

The mission of the Ohio Board of Nursing is to actively promote and protect the health of the citizens of Ohio through the safe and effective practice of nursing as defined by law. Measurable ends to achieve this mission include competent practitioners, informed public and a law which accurately reflects the dynamic practice of nursing.

HOW ARE WE DOING?

Please help us serve you better by responding to the following survey. Please print out this survey, circle the most appropriate response, and fax the completed survey form to us at (614) 466-0388 or mail it to:

Ohio Board of Nursing
17 S. High Street, Suite 400
Columbus, Ohio 43215-3413

1. What information or services did you obtain from the Ohio Board of Nursing? (Circle all that apply)

- | | |
|-------------------------|--|
| Current law and rules | Alternative Program for Chemically Dependent Nurses |
| Complaint about a nurse | Advanced Nursing Practice |
| Nursing Practice | Nursing education |
| Continuing Education | Exam / endorsement |
| Dialysis | Practice Intervention and Improvement Program (PIIP) |
| Licensure renewal | Other (list) |

2. If you contacted the Board office and dealt with a staff member directly or received printed information,

- | | | | |
|--|-----|----|----------------|
| a. Was the information provided useful? | Yes | No | Not Applicable |
| b. Were the instructions clear? | Yes | No | Not Applicable |
| c. Was the staff professional? | Yes | No | Not Applicable |
| d. Did you receive the information timely? | Yes | No | Not Applicable |

3. How did you contact the Board of Nursing office?

E-mail Fax Mail Phone Visited Web

4. Did you have any difficulty in contacting the Board of Nursing office? Yes No

Please explain:

5. Did you have any difficulty obtaining the requested information from the Board of Nursing office?

Yes No

Please explain:

5. When you receive "Momentum," the Newsletter of the Ohio Board of Nursing:
- | | | |
|--|-----|----|
| a. Is the information useful? | Yes | No |
| b. Are the articles on the laws and rules helpful? | Yes | No |
| c. Is the format "reader friendly?" | Yes | No |
6. If you have used the Board's web site;
- | | | |
|---|-----|----|
| a. Was the format user friendly? | Yes | No |
| b. Could you find what you were looking for? | Yes | No |
| c. How could the web site be improved to better serve your needs? | | |

Please write additional comments here:

Identifying information (Optional)

Name _____

Address _____

_____ Phone (____) _____

Your assistance in helping us to evaluate our services to you is much appreciated.

Web/03-01/ws