



CHARACTERISTICS OF PROFESSIONAL NURSING PROGRAMS

This update presents information for the 133¹ pre-licensure registered nursing (RN) programs in Texas during the 2025 reporting year, including:

- 1 diploma program;
- 68 Associate Degree in Nursing (ADN) programs, including 56 generic ADN programs and 12 licensed vocational nurse (LVN) to ADN stand-alone programs;
- 62 Bachelor of Science in Nursing (BSN) programs; and
- 2 Master of Science in Nursing Alternate Entry (MSN AE) programs.

The Texas Center for Nursing Workforce Studies (TCNWS) collected data using the 2025 Board of Nursing’s (BON) Nursing Education Program Information Survey (NEPIS) that was available online as of October 1, 2025. The reporting period was academic year (AY) 2024-2025 (September 1, 2024 – August 31, 2025) unless otherwise noted. TCNWS collaborated with the BON in the design and dissemination of the survey.

¹There are 2 additional ADN programs and 1 LVN to ADN program that were approved by the BON but they had not enrolled their first cohort by Sept. 30, 2025. Therefore, they were not surveyed for the 2025 NEPIS.

Geographic Location of Professional Nursing Programs

Figure 1 presents the locations of the 133 professional nursing programs in Texas by metropolitan and non-metropolitan counties. Table 1 summarizes the location of programs by type and geographic designation.

Figure 1. Geographic Location of Professional Nursing Programs by Type, 2025

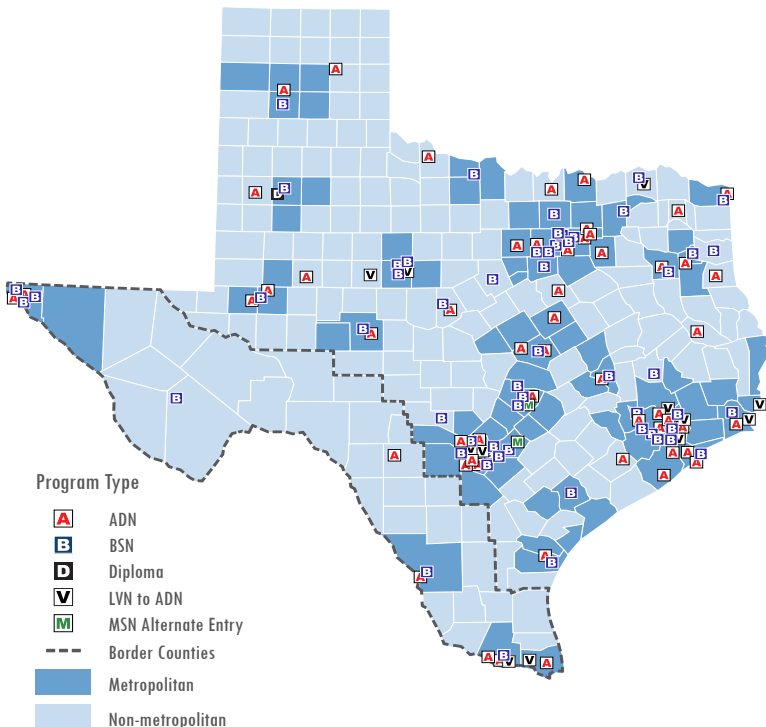


Table 1. Geographic Designation of Main Campuses by Program Type, 2025

Program Type	Geographic Designation				Total
	Metro Border	Metro Non-Border	Non-Metro Border	Non-Metro Non-Border	
Diploma	0	1	0	0	1
ADN	6	39	1	10	56
LVN to ADN	2	8	0	2	12
BSN	5	51	1	5	62
MSN AE	0	2	0	0	2
Total	13	101	2	17	133

- 101 programs (75.9%) were located in metropolitan, non-border counties.
- 17 programs (12.8%) were located in non-metropolitan, non-border counties.
- 13 programs (9.8%) were located in metropolitan, border counties.
- 2 programs (1.5%) were located in a non-metropolitan, border county.



Changes in the Number of Professional Nursing Programs

Table 2 displays the number of newly opened, closed, and total professional nursing programs over the past 10 years.

- During AY 2024-2025, 5 new programs opened, 1 program closed.
- From 2016 to 2025, there has been a net increase of 17 programs.

Table 2. Changes in the Number of Professional Nursing Programs, 2016-2025

Year	New Programs	Closed Programs	Total Programs
2016	3	6	116
2017	6	3	119
2018	3	0	122
2019	4	2	124
2020	2	1	125
2021	3	2	126
2022	2	0	128
2023	3	1	130
2024	4	5	129
2025	5	1	133

Table 3 shows the number of professional nursing programs, by program type, over the past 10 years.

- The number of diploma programs has remained the same from 2016 to 2025 (1 program).
- The number of LVN to ADN programs remained the same since 2023 (12 programs).
- The number of ADN programs has ranged from 55 to 59 over the last ten years. There were 56 ADN programs in 2025.
- The number of BSN programs has increased by 31.9% from 2016 to 2025.

Table 3. Number of Professional Nursing Programs by Program Type, 2016-2025

Year	Diploma	LVN to ADN	ADN	BSN	MSN AE
2016	1	8	59	47	1
2017	1	11	57	49	1
2018	1	11	57	52	1
2019	1	11	57	54	1
2020	1	11	56	56	1
2021	1	11	55	58	1
2022	1	11	57	57	2
2023	1	12	57	58	2
2024	1	12	55	59	2
2025	1	12	56	62	2

Institution Types²

The 133 professional nursing programs operating in Texas during AY 2024-2025 were classified as the following mutually exclusive categories:

- 55 community colleges
- 3 state colleges
- 2 technical colleges
- 45 universities
- 7 health-related institutions
- 17 for-profit college & universities authorized by certificate
- 4 other institutions authorized by certificate

²Institution types come from the Texas Higher Education Coordinating Board <https://apps.highered.texas.gov/index.cfm?page=8303C0B742D6A6217C4E7EB75A775804AD92F671EEA28FA27DEB32DFB4609513>



Length of Curriculum in Professional Nursing Programs

In the 2025 NEPIS, programs were asked to report the length of their nursing curriculum in months, not including nursing prerequisites. Table 4 displays the curriculum length by program type.

- Aside from the one Diploma program, BSN programs had the longest curriculum length with an average of 23.6 months.
- BSN program curriculum length ranged from 12 to 36 months.
- LVN to ADN programs had the shortest curriculum length with an average of 13.7 months.

Table 4. Curriculum Length in Months by Program Type, 2025

	n	Range	Mean	Median
Diploma	1	-	24.0	24.0
LVN to ADN	12	12-24	13.7	12.0
ADN	56	12-24	21.6	22.0
BSN	62	12-36	23.6	22.8
MSN AE	2	12-20	16.0	16.0

Program Tracks in Professional Nursing Programs

Program tracks are alternate pathways for students to meet the nursing program's objectives or outcomes. 113 of the 133 RN programs (85.0%) offered tracks in addition to their primary/main program.

- In addition to the 12 stand-alone LVN to ADN programs, 47 programs (35.3%) offered an LVN to ADN track.
- In addition to the 5 stand-alone RN to BSN programs,³ 50 programs (37.6%) offered an RN to BSN track, including 45 (33.8%) programs that offered the entire didactic portion online.
- 8 programs (6.0%) offered a pre-licensure RN track that offers the entire didactic portion online.
- 23 programs (17.3%) offered a paramedic/EMT to ADN track.
- 11 programs (8.3%) offered a bachelor's degree in another field to BSN track.
- 17 programs (12.7%) offered an accelerated/compressed curriculum.⁴

Programs were asked if they offered a transition track for active duty, former, and retired military personnel.

- 7 programs offered such a track. This is an increase from 4 programs in 2024.
 - These 7 programs included 4 ADN, 1 LVN to ADN, and 2 BSN programs.
- Programs cited challenges to implementing military tracks, such as difficulties in advertising the program to their target audience (2 programs), unclear guidelines to determine which courses and experiences should be granted credit (1 program), and limited applicants (1 program).

No RN programs reported options for high school students since 2019.

³Data for the stand-alone RN to BSN programs is not included in this report. Information on these programs can be found on the "2025 Post-Licensure RN to BSN Programs" report.

⁴Accelerated/compressed curriculum is a program of study designed for entering students with degrees in other disciplines or who meet many of the program requirements that provides courses and clinicals in an intensive format.



Advanced Placement in Professional Nursing Programs⁵

Table 5. Number of Programs Using Different Mechanisms to Grant Advanced Placement by Program Type, 2025

Program Type	Type of Advanced Placement					
	Direct transfer of credit	Grant credit with transition course	Grant credit with completion of designated courses	Grant credit with passing written exam(s)	College credit for active duty, former, and retired military personnel	Other
Diploma	0	0	0	0	0	0
ADN	26	35	13	10	2	4
LVN to ADN	3	2	0	1	1	0
BSN	23	3	5	11	1	0
MSN AE	0	0	0	0	0	0
Total	52	40	18	22	4	4

Note: Programs could select more than one option.

79 out of 133 professional nursing programs offer advanced placement for students.⁵ Table 5 indicates the types of mechanisms used to grant advanced placement by program type.

- Direct transfer of credit was the most widely used mechanism to grant advanced placement to pre-licensure nursing students across all program types (65.8% of the 79 programs that offered advanced placement).

- The second most common mechanism was by granting credit with a transition course (50.6% of the 79 programs).
- 4 programs reported using mechanisms other than those listed. The mechanism all 4 programs used was prior learning or skills assessment.

Table 6. Number of Programs that Grant Different Types of Students Advanced Placement by Program Type, 2025

Program Type	Type of Students					
	Students with prior VN or RN nursing education	Paramedic/EMT	Allied health	LVN	Baccalaureate/master's in discipline other than nursing	Military healthcare personnel
Diploma	0	0	0	0	0	0
ADN	22	20	1	45	0	4
LVN to ADN	3	0	0	3	0	1
BSN	18	1	0	10	3	1
MSN AE	0	0	0	0	0	0
Total	43	21	1	58	3	6

Note: Programs could select more than one option.

Students with prior VN or RN nursing education, paramedics, students with a background in allied health, LVNs, or students who hold a baccalaureate or master's degree in a discipline other than nursing may be eligible for advanced placement.

As shown in Table 6, programs were asked what types of students may be eligible for advanced placement.

- 58 programs (43.6%) offered advanced placement to LVNs and 43 programs (32.3%) offered advanced placement to students with prior VN or RN nursing education.
- 54 programs (40.6%) did not grant advanced placement. These included 36 BSN, 8 ADN, and 7 LVN to ADN programs. The 1 diploma and the 2 MSN AE programs do not grant advanced placement.



- Only 1 program reported offering advanced placement to students with allied health experience.
- No programs reported offering advanced placements other than those listed.

Table 7. Number of Programs that Require Students take Bridge or Transition Course to Qualify for Advanced Placement, 2025

Program Type	Type of Students					Number of programs that offer advanced placement
	No student is required to take a bridge or transition course	Paramedic/EMT to RN	LVN to RN	Active duty, former, and retired military personnel	Other	
Diploma	0	0	0	0	0	0
ADN	8	18	40	4	0	48
LVN to ADN	3	0	2	0	0	5
BSN	22	0	3	0	1	26
MSN AE	0	0	0	0	0	0
Total	33	18	45	4	1	79

Note: Programs could select more than one option.

Table 7 shows which type of student is required to take a transition or bridge course to qualify for advanced placement by program type.

- 40 (88.8% of 45 programs) ADN programs, 2 (66.7% of 3 programs) LVN to ADN programs, and 3 (30.0% of 10 programs) BSN programs that offer advanced placement to LVNs require their LVN to RN students take a bridge course.
- 100% of ADN programs require their military students take a bridge course.

- No programs required students that are allied health professionals or those with a baccalaureate or master's in a discipline other than nursing to take a transition or bridge course to qualify for advanced placement.
- 1 program selected "other" and specified that ADN to BSN students are required to take a bridge course to qualify for advanced placement.

⁵Advanced placement is defined as a mechanism by which students with relevant prior education and/or experience may be offered course credit by meeting certain other requirements.



Online Availability of Professional Nursing Programs⁶

Programs were asked whether they offered nursing courses via online technology in their primary track. Of the 133 professional nursing programs:

- 3 programs (2.2%) offer the entire didactic program curriculum of their primary track online. All 3 are BSN programs.
- 60 programs (45.1%) offered select courses online.
- 67 programs (50.4%) offered blended/hybrid courses, which are courses partially online and partially face-to-face.
- 40 programs (30.1%) had no online course availability.

Table 8. Online Availability by Program Type, 2025

Program Type	Entire Didactic Program Online	Select Courses Online	Blended/Hybrid	No Online Courses
Diploma	0	0	0	1
ADN	0	19	30	20
LVN to ADN	0	5	4	6
BSN	3	34	32	13
MSN AE	0	2	1	0
Total	3	60	67	40

Note: Programs could select more than one option.

- From 2016 to 2025, the percent of programs that offered the entire didactic curriculum online has decreased from 4.2% in 2016 to 2.2% in 2025. However, the percent of programs offering select courses online has increased from 39.5% in 2016 to 45.1% in 2025.

BON rule 214.9(b)(3) states that faculty must have documented competencies specific to online education. Table 9 summarizes the requirements programs have of faculty teaching online courses.

- The most common requirement was completing a training on the learning management system used by the institution.
- Programs that selected “Other” were asked to specify the other ways they ensure faculty have competencies specific to online education. 5 programs reported pairing instructors new to online learning with a more experienced mentor and 4 programs reported requiring previous experience teaching online courses.

Table 9. Requirements for Faculty Teaching Online Courses, 2025

Requirement	Number of Programs
Completing a training on learning management system	72
Completing a course on online or distance learning provided by the educational institution	50
Training on best practices for distance learning	32
Online teaching certification	10
Showing proof of continuing education hours on online learning	10
Other	11

Note: Programs could select more than one option.

⁶Please note that programs may offer select courses entirely online and select courses as hybrids. Also note that all programs, whether or not they offered any portion of their program online, offered hands-on, face-to-face clinical experiences. Didactic curriculum is defined as including actual hours of classroom instruction in nursing and non-nursing Board-required courses content.



Curriculum and Program Hours in Professional Nursing Programs

In the 2025 NEPIS, programs were asked what type of curriculum is used in their primary track.

- 70 (52.6%) programs reported using a block curriculum,⁷ 24 (18.0%) used an integrated curriculum,⁸ 17 (12.8%) used a concept-based curriculum,⁹ and 16 (12.0%) used the Texas model of concept-based curriculum.
- 6 programs (4.5%) reported using other curriculum types. 2 reported using some combination of curriculum types and 4 reported using competency-based curriculum.

If programs implemented permanent curriculum changes during AY 2024-2025,¹⁰ they were asked to select which changes were implemented (Table 10).

- 73.7% of programs did not implement a permanent curriculum change.

Table 10. Types of Permanent Curriculum Changes Implemented, 2025

Types of Curriculum Changes	# of programs	% of programs
No permanent change	98	73.7%
A minor change (editorial changes, moving content, hours between courses)	19	14.3%
Adding and removing courses	11	8.3%
Changes in clinical hours	8	6.0%
A change in program objectives, major concepts	3	2.3%
Online delivery (more didactic online, moving to hybrid courses)	2	1.5%
Integration of competency-based curriculum	2	1.5%
A total revision of curriculum	1	0.7%
Other	10	7.5%

Note: Programs could select more than one option.

- The most selected type of change was a minor change such as editorial changes, moving content, and hours between courses.
- 10 programs reported changes other than those listed. These responses included changes in general education requirements, change in program length, and a change in the types of students offered advanced placement.

Artificial Intelligence

Programs were asked if their curriculum includes content on artificial intelligence (AI).

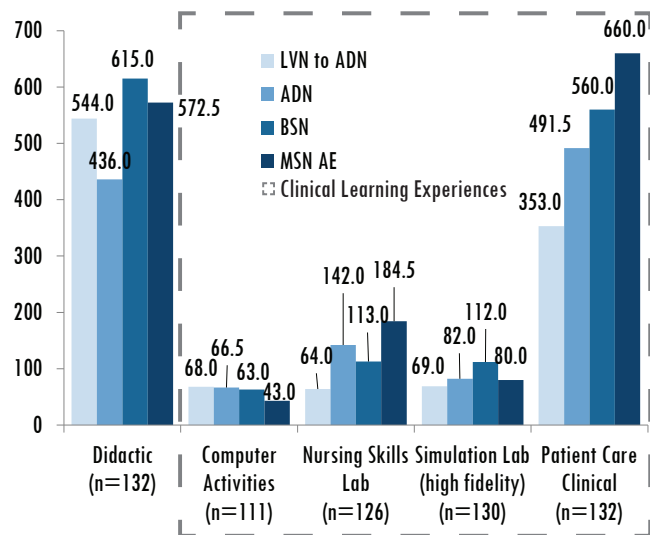
- 52.6% of programs reported having curriculum content on AI.

Program Hours

Programs were asked to provide information regarding the number of contact hours required in didactic and clinical courses including: computer lab, skills lab, simulation lab, and patient care clinical situations. Program hours are based on 132 programs. One program did not report all hours because they enrolled their first cohort in Fall 2025.

Figure 2 graphs the median value for each of the program activities for LVN to ADN, ADN, BSN, and MSN AE programs. Please note that there was only one diploma program so the median value was equal to the actual value reported by the program. For that reason, they are not included in Figure 2.

Figure 2. Median Didactic and Clinical Contact Hours Reported by Program Type, 2025



Note: n is the number of programs reporting more than zero hours for that type of activity.

As evidenced by Figure 2, there was variation in the hours required by professional nursing programs both between and within program types. Some reasons for the variation may include: inherent differences between the program types (e.g., LVN to ADN programs are generally more abbreviated programs of study than ADN or BSN programs), differences between the operational definitions used in the NEPIS and how programs define these activities, or variations in the accuracy of self-reporting these hours by professional nursing programs.

Didactic Hours

In this report, didactic includes actual hours of classroom instruction in nursing and non-nursing Board-required courses/content. The didactic hours reported by professional nursing programs ranged from 134 to 1,512 hours.

Table 11 displays the mean and median percentage of didactic hours spent in a variety of population focus areas.

Table 11. Percentage of Didactic Hours Spent on Population Focus Areas, 2025

Population	Mean % of Time Spent	Median % of Time Spent
Medical-Surgical	35.5%	35.1%
Geriatrics	8.2%	6.8%
Pediatrics	7.3%	6.7%
Maternal/Child health	7.4%	6.8%
Psychiatric/Mental Health	7.7%	7.5%
Community or Population Health	4.8%	5.2%
Leadership	7.0%	6.2%
Research	3.9%	3.8%
Other	18.1%	14.9%

Note: The percentages are based off of 126 programs. The remaining 7 programs did not provide the number of didactic hours spent by population.

- Programs spent a mean of 35.4% of didactic hours on medical-surgical populations.
- “Other” topics covered in didactic hours include pharmacology (47 programs), health assessment (33 programs), foundations or fundamentals of nursing (23 programs) and pathophysiology (21 programs).

Computer Lab

Computer lab is defined as interactive tutorials and learning modules that are part of a curriculum that is separate from didactic. 111 programs (83.5%) reported computer lab hours for their program of study. The computer lab hours reported ranged from 7 to 770 hours. The median number of computer lab hours reported by all programs has increased since 2016, from 32.0 to 65.0, or 51.6%.

Nursing Skills Lab

In this report, nursing skills lab is defined as low- and medium-fidelity simulations¹¹ and task training. 126 programs (94.7%) reported nursing skills lab hours for their programs of study. The skills lab hours reported by professional nursing programs ranged from 8 to 484 hours. The median number of nursing skills lab hours, 128.0, has remained the same from 2016 to 2025.

High-Fidelity Simulation Lab

Simulation lab refers to high-fidelity situations which are defined as structured learning experiences with computerized mannequins that are anatomically precise and reproduce physiologic responses. The environment mimics the clinical setting. 130 programs (97.7%) reported simulation lab hours for their programs of study. The simulation lab hours reported ranged from 14 to 532 hours. The median number of simulation lab hours reported by all programs has increased from 79.6 in 2016 to 102.0 in 2025, and the percent of programs offering simulation lab hours has increased from 92.2% to 97.7% in the same time. Programs’ reported simulation hours for AY 2024-2025 were compared to their AY 2023-2024 hours. Of the 127 programs that reported having simulation hours during both academic years, 35 (27.6%) programs increased their simulation hours and 27 (20.8%) programs decreased their simulation hours. Overall, programs increased their simulation lab hours by a mean number of 35.9 hours since AY 2023-2024.

Patient Care Clinical Situations

In this report, patient care clinical situations are defined as hands-on practice with actual patients in a clinical setting including all faculty-supervised activities in the clinical setting, such as direct care, observational experiences, and clinical conferences. The patient care clinical situations hours reported ranged from 126 to 1,176 hours. The median number of patient care clinical situations hours reported by all programs has decreased from 631.0 in 2016 to 520.0 in 2025. One program did not report hands-on clinical practice hours because they enrolled their first cohort in Fall 2025.

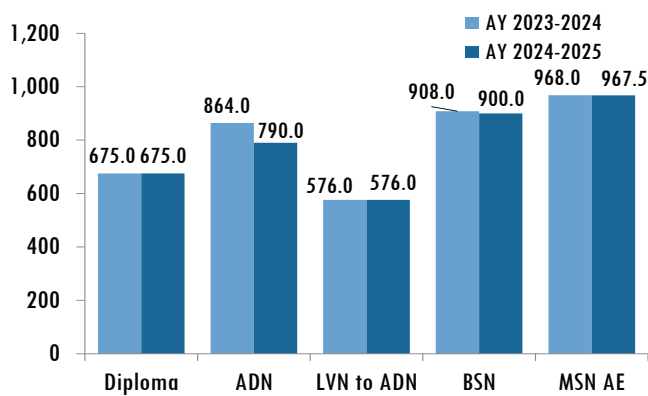
Total Clinical Contact Hours

Figure 3 (page 9) displays the median total clinical contact hours reported by program type. Total clinical contact hours includes patient care clinical situations, nursing skills lab, simulation lab, and computer lab hours.

- There was only 1 diploma program, so their reported 675 total clinical contact hours was the same as the median.
- There were only 2 MSN AE programs, making the mean and median of clinical contact hours the same (967.5 hours). Hours were 945 and 990.
- The median number of clinical contact hours for BSN programs was 900.0 hours. The mean clinical contact hours for BSN programs was 922.4. Clinical contact hours for BSN programs ranged from 450 to 1,764.



Figure 3. Median Total Clinical Contact Hours Reported by Program Type, 2024 and 2025



- ADN programs had a median of 790.0 and a mean of 848.0 total clinical contact hours. Clinical contact hours ranged from 385 to 1,712.
- LVN to ADN programs had a median of 576.0 and a mean of 601.7 clinical contact hours. Hours ranged from 384 to 938.
- 15 programs (11.4%) reported that they used Dedicated Education Units (DEUs) as a clinical format.¹²

Table 12 displays the percentage of hands-on clinical practice time spent in a variety of settings as reported by programs.

- The majority of hands-on clinical practice hours were spent in the acute care setting, with programs reporting an average of 77.5% of clinical practice hours spent in the acute care setting.
- The next most used setting was the community setting, with an average of 9.4% of clinical practice hours.

Table 12. Percentage of Hands-On Clinical Time Spent by Setting, 2025

Clinical Setting	Mean % of Time Spent	Median % of Time Spent
Acute Care	77.5%	79.4%
Long Term Care	6.1%	3.9%
Community Settings	9.4%	8.4%
Observational	3.7%	0.9%
Other	3.2%	0.0%

- “Other” settings included Psychiatric/Mental Health (7 programs) and Obstetrics/Gynecology (3 programs).

Table 13 shows the median and mean percent of time students spent with different populations during their hands-on clinical practice hours, simulation hours, and other clinical learning experiences. Percentages were calculated by dividing the number of hours spent on a specific population in a clinical learning experience by the total number of hours spent in the respective clinical learning experience.

- On average, RN programs spent 52.2% of their hands-on clinical practice hours, 45.2% of their simulation hours, and 39.7% of their nursing skills lab and computer activities hours with medical/surgical populations.
- Programs could report hours with “other” populations or settings. 9 programs reported spending hours in nursing leadership, 2 programs reported spending hours in surgical services, 2 programs reported hours for their Capstone Clinical course, and 1 program reported hours in disaster nursing.

Table 13. Percent of Hands-on, Simulation, and Other Clinical Learning Experiences Hours Spent with Different Populations, 2025

	Hands-on Clinical Hours			Simulation Hours			Other Hours (Labs, Computer Activities)		
	Mean % of time spent	Median % of time spent	N	Mean % of time spent	Median % of time spent	N	Mean % of time spent	Median % of time spent	N
Medical/Surgical	52.2%	54.2%	132	45.2%	46.8%	130	39.7%	34.4%	129
Geriatric	11.8%	9.9%	132	10.6%	10.1%	130	9.1%	4.2%	129
Maternal/newborn	8.5%	8.3%	132	12.1%	10.6%	130	6.2%	4.5%	129
Pediatrics	7.4%	7.2%	132	12.2%	10.5%	130	5.5%	4.2%	129
Mental health	7.7%	7.5%	132	9.3%	7.6%	130	5.4%	3.9%	129
Community or population health settings	7.5%	6.6%	132	3.2%	0.0%	130	3.8%	0.0%	129
Other populations	1.4%	0.0%	132	1.2%	0.0%	130	1.5%	0.0%	129



⁷Block curriculum: blocks or chunks of nursing content that are structured around particular clinical specialty areas, patient population, pathology, or physical systems. The content and focus of each course tends to be unique to that course. Content commonly is specific to areas such as medical-surgical nursing, mental health nursing, pediatric nursing, maternity nursing, gerontological nursing, and community nursing.

⁸Integrated curriculum: curriculum pattern where nursing content is woven across courses in the curriculum rather than being based on body systems or specific health problems.

⁹Concept-based curriculum: curriculum based upon faculty-identified concepts that are considered core to nursing practice and threaded across the curriculum. Each concept is presented through application to exemplars of each concept.

¹⁰Programs are asked specifically about permanent curriculum changes to avoid reporting on temporary curriculum changes programs may have made to address special circumstances.

¹¹Low-fidelity simulation allows the user to practice skills in isolation. Moderate-fidelity simulation offers more realism than low-fidelity simulation, but does not have the user completely immersed in the situation.

¹²A Dedicated Education Unit is a nursing education model based upon a contractual agreement between a hospital and a nursing education program. Staff nurses on a specific hospital unit function as the primary instructors for nursing students during clinical learning experiences, and nursing program faculty serve as mentors and education resources for the staff nurses.

Recruitment and Practice Partnerships

Use of Outside Vendors

Programs were also asked about use of outside vendors for recruiting students, marketing, assistance with online formatting and curriculum, contracting clinicals, or finding faculty.

- 16 programs (12.0%) reported that they use an outside vendor for such services.

Academic Practice Partnerships

Programs were asked if they partnered with health care facilities in a clinical agreement to allow students an opportunity for an enriched and concentrated clinical experience under the supervision of a trained preceptor or nursing faculty during AY 2024-2025.

- 61 (45.9%) programs indicated partnering with health care facilities. This is a decrease from the 67 programs that reported having such an agreement in AY 2023-2024.

Those programs that indicated partnering with health care facilities were then asked how many partnerships they have, whether students are paid for the experiences, and how the program evaluates the nursing experiences. Table 14 shows the number of programs by the number of sites they have a partnership with.

- The number of partnerships ranged from 1 to 334.
- Of the 61 programs, 36 (60.0%) programs had partnerships with 1-20 healthcare facilities
- 19 programs indicated that their students were paid for these experiences.
 - The majority of them were BSN programs (10, 52.6%).
 - 6 (31.6%) ADN programs reported that their students were paid for these experiences.

Table 14. Number of Facility Partnerships, 2025

Number of Healthcare Facility Partners	N
1-20	36
21-40	10
41-60	3
61+	10

Note: 2 programs were excluded from analysis because their responses were unclear.

- All 61 programs indicated that they evaluate their clinical experiences. Programs could report more than one method of evaluation.
 - The most frequent method for evaluating clinical experiences was clinical evaluation tool/form (51 programs).
 - 46 programs reported using student evaluations.
 - 44 programs reported using faculty evaluation.
 - 15 programs reported using other methods, including preceptor evaluation (6 programs) and clinical site evaluation (5 programs), input from stakeholders (2), clinical competency rubric (1), and surveys administered periodically (1).

