

Nursing Graduates Survey

The CT State Health Care Workforce Task Force is conducting a survey to learn how to support nursing in CT. Please take a few minutes to answer these questions.

Your age _____ Do you plan to work in CT? _____

Do you plan to work full or part time after graduation? _____

Where do you expect to work? Hospital ____ Nursing Home _____
Clinic ____ Private Office _____, School ____ Other _____

How much educational debt do you have? _____

What factors are driving your choice of where to work?

Thank you for your help. If you have any questions about the survey, please contact us at (203) 562-1636 or information@cthealthpolicy.org

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Company Name

Street Address
Address 2
City, ST ZIP Code



Company Name

Street Address
Address 2
City, ST ZIP Code



Recipient Name
Street Address
Address 2
City, ST ZIP Code

Recipient Name
Street Address
Address 2
City, ST ZIP Code

Company Name

Street Address
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City, ST ZIP Code



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