>27.8%</b>	<b>27.2%</b>
<i>South Asian</i>	1.4%	0.8%	1.2%	0.7%	1.7%	0.4%	1.7%	2.5%	2.8%	4.2%
<i>Filipino</i>	4.7%	6.2%	2.4%	2.7%	1.1%	3.1%	3.1%	3.9%	2.8%	6.7%
<i>Hawaii</i>	0.6%	1.8%	1.6%	2.1%	3.1%	1.1%	1.4%	1.0%	0.4%	0.3%
<i>Other Asian</i>	24.3%	24.6%	21.6%	19.7%	18.0%	14.8%	21.6%	20.3%	21.9%	16.1%
<i>Other Pacific Islander</i>	-	-	-	-	-	-	-	1.1%	0.9%	1.9%
African American	7.1%	5.4%	5.8%	6.5%	7.2%	11.0%	6.2%	6.4%	4.8%	5.4%
Hispanic	24.2%	27.6%	27.0%	25.7%	28.7%	26.1%	29.4%	35.4%	35.1%	36.5%
Multi-race	5.8%	4.6%	1.5%	4.3%	3.8%	4.8%	4.8%	4.9%	5.3%	5.7%
Other	1.2%	0.8%	3.1%	0.4%	1.2%	1.0%	0.3%	0.4%	2.4%	2.2%
White	29.9%	27.6%	35.5%	37.0%	34.8%	37.4%	30.9%	23.5%	23.0%	20.6%
<b>Total</b>	<b>1,903</b>	<b>1,494</b>	<b>3,843</b>	<b>3,026</b>	<b>3,935</b>	<b>3,196</b>	<b>3,339</b>	<b>2,142</b>	<b>1,702</b>	<b>1,547</b>
<b>Ethnic Minorities*</b>	70.1%	72.4%	64.5%	63.0%	65.2%	62.6%	69.1%	76.5%	77.0%	79.4%
<b># Unknown/ unreported</b>	349	861	474	672	303	311	654	216	176	252

\*\*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race".

Over the last ten years, most RN-to-BSN new enrollments have been female. However, the proportion of male new enrollments has increased over time, hitting a ten-year high in 2020-21 before declining slightly over the next two years to 19.9% in 2022-23.

**Table 16. Gender distribution of RN-to-BSN new enrollments by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Male	15.7%	17.3%	16.1%	15.6%	17.6%	15.6%	18.1%	21.0%	20.4%	19.9%
Female	84.3%	82.7%	83.9%	84.4%	82.4%	84.3%	81.8%	79.0%	79.5%	80.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%
<b>Total</b>	<b>2,099</b>	<b>1,589</b>	<b>4,083</b>	<b>3,189</b>	<b>4,221</b>	<b>3,452</b>	<b>3,827</b>	<b>2,352</b>	<b>1,781</b>	<b>1,621</b>
<b># Unknown/ unreported</b>	153	766	234	509	17	55	166	6	97	178

In 2022-23, the proportion of students 30 years of age and younger was a little over half (50.7%).

**Table 17. Age distribution of RN-to-BSN new enrollments by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
17 – 20 years	4.8%	0.1%	0.1%	0.1%	1.0%	0.6%	0.2%	1.3%	1.1%	1.0%
21 – 25 years	15.2%	21.7%	10.8%	13.3%	13.3%	16.6%	14.2%	21.2%	23.1%	21.2%
26 – 30 years	26.9%	31.3%	24.4%	22.6%	22.0%	26.2%	24.7%	28.0%	28.9%	28.4%
31 – 40 years	31.1%	32.0%	35.8%	35.9%	36.1%	32.4%	33.9%	30.7%	32.5%	31.0%
41 – 50 years	16.2%	10.6%	20.6%	19.6%	20.0%	16.8%	19.5%	13.8%	10.7%	14.3%
51 – 60 years	5.4%	2.9%	7.5%	8.0%	7.0%	6.7%	7.1%	4.7%	3.6%	3.4%
61 years and older	0.4%	1.2%	0.8%	0.5%	0.6%	0.6%	0.5%	0.3%	0.2%	0.7%
<b>Total</b>	<b>1,854</b>	<b>1,458</b>	<b>3,989</b>	<b>3,126</b>	<b>4,074</b>	<b>3,244</b>	<b>3,497</b>	<b>1,782</b>	<b>1,716</b>	<b>1,529</b>
# Unknown/ unreported	398	897	328	572	164	263	11	576	162	270

Nineteen programs (48.7%) reported that they enrolled fewer students in 2022-23 than in the prior year. A program-by-program comparison of 2022-23 RN-to-BSN *enrollment numbers* with 2021-22 enrollment numbers reveals that 51.3% of 38 ongoing programs (n=20) enrolled fewer students this year than last.

The majority reported that this resulted from accepted students not enrolling (50.0% n=9), followed by “other” (27.8%, n=5) and lack of qualified applicants (22.2%, n=4).

In 2022-23, some examples of comments indicating lack of qualified applicants include “Overall lower number of RN-BSN applications,” and “Decreased market for program, less student enrollments.” Some examples of other comments include, “Most students enrolling were international students which are impacted by stiffer immigration requirements and pandemic,” and “Students seeking fully online programs.”

A series of questions about the impact of the COVID-19 pandemic were added in 2019-20. In 2022-23, 5.6% of RN-to-BSN programs (n=1) decreased an admission cohort (by 50%). Respondents did not choose any of the other pandemic-related answer choices.

**Table 18. Reasons for enrolling fewer RN-to-BSN students by academic year**

	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Accepted students did not enroll	61.5%	60.0%	60.0%	47.1%	63.6%	63.2%	56.5%	79.2%	50.0%
Other	7.7%	10.0%	13.3%	5.9%	18.2%	21.1%	8.7%	16.7%	27.8%
Lack of qualified applicants*	8.3%	40.0%	33.3%	23.5%	27.3%	21.1%	30.4%	29.2%	22.2%
Competition/mode*	7.7%	0.0%	26.7%	23.5%	18.2%	21.1%	8.7%	4.2%	16.7%
Decreased an admission cohort	-	-	-	-	-	5.3%	8.7%	8.3%	5.6%
Program revisions*	-	-	6.7%	11.8%	9.1%	5.3%	17.4%	0.0%	0.0%
College/university / BRN requirement to reduce enrollment	15.4%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
To reduce costs	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unable to secure clinical placements for all students	7.7%	0.0%	6.7%	0.0%	0.0%	0.0%	0.0%	4.2%	0.0%
Lost funding	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skipped a cohort	-	-	-	-	-	0.0%	8.7%	8.3%	0.0%
Concerns about safety of students in clinical rotations	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%
Challenges converting courses from in-person to online modalities	-	-	-	-	-	0.0%	0.0%	8.3%	0.0%
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%
Challenges converting clinicals to in-person simulation	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%
<b>Number of Programs Reporting</b>	<b>13</b>	<b>10</b>	<b>15</b>	<b>17</b>	<b>11</b>	<b>19</b>	<b>23</b>	<b>24</b>	<b>18</b>

\*Categories derived from text comments.

### RN-to-BSN Student Census

The total number of new and continuing RN-to-BSN students as of October 15, 2022 was 2,422. 31.0% of those students (n=752) were in private programs, and 69.0% (n=1,670) were in public programs. No census numbers were collected in 2021.

**Table 19. Student Census Data, RN-to-BSN Programs by academic year**

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public programs	2,194	2,536	3,073	2,224	2,298	1,929	2,474	-	1,811	1,670
Private programs	1,242	873	3,356	4,430	3,821	2,668	2,929	-	764	752
<b>Total</b>	<b>3,436</b>	<b>3,409</b>	<b>6,429</b>	<b>6,654</b>	<b>6,119</b>	<b>4,597</b>	<b>5,403</b>	<b>-</b>	<b>2,575</b>	<b>2,422</b>

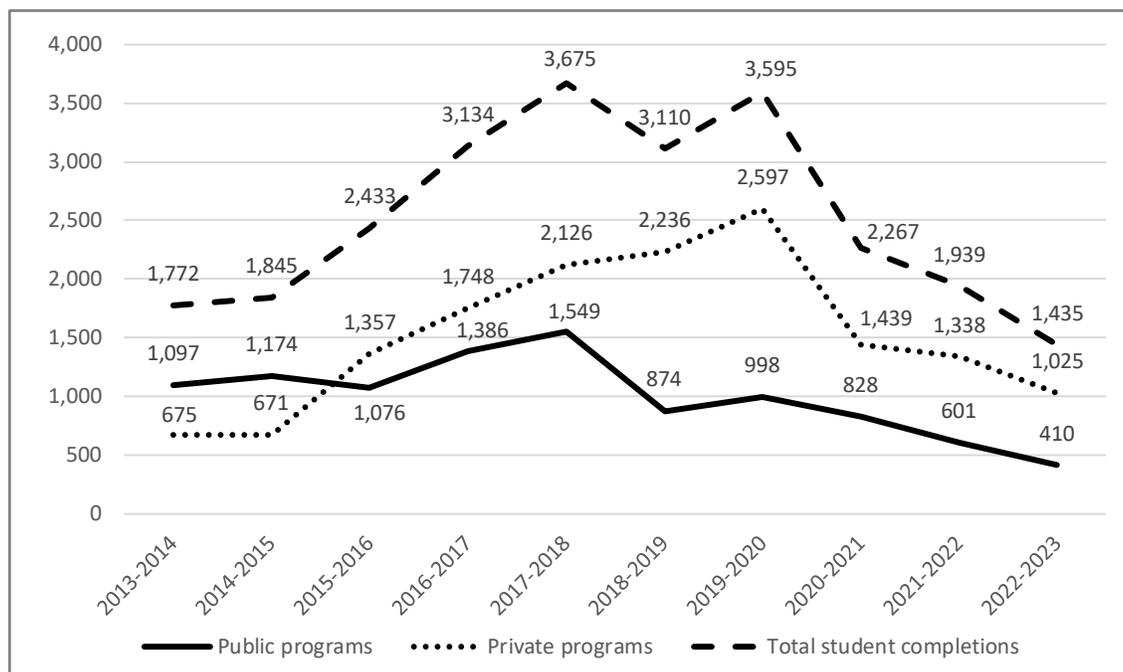
### RN-to-BSN Student Completions

The number of students that completed an RN-to-BSN program in California increased up until 2017-18 and then started to drop, hitting 1,435 completions in 2022-23—a ten-year low.

Private programs have had a greater share of RN-to-BSN completions than public programs for the past seven years—peaking at 72.2% of all completions in 2019-20. Some of this increase is due to the inclusion of a very large program that had not reported data prior to 2015-2016. In 2022-23, the proportion of private school completions was 71.4% of all completions (n=1,025).

**Table 20. RN-to-BSN student completions by public/private by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Public programs	1,097	1,174	1,076	1,386	1,549	874	998	828	601	410
Private programs	675	671	1,357	1,748	2,126	2,236	2,597	1,439	1,338	1,025
<b>Total student completions</b>	<b>1,772</b>	<b>1,845</b>	<b>2,433</b>	<b>3,134</b>	<b>3,675</b>	<b>3,110</b>	<b>3,595</b>	<b>2,267</b>	<b>1,939</b>	<b>1,435</b>



**Figure 9. RN-to-BSN program completions by academic year**

Of these 1,435 completions, 1,011 were enrolled in a standard post-licensure BSN (RN-to-BSN) program, and 424 were enrolled in a specific post-licensure program in which students begin taking BSN courses while enrolled in an ADN program (e.g., California Collaborative Model for Nursing Education).

**Table 21. RN-to-BSN student completions program type by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Standard post-licensure BSN (RN-to-BSN),	1,563	1,606	2,232	2,907	3,336	2,770	3,238	1,669	1,453	1,011
Specific post-licensure program (e.g. California Collaborative Model for Nursing Education)	121	65	201	227	339	340	357	598	486	424
Unknown	88	174	0	0	0	0	0	0	0	0
<b>Total student completions</b>	<b>1,772</b>	<b>1,845</b>	<b>2,433</b>	<b>3,134</b>	<b>3,675</b>	<b>3,110</b>	<b>3,595</b>	<b>2,267</b>	<b>1,939</b>	<b>1,435</b>

The majority of RN-to-BSN completions over the last decade have been people of color, primarily Hispanic and Asian. While the proportion of Hispanic enrollees has increased over time, the overall proportion of ethnic minority completions has varied.

**Table 22. Ethnic distribution of RN-to-BSN completions by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Native American	0.6%	0.5%	0.5%	0.6%	0.8%	0.5%	0.6%	0.5%	0.3%	0.6%
Asian/Pacific Islander Subtotal	32.3%	34.8%	27.4%	26.4%	24.5%	24.8%	25.6%	28.3%	32.0%	29.4%
<i>South Asian</i>	0.9%	2.8%	0.4%	0.5%	0.5%	0.3%	1.0%	3.3%	3.6%	3.3%
<i>Filipino</i>	4.5%	6.3%	3.2%	1.9%	1.9%	3.0%	2.0%	3.8%	2.8%	3.0%
<i>Hawaii</i>	0.7%	1.6%	2.1%	1.9%	2.2%	2.8%	1.8%	1.1%	1.1%	0.6%
<i>Other Asian</i>	26.2%	24.1%	21.7%	22.1%	19.9%	18.8%	20.9%	19.5%	23.7%	22.2%
<i>Other Pacific Islander</i>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.8%	0.2%
African American	9.6%	5.8%	5.3%	6.1%	5.4%	6.0%	6.3%	6.0%	5.0%	5.2%
Hispanic	23.7%	26.5%	24.6%	23.5%	27.4%	26.9%	26.9%	35.2%	33.8%	35.6%
Multi-race	3.5%	2.6%	5.4%	4.9%	4.7%	4.6%	4.7%	4.3%	5.8%	5.0%
Other	1.3%	1.7%	0.4%	0.3%	0.6%	0.8%	0.3%	0.6%	0.6%	1.8%
White	28.9%	28.1%	36.3%	38.2%	36.6%	36.4%	35.6%	25.2%	22.5%	22.5%
<b>Total</b>	<b>1,445</b>	<b>1,284</b>	<b>2,236</b>	<b>2,970</b>	<b>3,478</b>	<b>2,894</b>	<b>3,240</b>	<b>1,999</b>	<b>1,762</b>	<b>1,229</b>
Ethnic Minorities*	71.1%	71.9%	63.7%	61.8%	63.4%	63.6%	64.4%	74.8%	77.5%	77.5%
# Unknown/ unreported	327	561	197	164	197	216	355	268	177	206

While most RN-to-BSN completions are female, the proportion of male completions has varied over the last ten years.

**Table 23. Gender distribution of RN-to-BSN completions by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2021- 2023
Male	12.7%	15.2%	13.8%	15.2%	14.3%	16.3%	16.5%	15.9%	19.4%	15.1%
Female	87.3%	84.8%	86.2%	84.8%	85.7%	83.7%	83.5%	83.2%	80.6%	70.2%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.9%	0.0%	14.7%
<b>Total</b>	<b>1,638</b>	<b>1,358</b>	<b>2,429</b>	<b>3,125</b>	<b>3,682</b>	<b>3,093</b>	<b>3,563</b>	<b>2,188</b>	<b>1,826</b>	<b>1,434</b>
# Unknown/ unreported	134	0	4	9	0	17	32	79	113	1

In 2022-23, the proportion of completions 30 years of age and younger has risen to 47.5% while those over forty years of age comprise 16.0% of completions.

**Table 24. Age distribution of RN-to-BSN completions by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
17 – 20 years	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	3.0%	0.8%	0.5%	0.3%
21 – 25 years	12.0%	14.4%	7.6%	8.6%	8.9%	8.5%	7.0%	14.1%	17.7%	16.4%
26 – 30 years	28.0%	35.4%	24.6%	21.8%	21.0%	20.5%	22.8%	31.6%	29.6%	30.9%
31 – 40 years	32.1%	34.3%	38.0%	38.2%	34.8%	37.4%	35.0%	32.0%	33.9%	36.5%
41 – 50 years	19.3%	11.7%	20.7%	21.6%	22.5%	22.9%	22.1%	15.5%	12.9%	12.5%
51 – 60 years	7.8%	4.2%	8.4%	9.0%	11.1%	9.8%	8.9%	5.4%	5.2%	3.3%
61 years and older	0.9%	0.1%	0.7%	0.8%	0.9%	1.0%	1.2%	0.6%	0.3%	0.2%
<b>Total</b>	<b>1,458</b>	<b>1,312</b>	<b>2,316</b>	<b>3,041</b>	<b>3,659</b>	<b>2,970</b>	<b>3,302</b>	<b>1,721</b>	<b>1,737</b>	<b>1,172</b>
# Unknown/ unreported	314	533	117	93	16	140	293	546	202	263

**Summary of RN-to-BSN program data**

The number of RN-to-BSN programs has decreased by four programs after remaining the same for the prior three years. For the sixth year in a row, there were more private than public programs. The number of admission spaces reported increased, but the number of reported applications, admissions, and enrollments decreased to a ten year low in 2022-23.

This year, the number of admission spaces far exceeds the number of new student enrollments, leaving more than half (58.8%, n=2,570) of spaces unfilled, even discounting an online program with no enrollment cap.

More than half (51.3%, n=20) of programs enrolled *fewer* students this year compared to last year. The most common reason given for enrolling fewer students was that accepted students did not enroll and several reported that there was a lack of qualified applicants. Only one program chose a pandemic-related reason for enrolling fewer students.

## Master's Degree Programs

Master's degree programs offer post-licensure nursing education in functional areas such as nursing education and administration, as well as advanced practice nursing fields (i.e., nurse practitioner, clinical nurse specialist, nurse midwife, and nurse anesthetist).

### Number of MSN Programs

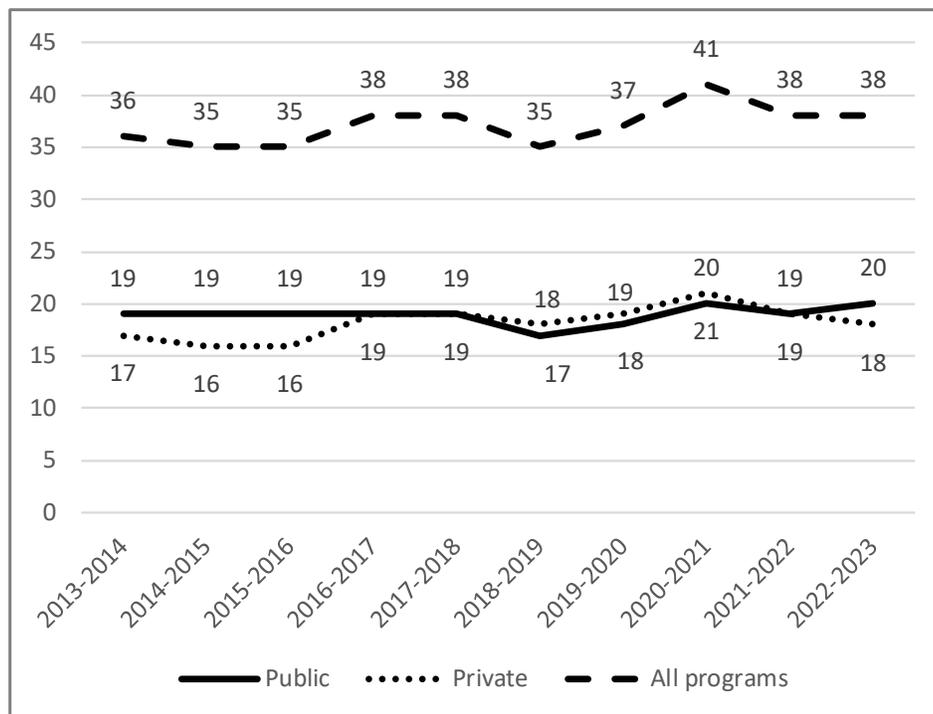
In 2022-2023, 38 schools that offered a Master's degree program responded to this survey. The number of Master's degree programs has increased by two since 2013-14 and has fluctuated up and down in the interim. Overall, the number of MSN programs has grown by approximately 5.6% (n=2) over the last decade. This year there were two new MSN programs reported, one closed, and one reported no data.

Less than half (47.4%) of reported programs in 2022-23 are private. This is a change compared to the last six years, when half or more of these programs were private. Prior to 2016-17, most master's degree programs reported were in public colleges and universities.

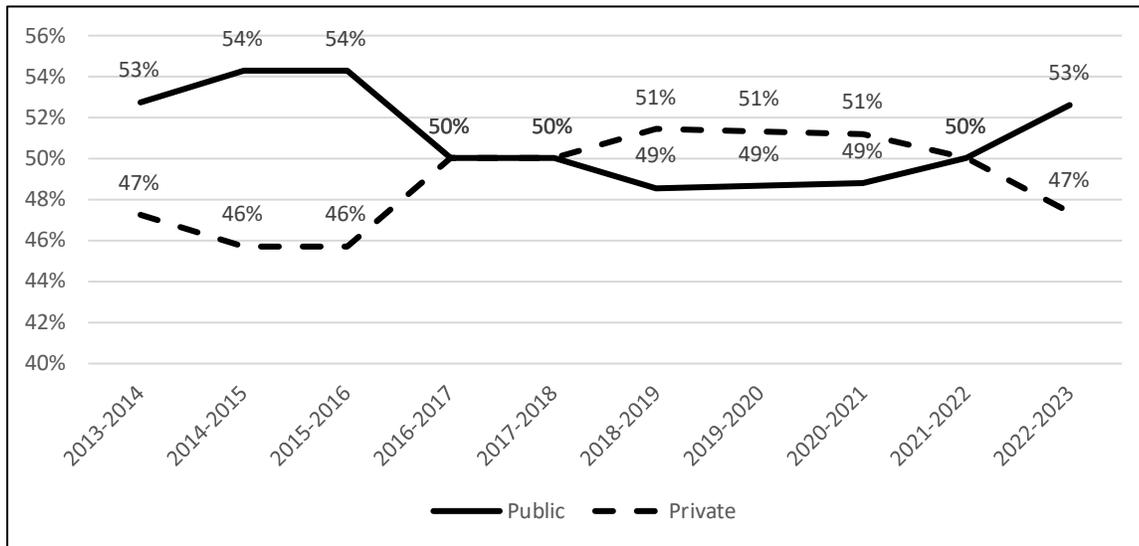
**Table 25. Number of Master's degree programs by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2021-2022	2021-2022	2022-2023
Public	52.8%	54.3%	54.3%	50.0%	50.0%	48.6%	48.6%	48.8%	50.0%	52.6%
Number of public programs	19	19	19	19	19	17	18	20	19	20
Private	47.2%	45.7%	45.7%	50.0%	50.0%	51.4%	51.4%	51.2%	50.0%	47.4%
Number of private programs	17	16	16	19	19	18	19	21	19	18
<b>Number of programs reporting</b>	<b>36</b>	<b>35</b>	<b>35</b>	<b>38</b>	<b>38</b>	<b>35</b>	<b>37</b>	<b>41</b>	<b>38</b>	<b>38</b>

\*One private school was inadvertently coded as public in the 2016-17 report; that designation has been corrected for this report.



**Figure 10. Number of MSN programs by academic year**



**Figure 11. Percent of public and private MSN programs by academic year**

### MSN Program Characteristics

In 2022-23, as in all prior years, the BSN to MSN was the most commonly offered type of master's degree program. These percentages have varied, but there doesn't seem to be any pattern over the years. In 2022-23, thirty-five of these programs offered a BSN to MSN, five offered an ADN to MSN, one offered a Diploma RN to MSN, and seven offered other degrees.

Other degrees mentioned in text comments included: "Master of Science", "BS to MS", "School Nurse Credential Program with MSN", "Family Nurse Practitioner Certificate (FNP)", "RN-MSN", Post-Master's Certificate (PMHNP)", and "Master's Degree".

**Table 26. MSN program type by academic year**

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Diploma-RN to MSN	2.9%	2.9%	5.3%	10.5%	5.9%	10.5%	12.2%	3.2%	2.6%
ADN to MSN	20.6%	17.6%	15.8%	18.4%	20.6%	18.4%	17.1%	22.6%	13.2%
BSN to MSN	82.4%	79.4%	81.6%	84.2%	82.4%	86.8%	87.8%	90.3%	92.1%
Other	26.5%	32.4%	26.3%	18.4%	23.5%	21.1%	17.1%	29.0%	18.4%
<b>Number of programs reporting</b>	<b>34</b>	<b>34</b>	<b>38</b>	<b>38</b>	<b>34</b>	<b>38</b>	<b>41</b>	<b>31</b>	<b>38</b>

In 2022-23, the hybrid (online and in-person) format was the most commonly selected *mode* of delivery. The use of this format has increased over the last ten years. While full-time programming was the most commonly selected *format* in 2021-22, it experienced a steep decline after 2019-20. The use of distance/online education peaked in 2014-15, but has since declined. This may be due to the addition of the answer choice “hybrid on-line/in-person” in 2013-14, which may better capture the type of learning most programs were implementing, which includes online education. The use of the hybrid online/in-person mode peaked in 2020-21, possibly due to health and safety concerns during the pandemic. The use of traditional and evening formats has decreased over time. Earlier modes such as contract education and extended campus are not reflected in this table since these categories were not included after 2013-14.

**Table 27. MSN program delivery formats and modes by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Hybrid Online/In-Person	-	40.6%	45.5%	50.0%	44.4%	59.4%	42.9%	64.9%	64.7%	76.3%
Full-time Program	57.1%	68.8%	81.8%	70.6%	72.2%	87.5%	80.0%	59.5%	38.2%	47.4%
Part-time Program	40.0%	31.3%	27.3%	41.2%	38.9%	59.4%	57.1%	37.8%	44.1%	44.7%
Distance Education/ Online	28.6%	46.9%	45.5%	32.4%	30.6%	28.1%	28.6%	29.7%	20.6%	18.4%
100% In-person	-	-	-	-	-	-	-	40.5%	35.3%	15.8%
Weekend Program	20.0%	18.8%	9.1%	11.8%	16.7%	15.6%	14.3%	8.1%	0.0%	5.3%
Other	0.0%	0.0%	6.1%	2.9%	8.3%	3.1%	8.6%	2.7%	2.9%	5.3%
Evening Program	28.6%	31.3%	15.2%	17.6%	11.1%	6.3%	5.7%	2.7%	5.9%	2.6%
Traditional Program	-	53.1%	39.4%	35.3%	44.4%	31.3%	25.7%	-	-	-
<b>Number of programs</b>	<b>35</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>36</b>	<b>32</b>	<b>35</b>	<b>37</b>	<b>34</b>	<b>38</b>

\*The wording for this answer choice was changed to “100% on-line” in 2020-21, so categories may not be directly comparable.

In 2022-23, the majority of MSN programs (68.4%, n=26) offered a nurse practitioner track and/or some other track (63.2%, n=24). Four MSN programs offered a CRNA program.

In 2022-23, other programs mentioned in text comments were nursing education (39.5%, n=15), leadership (26.3%, n=10), administration, informatics, and school nursing, (each at 7.9%, n=3).

**Table 28. MSN program tracks offered**

	2021-2022		2022-2023	
	Percent	Number	Percent	Number
Clinical Nurse Specialist (CNS)	28.9%	11	23.7%	9
Nurse Practitioner (NP)	68.4%	26	68.4%	26
Certified Nurse Midwife (CNM)	5.3%	2	5.3%	2
Clinical Registered Nurse Anesthetist (CRNA)	2.6%	1	10.5%	4
Other Track	60.5%	23	63.2%	24
<b>Total</b>		<b>38</b>		<b>38</b>

Between August 1, 2022 and July 31, 2023, 36.8% (n=14) of 38 MSN programs offered a post-graduate NP certificate.

In 2022-23, 62.5% (n=15) of the 26 MSN programs that reported offering an NP track offered didactic courses online. In addition, 23.1% (n=6) of the 26 MSN programs that reported offering an NP track enrolled out-of-state online students between August 1, 2021 and July 31, 2022.

Over the last ten years, the majority of MSN programs were accredited by the Commission on Collegiate Nursing Education (CCNE). This year, no programs reported accreditation from the Council of Nurse Anesthesia Educational Programs (COA). One program reported accreditation from the Accreditation Commission for Midwifery Education (ACME). No programs reported accreditation from the Commission for Nursing Education Accreditation (CNEA) or the Council on the Accreditation of Nurse Anesthesia Education Programs (COA).

Three programs indicated other accreditation in text comments, including the California Commission on Teacher Credentialing, Western Association of Schools and Colleges, and National Certification Corporation (NCC).

**Table 29. MSN Program Accreditation**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ACEN (Accreditation Commission for Education in Nursing)	5.7%	3.0%	2.9%	2.9%	3.0%	3.1%	0.0%	0.0%	3.0%	0.0%
CCNE (Commission on Collegiate Nursing Education)	94.3%	93.9%	91.2%	88.6%	97.0%	90.6%	94.3%	92.1%	93.9%	94.7%
CNEA (Commission for Nursing Education Accreditation)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Council on Accreditation of Nurse Anesthesia Educational Programs (COA)	-	-	8.8%	8.6%	6.1%	3.1%	2.9%	0.0%	9.1%	0.0%
Accreditation Commission for Midwifery Education (ACME)	-	-	5.9%	5.7%	3.0%	3.1%	2.9%	2.6%	6.1%	2.6%
Other	0.0%	9.1%	8.8%	8.6%	3.0%	12.5%	2.9%	7.9%	9.1%	7.9%
None	0.0%	0.0%	2.9%	2.9%	0.0%	0.0%	2.9%	5.3%	0.0%	5.3%
<b>Programs responding</b>	<b>35</b>	<b>33</b>	<b>34</b>	<b>35</b>	<b>33</b>	<b>32</b>	<b>35</b>	<b>38</b>	<b>33</b>	<b>38</b>

MSN Applications, Admissions, and Enrollments

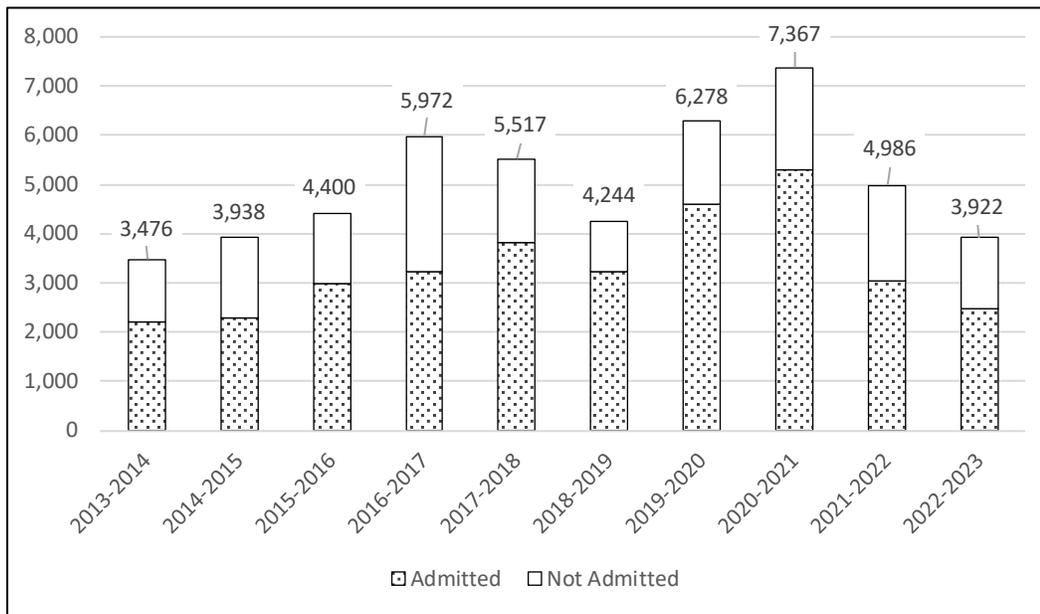
From 2020-21 on, the number of qualified applicants was not requested, so this table has been revised to reflect the total number of applicants rather than the number of qualified applicants. The number of applicants admitted, and the number of applicants enrolled, increased over the last decade until 2021-22. The number of applicants, admitted applicants, and enrolled applicants all decreased in 2021-22, and again in 2022-23.

**Table 30. Applications for admission to MSN degree programs by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021*	2021-2022	2022-2023
Applicants	3,476	3,938	4,400	5,972	5,517	4,244	6,278	7,367	4,986	3,922
Admitted	2,211	2,273	2,979	3,223	3,827	3,217	4,597	5,295	3,028	2,461
Enrolled	2,211	2,133	2,307	2,769	3,544	3,007	3,981	5,410	2,238	1,901
Not admitted	1,265	1,665	1,421	2,749	1,690	1,027	1,681	2,072	1,958	1,461
% Applications admitted	63.6%	57.7%	67.7%	54.0%	69.4%	75.8%	73.2%	71.9%	60.7%	62.7%
% of those admitted who enrolled	100.0%	93.8%	77.4%	85.9%	92.6%	93.5%	86.6%	102.2%	73.9%	77.2%

Note: These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

\*In 2020-2021, 4 schools reported no applicants or fewer applicants than enrollments.



**Figure 12. Applications by academic year, MSN programs**

New student enrollment grew considerably over the past decade, reaching a 10-year high of 5,410 in 2020-21. However, this number dropped to 2,238 in 2021-22, and then again in 2022-23 to 1,901.

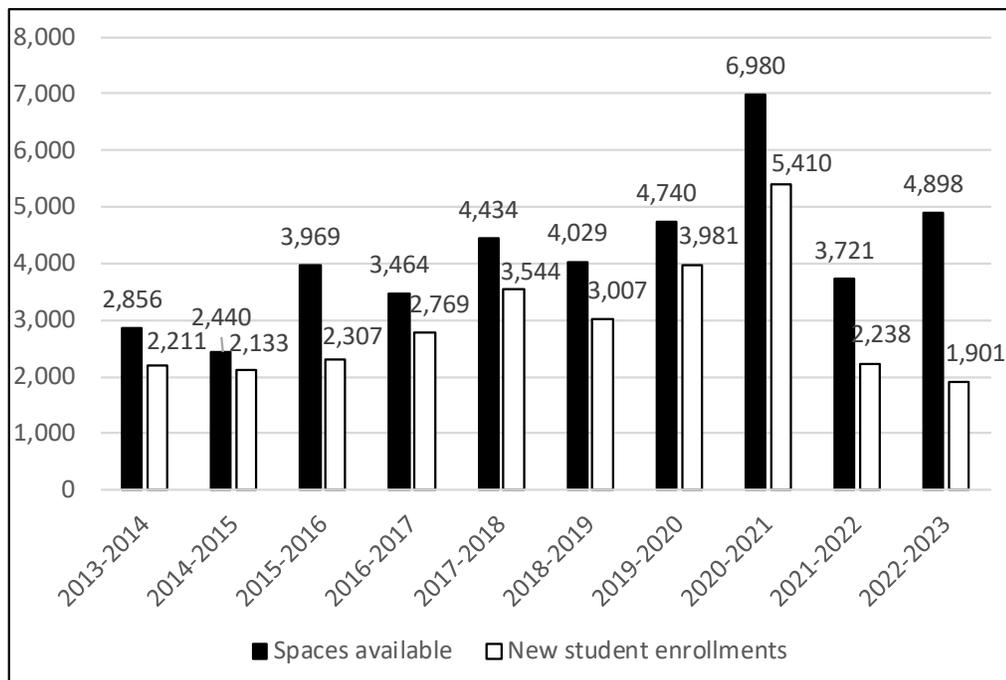
Admission spaces increased in 2022-23 after dropping of the prior year.

Twenty-nine of thirty-eight programs (76.3%) reported more admission spaces than new enrollments this year.

**Table 31. Availability and utilization of MSN admission spaces by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Spaces available	2,856	2,440	3,969	3,464	4,434	4,029	4,740	6,980	3,721	4,898
New student enrollments	2,211	2,133	2,307	2,769	3,544	3,007	3,981	5,410	2,238	1,901
<b>% Spaces filled with new student enrollments</b>	<b>77.4%</b>	<b>87.4%</b>	<b>58.1%</b>	<b>79.9%</b>	<b>79.9%</b>	<b>74.6%</b>	<b>84.0%</b>	<b>77.5%</b>	<b>60.1%</b>	<b>38.8%</b>

\*Two programs did not report admission spaces, applicants, or new enrollments, and one reported a very large number of admission spaces intended to indicate “no cap” due to the online format of the program (999). If number of admission spaces were not provided in the data, or there was “no cap”, the number of new enrollments was used as the number of available admission spaces.



**Figure 13. Availability and utilization of admission spaces, Master's degree programs, by academic year**

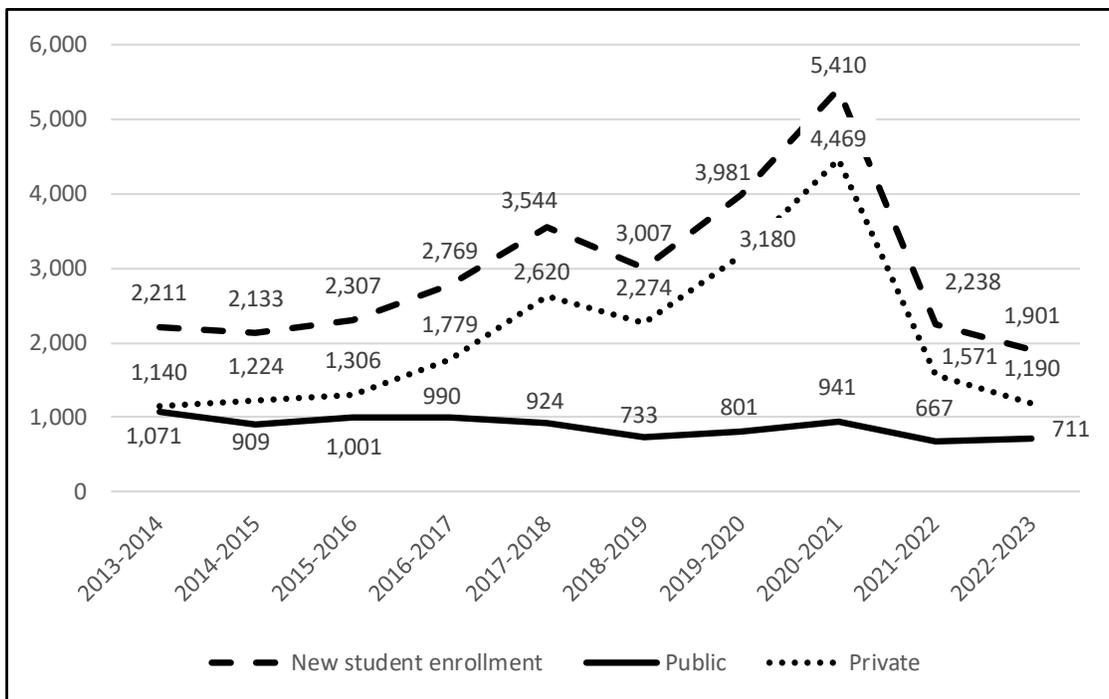
After reaching a ten-year high of 5,410 in 2020-21, enrollment declined considerably in 2021-22 to 2,238, and again in 2022-23 to 1,901.

While private program enrollments overall grew by 4.4% (n=50) over the last decade, public program enrollments declined by 33.6% (n=360). In 2022-23, 62.6% of new Master’s degree students (n=1,190) enrolled in private programs.

**Table 32. MSN new student enrollments by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
<b>New student enrollment</b>	<b>2,211</b>	<b>2,133</b>	<b>2,307</b>	<b>2,769</b>	<b>3,544</b>	<b>3,007</b>	<b>3,981</b>	<b>5,410</b>	<b>2,238</b>	<b>1,901</b>
Public	1,071	909	1,001	990	924	733	801	941	667	711
Private	1,140	1,224	1,306	1,779	2,620	2,274	3,180	4,469	1,571	1,190

\*One private school was inadvertently coded as public in the 2016-17 report; that designation has been corrected for this report.



**Figure 14. New student enrollment, MSN programs, by academic year**

Nurse practitioners were the largest share of enrollments from Master’s degree programs from 2013-14 through 2022-23, accounting for over a half of all enrollments, except in 2018-19 when they accounted for only 35.6% of enrollments (n=1,061).

In 2020-21, this question was simplified to reflect only major APRN categories and “other”. Therefore, it is not possible to trend other popular program tracks or specialty areas like nursing education or nursing administration. Amongst APRN categories, the proportion of clinical nurse specialists and certified registered nurse anesthetists have declined, while the proportion of nurse practitioners and certified nurse midwives have fluctuated.

“Other” fields made up 23.3% of completions (n=424), and included nursing education, nursing administration, school nurse, nurse generalist, nursing informatics, various leadership categories, and miscellaneous other categories.

**Table 33. MSN new student enrollments by program track or specialty area by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
<b>Nurse Practitioner</b>	<b>56.3%</b>	<b>61.7%</b>	<b>47.8%</b>	<b>44.0%</b>	<b>52.7%</b>	<b>35.6%</b>	<b>60.1%</b>	<b>66.9%</b>	<b>75.0%</b>	<b>74.8%</b>
Nurse Generalist	3.0%	4.3%	8.7%	8.3%	3.8%	12.3%	5.0%	-	-	-
Nursing Science and Healthcare Leadership	0.0%	1.2%	1.3%	1.1%	0.8%	2.7%	1.2%	-	-	-
<b>Other / unknown</b>	<b>5.1%</b>	<b>1.7%</b>	<b>9.8%</b>	<b>12.4%</b>	<b>4.1%</b>	<b>3.3%</b>	<b>3.5%</b>	<b>29.8%</b>	<b>23.4%</b>	<b>23.3%</b>
Nursing Education	4.9%	3.7%	14.6%	16.4%	13.0%	15.3%	12.1%	-	-	-
<b>Clinical Nurse Specialist</b>	<b>5.2%</b>	<b>5.5%</b>	<b>4.2%</b>	<b>3.2%</b>	<b>1.1%</b>	<b>1.5%</b>	<b>2.2%</b>	<b>2.0%</b>	<b>2.6%</b>	<b>3.7%</b>
Nursing Administration	4.0%	2.3%	5.9%	3.3%	15.9%	16.2%	9.7%	-	-	-
<b>Certified Nurse Midwife</b>	<b>0.8%</b>	<b>1.0%</b>	<b>0.7%</b>	<b>0.7%</b>	<b>0.7%</b>	<b>0.5%</b>	<b>0.5%</b>	<b>0.7%</b>	<b>0.5%</b>	<b>0.5%</b>
<b>Certified Registered Nurse Anesthetist</b>	<b>4.1%</b>	<b>3.8%</b>	<b>3.9%</b>	<b>2.1%</b>	<b>2.6%</b>	<b>0.9%</b>	<b>0.7%</b>	<b>0.6%</b>	<b>1.1%</b>	<b>0.0%</b>
School Nursing	2.2%	2.7%	1.5%	1.8%	1.8%	8.6%	2.8%	-	-	-
Clinical Nurse Leader	12.7%	10.9%	0.0%	3.1%	0.0%	0.0%	0.0%	-	-	-
Case Management	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%	-	-	-
Community Health/Public Health	1.0%	0.3%	0.4%	0.4%	0.6%	0.1%	0.1%	-	-	-
Informatics/Nursing Informatics	0.7%	0.6%	0.0%	2.7%	2.5%	2.9%	2.0%	-	-	-
Ambulatory care	-	0.0%	0.6%	0.1%	0.3%	0.0%	0.0%	-	-	-
Health Policy	-	0.3%	0.4%	0.2%	0.1%	0.1%	0.1%	-	-	-
<b>Total Student Completions</b>	<b>2,149</b>	<b>2,053</b>	<b>2,253</b>	<b>2,812</b>	<b>3,084</b>	<b>2,978</b>	<b>3,987</b>	<b>4,408</b>	<b>2,212</b>	<b>1,820</b>
Unknown Track*	62	80	54	(43)	460	29	(6)	1,002	26	81
Students enrolled in a double major	45	24	51	70	95	38	50	42	58	43

\*In some cases, the sum of students by program track was greater than the overall sum of new enrollments provided.

Starting in 2021-22, respondents were asked to break out their MSN new student enrollments by demographic categories and track. Nurse practitioner (NP) was the track with the most ethnic minorities, and no track was majority White this year.

Totals for the demographic categories do not sum to the total number of new enrollments reported by track because some schools provided race/ethnicity totals that did not sum to their overall enrollment totals.

**Table 34. Ethnic distribution of MSN new enrollments by track, 2022-2023**

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Clinical Nurse Specialist	Other Track
Native American	2.6%	0.0%	-	0.0%	0.6%
<b>Asian/Pacific Islander subtotal</b>	<b>31.0%</b>	<b>0.0%</b>	-	<b>18.0%</b>	<b>41.7%</b>
South Asian	0.5%	0.0%	-	0.0%	3.1%
Filipino	1.2%	0.0%	-	8.2%	5.2%
Hawaii	1.0%	0.0%	-	1.6%	1.2%
Other Asian	27.0%	0.0%	-	8.2%	31.2%
Other Pacific Islander	1.3%	0.0%	-	0.0%	0.9%
African American	10.7%	10.0%	-	16.4%	5.9%
Hispanic	19.5%	40.0%	-	19.7%	0.0%
Multi-race	6.3%	0.0%	-	4.9%	7.7%
Other	0.8%	0.0%	-	1.6%	1.2%
White	29.1%	50.0%	-	39.3%	42.9%
<b>Total</b>	<b>1,275</b>	<b>10</b>	-	<b>61</b>	<b>324</b>
Percent ethnic minorities	70.9%	50.0%	-	0.0%	57.1%
Unknown/Unreported*	86	-	-	7	89
<b>Number of programs reporting **</b>	<b>23</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>21</b>
<b>Programs offering this track</b>	<b>26</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>24</b>

\* In some cases, programs reported more or fewer students broken out by demographics than overall for each program track. Some enrollments may be double-counted because forty-three students were enrolled in more than one track.

\*\*Programs reporting one or more new students enrolled. In some cases, no new students were enrolled because the program was on teach-out.

The majority of all MSN enrollments in all tracks were female.

**Table 35. Gender distribution of MSN new enrollments by track, 2022-2023**

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Clinical Nurse Specialist (CNS)	Other Track
Male	26.3%	0.0%	-	14.0%	14.3%
Female	73.7%	100.0%	-	86.0%	85.7%
Other	0.0%	0.0%	-	0.0%	0.0%
<b>Total*</b>	<b>1,378</b>	<b>10</b>	<b>0</b>	<b>57</b>	<b>428</b>
Unknown**	(17)	-	-	5	(4)
<b>Number of programs reporting **</b>	<b>23</b>	<b>2</b>	<b>-</b>	<b>7</b>	<b>20</b>
<b>Programs offering this track</b>	<b>26</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>24</b>

\* In some cases, programs reported more or fewer students broken out by demographics than overall for each program track. Some enrollments may be double-counted because forty-three students were enrolled in more than one track.

\*\*Programs reporting one or more new students enrolled. In some cases, no new students were enrolled because the program was on teach-out.

Nurse practitioners were the youngest group in 2022-23, with 38.5% (n=468) of new enrollments under the age of 31. More than half of NP, CNM, CNS and “Other Track” enrollees were over 30 years of age.

**Table 36. Age distribution of MSN new enrollments by track, 2022-2023**

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Clinical Nurse Specialist (CNS)	Other Track
17 – 20 years	1.4%	0.0%	-	0.0%	2.4%
21 – 25 years	13.8%	0.0%	-	0.0%	15.3%
26 – 30 years	22.8%	0.0%	-	25.0%	18.6%
31 – 40 years	36.9%	40.0%	-	50.0%	30.5%
41 – 50 years	19.2%	40.0%	-	19.4%	23.5%
51 – 60 years	5.0%	20.0%	-	5.6%	8.5%
61 years and older	0.9%	0.0%	-	0.0%	1.2%
<b>Total</b>	<b>1,232</b>	<b>5</b>	<b>-</b>	<b>36</b>	<b>413</b>
<b># Unknown/unreported</b>	<b>129</b>	<b>5</b>	<b>-</b>	<b>32</b>	<b>11</b>
<b>Number of programs reporting **</b>	<b>22</b>	<b>2</b>	<b>-</b>	<b>7</b>	
<b>Programs offering this track</b>	<b>26</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>24</b>

\* In some cases, programs reported more or fewer students broken out by demographics than overall for each program track. Some enrollments may be double-counted because forty-three students were enrolled in more than one track.

\*\*Programs reporting one or more new students enrolled. In some cases, no new students were enrolled because the program was on teach-out.

Eighteen programs out of 38 current programs (47.4%) reported that they had enrolled fewer students in 2022-23 than in the prior year. Public programs were more likely than private programs to report enrolling fewer students (55.0%, n=11) than private programs (38.9%, n=7). A program-by-program comparison of 2022-23 MSN enrollment numbers with 2021-22 enrollment numbers reveals that 47.4% of 38 ongoing programs (n=18) enrolled fewer students this year than last.

The majority reported that this resulted from accepted students not enrolling (47.8%, n=11). Eight programs (34.8%) reported that a lack of qualified applicants was the reason they had enrolled fewer students. Respondents provided write-in descriptions of some of these reasons. The more common write-in answers over the years have been recoded and are reflected as percentages in Table 17 below and indicated with an asterisk. Examples of these write-in answers in 2022-23 include “Fewer overall applications”, “Program converted to DNP”, “Too few qualified applicants”, “Fewer Applications. Competition with BSN-DNP programs and online programs”, and “We have seen a drop in interest in the MSN generic program, we believe due to the lasting effects of the pandemic. Nurses in our area have many employment opportunities at high salaries that do not require advanced degrees and many nurses are stressed, overworked. As we saw last year, fewer our school nurses went on to the MSN degree completion after securing the school nurse credential through our program.”

Only one program reported decreasing a cohort. No other programs cited pandemic-related concerns as a reason for fewer students enrolling except in text comments (see above).

**Table 37. Reasons for enrolling fewer MSN students by academic year**

	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Accepted students did not enroll	64.7%	78.6%	75.0%	52.9%	58.3%	62.5%	70.0%	45.0%	47.8%
Lack of qualified applicants*	29.4%	28.6%	12.5%	47.1%	8.3%	25.0%	5.0%	25.0%	34.8%
Program revisions*	0.0%	-	6.3%	5.9%	8.3%	18.8%	15.0%	0.0%	8.7%
Other	11.8%	28.6%	12.5%	11.8%	25.0%	18.8%	25.0%	35.0%	4.3%
Skipped a cohort	-	-	-	-	-	0.0%	5.0%	5.0%	4.3%
Competition/mode*	-	-	-	-	-	6.3%	5.0%	0.0%	0.0%
College/university /requirement to reduce enrollment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
To reduce costs	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unable to secure clinical placements for all students	5.9%	7.1%	6.3%	5.9%	8.3%	6.3%	5.0%	5.0%	0.0%
Lost funding	5.9%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%
Decreased an admission cohort	-	-	-	-	-	6.3%	0.0%	10.0%	0.0%
Concerns about safety of students in clinical rotations	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	0.0%	0.0%	5.0%	0.0%
Challenges converting courses from in-person to online modalities	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%
Challenges converting clinicals to in-person simulation	-	-	-	-	-	0.0%	0.0%	0.0%	0.0%
<b>All Reporting</b>	<b>17</b>	<b>14</b>	<b>16</b>	<b>17</b>	<b>12</b>	<b>16</b>	<b>20</b>	<b>20</b>	<b>23</b>

\*Categories derived from text comments.

### MSN Student Census

The reported MSN Census has dropped by 29.7% (n=1,489) over the last decade to a ten year low of 3,526. Public programs have experienced a drop of 47.3% (n=1,217), while private programs have experienced a smaller drop of 11.1% (n=272).

**Table 38. Student Census Data, Master's Degree Programs, by Academic Year**

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Public programs	2,572	2,382	2,329	2,159	2,106	1,956	1,464	1,737	-	1,355
Private programs	2,443	2,464	2,528	2,608	4,161	4,311	4,062	5,657	-	2,171
<b>Total nursing students</b>	<b>5,015</b>	<b>4,846</b>	<b>4,857</b>	<b>4,767</b>	<b>6,267</b>	<b>6,267</b>	<b>5,526</b>	<b>7,394</b>	<b>-</b>	<b>3,526</b>

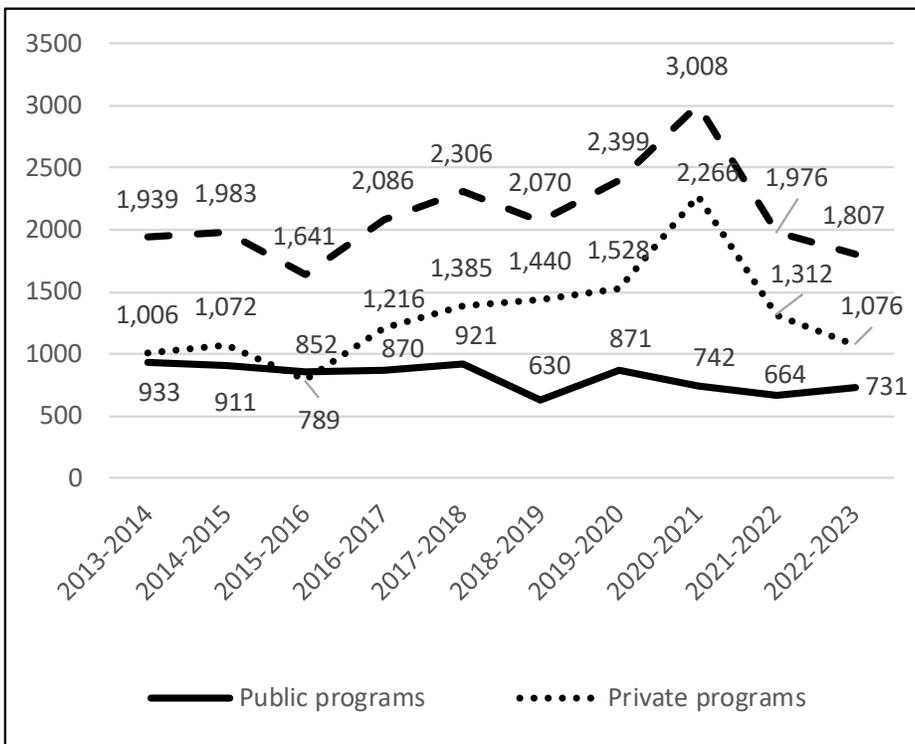
Note: no census data were collected in 2021.

### MSN Student Completions

The number of students that completed a Master’s degree program in California has decreased by 6.8% (n=-132) in the last decade after reaching a ten-year high of 3,008 students in 2020-2021. Growth over this period was due to the large number of completions from private programs. Public programs have experienced a decline of 21.7% since 2013-2014 (n= -202), while private program completions have experienced an increase of just 7% (n=70).

**Table 39. MSN student completions by academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Public programs	933	911	852	870	921	630	871	742	664	731
Private programs	1,006	1,072	789	1,216	1,385	1,440	1,528	2,266	1,312	1,076
<b>Total student completions</b>	<b>1,939</b>	<b>1,983</b>	<b>1,641</b>	<b>2,086</b>	<b>2,306</b>	<b>2,070</b>	<b>2,399</b>	<b>3,008</b>	<b>1,976</b>	<b>1,807</b>



**Figure 15. MSN program completions by academic year**

Nurse practitioners were the largest share of graduates from Master’s degree programs in 2022-23, accounting for over two-thirds of all graduates (72.1%, n=1,303).

In 2020-21, this question was simplified to reflect only major APRN categories and “other”. Therefore, it is not possible to trend other popular program tracks or specialty areas like nursing education or nursing administration. Amongst APRN categories, the proportion of certified registered nurse anesthetists has gone down. The proportion of nurse practitioners, certified nurse midwives, and clinical nurse specialists has fluctuated.

“Other” fields made up 7.6% of completions (n=137), and included nursing education, nursing administration, nurse generalist, case management, various leadership categories, and miscellaneous other categories.

**Table 40. MSN student completions by program track or specialty area by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
<b>Nurse Practitioner</b>	<b>53.4%</b>	<b>57.8%</b>	<b>52.8%</b>	<b>51.3%</b>	<b>54.3%</b>	<b>47.2%</b>	<b>50.5%</b>	<b>51.8%</b>	<b>57.9%</b>	<b>72.1%</b>
Nursing Education	7.8%	3.7%	13.9%	11.2%	11.0%	14.2%	12.3%	-	-	-
Nursing Administration	4.5%	4.2%	5.4%	5.3%	13.2%	10.0%	16.0%	-	-	-
<b>Other specialty</b>	<b>0.1%</b>	<b>3.1%</b>	<b>9.0%</b>	<b>9.4%</b>	<b>5.9%</b>	<b>6.3%</b>	<b>4.9%</b>	<b>45.6%</b>	<b>26.2%</b>	<b>31.2%</b>
Nurse Generalist	1.8%	2.8%	3.7%	1.7%	4.3%	5.8%	4.2%	-	-	-
<b>Certified Registered Nurse Anesthetist</b>	<b>3.9%</b>	<b>4.6%</b>	<b>5.3%</b>	<b>4.1%</b>	<b>3.0%</b>	<b>3.0%</b>	<b>3.0%</b>	<b>0.9%</b>	<b>1.4%</b>	<b>1.4%</b>
<b>Clinical Nurse Specialist</b>	<b>6.4%</b>	<b>6.7%</b>	<b>4.9%</b>	<b>3.4%</b>	<b>3.2%</b>	<b>2.0%</b>	<b>3.2%</b>	<b>2.0%</b>	<b>13.0%</b>	<b>2.9%</b>
School Nurse	1.9%	1.9%	2.0%	1.8%	1.9%	2.0%	4.2%	-	-	-
Nursing Informatics	0.3%	0.3%	0.9%	0.9%	0.8%	1.6%	1.7%	-	-	-
Nursing Science and Leadership	1.2%	1.4%	1.5%	1.2%	1.0%	1.5%	1.3%	-	-	-
<b>Certified Nurse Midwife</b>	<b>0.9%</b>	<b>1.1%</b>	<b>1.1%</b>	<b>0.5%</b>	<b>0.6%</b>	<b>0.9%</b>	<b>0.5%</b>	<b>1.1%</b>	<b>0.9%</b>	<b>0.6%</b>
Community Health/ Public Health	1.0%	0.7%	1.0%	0.8%	0.2%	0.5%	0.2%	-	-	-
Case Management	2.2%	2.5%	0.1%	0.0%	0.1%	0.3%	0.0%	-	-	-
Ambulatory Care	1.9%	0.0%	0.6%	0.4%	0.3%	0.3%	0.1%	-	-	-
Clinical Nurse Leader	9.4%	9.0%	0.1%	6.0%	0.1%	0.1%	0.0%	-	-	-
Health Policy	0.0%	0.2%	0.3%	0.3%	0.3%	0.1%	0.3%	-	-	-
<b>Total Student Completions</b>	<b>1,939</b>	<b>1,796</b>	<b>2,232</b>	<b>2,907</b>	<b>3,336</b>	<b>2,070</b>	<b>2,399</b>	<b>3,008</b>	<b>1,976</b>	<b>1,807</b>

Note: Blank cells indicate that the information was not requested in the given year.

In 2022-23, certain categories that were not asked on the survey were coded from text comments and removed from the “other” category if it was clear which category they belonged to. Bolded categories are those that were specified on the survey.

<sup>1</sup> Students who double-majored were counted in each specialty area for the first time in 2008-09. Therefore, each student who completed a Master’s degree program may be represented in multiple categories.

<sup>¥</sup> This answer option was inadvertently dropped from the 2014-2015 survey.

Starting in 2021-22, respondents were asked to break out their MSN student completions by demographic categories and track. Totals for the demographic categories do not necessarily sum to the total number of completions reported.

Nurse practitioner (NP) was the track with the largest share of ethnic minorities at 68.9% (n=777). Clinical nurse specialist (CNS) was the track with the smallest percentage of ethnic minorities (49.0%, n=25).

**Table 41. Ethnic distribution of MSN completions by track, 2022-2023**

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Clinical Nurse Specialist (CNS)	Other Track
Native American	1.2%	0.0%	0.0%	0.0%	0.4%
Asian/Pacific Islander subtotal	<b>34.0%</b>	<b>0.0%</b>	<b>40.0%</b>	<b>19.6%</b>	<b>28.5%</b>
<i>South Asian</i>	6.2%	0.0%	40.0%	0.0%	0.8%
<i>Filipino</i>	1.1%	0.0%	0.0%	2.0%	1.8%
<i>Hawaii</i>	1.0%	0.0%	0.0%	0.0%	1.4%
<i>Other Asian</i>	24.3%	0.0%	0.0%	17.6%	23.2%
<i>Other Pacific Islander</i>	1.5%	0.0%	0.0%	0.0%	1.2%
African American	9.6%	22.2%	0.0%	3.9%	5.3%
Hispanic	18.0%	33.3%	8.0%	25.5%	22.0%
Multi-race	5.5%	11.1%	4.0%	0.0%	6.3%
Other	0.5%	0.0%	0.0%	0.0%	2.2%
White	31.1%	33.3%	48.0%	51.0%	35.4%
<b>Total</b>	<b>1,128</b>	<b>9</b>	<b>25</b>	<b>51</b>	<b>492</b>
<b>Unknown</b>	<b>175</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>71</b>
<b>Programs reporting*</b>	<b>25</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>21</b>
<b>Programs offering this track</b>	<b>25</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>24</b>

\*Some completions may be double-counted because twenty-six students completed more than one track.

The majority of completions in most tracks was female. However, more than half of the completions in the CRNA track were male at 53.8% (n=14) while the CNM track had the fewest (0).

**Table 42. Gender distribution of MSN completions by track, 2022-2023**

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Clinical Nurse Specialist (CNS)	Other Track
Male	14.2%	0.0%	53.8%	13.2%	12.5%
Female	79.8%	100.0%	46.2%	86.8%	87.5%
Other	6.0%	0.0%	0.0%	0.0%	0.0%
<b>Total</b>	<b>1,215</b>	<b>10</b>	<b>26</b>	<b>53</b>	<b>560</b>
Unknown	5	0	0	0	0
<i>Number of programs reporting</i>	<b>25</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>19</b>
<i>Programs offering this track</i>	<b>25</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>24</b>

\*Some completions may be double-counted because twenty-six students completed more than one track.

The largest share of NP (63.0%, n=586), CRNA (73.1%, n=19), CNS (62.9%, n=22) and “Other Track” (56.3%, n=273) completions were between 31 and 50 years of age. The majority of CNM completions (58.8%, n=10) were between 51 and 60 years of age.

**Table 43. Age distribution of MSN completions by track, 2022-2023**

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Clinical Nurse Specialist (CNS)	Other Track
17 – 20 years	0.0%	0.0%	0.0%	0.0%	0.0%
21 – 25 years	4.7%	0.0%	0.0%	2.9%	9.9%
26 – 30 years	24.8%	11.8%	26.9%	31.4%	22.3%
31 – 40 years	43.0%	29.4%	69.2%	34.3%	36.9%
41 – 50 years	20.0%	0.0%	3.8%	28.6%	19.4%
51 – 60 years	6.8%	58.8%	0.0%	2.9%	9.9%
61 years and older	0.6%	0.0%	0.0%	0.0%	1.6%
<b>Total</b>	<b>930</b>	<b>17</b>	<b>26</b>	<b>35</b>	<b>485</b>
<b># Unknown/unreported</b>	174	-	-	-	12
<i>Number of programs reporting</i>	<b>24</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>20</b>
<i>Programs offering this track</i>	<b>25</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>24</b>

\*Some completions may be double-counted because twenty-six students completed more than one track.

Individual/family nursing is the most common specialty area for nurse practitioners (NPs), with 57.3% (n=747) of NPs graduating in this specialty area in 2022-23. Other common specialty areas in 2022-23 included psychiatry/mental health (26.6%, n=346), and adult/gerontology acute care (7.7%, n=100).

In 2022-23, “other” specialties described by respondents included “Pediatrics acute and primary” (n=32 students), and “Family Nurse Practitioner” (n=14 students), and BSN-MSN (n=16 students).

**Table 44. MSN Nurse Practitioner completions by specialty, level, and academic year**

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Acute care	-	-	-	-	-	-	-	-	-	-
Adult	-	-	-	-	-	-	-	-	-	-
Family	-	-	-	-	-	-	-	-	-	-
Individual/Family	66.9%	75.0%	64.5%	64.0%	68.2%	71.9%	68.5%	68.9%	61.5%	57.3%
Gerontology	-	-	-	-	-	-	-	-	-	-
Adult/ Gerontology primary	10.8%	10.3%	12.0%	8.8%	7.6%	8.1%	5.9%	4.5%	3.9%	3.9%
Adult/ Gerontology acute	6.2%	5.3%	6.7%	9.3%	8.6%	6.5%	7.8%	5.8%	7.4%	7.7%
Neonatal	0.2%	0.0%	0.0%	0.1%	0.1%	0.2%	0.5%	0.1%	-	-
Occupational health*	-	-	-	0.2%	0.5%	0.0%	0.1%	-	-	-
Pediatric	-	-	-	-	-	-	-	-	-	-
Pediatric primary	5.3%	5.3%	3.6%	3.0%	3.1%	2.4%	4.5%	1.1%	2.9%	1.0%
Pediatric acute	1.5%	1.8%	1.7%	1.8%	1.0%	1.3%	1.7%	0.7%	0.5%	1.2%
Psychiatric/ mental health	4.6%	3.4%	6.5%	6.8%	6.2%	7.3%	7.7%	8.7%	18.7%	26.6%
Women's health	3.3%	2.8%	3.2%	2.1%	2.4%	2.0%	2.7%	1.1%	1.1%	0.9%
Other	1.2%	1.1%	1.7%	0.0%	0.7%	0.3%	0.6%	9.2%	3.9%	0.8%
<b>Total Number of Nurse Practitioners*</b>	<b>1,035</b>	<b>1,015</b>	<b>866</b>	<b>1,070</b>	<b>1,252</b>	<b>978</b>	<b>1,211</b>	<b>1,558</b>	<b>1,145</b>	<b>1,303</b>

Note: Response categories were modified in 2013-2014.

\*This category was on the survey up until 2011-2012. After that time, percentages were from text comments as necessary.

In 2022-23, all (100.0%, n=26) of the 26 MSN programs with NP tracks prepared NP graduates to take a national certification exam, and most of those 26 programs (96.2%, n=25) officially tracked the success rate of graduates on the certification exam(s) for NPs.

The most common type of exam taken by MSN NP graduates was the American Academy of Nurse Practitioners Certification Program (AANP) at 92.0% followed by the American Nurses Credentialing Center (ANCC) at 88%.

**Table 45. Types of Certification Exams Taken by MSN NP Graduates**

	% of programs	# of programs
American Association of Critical Care Nurses Certification Corporation (AACN)	24.0%	<b>6</b>
American Academy of Nurse Practitioners Certification Program (AANP)	92.0%	<b>23</b>
American Nurses Credentialing Center (ANCC)	88.0%	<b>22</b>
The National Certification Corporation (NCC)	8.0%	<b>2</b>
Pediatric Nursing Certification Board (PNCB)	24.0%	<b>6</b>
<b>Programs reporting</b>		<b>25</b>

### Summary of MSN program data

The number of Master's degree programs has stayed the same over the last two years. This year there were two new MSN programs reported, one closed, and one reported no data.

There was another decrease in the number of enrollments from the prior year (2021-22) and a drop of 14.0% (n=310) over the decade. However, there has been a growth in the number admission spaces since last year (2020-21) and overall growth in spaces over the last decade (29.3%, n=2,042). Enrollments in public programs have declined 33.6% over the last decade while enrollments in private programs have increased by 4.4%.

In 2022-23, master's programs received 3,922 applications for 4,898 admission spaces, although it is not known if students whose applications were rejected by one school were admitted to a different school. This year, like last year, the number of admission spaces exceeded the number of new student enrollments, with 61.2% of spaces left unfilled.

Despite the number of applications, 47.4% of programs noted that they had enrolled *fewer* students in 2022-23 than they had the prior year, with the most common reason being that accepted students did not enroll. This year, only one respondent selected any of the series of pandemic-related response categories, reporting skipping a cohort. More than a third of programs provided a text answer that indicated that the reason they enrolled fewer students was a lack of qualified applicants.

Over the last decade, the number of students that completed MSN programs has overall decreased by 6.8%.

Nurse Practitioner (NP) continues to be the most common specialty for students completing a Master's degree, making up almost three quarters of completions. In 2022-23, 57.3% of graduating NPs specialized in the individual/family specialty area.

## Doctoral Programs

### Number of Doctoral Programs

In 2022-23, there were 19 schools with nursing Doctoral programs in California. The number of schools offering Doctoral nursing programs in California (affiliated with BRN-approved pre-licensure programs) increased by 46.2% (n=6) over the last decade. The number of research-based doctoral programs (PhD) remained the same.

From 2019-20 onward, schools were asked to break their Doctoral programs out by Doctorate of Nursing Practice (DNP) and research-based Doctoral programs (PhD). For the purpose of continuity, a school that had both a DNP and a PhD was counted as having just one Doctoral program in Table 46. Schools reported 19 DNP and seven PhD Doctoral tracks in 2021-22. Seven schools had both a DNP and a nursing PhD and 12 schools had just a DNP.

More than half (61.1%, n=11) of the 19 Doctoral programs reported were in private schools. More than half of the 18 DNP programs were in private schools (63.2%, n=12), but more than half of seven research-based Doctoral programs (PhD) were in public schools (57.1%, n=4).

**Table 46. Number of schools with Doctoral degree programs by academic year**

All Schools with Doctoral Programs	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Public	53.8%	53.9%	46.2%	43.8%	42.9%	30.8%	41.2%	38.9%	38.9%	36.8%
<b>count</b>	7	7	6	7	6	4	7	7	7	7
Private	46.2%	46.2%	53.8%	56.3%	57.1%	69.2%	58.8%	61.1%	61.1%	63.2%
<b>count</b>	6	6	7	9	8	9	10	11	11	12
<b>Number of programs reporting</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>16</b>	<b>14</b>	<b>13</b>	<b>17</b>	<b>18</b>	<b>18</b>	<b>19</b>
DNP Programs	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Public	-	-	-	-	-	-	37.5%	35.3%	38.9%	36.8%
<b>count</b>	-	-	-	-	-	-	6	6	7	7
Private	-	-	-	-	-	-	62.5%	64.7%	61.1%	63.2%
<b>count</b>	-	-	-	-	-	-	10	11	11	12
<b>Number of programs reporting</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>
PhD Programs	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Public	-	-	-	-	-	-	57.1%	57.1%	57.1%	57.1%
<b>count</b>	-	-	-	-	-	-	4	4	4	4
Private	-	-	-	-	-	-	42.9%	42.9%	42.9%	42.9%
<b>count</b>	-	-	-	-	-	-	3	3	3	3
<b>Number of programs reporting</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>

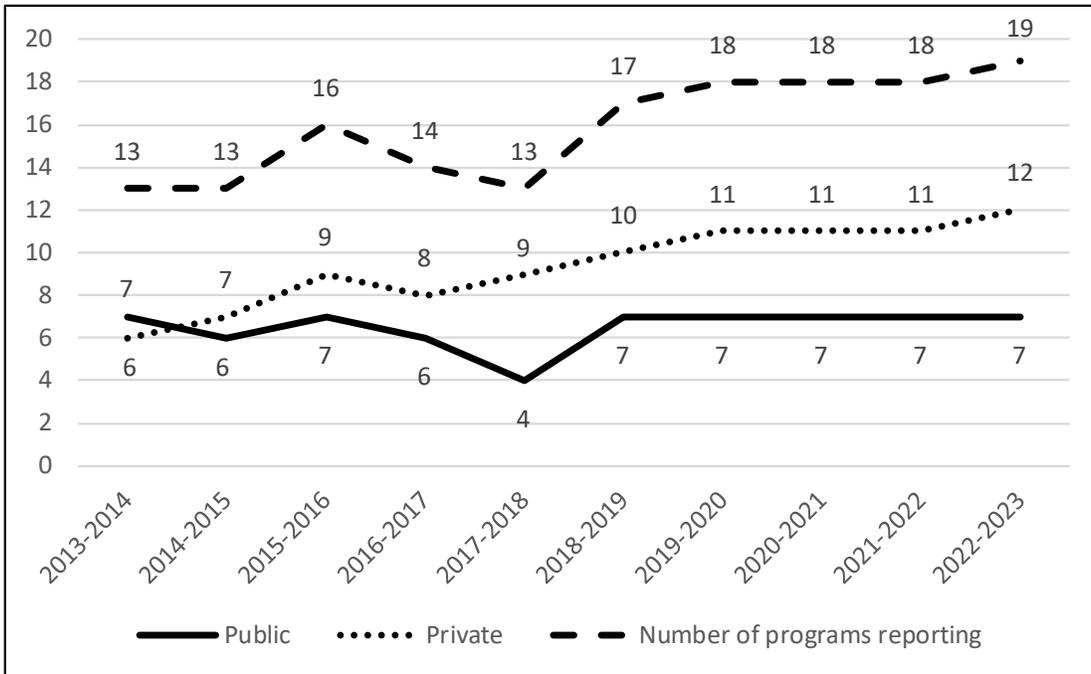


Figure 16. Number of schools with public and private Doctoral programs by academic year

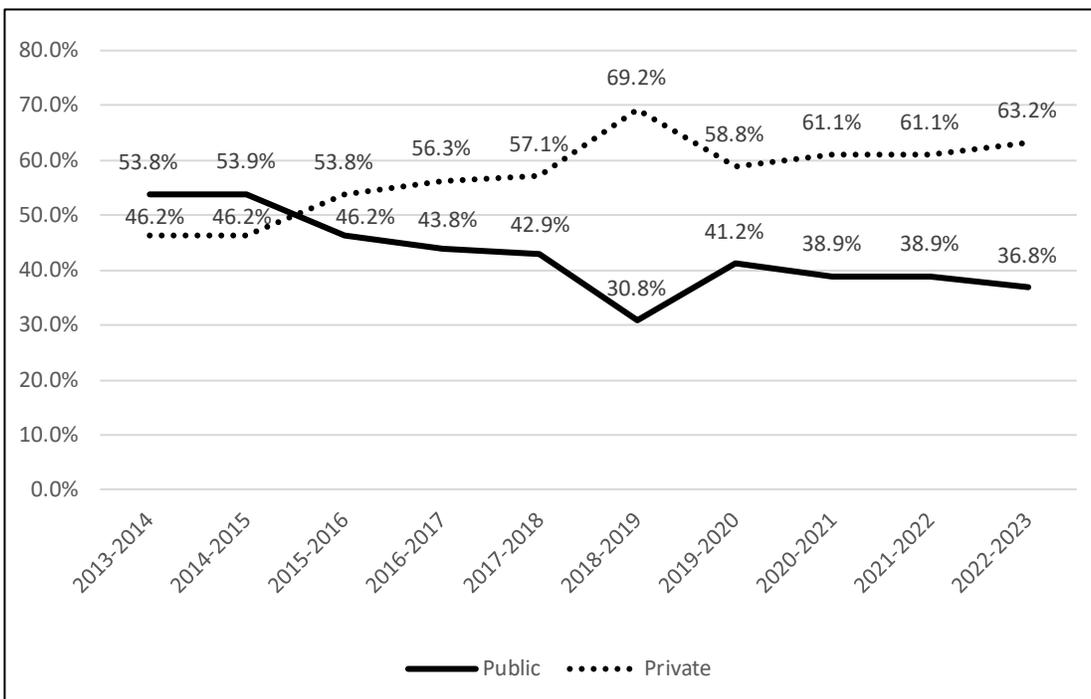


Figure 17. Percent of schools with public and private Doctoral programs by academic year

### Doctoral Program Characteristics

In 2022-23, the hybrid online/in-person format was the most commonly selected *mode* of delivery and full-time was the most commonly selected *format*. The use of hybrid education peaked in 2020-21, possibly due to health and safety concerns during the pandemic, although the use of 100% online or distance education has decreased. The use of the traditional format has decreased over time. However, the wording for this answer category was changed in 2020-2021 to “100% in-person”, which is not directly comparable. Earlier modes such as contract education and extended campus are not reflected in this table since these categories were not included after 2013-14.

**Table 47. Doctoral degree program delivery modes & formats by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
In-person	-	-	-	-	-	-	-	5.9%	27.8%	31.6%
Traditional Program	75.0%	61.5%	36.4%	28.6%	35.7%	23.1%	29.4%	-	-	-
Distance Education/ Online (100%)	25.0%	30.8%	27.3%	28.6%	21.4%	46.2%	47.1%	29.4%	27.8%	21.1%
Evening Program	8.3%	0.0%	9.1%	0.0%	0.0%	0.0%	5.9%	-	-	-
Part-time Program	0.0%	23.1%	27.3%	42.9%	57.1%	53.8%	47.1%	29.4%	33.3%	36.8%
Weekend Program	0.0%	7.7%	0.0%	7.1%	7.1%	7.7%	5.9%	0.0%	0.0%	5.3%
Other	8.3%	7.7%	9.1%	21.4%	21.4%	15.4%	5.9%	17.6%	5.6%	5.3%
Hybrid Online/In-Person	16.7%	30.8%	27.3%	35.7%	50.0%	53.8%	52.9%	64.7%	61.1%	68.4%
Full-time Program	0.0%	69.2%	63.6%	71.4%	85.7%	100.0%	100.0%	76.5%	77.8%	89.5%
<b>Number of programs reporting</b>	<b>12</b>	<b>13</b>	<b>11</b>	<b>14</b>	<b>14</b>	<b>13</b>	<b>17</b>	<b>17</b>	<b>18</b>	<b>19</b>

\*The wording for this answer choice was changed to “100% in-person” in 2020-21, so categories may not be directly comparable.

The “-” indicates that this answer category was not provided in the referenced year.

From 2021-22 onwards, programs were asked indicate whether they offered an entry-level DNP track, a post-master's DNP track, or both – and to break down delivery formats by track.

This year, only six programs indicated that they had offered entry-level DNP track while 18 indicated a post-master's track.

In 2022-23, the majority (83.3%, n=5) of entry-level DNP programs had nurse practitioner tracks, while all (100%, n=18) post-master's-level programs had “other” tracks.

Other tracks described in text comments included various types of leadership programs (examples: Population Health Leadership, Healthcare Leadership, Health Systems Leadership), no special tracks (n=), APRN (n=3), Generalist (n=3), and Informatics (n=1).

In addition, 15.8% (n=3) of 19 DNP programs offered a post-graduate NP certificate between August 1, 2022 and July 31, 2023.

**Table 48. DNP program tracks offered**

	Entry-Level	Post-Master's	Total
CNS	16.7%	0.0%	5.3%
NP	83.3%	22.2%	36.8%
CNM	0.0%	0.0%	0.0%
CRNA	33.3%	5.6%	15.8%
Other	50.0%	#####	84.2%
<b>Total</b>	<b>6</b>	<b>18</b>	<b>19</b>

In 2022-23, 57.1% (n=4) of the seven DNP programs offering an *NP track* reported offering didactic courses online. In addition, 28.6% (n=2) of the seven doctoral programs that reported offering an NP track enrolled out-of-state online students between August 1, 2021 and July 31, 2022.

From 2019-20 onward, the question about delivery modes and formats was further broken down by DNP and PhD categories within the broader umbrella of Doctoral programs. In 2021-22, the DNP category was also broken down by entry-level vs. post-master's track.

Full-time format was offered by the majority of each type of program. Most DNP programs also offered hybrid programming as the mode of delivery.

In 2022-23, the 100% online program delivery mode was more common for post-master's DNP programs (44.4%, n=8) than for entry-level DNP or PhD programs. 100% in-person was more common for both entry-level DNP and PhD programs, although it was still a less commonly offered option.

**Table 49. Doctoral degree program delivery modes & formats by academic year and track**

	DNP		Entry-Level DNP		Post-Master's DNP		PhD			
	2019-2020	2020-2021	2021-2022	2022-2023	2021-2022	2022-2023	2019-2020	2020-2021	2021-2022	2022-2023
Full-time Program	93.8%	100.0%	80.0%	71.4%	72.2%	77.8%	100.0%	71.4%	83.3%	100.0%
Hybrid Online/In-Person	56.3%	68.8%	80.0%	85.7%	66.7%	66.7%	14.3%	14.3%	33.3%	33.3%
Distance Education/Online (100%)	50.0%	43.8%	20.0%	28.6%	38.9%	44.4%	0.0%	14.3%	16.7%	16.7%
Part-time Program	43.8%	37.5%	40.0%	28.6%	22.2%	22.2%	28.6%	14.3%	16.7%	16.7%
100% In-person*	12.5%	43.8%	20.0%	14.3%	0.0%	0.0%	-	42.9%	16.7%	16.7%
Evening Program	0.0%	-	-	-	-	-	14.3%	-	-	-
Weekend Program	6.3%	0.0%	20.0%	14.3%	5.6%	11.1%	0.0%	0.0%	0.0%	0.0%
Other	6.3%	6.3%	0.0%	0.0%	5.6%	0.0%	0.0%	14.3%	0.0%	0.0%
<b>Number of programs</b>	<b>16</b>	<b>16</b>	<b>5</b>	<b>7</b>	<b>18</b>	<b>18</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>7</b>

\*The wording for this answer choice was changed from "Traditional" to "100% in-person" in 2020-21, so categories may not be directly comparable.

The "-" indicates that this answer category was not provided in the referenced year.

Answer categories do not sum to 100% because programs can select more than one delivery format or mode. Fourteen programs listed both full-time and part-time as delivery formats.

## Doctoral Applications, Admissions, and Enrollments

In 2022-23, Doctoral programs received 1,287 applications to their programs—a slight increase from last year. Of these 1,287 applications, 51.8% were accepted for admission (admitted), hence 35.7% of all applications were enrolled. In each of the last three years, PhD applicants were more likely than DNP applicants to be admitted. Until the last two years, the PhD applicants were also more likely to be enrolled.

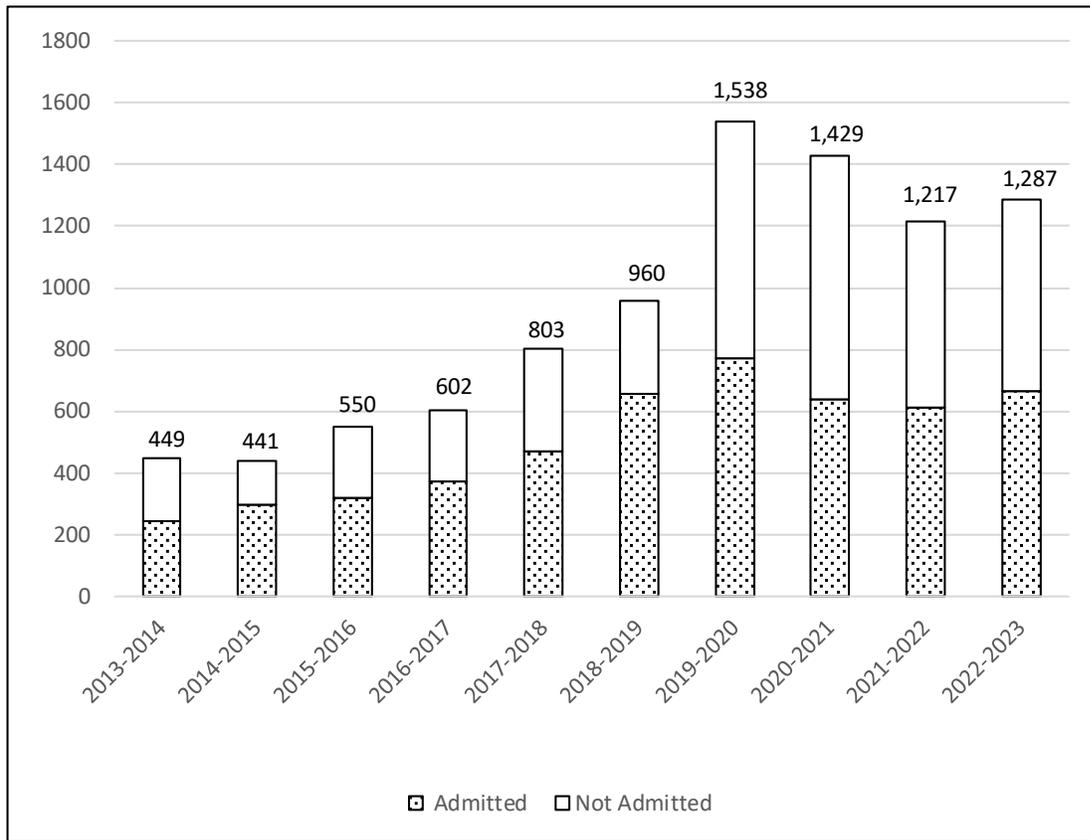
Starting in 2020-21, the number of qualified applicants was not requested, so this table has been revised to reflect the total number of applicants rather than the number of qualified applicants.

In 2022-23, the number of applicants to Doctoral programs has grown by 187% (n=838) since 2013-14, higher than the growth in the number of admitted applications (173%, n=423), and enrollments (100%, n=229). Overall, the percent of applications admitted has decreased over the decade.

**Table 50. Applications for admission to Doctoral programs by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
<b>Applications</b>	<b>449</b>	<b>441</b>	<b>550</b>	<b>602</b>	<b>803</b>	<b>960</b>	<b>1,538</b>	<b>1,429</b>	<b>1,217</b>	<b>1,287</b>
Admitted	244	299	321	372	469	656	773	638	611	667
Enrolled	230	218	236	290	358	413	614	458	459	459
Not Admitted	205	142	229	230	334	304	765	791	606	620
Not enrolled	219	223	314	312	445	547	924	971	758	828
<b>% Applications admitted</b>	<b>54.3%</b>	<b>67.8%</b>	<b>58.4%</b>	<b>61.8%</b>	<b>58.4%</b>	<b>68.3%</b>	<b>50.3%</b>	<b>44.6%</b>	<b>50.2%</b>	<b>51.8%</b>
<b>% of those admitted who enrolled</b>	<b>94.3%</b>	<b>72.9%</b>	<b>73.5%</b>	<b>78.0%</b>	<b>76.3%</b>	<b>63.0%</b>	<b>79.4%</b>	<b>71.8%</b>	<b>75.1%</b>	<b>68.8%</b>
<b>DNP Programs</b>	<b>2013- 2014</b>	<b>2014- 2015</b>	<b>2015- 2016</b>	<b>2016- 2017</b>	<b>2017- 2018</b>	<b>2018- 2019</b>	<b>2019- 2020</b>	<b>2020- 2021</b>	<b>2021- 2022</b>	<b>2022- 2023</b>
<b>Applications</b>	-	-	-	-	-	-	<b>1,411</b>	<b>1,297</b>	<b>1,113</b>	<b>1,168</b>
Admitted	-	-	-	-	-	-	706	576	555	605
Enrolled	-	-	-	-	-	-	556	413	408	453
Not Admitted	-	-	-	-	-	-	705	721	558	563
Not enrolled	-	-	-	-	-	-	855	721	721	722
<b>% Applications admitted</b>	-	-	-	-	-	-	<b>50.0%</b>	<b>44.4%</b>	<b>49.9%</b>	<b>51.8%</b>
<b>% of those admitted who enrolled</b>	-	-	-	-	-	-	<b>78.8%</b>	<b>71.7%</b>	<b>73.5%</b>	<b>74.9%</b>
<b>PhD Programs</b>	<b>2013- 2014</b>	<b>2014- 2015</b>	<b>2015- 2016</b>	<b>2016- 2017</b>	<b>2017- 2018</b>	<b>2018- 2019</b>	<b>2019- 2020</b>	<b>2020- 2021</b>	<b>2021- 2022</b>	<b>2022- 2023</b>
<b>Applications</b>	-	-	-	-	-	-	<b>127</b>	<b>132</b>	<b>104</b>	<b>119</b>
Admitted	-	-	-	-	-	-	67	62	56	62
Enrolled							58	51	35	42
Not Admitted							60	70	48	57
Not enrolled	-	-	-	-	-	-	69	81	69	77
<b>% Applications admitted</b>							<b>52.8%</b>	<b>47.0%</b>	<b>53.8%</b>	<b>52.1%</b>
<b>% of those admitted who enrolled</b>	-	-	-	-	-	-	<b>86.6%</b>	<b>82.3%</b>	<b>62.5%</b>	<b>67.7%</b>

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.



**Figure 18. Applicants by academic year, Doctoral programs**

Admission spaces available for new student enrollments in Doctoral programs have increased by 150% (n=559) in the last decade, from 372 in 2013-2014 to 931 in 2022-23.

Starting in 2012-13, there have been more admission spaces available than students enrolled in Doctoral programs. In 2022-23, there were 436 unfilled spaces reported. While 56.8% (n=42) of the PhD spaces were filled, only 52.9% (n=857) of DNP spaces were filled.

**Table 51. Availability and utilization of Doctoral admission spaces by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Spaces available*	372	320	368	394	487	645	836	639	728	931
<i>DNP spaces</i>	-	-	-	-	-	-	738	557	656	857
<i>PhD spaces</i>	-	-	-	-	-	-	98	82	72	74
New student enrollments	230	218	236	290	358	413	614	464	443	495
<i>DNP enrollments</i>	-	-	-	-	-	-	556	413	408	453
<i>PhD enrollments</i>	-	-	-	-	-	-	58	51	35	42
<b>% Doctoral spaces filled with new student enrollments</b>	<b>61.8%</b>	<b>68.1%</b>	<b>64.1%</b>	<b>73.6%</b>	<b>73.5%</b>	<b>64.0%</b>	<b>73.4%</b>	<b>72.6%</b>	<b>60.9%</b>	<b>53.2%</b>
<i>% DNP spaces filled with new students</i>	-	-	-	-	-	-	75.3%	74.1%	62.2%	52.9%
<i>% PhD spaces filled with new students</i>	-	-	-	-	-	-	59.2%	62.2%	48.6%	56.8%

\*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

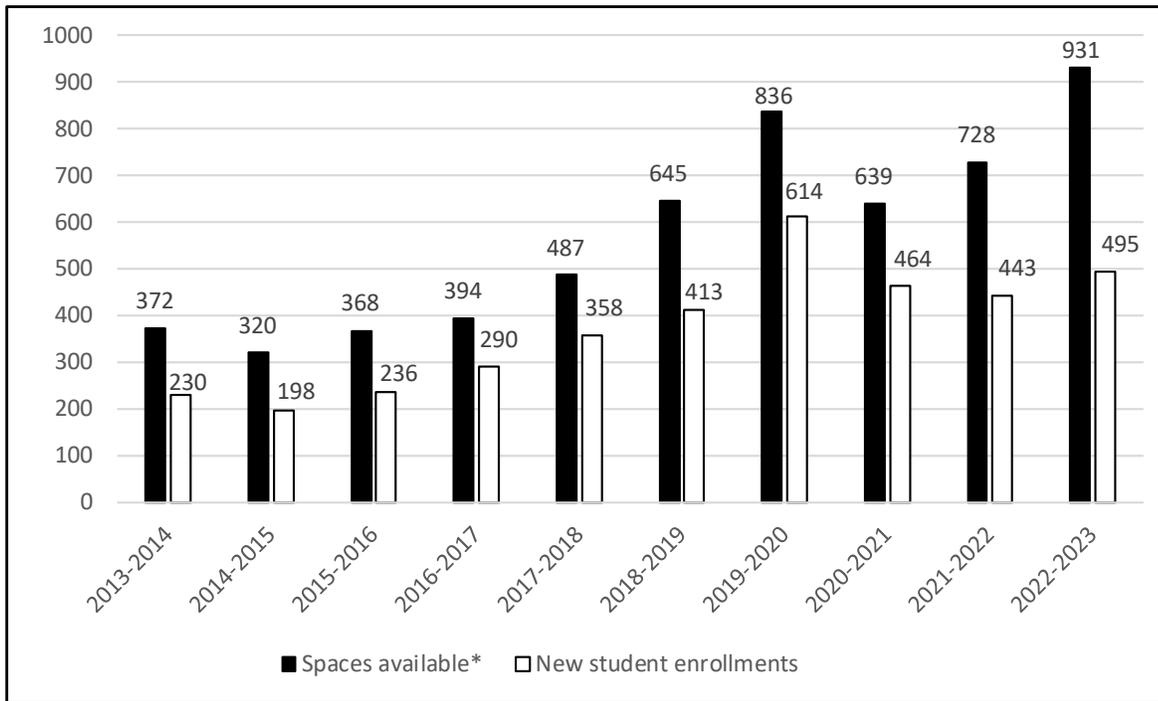
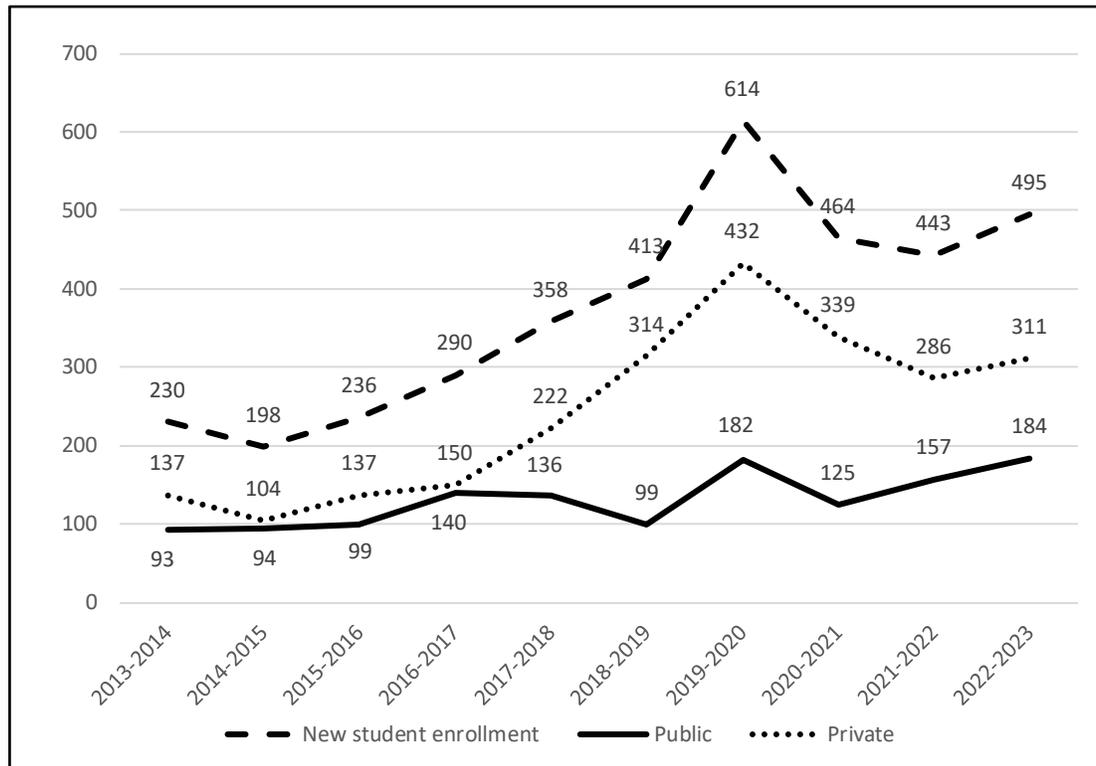


Figure 19. Availability and utilization of admission spaces, Doctoral programs, by academic year

In 2022-23, private program enrollments exceeded public program enrollments, constituting 62.8% of all new enrollments. Private school Doctoral program enrollments have grown by 127.0% (n=174) since 2013-14, while public program enrollments have grown by 97.8% (n=91) in the same period.

**Table 52. Doctoral new student enrollment by public/private by academic year**

All Programs	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
<b>New student enrollment</b>	<b>230</b>	<b>198</b>	<b>236</b>	<b>290</b>	<b>358</b>	<b>413</b>	<b>614</b>	<b>464</b>	<b>443</b>	<b>495</b>
Public	93	94	99	140	136	99	182	125	157	184
Private	137	104	137	150	222	314	432	339	286	311
DNP Programs	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
<b>New student enrollment</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>556</b>	<b>413</b>	<b>408</b>	<b>453</b>
Public	-	-	-	-	-	-	155	97	131	160
Private	-	-	-	-	-	-	401	316	277	293
PhD Programs	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
<b>New student enrollment</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>58</b>	<b>51</b>	<b>35</b>	<b>42</b>
Public	-	-	-	-	-	-	27	28	26	24
Private	-	-	-	-	-	-	31	23	9	18



**Figure 20. New student enrollment, Doctoral programs, by academic year**

A total of seven of 19 DNP programs (36.8%) and three of seven PhD programs (42.8%) reported that they had enrolled fewer students in 2022-23 than in the prior year. A program-by-program comparison of 2022-23 DNP enrollment numbers with 2021-22 enrollment numbers revealed that six of 19, or 31.5% of DNP programs, enrolled fewer students this year than last. A similar comparison of PhD program student enrollments revealed that one of seven (14.3%) PhD programs enrolled fewer students. All schools with PhD programs also had DNP programs. Many fewer programs reported enrolling fewer students this year than reported enrolling fewer students in 2021-22.

As in prior years, accepted students not enrolling was the primary reason for enrolling fewer students into doctoral programs (42.9%, n=3).

Two programs (28.6%) reported that the main reason they enrolled fewer students was a lack of qualified, or enough, applicants. This category was derived from text answers such as “Not enough applicants to PhD program”, and “less applicants.”

Other answers provided in text comments included: “Our DNP program was paused for new enrollments during the reporting period. We used this time to restructure and create new DNP tracks, and enrollments were reinstated as of August 2023”, “Number of students admitted is based on amount of funding to support them,” “Internal timeline affecting acceptance rate,” and “Smaller number of applicants possibly due to tuition costs and competitive marketplace”.

**Table 53. Reasons for enrolling fewer Doctoral students by academic year**

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Accepted students did not enroll	80.0%	75.0%	100.0%	100.0%	100.0%	85.7%	62.5%	68.8%	42.9%
Lack of qualified applicants*	20.0%	0.0%	33.3%	50.0%	0.0%	0.0%	25.0%	18.8%	28.6%
To reduce costs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pandemic-related	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	12.5%	12.5%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	6.3%	0.0%
Unable to secure clinical placements for all students	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%
College/ university requirement to reduce enrollment	-	-	-	-	-	-	-	-	14.3%
Other	20.0%	50.0%	0.0%	25.0%	33.3%	0.0%	0.0%	12.5%	28.6%
<b>Number of programs reporting</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>8</b>	<b>16</b>	<b>7</b>

\*Answer category derived from text comments.

\*\*A summarization of a number of categories of pandemic-related challenges.

## DNP Student Enrollments

Starting in 2020-21, respondents were asked to break down their DNP enrollments by track and by whether those enrollees were entry-level or post-master's level. Total enrollment numbers broken down by track and level differed somewhat from the overall enrollment numbers reported above.

The majority of entry-level DNP enrollees were entering the NP track (63.5%, n=108), followed by CRNA (34.7%, n=59). No enrollees were listed in the CNM or CNS tracks, and only three were reported in an "other" track.

The majority of post-master's level DNP enrollees (56.4%, n=158) were entering an "other" track. Thirty-four percent of post-master's level enrollees (n=95) were entering the NP track, 9.6% (n=27) were in the CRNA track, and no enrollees were reported in the CNM or CNS tracks.

No entry-level or post-master's level new enrollees were enrolled in a double major in 2022-23.

Other tracks listed included: various types of leadership tracks (n=6 programs; students=38), generalist or no specialization (n=7 programs; students=59) and Psych/Mental Health (15 students).

**Table 54. DNP entry-level new enrollments by level and track**

	2020- 2021	2021- 2022	2022- 2023
Clinical Nurse Specialist (CNS)	1.6%	2.1%	0.0%
Nurse Practitioner (NP)	77.2%	67.1%	63.5%
Certified Nurse Midwife (CNM)	0.0%	0.0%	0.0%
Certified Registered Nurse Anesthetist (CRNA)	25.4%	32.9%	34.7%
Other Track	1.0%	0.7%	1.8%
<b>Total new enrollments</b>	<b>193</b>	<b>143</b>	<b>170</b>
Enrolled in a double major	10	4	0

**Table 55. DNP post-master's level new enrollments by level and track**

	2020- 2021	2021- 2022	2022- 2023
Clinical Nurse Specialist (CNS)	0.0%	1.1%	0.0%
Nurse Practitioner (NP)	44.0%	57.1%	33.9%
Certified Nurse Midwife (CNM)	0.0%	0.0%	0.0%
Certified Registered Nurse Anesthetist (CRNA)	0.0%	0.0%	9.6%
Other Track	60.6%	42.9%	56.4%
<b>Total new enrollments</b>	<b>259</b>	<b>275</b>	<b>280</b>
Enrolled in a double major	10	0	0

From 2020-21 onward, respondents were asked to break out their DNP *entry-level* new student enrollments by demographic categories and track. More than half of all students in each track in 2022-23 were ethnic minorities. No programs reported students enrolling in a certified nurse midwife (CNM) or clinical nurse specialist (CNS) track.

In 2022-23, the majority of CRNA (53.6%), and the plurality of NP students (33.3%) were Asian or Pacific Islander.

The demographics of post-master’s level students were not collected, hence, comparisons to prior years are not possible.

**Table 56. Ethnic distribution of entry-level DNP new enrollments by track**

	Nurse Practitioner (NP)			Certified Registered Nurse Anesthetist (CRNA)			Other Track		
	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023
Native American	0.0%	2.1%	2.9%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%
<b>Asian/Pacific Islander subtotal</b>	<b>33.3%</b>	<b>21.1%</b>	<b>33.3%</b>	<b>35.4%</b>	<b>41.3%</b>	<b>53.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
South Asian	13.2%	2.1%	0.0%	2.1%	2.2%	0.0%	0.0%	0.0%	0.0%
Filipino	5.6%	6.3%	5.9%	0.0%	2.2%	14.3%	0.0%	0.0%	0.0%
Hawaii	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Asian	13.9%	12.6%	27.5%	31.3%	37.0%	39.3%	0.0%	0.0%	0.0%
Other Pacific Islander	0.0%	0.0%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%
African American	12.5%	18.9%	13.7%	6.3%	4.3%	7.1%	50.0%	100.0%	0.0%
Hispanic	16.7%	14.7%	13.7%	10.4%	15.2%	14.3%	0.0%	0.0%	0.0%
Multi-race	5.6%	6.3%	16.7%	10.4%	10.9%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
White	31.9%	36.8%	19.6%	37.5%	26.1%	25.0%	50.0%	0.0%	0.0%
<b>Total</b>	<b>144</b>	<b>95</b>	<b>102</b>	<b>48</b>	<b>46</b>	<b>28</b>	<b>2</b>	<b>1</b>	<b>3</b>
Unknown / Unreported	-	-	-	-	-	31	-	-	-
<b>Programs reporting*</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>
Programs offering this track	5	5	5	2	2	3	1	1	1

\*CNM and CNS students are not shown in this table as there were no reported CNM or CNS students during the three years this question was asked.

In 2022-23, most entry-level DNP enrollees were female. The CRNA track had the largest proportion of male students in prior years; the proportion of male students in the NP and CRNA tracks was virtually identical in 2022-23.

**Table 57. Gender distribution of entry-level DNP new enrollments by track**

	Nurse Practitioner (NP)			Certified Registered Nurse Anesthetist (CRNA)			Other Track		
	2020-2021	2021-2022	2022-2023	2021-2022	2022-2023	2022-2023	2020-2021	2021-2022	2022-2023
Male	10.1%	18.8%	14.8%	42.9%	29.8%	14.3%	0.0%	0.0%	-
Female	88.6%	79.2%	85.2%	57.1%	70.2%	85.7%	100.0%	100.0%	-
Other	1.3%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-
<b>Total</b>	<b>149</b>	<b>96</b>	<b>108</b>	<b>49</b>	<b>47</b>	<b>28</b>	<b>2</b>	<b>1</b>	<b>-</b>
Unknown	-	-	-	-	-	31	-	-	3
<b>Programs reporting</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>
Programs offering this track	5	5	5	2	2	2	1	1	1

\*Some enrollments may be double-counted because some students were enrolled in more than one track.

In 2022-23, 64.9% (n=48) of NP and 50.0% (n=14) of CRNA entry-level new enrollees were older than 30 years of age.

**Table 58. Age distribution of entry-level DNP enrollments by track**

	Nurse Practitioner (NP)			Certified Registered Nurse Anesthetist (CRNA)			Other Track		
	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023
17 – 20 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-
21 – 25 years	7.5%	4.2%	12.2%	4.1%	10.6%	3.6%	0.0%	0.0%	-
26 – 30 years	30.1%	30.2%	23.0%	49.0%	36.2%	46.4%	0.0%	0.0%	-
31 – 40 years	37.0%	38.5%	37.8%	44.9%	53.2%	46.4%	100.0%	100.0%	-
41 – 50 years	21.2%	20.8%	20.3%	2.0%	0.0%	3.6%	0.0%	0.0%	-
51 – 60 years	2.7%	6.3%	6.8%	0.0%	0.0%	0.0%	0.0%	0.0%	-
61 years and older	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-
<b>Total</b>	<b>146</b>	<b>96</b>	<b>74</b>	<b>49</b>	<b>47</b>	<b>28</b>	<b>2</b>	<b>1</b>	<b>-</b>
<b># Unknown/ unreported</b>	<b>3</b>	<b>-</b>	<b>34</b>	<b>-</b>	<b>-</b>	<b>31</b>	<b>-</b>	<b>-</b>	<b>3</b>

\*Some enrollments may be double-counted because ten students were enrolled in more than one track.

## PhD Student Enrollments

For the last three years, the demographics of research-based Doctoral program enrollments (PhD) have been broken out separate from DNP demographics. Over the last four years, ethnic minority students have made up at least 50% of research-based Doctoral program enrollments. Asian/Pacific Islanders have made up an increasing percentage of new enrollments over the last four years.

**Table 59. Ethnic distribution of PhD new enrollments by academic year**

Doctoral	2019-2020	2020-2021	2021-2022	2022-2023
Native American	0.0%	0.0%	3.2%	0.0%
<b>Asian/Pacific Islander subtotal</b>	<b>17.3%</b>	<b>18.0%</b>	<b>25.8%</b>	<b>30.0%</b>
<i>South Asian</i>	5.8%	2.0%	0.0%	5.0%
<i>Filipino</i>	11.5%	10.0%	3.2%	10.0%
<i>Hawaii</i>	0.0%	0.0%	0.0%	0.0%
<i>Other Asian</i>	0.0%	6.0%	19.4%	15.0%
<i>Other Pacific Islander</i>	-	0.0%	3.2%	0.0%
African American	19.2%	12.0%	9.7%	17.5%
Hispanic	13.5%	12.0%	6.5%	12.5%
Multi-race	1.9%	2.0%	6.5%	10.0%
Other	0.0%	6.0%	3.2%	0.0%
White	48.1%	50.0%	45.2%	30.0%
<b>Total</b>	<b>52</b>	<b>50</b>	<b>31</b>	<b>40</b>
Ethnic Minorities*	51.9%	50.0%	54.8%	70.0%
# Unknown/ unreported	6	1	4	2

Female students have made up the majority of new PhD enrollments in all of the last four years.

**Table 60. Gender distribution of PhD new enrollments by academic year**

	2019-2020		2020-2021		2021-2022		2022-2023	
	%	#	%	#	%	#	%	#
Male	25.9%	15	15.7%	8	11.4%	4	21.4%	9
Female	74.1%	43	84.3%	43	88.6%	31	76.2%	32
Other	0.0%	0	0.0%	0	0.0%	0	2.4%	1
<b>Total</b>	<b>100.0%</b>	<b>58</b>	<b>100.0%</b>	<b>51</b>	<b>100.0%</b>	<b>35</b>	<b>100.0%</b>	<b>42</b>
# Unknown/ unreported		0		0		0		0

The majority of PhD new enrollments has been between 31 and 50 years of age over the last four years. In 2022-23, 77.4% (n=24) of new enrollees in PhD programs were between 31 and 50 years of age.

**Table 61. Age distribution of PhD new enrollments by academic year**

	2019-2020		2020-2021		2021-2022		2022-2023	
	%	#	%	#	%	#	%	#
17 – 20 years	0.0%	0	0.0%	0	0.0%	0	0.0%	0
21 – 25 years	0.0%	0	5.0%	2	0.0%	0	3.2%	1
26 – 30 years	18.4%	9	5.0%	2	13.6%	3	9.7%	3
31 – 40 years	38.8%	19	32.5%	13	18.2%	4	25.8%	8
41 – 50 years	30.6%	15	42.5%	17	36.4%	8	51.6%	16
51 – 60 years	12.2%	6	12.5%	5	27.3%	6	6.5%	2
61 years and older	0.0%	0	2.5%	1	4.5%	1	3.2%	1
<b>Total</b>	<b>100.0%</b>	<b>49</b>	<b>100.0%</b>	<b>40</b>	<b>100.0%</b>	<b>22</b>	<b>100.0%</b>	<b>31</b>
# Unknown/ unreported		9		11		13		11

### Doctoral Student Census

The doctoral census has just about doubled over the last ten years, but that is largely due to the growth in the private program census, which has grown by 146.6% (n=632), while public programs have only grown by 9.8% (n=30).

**Table 62. Student Census Data, Doctoral Programs, by Year**

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public programs	307	338	252	393	294	220	220	-	447	337
Private programs	431	395	337	406	663	1,105	1,105	-	1,039	1,063
<b>Total nursing students*</b>	<b>738</b>	<b>733</b>	<b>589</b>	<b>799</b>	<b>957</b>	<b>1,325</b>	<b>1,325</b>	-	<b>1,486</b>	<b>1,400</b>
DNP Programs	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public programs	-	-	-	-	-	-	305	-	354	240
Private programs	-	-	-	-	-	-	1,057	-	901	923
<b>Total nursing students*</b>	-	-	-	-	-	-	<b>1,362</b>	-	<b>1,255</b>	<b>1,163</b>
PhD Programs	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public programs	-	-	-	-	-	-	141	-	93	97
Private programs	-	-	-	-	-	-	120	-	138	140
<b>Total nursing students*</b>	-	-	-	-	-	-	<b>261</b>	-	<b>231</b>	<b>237</b>

### Doctoral Student Completions

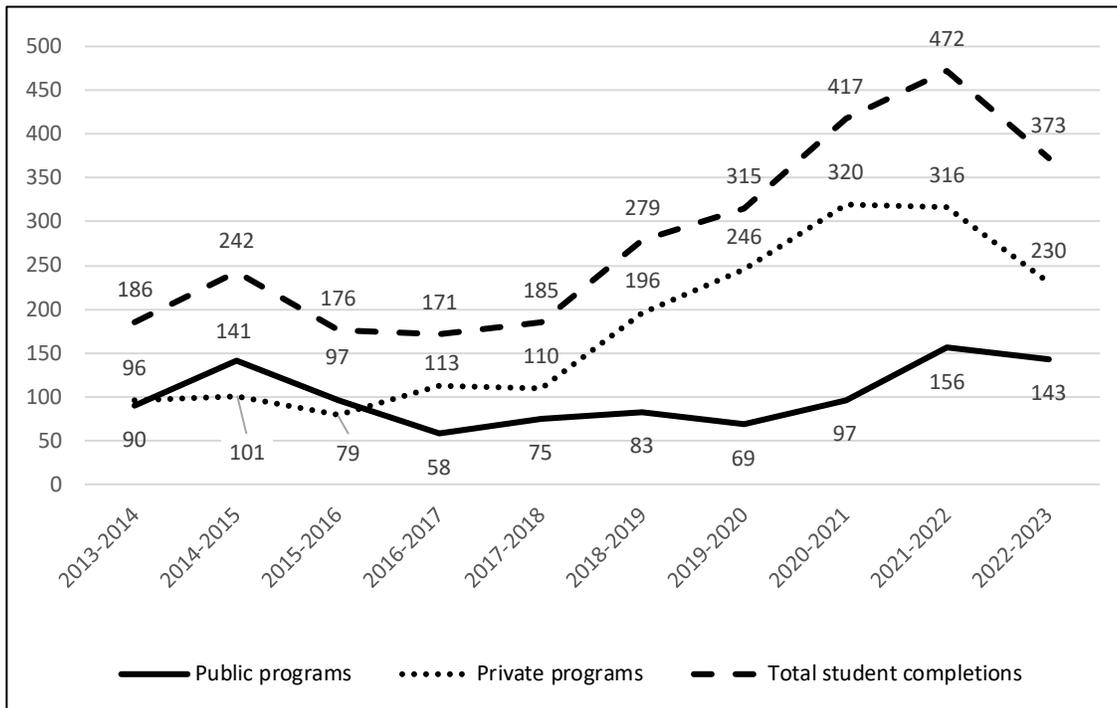
The number of students that completed a nursing Doctoral program in California more than doubled over the past ten years, from 186 in 2013-14 to 373 in 2022-23. However, this total is lower than the prior two years' completions.

Private program graduates made up 61.7% of all doctoral program graduates in 2022-23. While private program graduates made up 63.6% of DNP program graduates, they were only 42.9% of PhD program graduates.

Graduates of DNP programs made up 91.5% (n=338) of all graduates in 2020-21, and graduates of PhD programs made up 9.4% (n=35).

**Table 63. Doctoral program completions by academic year**

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
<b>Public programs</b>	90	141	97	58	75	83	69	97	156	143
<b>Private programs</b>	96	101	79	113	110	196	246	320	316	230
<b>Total student completions</b>	<b>186</b>	<b>242</b>	<b>176</b>	<b>171</b>	<b>185</b>	<b>279</b>	<b>315</b>	<b>417</b>	<b>472</b>	<b>373</b>
<b>DNP Programs</b>	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
<b>Public programs</b>	-	-	-	-	-	-	49	71	133	123
<b>Private programs</b>	-	-	-	-	-	-	227	299	299	215
<b>Total student completions</b>	-	-	-	-	-	-	<b>276</b>	<b>370</b>	<b>432</b>	<b>338</b>
<b>PhD Programs</b>	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
<b>Public programs</b>	-	-	-	-	-	-	20	26	23	20
<b>Private programs</b>	-	-	-	-	-	-	19	21	17	15
<b>Total student completions</b>	-	-	-	-	-	-	<b>39</b>	<b>47</b>	<b>40</b>	<b>35</b>



**Figure 21. Doctoral program completions by academic year**

## DNP Student Completions

Starting in 2020-21, respondents were asked to break down their DNP completions by track and by whether those completions were entry-level or post-master's level. Total completion numbers broken down by track and level differed somewhat from the overall completion numbers reported above because some programs gave different numbers these questions.

The majority of entry-level DNP completions were in the NP track (66.4%, n=97), followed by CRNA (31.5%, n=46), other (1.4%, n=2), and CNS (0.7%, n=1). No completions were listed in the CNM track.

**Table 64. DNP entry-level completions by level and track**

	2020- 2021	2021- 2022	2022- 2023
Clinical Nurse Specialist (CNS)	0	2	1
Nurse Practitioner (NP)	101	117	97
Certified Nurse Midwife (CNM)	0	0	0
Certified Registered Nurse Anesthetist (CRNA)	0	44	46
Other Track	2	0	2
<b>Total completions</b>	<b>103</b>	<b>163</b>	<b>146</b>
Completed a double major	15	11	16

More than a third (34.3%, n=84) of post-master's level completions were in the NP track, while no enrollees were reported in the CNS, CNM, or CRNA tracks. 65.7% (n=161) of post-master's DNP completions were in some track other than CNS, NP, CNM, or CNRA.

"Other" tracks described in text comments in 2021-22 included: Healthcare Leadership, Executive Leadership, Systems Leadership, Health Systems Leadership, Population Health Leadership, Executive Nurse Leader, Nursing Informatics/Data Science, Generalist, and Post-MS (no specialty).

**Table 65. DNP post-master's completions by level and track**

	2020- 2021	2021- 2022	2022- 2023
Clinical Nurse Specialist (CNS)	0	0	0
Nurse Practitioner (NP)	114	99	84
Certified Nurse Midwife (CNM)	0	0	0
Certified Registered Nurse Anesthetist (CRNA)	0	0	0
Other Track	138	170	161
<b>Total completions</b>	<b>252</b>	<b>269</b>	<b>245</b>
Completed a double major	2	0	17

Respondents were asked to report nurse practitioner completions by program track or specialty area during the five years that this has been tracked, individual/family and psychiatric – mental health have predominated as the top program tracks.

**Table 66. Nurse Practitioner completions by specialty and academic year**

NP Specialty	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022*	2022-2023
Individual/Family	53.6%	46.1%	31.4%	38.6%	-	38.0%
Psychiatric-Mental Health	28.6%	28.9%	47.2%	51.2%	-	43.4%
Pediatrics (primary)	0.0%	7.8%	5.7%	1.9%	-	5.4%
Adult/Gerontology (acute)	0.0%	7.0%	3.1%	2.3%	-	1.8%
Other	0.0%	7.0%	5.0%	5.6%	-	4.2%
Adult/Gerontology (primary)	17.9%	2.3%	6.9%	0.5%	-	7.2%
Pediatrics (acute)	0.0%	0.8%	0.6%	0.0%	-	0.0%
Neonatal	0.0%	0.0%	0.0%	0.0%	-	0.0%
Women's Health/Gender	0.0%	0.0%	0.0%	0.0%	-	0.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-</b>	<b>100.0%</b>
<b>Number of programs responding</b>	<b>28</b>	<b>128</b>	<b>159</b>	<b>215</b>	<b>-</b>	<b>166</b>

\*Due to a coding error, no data on specialties were collected in 2021-22.

In 2022-23, most (71.4%, n=5) of the 7 DNP programs with NP tracks prepared NP graduates to take a national certification exam, and most (57.1%, n=4) officially tracked the success rate of graduates on the certification exam(s) for NPs.

In 2021-22, respondents were asked to break out their entry-level DNP student completions by demographic categories and track. Totals for the demographic categories do not sum to the total number of completions reported.

In 2022-23, 57.7% (n=56) of entry-level certified nurse practitioner completions were ethnic minorities, as were 56.5% (n=26) of certified registered nurse anesthetist completions, and 50% (n=1) of “other track” completions.

**Table 67. Ethnic distribution of entry-level DNP completions by track**

	Nurse Practitioner (NP)			Certified Registered Nurse Anesthetist (CRNA)			Other Track		
	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023
Native American	1.0%	0.0%	0.0%	-	0.0%	0.0%	0.0%	0.0%	0.0%
Asian/Pacific Islander subtotal	<b>34.0%</b>	<b>19.8%</b>	<b>27.8%</b>	<b>0.0%</b>	<b>30.2%</b>	<b>30.4%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>50.0%</b>
<i>South Asian</i>	2.1%	6.9%	1.0%	-	0.0%	0.0%	0.0%	0.0%	0.0%
<i>Filipino</i>	8.2%	3.0%	3.1%	-	2.3%	4.3%	0.0%	0.0%	0.0%
<i>Hawaiian</i>	0.0%	1.0%	0.0%	-	0.0%	0.0%	0.0%	0.0%	50.0%
<i>Other Asian</i>	22.7%	8.9%	22.7%	-	27.9%	26.1%	50.0%	0.0%	0.0%
<i>Other Pacific Islander</i>	1.0%	0.0%	1.0%	-	0.0%	0.0%	0.0%	0.0%	0.0%
African American	16.5%	20.8%	18.6%	-	0.0%	4.3%	0.0%	0.0%	0.0%
Hispanic	13.4%	17.8%	8.2%	-	27.9%	19.6%	0.0%	100.0%	0.0%
Multi-race	1.0%	4.0%	3.1%	-	7.0%	2.2%	0.0%	0.0%	0.0%
Other	1.0%	0.0%	0.0%	-	0.0%	0.0%	0.0%	0.0%	0.0%
White	33.0%	37.6%	42.3%	-	34.9%	43.5%	50.0%	0.0%	50.0%
<b>Total</b>	<b>97</b>	<b>101</b>	<b>97</b>	<b>-</b>	<b>43</b>	<b>46</b>	<b>2</b>	<b>2</b>	<b>2</b>
Percent ethnic minorities	67.0%	62.4%	57.7%	-	65.1%	56.5%	50.0%	100.0%	50.0%
Unknown/Unreported	4	0	-	0	1	-	-	-	
Number of programs reporting	5	5	4	2	2	2	1	1	2
Programs offering this track	5	5	5	2	2	2	1	13	2

\*Some completions may be double-counted because some students completed more than one track. In 2021-22, two schools that reported 15 “other track” students for this question despite reporting no such students in other questions.

In 2022-23, 78.1% (n=75) of NPs and 60.9% (n=28) of CRNA entry-level DNP enrollees were reported to be female.

**Table 68. Gender distribution of entry-level DNP completions**

	Nurse Practitioner (NP)			Certified Registered Nurse Anesthetist (CRNA)			Other Track		
	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023
Male	12.0%	14.1%	21.9%	-	34.1%	39.1%	50.0%	-	0.0%
Female	88.0%	85.9%	78.1%	-	65.9%	60.9%	50.0%	-	100.0%
Other	0.0%	0.0%	0.0%	-	0.0%	0.0%	0.0%	-	0.0%
<b>Total</b>	<b>100</b>	<b>92</b>	<b>96</b>	<b>0</b>	<b>44</b>	<b>46</b>	<b>2</b>	<b>0</b>	<b>1</b>
<b>Unknown</b>	1	1	1	-	-	-	-	-	(1)

\*Some completions may be double-counted because fifteen students completed more than one track.

In 2022-23, the majority of those completing an entry-level DNP program were over thirty years of age.

**Table 69. Age distribution of entry-level DNP completions by track**

	Nurse Practitioner (NP)			Certified Registered Nurse Anesthetist (CRNA)			Other Track		
	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023
17 – 20 years	0.0%	0.0%	0.0%	-	0.0%	0.0%	0.0%	-	0.0%
21 – 25 years	0.0%	5.0%	1.0%	-	2.3%	0.0%	0.0%	-	0.0%
26 – 30 years	34.1%	18.8%	25.3%	-	27.3%	28.3%	0.0%	-	0.0%
31 – 40 years	53.7%	42.5%	50.5%	-	65.9%	71.7%	50.0%	-	100.0%
41 – 50 years	9.8%	20.0%	15.2%	-	4.5%	0.0%	0.0%	-	0.0%
51 – 60 years	2.4%	12.5%	6.1%	-	0.0%	0.0%	50.0%	-	100.0%
61 years and older	0.0%	1.3%	2.0%	-	0.0%	0.0%	0.0%	-	0.0%
<b>Total</b>	<b>41</b>	<b>80</b>	<b>99</b>	<b>-</b>	<b>44</b>	<b>46</b>	<b>2</b>	<b>-</b>	<b>2</b>
# Unknown/ unreported	60	-	(2)	-	-	-	-	-	

\*Some completions may be double-counted because many students completed more than one track.

## PhD Student Completions

For the last four years, the demographics of research-based Doctoral program completions (PhD) have been broken out separate from those of DNP completions. In 2022-23, ethnic minority students made up 42.4% of research-based Doctoral program completions, whereas in 2021-22, they made up 60.0% of those completions.

**Table 70. Ethnic distribution of PhD completions by academic year**

	2019-2020		2020-2021		2021-2022		2022-2023	
	%	#	%	#	%	#	%	#
Native American	5.1%	2	2.2%	1	0.0%	0	0.0%	0
Asian/Pacific Islander subtotal	<b>12.8%</b>	<b>5</b>	<b>21.7%</b>	<b>10</b>	<b>25.0%</b>	<b>10</b>	<b>12.1%</b>	<b>4</b>
<i>South Asian</i>	0.0%	0	2.2%	1	2.5%	1	0.0%	0
<i>Filipino</i>	2.6%	1	8.7%	4	15.0%	6	3.0%	1
<i>Hawaiian</i>	0.0%	0	0.0%	0	0.0%	0	0.0%	0
<i>Other Asian</i>	10.3%	4	10.9%	5	7.5%	3	9.1%	3
<i>Other PI</i>	-	-	0.0%	0	2.5%	1	0.0%	0
African American	10.3%	4	8.7%	4	15.0%	6	9.1%	3
Hispanic	7.7%	3	15.2%	7	7.5%	3	12.1%	4
Multi-race	0.0%	0	4.3%	2	5.0%	2	3.0%	1
Other	0.0%	0	4.3%	2	5.0%	2	6.1%	2
White	64.1%	25	43.5%	20	40.0%	16	57.6%	19
<b>Total</b>	<b>100.0%</b>	<b>39</b>	<b>100.0%</b>	<b>46</b>	<b>100.0%</b>	<b>40</b>	<b>100.0%</b>	<b>33</b>
Percent ethnic minorities	35.9%	14	56.5%	26	60.0%	24	42.4%	14
Unknown/Unreported		0		1		0		2

Female students have made up the majority of PhD completions in the last three years. However, - the proportion of male completions has almost tripled since 2019-2020.

**Table 71. Gender distribution of PhD completions by academic year**

	2019-2020		2020-2021		2021-2022		2022-2023	
	%	#	%	#	%	#	%	#
Male	7.7%	3	14.9%	7	20.0%	8	20.0%	7
Female	92.3%	36	85.1%	40	80.0%	32	80.0%	28
Other	0.0%	0	0.0%	0	0.0%	0	0.0%	0
<b>Total</b>	<b>100.0%</b>	<b>39</b>	<b>100.0%</b>	<b>47</b>	<b>100.0%</b>	<b>40</b>	<b>100.0%</b>	<b>35</b>
# Unknown/ unreported		0		0		0		0

The majority of PhD new enrollments has been over 31 years of age over the last four years.

**Table 72. Age distribution of PhD completions by academic year**

	2019-2020		2020-2021		2021-2022		2022-2023	
	%	#	%	#	%	#	%	#
17 – 20 years	0.0%	0	0.0%	0	0.0%	0	0.0%	0
21 – 25 years	2.8%	1	0.0%	0	0.0%	0	2.8%	1
26 – 30 years	11.1%	4	2.6%	1	7.1%	2	11.1%	4
31 – 40 years	38.9%	14	41.0%	16	42.9%	12	38.9%	14
41 – 50 years	16.7%	6	23.1%	9	35.7%	10	16.7%	6
51 – 60 years	22.2%	8	20.5%	8	3.6%	1	22.2%	8
60+ years	8.3%	3	12.8%	5	10.7%	3	8.3%	3
<b>Total</b>	<b>100.0%</b>	<b>36</b>	<b>100.0%</b>	<b>39</b>	<b>100.0%</b>	<b>28</b>	<b>100.0%</b>	<b>36</b>
# Unknown/ unreported		3		8		12		3

### Summary of Doctoral Program Data

This year, like last year, the survey questions on Doctoral programs were split into two separate sections to account for differences in doctorate of nursing practice (DNP) and research-based Doctoral programs (PhD).

One private school reported a new DNP program in 2022-23. The number of research-based doctoral programs (PhD) remained the same. There was a total of 19 DNP programs and 7 PhD programs.

A smaller proportion of doctoral applications has resulted in fewer admissions or enrollments than in pre-pandemic years. The number of students pursuing doctoral degrees has dropped off by 16.3% after hitting a ten year high in 2019-20, despite the decreasing impacts of the COVID-19 pandemic. Nonetheless, the number of available spaces reported has rebounded to a level much higher than any year during the last ten.

Dividing the Doctoral program questions into DNP and PhD sections revealed some important differences between programs. First, there are many more DNP programs (19), enrollees (453), and graduates (338) than there are PhD programs (7), enrollees (42), and graduates (35). DNP program.

This is not unique to California: nationally, there were many more DNP enrollees (41,831) than nursing PhD enrollees (4,244) in 2023. Nationally, DNP enrollments are flat while PhD enrollments have continued to drop since 2013. Between 2022 and 2023 alone, PhD enrollments declined by 3.13%.<sup>[1]</sup>

In 2022-23, private schools account for 61.1% of all Doctoral programs surveyed—63.2% of the DNP programs and 42.9% of the PhD programs are in private schools. Historically, private Doctoral programs have been responsible for most of the increases in new student enrollments and student completions. In 2022-23, private programs were responsible for 62.8% of new enrollments and 61.7% of completions in Doctoral programs.

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<sup>[1]</sup> Source: American Association of Colleges of Nursing, Enrollment & Graduations in Baccalaureate and Graduate Programs in Nursing (series)

Among the PhD programs, public programs had more enrollments and more completions than private PhD programs. Among DNP programs, private programs clearly had the edge in both categories.

PhD programs were able to fill more available admission spaces with new enrollments (56.8%) than were DNP programs (52.9%). PhD programs also accepted a slightly greater share of applicants (52.1%) than did DNP programs (51.8%).

More than a third of DNP programs (36.8%) and 42.8% PhD programs reported that they had enrolled fewer students in 2022-23 than in the prior year. The main reason they enrolled fewer students was that accepted students did not enroll, followed by lack of qualified applicants. No programs cited pandemic-related reasons for this decline, which is a change from prior years.

## Faculty Census Data

Faculty data were collected by school, not by degree program. Therefore, faculty data represent post-licensure programs as a whole, not a specific degree program.

On October 15, 2022, post-licensure programs reported 1,384 faculty that taught post-licensure courses. Over the last ten years, there have been fluctuations in the number of faculty teaching post-licensure students. This may be due to online programs that have large fluctuations in enrollment and hence, fluctuations in faculty numbers, from year to year. Overall, the total number of post-licensure faculty, and the number of full-time and part-time post-licensure faculty, has grown since 2014, largely due to the growth in the number of part-time faculty.

Many schools that offer post-licensure programs (79.6%, n=39) reported sharing some faculty with pre-licensure programs. Hence, 21.6% (n=299) of the 1,384 total post-licensure faculty reported in 2023 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 40 vacant faculty positions in 2023. These vacancies represent a 2.8% faculty vacancy rate.

**Table 73. Faculty census data by year**

	2014	2015*	2016*	2017	2018	2019	2020	2021	2022	2023
<b>Total faculty</b>	<b>1,001</b>	<b>1,085</b>	<b>1,187</b>	<b>1,261</b>	<b>1,653</b>	<b>1,313</b>	<b>1,529</b>	<b>1,561</b>	<b>1,310</b>	<b>1,384</b>
Faculty (post-licensure only)	488	668	660	728	1,102	915	1165	1201	1014	1085
<i>Full-time post-licensure only</i>	274	285	322	336	405	356	403	409	330	349
<i>Part-time post-licensure only</i>	214	397	402	392	697	559	762	792	684	736
Faculty (also teach pre-licensure)	513	417	331	533	551	398	364	360	296	299
<b>Vacancy rate**</b>	<b>3.9%</b>	<b>13.8%</b>	<b>4.9%</b>	<b>4.4%</b>	<b>3.7%</b>	<b>5.0%</b>	<b>3.4%</b>	<b>2.2%</b>	<b>5.1%</b>	<b>2.8%</b>
<i>Vacancies</i>	41	173	61	58	63	69	53	35	70	40

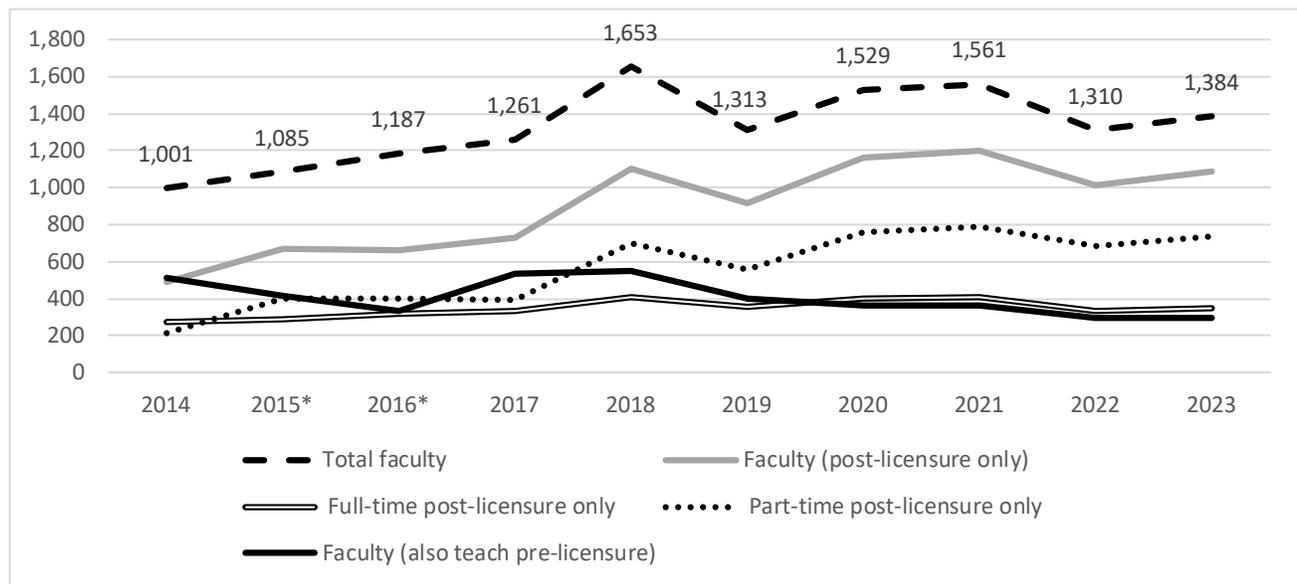
Note:

Census data represent the number of faculty on October 15th of the given year.

Vacancy rate = number of vacancies / (total faculty + number of vacancies)

\*The sum of full- and part-time faculty did not equal the total faculty reported in these years.

\*\*One school reported 119 vacancies in 2015.



**Figure 22. Faculty census data by year**

Schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past five years than previously. Sixteen percent (16.3%, n=8) of 49 schools agreed.<sup>1</sup> These eight schools were asked to rank the reason for this shift. The top ranked reasons in 2022-23 were non-competitive salaries for full-time faculty, a shortage of RNs for full-time positions, and a need part-time faculty to teach specialty content.

Non-competitive salaries for full-time faculty has been the first or second ranked item for the eight years this question has been asked. Shortage of RNs applying for full time faculty positions has been the second or third ranked reason every one of the eight years this question has been asked. However, this year, like last year, the need for part-time faculty to teach specialty content was the second ranked reason. The only “other” reason described for hiring more part-time faculty in 2022-23 was “Faith Requirement.”

**Table 74. Reasons for hiring more part-time faculty by year**

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2021- 2022
Non-competitive salaries	2.3	3.0	2.4	1.0	2.5	3.4	2.1	2.6
Shortage of RNs for FT positions	2.7	4.8	3.4	2.3	3.2	3.5	3.8	3.8
Need PT faculty to teach specialty content	7.3	5.0	4.4	3.7	4.9	5.1	2.9	3.2
Insufficient # of FT applicants with req. credential	4.3	5.8	3.9	4.5	3.6	3.6	3.5	4.3
Laws, rules or policies	5.7	5.4	4.4	5.3	5.5	5.7	3.9	6.8
Insufficient budget for benefits/other costs	4.7	2.0	4.9	5.6	6.2	6.3	3.8	5.6
Need ft faculty to have teaching release time	5.7	6.0	6.7	5.8	6.2	6.3	3.7	4.7
Flexibility with respect to enrollment changes	7.7	6.3	6.6	6.2	6.0	6.4	5.5	7.4
Other	-	10.0	5.0	7.0	8.7	8.0	4.8	9.2
Faculty need time for clinical practice	4.7	5.6	6.8	7.0	8.1	6.7	4.5	7.4

\*The lower the ranking, the greater the importance of the reason. (1 has the highest importance and 10 has the lowest importance.)

<sup>1</sup> Twelve schools did not answer this question in 2020-21; fourteen schools did not answer this question in 2021-22; nine schools did not answer this question in 2022-23.

In 2022-23, schools were asked how many of their full-time post-licensure-only faculty shifted from full-time to part-time schedules during this program year. Eight schools identified thirteen faculty who had transitioned from full-time to part-time. The reasons given for this transition were returning to clinical practice (50.0%, n=4), other (37.5%, n=3), and family obligations and preparing for retirement (12.5% or n=1 each).

Preparing for retirement was the top reason, or tied for the top reason, for shifting to part-time four out of the past seven years. Returning to clinical practice has also ranked high for each of the last five years.

**Table 75. Reasons for faculty shifting from full to part-time by year**

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2021-2023
Family obligations	50.0%	0.0%	20.0%	14.3%	0.0%	0.0%	12.5%
Return to clinical practice	0.0%	0.0%	60.0%	57.1%	50.0%	50.0%	50.0%
Personal health issues	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%
Workplace climate	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%
Preparing for retirement	50.0%	75.0%	60.0%	28.6%	50.0%	33.3%	12.5%
Requested by program due to budgetary reason	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Workload	0.0%	25.0%	20.0%	0.0%	0.0%	16.7%	0.0%
Child care challenges due to childcare/ school closures	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	25.0%	60.0%	28.6%	0.0%	33.3%	37.5%
<b>Programs reporting</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>8</b>

## Staffing and Administration

In 2022-2023, post-licensure programs were asked to report the number of clerical staff and clinical coordinators they employed, and whether these staff were adequate for program needs.

Because most schools also had approved pre-licensure programs, there is considerable overlap in staffing numbers between pre- and post-licensure programs in the following tables as many staff reported were supporting both types of programs. In addition, there is considerable overlap between post-licensure programs as most schools have more than one post-licensure program.

### Clerical Staff

Six schools reported no clerical staff that supported their post-licensure programs. The remaining 43 schools reported 232 clerical staff in total: 86 supporting only post-licensure programs and 150 supporting both pre- and post-licensure programs.

Clerical staff provided a total of 6,025 hours of support weekly (compared to 6,295.5 in 2021-22). A total of 2,447.8 hours were dedicated to post-licensure programs only, and an additional 3,577.3 split between pre- and post-licensure programs. The average number of staffing hours per staff per week for schools that reported clerical staff was 25.5, which is a little lower than last year (27.1).

**Table 76. Total number of clerical hours and clerical staff, 2022-2023**

	Clerical Hours	Clerical Staff	Average per Staff Member
Supporting both programs	3,577.3	150	23.8
Supporting only postlicensure program	2,447.8	86	28.5
<b>Total</b>	<b>6,025.0</b>	<b>236</b>	<b>25.5</b>

Note: Averages in this table exclude schools with 0 clerical staff hours.

The average number of clerical staff was greatest for schools with PhD and DNP programs (6.8 and 7.9 respectively) and least for schools with RN-to-BSN and MSN programs (5.2 and 5.7 staff, respectively). Most schools have more than one program type, particularly schools with MSN and doctoral programs, so there is considerable overlap.

**Table 77. Average clerical staff for schools with each program type, 2022-2023**

Program Type	Shared Clerical Staff	Post-licensure Only Clerical Staff	All Clerical Staff
RN-to-BSN	3.5	1.9	5.2
MSN	3.7	2.2	5.7
DNP	3.9	2.8	6.8
PhD	4.1	3.7	7.9
<b>Total avg number of staff</b>	<b>3.7</b>	<b>2.0</b>	<b>5.5</b>

Note: Averages in this table exclude schools with 0 clerical staff.

Schools with each program type generally had other postlicensure programs

The average number of overall clerical hours was greatest for schools with PhD and DNP programs (169.3 and 160.4 hours, respectively) and least for schools with RN-to-BSN and MSN programs (133.5 and 130.8 hours, respectively).

**Table 78. Average clerical hours for schools with each program type, 2022-2023**

Program Type	Hours of Shared Clerical Staff	Hours of Postlicensure-Only Clerical Staff	Hours of All Clerical Staff
RN-to-BSN	114.4	65.0	133.5
MSN	103.3	78.3	130.8
DNP	130.7	90.5	169.3
PhD	134.6	114.6	160.4
<b>Total avg number of clerical hours</b>	<b>115.4</b>	<b>69.9</b>	<b>143.5</b>

Note: Averages in this table exclude schools with 0 clerical support hours. Schools with each program type generally had other postlicensure programs.

This year, the average number of hours per clerical staff per program type varied without a clear pattern except that MSN programs appeared to have slightly lower averages than the other program types. Again, it is important to keep in mind that many schools have multiple program types.

The majority of clerical staffing hours in schools at PhD programs came from post-licensure-only clerical staff, while the majority of staffing hours at schools at RN-to-BSN, MSN, and DNP programs came from staff shared between pre- and post-licensure programs. The majority of clerical *staff* in schools with all program types were staff shared between pre-and postlicensure programs.

**Table 79. Postlicensure clerical support by program at school, 2022-2023**

	RN-to-BSN	MSN	DNP	PhD
Total clerical hours	4,745	4,776	3,458	1,476
Total clerical staff	181	199	129	55
<b>Average per clerical staff member</b>	<b>26.2</b>	<b>24.0</b>	<b>26.8</b>	<b>26.8</b>
Clerical Staff Shared between Pre & Postlicensure Programs	RN-to-BSN	MSN	DNP	PhD
Shared clerical hours	2,861	2,582	1,829	673
Shared clerical staff	116.5	122.5	75	29
<b>Average per shared clerical staff</b>	<b>24.6</b>	<b>21.1</b>	<b>24.4</b>	<b>23.2</b>
Percent of all clerical hours from shared clerical staff	60.3%	54.1%	52.9%	45.6%
Percent of all clerical staff that are shared staff	64.4%	61.6%	58.1%	52.7%
Postlicensure-Only Clerical Staff	RN-to-BSN	MSN	DNP	PhD
Postlicensure only clerical hours	1,884	2,194	1,629	803
Postlicensure only clerical staff	65	77	54	26
<b>Average per postlicensure only clerical staff</b>	<b>29.2</b>	<b>28.7</b>	<b>30.2</b>	<b>30.9</b>
Percent of all clerical hours from postlicensure-only clerical staff	39.7%	45.9%	47.1%	54.4%
Percent of all clerical staff that are postlicensure only staff	35.6%	38.4%	41.9%	47.3%
<b>Total number of schools</b>	<b>39</b>	<b>31</b>	<b>18</b>	<b>7</b>

Respondents were asked to report on the adequacy of the amount of clerical support at their schools. Respondents at schools with PhD programs were more likely to report that the amount of clerical support was more than adequate or adequate (85.7%, n=7), followed by schools with DNP programs (88.2%, n=15). Overall, 69.4% (n=25) of the 36 schools that answered this question found their clinical coordination support to be “adequate” or “more than adequate.” Schools with RN to BSN programs were most likely to indicate that the amount of clerical support was less than adequate (36.7%, n=11).

**Table 80. Adequacy of amount of clerical support, 2022-2023**

Adequacy	RN-to-BSN	MSN	DNP	PhD
More than adequate	6.7%	10.3%	5.3%	14.3%
Adequate	56.7%	62.1%	73.7%	71.4%
Less than adequate	36.7%	27.6%	21.1%	14.3%
Not at all adequate	0.0%	0.0%	0.0%	0.0%
<b>Number of schools reporting</b>	<b>30</b>	<b>29</b>	<b>17</b>	<b>7</b>

### Clinical Coordinators

All but five schools reported clinical coordination staff. Schools reported 162 clinical coordination staff (compared to 132 last year): 72 working with post-licensure students only, and 90 working with both pre-and post-licensure students. Together these 162 clinic coordination staff worked 4,053 aggregate hours per week, or an average of 25.1 hours each.

In the past, some respondents reported that some clinical coordinators were faculty who dedicated some of their time to clinical coordination, not a standalone position.

**Table 81. Total number of clinical coordinator hours and staff, 2022-2023**

	Coordinator Hours	Coordinator Staff	Average per Staff Member
Supporting both programs	1,797.5	72	25.1
Supporting only postlicensure program	2,255.5	90	25.1
<b>Total</b>	<b>4,053</b>	<b>162</b>	<b>25.1</b>

The average number of coordinator staff was greatest for schools with PhD and DNP programs (5.3 and 4.5 respectively) and least for schools with RN-to-BSN and MSN programs (3.6 and 3.7 staff, respectively). This is similar to last year's results.

**Table 82. Average number of coordinators for schools with each program type, 2022-2023**

Program Type	Shared Coordinator Staff	Postlicensure-Only Coordinator Staff	All Coordinator Staff
RN-to-BSN	1.7	2.0	3.6
MSN	1.6	2.2	3.7
DNP	1.4	3.1	4.5
PhD	1.3	4.0	5.3
<b>Total avg number of coordinator staff</b>	<b>1.7</b>	<b>2.0</b>	<b>3.7</b>

Note: Averages in this table exclude schools with 0 coordinator staff.  
Schools with each program type generally had other postlicensure programs

The average number of overall clinical coordinator hours was greatest for schools with PhD and DNP programs (141.4 and 125.4 respectively) and least for schools with RN-to-BSN and MSN programs (87.4 and 91.8 hours, respectively).

**Table 83. Average coordinator hours for schools with each program type, 2022-2023**

Program Type	Shared Coordinator Staff	Postlicensure-Only Coordinator Staff	All Coordinator Staff
RN-to-BSN	59.4	53.8	87.4
MSN	55.6	69.5	91.8
DNP	68.6	90.5	125.4
PhD	72.5	99.9	141.4
<b>Total avg number of coordinator hours</b>	<b>59.9</b>	<b>59.4</b>	<b>92.1</b>

Note: Averages in this table exclude schools with 0 clerical support hours.

Schools with DNP and PhD programs had *more* clinical coordination hours *per staff member* on average than did schools with RN-to-BSN and MSN programs.

The majority of clinical coordinator staffing hours in schools at with all program types came from postlicensure-only coordinator staff, and the majority of clinical coordination *staff* in schools with all program types were staff dedicated to postlicensure programs.

**Table 84. Postlicensure clinical coordination support by programs, 2022-2023**

	RN-to-BSN	MSN	DNP	PhD
Total coordinator hours	3,146	3,306	2,384	990
Total coordinator staff	130	135	85	37
<b>Average hours per coordinator staff member</b>	<b>24.3</b>	<b>24.6</b>	<b>28.0</b>	<b>26.7</b>
Coordinator Staff Shared between Pre & Postlicensure Programs	RN-to-BSN	MSN	DNP	PhD
Shared coordinator hours	1,425	1,223	755	290
Shared coordinator staff	59	55	26	9
<b>Average hours per shared coordinator staff</b>	<b>24.4</b>	<b>22.4</b>	<b>29.0</b>	<b>32.2</b>
Percent of all coordinator hours from shared coordinator staff	45.3%	37.0%	31.7%	29.3%
Percent of all coordinator staff that are shared staff	45.2%	40.5%	30.6%	24.3%
Postlicensure-Only Coordinator Staff	RN-to-BSN	MSN	DNP	PhD
Postlicensure only coordinator hours	1,721	2,084	1,629	700
Postlicensure only coordinator staff	71	80	59	28
<b>Average hours per postlicensure only coordinator staff</b>	<b>24.2</b>	<b>26.0</b>	<b>27.6</b>	<b>25.0</b>
Percent of all coordinator hours from postlicensure-only coordinator staff	54.7%	63.0%	68.3%	70.7%
Percent of all coordinator staff that are postlicensure-only staff	54.8%	59.5%	69.4%	75.7%
<b>Total number of schools</b>	<b>39</b>	<b>38</b>	<b>19</b>	<b>7</b>

Respondents were asked to report the adequacy of the amount of clinical coordination support at their schools. Respondents at schools with PhD programs were more likely than other schools to report that the amount of clinical coordination support was adequate or more than adequate (100.0%, n=7) compared to 82.4% (n=14) for schools with DNP programs, 75.9% (n=22) for schools with MSN programs, and 73.3% (n=22) for schools with RN to BSN programs. Overall, 77.8% (n=28) of the 36 schools that answered this question found their clinical coordination support to be “adequate” or “more than adequate.”

**Table 85. Adequacy of amount of clinical coordination support, 2022-2023**

Adequacy	RN-to-BSN	MSN	DNP	PhD
More than adequate	9.7%	13.8%	11.8%	14.3%
Adequate	61.3%	62.1%	70.6%	85.7%
Less than adequate	22.6%	17.2%	11.8%	0.0%
Not at all adequate	6.5%	6.9%	5.9%	0.0%
<b>Number of schools reporting</b>	<b>30</b>	<b>29</b>	<b>17</b>	<b>7</b>

**APPENDICES****APPENDIX A – List of Post-Licensure Nursing Education Programs****RN-to-BSN Programs (39)**

American University of Health Sciences  
 Angeles College  
 Azusa Pacific University  
 California Baptist University  
 Carrington College\*  
 Charles R. Drew University of Medicine and  
 Science  
 CNI College (Career Networks Institute)  
 CSU Bakersfield  
 CSU Channel Islands  
 CSU Chico  
 CSU Dominguez Hills  
 CSU East Bay  
 CSU Fresno  
 CSU Fullerton  
 CSU Long Beach  
 CSU Los Angeles  
 CSU Northridge  
 CSU Sacramento  
 CSU San Bernardino  
 CSU San Marcos  
 CSU Stanislaus  
 Glendale Career College  
 Gurnick Academy of Medical Arts - BSN  
 Loma Linda University  
 Mount St. Mary's University AD  
 National University  
 Pacific College  
 Pacific Union College  
 Point Loma Nazarene University  
 Samuel Merritt University  
 San Diego State University  
 San Francisco State University  
 Sonoma State University  
 The Valley Foundation School of Nursing at  
 San Jose State  
 UMass Global (Brandman)  
 Unitek College  
 University of Phoenix-SoCal  
 Vanguard University  
 Weimar University  
 West Coast University

**Master's Degree Programs (38)**

(American University of Health Sciences) \*\*  
 Azusa Pacific University  
 California Baptist University  
 Charles R. Drew University of Medicine and  
 Science  
 CSU Bakersfield  
 CSU Channel Islands  
 CSU Chico  
 CSU Dominguez Hills  
 CSU East Bay  
 CSU Fresno  
 CSU Fullerton  
 CSU Long Beach  
 CSU Los Angeles  
 CSU Sacramento  
 CSU San Bernardino  
 CSU San Marcos  
 CSU Stanislaus  
 Fresno Pacific University  
 Gurnick Academy of Medical Arts\*  
 Holy Names University  
 Loma Linda University  
 Mount St. Mary's University BSN  
 National University  
 Pacific College  
 Point Loma Nazarene University  
 Samuel Merritt University  
 San Diego State University  
 San Francisco State University  
 Sonoma State University  
 Stanbridge University\*  
 The Valley Foundation School of Nursing at  
 San Jose State  
 University of California Davis  
 University of California Los Angeles  
 University of California San Francisco  
 University of Phoenix-SoCal  
 University of San Diego, Hahn School of  
 Nursing  
 University of San Francisco  
 Vanguard University  
 West Coast University  
 Western University of Health Sciences

\*New program 2022-23

\*\*No data submitted

**DNP Programs (19)**

Azusa Pacific University  
Brandman University Musco School of  
Nursing  
California Baptist University  
Charles R. Drew University of Medicine and  
Science  
CSU Fresno  
CSU Fullerton  
Loma Linda University  
National University\*  
Point Loma Nazarene University  
Samuel Merritt University  
The Valley Foundation School of Nursing at  
San Jose State  
University of California Davis  
University of California Irvine  
University of California Los Angeles  
University of California San Francisco  
University of San Diego, Hahn School of  
Nursing  
University of San Francisco  
West Coast University  
Western University of Health Sciences

**PhD Programs (7)**

Azusa Pacific University  
Loma Linda University  
University of California Davis  
University of California Irvine  
University of California Los Angeles  
University of California San Francisco  
University of San Diego, Hahn School of  
Nursing

\*New program in 2022-2023

**APPENDIX B – BRN Nursing Education and Workforce Advisory Committee**

**Members**

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Robyn Nelson, PhD, RN

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**Organization**

California State University, Sacramento  
Health Professions Education Foundation,  
OSHDP

California Hospital Association/North (CHA)  
Nursing/Health Care Services, California  
Department of Corrections and Rehabilitation  
HealthImpact

Kaiser Permanente National Patient Care  
The United Nurses Associations of  
California/Union of Health Care Professionals  
(UNAC/UHCP)

Los Angeles County Department of Public Health  
Community Colleges Chancellor's Office  
University of California, Los Angeles School of  
Nursing Health Center at the Union Rescue  
Mission

Sutter Cancer Center  
Northern COADN President, College of Marin  
American Nurses Association\California (ANA/C)  
California State University, Long Beach  
Service Employees International Union (SEIU)

California Nurses Association/  
National Nurses United (CAN/NNU)  
California Association of Nurse Leaders (ACNL)  
University of California, San Francisco

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