



INLAND EMPIRE NURSES ASSOCIATION MEMBERS SURVEY

Name _____ (For drawing)

How long have you been a member of WSNA? _____

1. What topics would you like to see appear in the IENA newsletter?

2. What continuing educational topics would you be interested in learning about?

3. Up to how many hours of continuing education would you be willing to attend locally for a continuing educational session? _____

4. Would you be willing to attend a 6hr CE/7hr day (which includes lunch)?

Yes ____ No ____

5. Would you attend this session if held on a Saturday? Yes ____ No ____

6. How much money would you be willing to spend for such an educational offering listed above? _____

7. Would you be interested in running for Office/Board/Committee?
(Board meets every month for 10 months of the year, Sept-June;
Committees meet 2-4 times a year) Yes ____ No ____

If yes, indicate your choice: (circle one)

Board Office Committee member

8. What kind of information would you like to see on the website?

9. What type of events would you like IENA to sponsor?

Examples: Annual Spring Event (April); Nurse Legislative Reception (October)

10. Do you have other ideas or input about how IENA can help with your professional development or involvement?

Thank you for taking the time to respond to this survey.