



Alumni Survey 2007-2008

1. When did you graduate from Samuel Merritt College?

Between September 2002 and August 2003	1
Between September 2004 and August 2005	2
Between September 2006 and August 2007	3

2. When did you get your **first job** within the profession (program you trained for at Samuel Merritt College)?

Prior to graduation from Samuel Merritt College	1
Within 6 months of graduation from Samuel Merritt College	2
More than 6 months after graduation from Samuel Merritt College	3
Have never worked in the profession	4

3. Are you currently employed in the profession you trained for at Samuel Merritt College?

Yes	1	Go to question 4
No	2	Skip to question 27

ANSWER QUESTIONS 4 TO 26 IF CURRENTLY EMPLOYED IN THE PROFESSION YOU TRAINED FOR AT SAMUEL MERRITT COLLEGE

PLEASE ANSWER QUESTIONS 4 TO 26 WITH YOUR CURRENT EMPLOYMENT IN THE PROFESSION (PROGRAM YOU TRAINED FOR AT SAMUEL MERRITT COLLEGE) IN MIND.

4. Please specify percent of time employed:

100%	1
Less than 100%	2

5. Which State are you employed in:

California	1	Go to question 6
Other (specify)	2	Skip to question 7

6. County of practice in California (**Select all applicable**):

Alameda	1	San Francisco	6
Contra Costa	2	San Mateo	7
Los Angeles	3	Santa Clara	8
Napa	4	Solano	9
San Diego	5	Sonoma	10
Other (specify)			

7. Which best characterizes your responsibilities in your primary job? (**Select one**)

Direct Patient Care	1
Management	2
Education	3
Research	4
Other (specify)	

8.Primary employment setting (Select one)		9.Additional employment settings (Select all applicable)	
College/University Faculty	1	College/University Faculty	1
Community/Home Health Agency	2	Community/Home Health Agency	2
Extended Care/Skilled Care Facility	3	Extended Care/Skilled Care Facility	3
Hospice	4	Hospice	4
Hospital Inpatient Service	5	Hospital Inpatient Service	5
Hospital Outpatient Service	6	Hospital Outpatient Service	6
Military/VA Center	7	Military/VA Center	7
Occupational Health	8	Occupational Health	8
Outpatient Clinic/Surgery Center	9	Outpatient Clinic/Surgery Center	9
Physician's Office	10	Physician's Office	10
Public health	11	Public health	11
Public/Private School System	12	Public/Private School System	12

10. What best describes your area of expertise? (Select one)

Anesthesia	1	Pediatrics	13
Cardiology	2	Primary Health Care	14
Critical Care	3	Psych	15
Dermatology	4	Public Health	16
Emergency Medicine	5	Rehabilitation	17
Family Practice	6	Research	18
Geriatrics	7	Rheumatology	19
Hand Therapy	8	Surgery	20
Internal Medicine	9	Telemetry	21
Oncology	10	Trauma	22
Orthopedics	11	Women's health / Obstetrics	23
Pain management	12	Other (specify) _____	

11. Do you supervise any of the following personnel in this job? (Select all applicable)

Licensed Professional Staff	1
Technical Support Personnel	2
Clerical Personnel	3
Unlicensed Professional Staff	4

12. Are you a clinical preceptor for students in this job?

Yes	1
No	2

13. Location of primary worksite served:

Urban Large City (>100,000 population)	1
Suburban - Small City (25,000 - 100,000 population)	2
Rural (<25,000 population)	3

14. If you work full time, what is your gross annual income?

Below \$50,000	1
\$51,000 to \$75,000	2
\$76,000 - \$100,000	3
Over \$100,000	4

15. How many years of full-time or full-time equivalent (if working part-time) work experience do you have in the profession?

Less than 1 year	1
1-2 years	2
3-4 years	3
5-6 years	4
More than 6 years	5

Please rate the **current level** of your professional competence. (Self assessment)

(BSN graduates, please rate from 1 to 3)

	Competence at minimum entry level	Above entry level	Well above entry level	Master Clinician level
16. Overall clinical skills	1	2	3	4
17. Professional behavior, attitudes, development, ethics	1	2	3	4
18. Management/Organizational skills	1	2	3	4
19. Interpersonal skills	1	2	3	4
20. Teaching/Motivating skills	1	2	3	4
21. Written communication/Expression skills	1	2	3	4
22. Evaluation skills: Diagnosis and data interpretation	1	2	3	4
23. Program planning/Planning of care skills	1	2	3	4
24. Treatment implementation/Intervention	1	2	3	4
25. Skill in applying theoretical knowledge in practice	1	2	3	4
26. Critical thinking skills	1	2	3	4

27. Since graduating from Samuel Merritt College, what advanced education have you pursued? **(Select all applicable)**

Advanced clinical specialty	1
Masters degree	2
Doctoral degree	3
Advanced certifications	4
None	5

Go to question 28

Skip to question 29

28. Name of advanced education/program pursued

29. Since graduating from Samuel Merritt College, are you a member of any professional organization or do you hold any office in professional organizations?

Yes	1
No	2

Go to question 30

Skip to question 31

30. Please list the names of professional organizations you are a member of and hold offices in.

Name of Organization	Office Held

31. Please list honors, awards, or grants you have received since graduation.

32. Have you participated in any research projects since graduation?

Yes	1
No	2

33. Have you published any articles since graduation?

Yes	1
No	2

34. Please list any health related community service activities in which you have participated since graduation.

35. If you assumed any educationally-related debt during your period of enrollment, do you feel that it was reasonable in view of your income potential?

Unreasonable	1
Reasonable	2

Had no educationally related debt	3
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36. Overall, have your expectations regarding your program at Samuel Merritt College been met?

Not met most expectations	1
Met expectations	2
Exceeded all expectations	3

37. Would you recommend Samuel Merritt College to others?

Yes	1
No	2

38. Please tell us why you would or would not recommend Samuel Merritt College to others.

39. Please feel free to add any other comments below.

40. Please indicate your satisfaction with the value of investment in attending Samuel Merritt College.

Very Dissatisfied	1
Dissatisfied	2
Neutral	3
Satisfied	4
Very Satisfied	5

We are required to obtain feedback from our alumni employers in order to comply with accreditation regulations. Results from the survey are aggregated so that no individuals can be identified.

Please help us by giving the enclosed employer survey form and a postage paid return envelope to your manager/supervisor to fill out in order to assess Samuel Merritt College's program quality.

I give permission to my employer to complete the employer survey form and gave the survey to my employer to be completed
Please enter your **Supervisor's** information below:

41. Name:

42. Title:

43. Company:

44. City/State:

45. Phone:

46. email:

I do not give permission to my employer to complete the employer survey and am returning it with my survey form.

I am self employed

**Please mail us the completed survey in the enclosed envelope (postage paid).
Thank you!**