

CHARACTERISTICS OF VOCATIONAL NURSING PROGRAMS

This update presents data for the 83 vocational nursing (VN) programs in Texas during the 2025 reporting year, including:

- 78 generic programs
- 5 Multiple Entry/Exit Programs (MEEPs)

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.

There are 5 programs that offer a high school track, information on the VN program high school tracks can be found here: <https://www.dshs.texas.gov/center-health-statistics/texas-center-nursing-workforce-studies/nursing-education-reports>

There was one program that implemented a track that gives active duty, former, or retired military personnel nursing credit for allied health care training and/or experience. However, no students are currently enrolled.

Geographic Location and Program Setting of Vocational Nursing Programs

Table 1 summarizes the location of the 83 VN programs by institution type and geographic designation. Figure 1 presents the geographic locations of the 83 VN program main campuses in Texas by metropolitan and border county designation.

- 68 (81.9%) VN programs were characterized as community, state, and technical colleges.
- 14 (16.9%) VN programs were characterized as private/independent institutions for higher education.

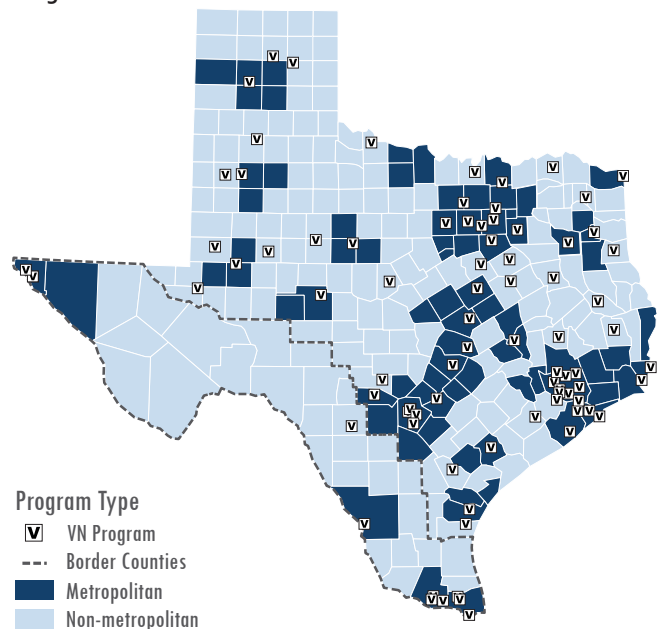
- 49 (60.7%) VN programs were located in a metropolitan, non-border area.
- 24 (28.6%) VN programs were located in a non-metropolitan, non-border area.

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

Institution Type ¹	Geographic Designation				Total
	Metro Border	Metro Non-Border	Non-Metro Border	Non-Metro Non-Border	
Community, State, or Technical College	6	38	1	23	68
Private/Independent Institutions for Higher Education	3	10	0	1	14
Other Institutions Authorized by Certificate	0	1	0	0	1
Total	8	49	1	24	83

Note: These were mutually exclusive categories.

Figure 1. Geographic Location of Vocational Nursing Programs, 2025



¹Institution types come from the Texas Higher Education Coordinating Board

Changes in the Number of Vocational Nursing Programs

Table 2 shows the number of newly opened, closed, and total VN programs by year.

- There were 3 program closures between 2024 and 2025, and 1 new program opened.
- In the past 10 years, there has been a net reduction of 7 programs.

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

Year	Newly Opened Programs	Closed Programs	Total Programs
2016	0	3	88
2017	3	1	90
2018	0	1	89 ²
2019	1	5	85 ²
2020	1	0	86
2021	2	3	85
2022	3	1	87
2023	1	2	86
2024	3 ³	4	84
2025	1	3	83

²One program was approved to conduct a teach-out for VN students who were near graduation but attended a VN program that closed in 2016.

³One program was new but had yet to enroll a cohort, therefore they were not included in the 2024 NEPIS.

Length of Curriculum in Vocational Nursing Programs

In the 2025 NEPIS, programs were asked to report the length of their VN curriculum in months.

- Length of curriculum ranged from 9 months (4 VN programs) to 18 months (1 VN program).
- 70 (84.3%) VN programs were 12 months in length.
- 6 (7.2%) programs had a curriculum longer than 12 months, and 7 programs (8.4%) reported a curriculum less than 12 months in length.

Online Availability of Vocational Nursing Programs⁴

43 of 83 (51.8%) VN education programs indicated that they offered nursing courses via online technology:

- 0 programs offered the entire didactic portion online in 2025, the same as in 2024.
- 19 (22.9%) programs offered only select nursing courses entirely online, a decrease from 23 in 2024.
- 34 (41.0%) programs offered hybrid courses (greater than 50% but less than 85% online),⁴ a decrease from 36 in 2024.

BON rule 214.9(b)(3) states that faculty have documented competencies specific to online education.⁵ Table 3 summarizes requirements programs have of faculty teaching online courses.

Table 3. Program Requirements for Faculty Teaching Online Courses, 2025

Requirement	Number of programs
Completing a training on learning management system ⁶	32
Completing a course on online or distance learning provided by educational institution	24
Completing a training on best practices for distance or online learning	13
Online teaching certification	8
Showing proof of continuing education hours on distance or online learning	6
Other ⁷	12

⁴Please note that these are not mutually exclusive categories, and 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.

⁵As per BON rule 214.9(b)(3) "Faculty must have documented competencies specific to online education. Programs were able to list more than one requirement.

⁶Learning Management Systems include Canvas, Blackboard Ultra, etc.

⁷Other trainings include, but are not limited to, school-wide internal trainings used for all faculty and external trainings/certifications not related to the Learning Management System used by the program.



Curriculum and Program Hours in Vocational Nursing Programs

Curriculum

Programs were asked what type of curriculum they used.

- 59 (71.1%) reported using a block curriculum,⁸ 14 (16.9%) used an integrated curriculum,⁹ and 5 (6.0%) used a concept-based curriculum.¹⁰
- 2 programs (2.4%) reported using a traditional curriculum.¹¹
- Lastly, 3 (3.6%) programs used a Texas model of concept-based curriculum.¹²

If programs implemented permanent curriculum changes¹³ during AY 2024-2025, they were asked to select which changes were implemented (Table 4). Programs could select more than one type of change.

- 68 (81.9%) programs did not implement a permanent curriculum change.
- 3 of 5 programs that selected “other curriculum change” specified adding an evening program, and 2 programs cited editorial changes.

Artificial Intelligence

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

- 30 (36.1%) programs reported that their curriculum includes content on using AI.

Table 4. Types of Permanent Curriculum Changes Implemented, 2025

Type of Curriculum Change	# of programs	% of programs
No permanent change	68	81.9%
A minor change (editorial changes, moving content, hours between courses)	12	14.5%
Adding and removing courses	2	2.4%
Changes in clinical hours	2	2.4%
A total revision of curriculum	1	1.2%
Online delivery (more didactic online, moving to hybrid courses)	0	0.0%
A change in program objectives, major concepts	0	0.0%
Integration of competency-based curriculum	0	0.0%
Other	6	7.2%

⁸ Block 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.

⁹ Integrated curriculum: curriculum pattern where nursing content is woven across courses in the curriculum rather than being based on body systems or specific health problems.

¹⁰ Concept-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.

¹¹ Traditional curriculum: curriculum usually organized in a block format, and typically includes general education courses, prerequisite courses, and nursing major coursework.

¹² Texas model of concept-based curriculum: curriculum based on concepts that are considered core to nursing practice, approved by the Texas Board of Nursing

¹³ Programs are asked specifically about permanent curriculum changes to avoid reporting on temporary curriculum changes programs may have made to address special circumstances.

Program Hours

Programs were asked to report the total number of hours students were required to participate in didactic and clinical portions of the program of study.

Figure 2 reports the mean and median number of contact hours (didactic and clinical) reported by VN programs. Clinical hours are further broken down by computer lab, skills lab, simulation lab, and patient care clinical situation hours.

Didactic Contact Hours

The didactic contact hours included face-to-face or online delivery of classroom instruction. The mean number of didactic hours reported by VN programs was 556.0 hours. The median number of hours was 560.0.

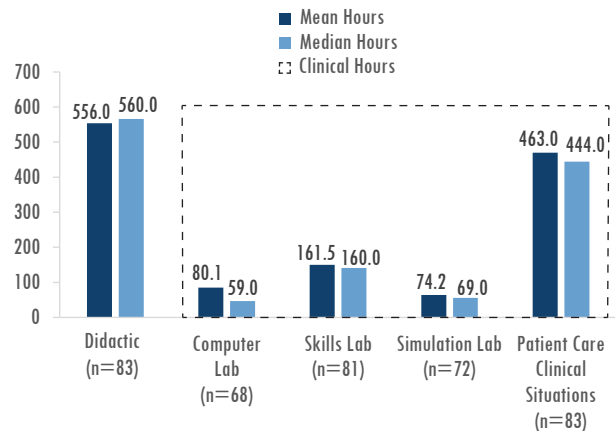
Table 5 displays the mean and median percentage of didactic hours spent in a variety of population focus areas.

- Programs spent a mean of 38.2% of didactic hours on medical-surgical populations.
- “Other” topics covered in didactic hours include Pharmacology (33 programs), Professional Development/Leadership (32 programs), and Anatomy and Physiology (21 programs).

Table 5. Percentage of Didactic Contact Hours Spent in Different Populations, 2025

Population	Mean % of Time Spent	Median % of Time Spent
Medical-Surgical	38.2%	33.7%
Geriatrics	10.8%	7.8%
Pediatrics	8.6%	8.3%
Maternal/ Child health	8.5%	8.3%
Psychiatric/ Mental health	6.5%	6.3%
Community/ Population health	4.1%	2.7%
Other	23.4%	15.8%

Figure 2. Mean and Median Didactic and Clinical Contact Hours Reported by Vocational Nursing Programs, 2025



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

Computer Lab

Computer lab was an optional component of clinical hours that included interactive tutorials and learning modules. The mean and median hours reported by 68 VN programs for computer lab were 80.1 and 59.0 hours, respectively.

Nursing Skills Lab (low- and moderate-fidelity simulations and task training)

Skills lab was defined as low- and medium-fidelity simulations and task training. The mean and median hours reported by 81 programs were 161.5 and 160.0 hours, respectively.

High-Fidelity Simulation Lab

Simulation lab was defined as high-fidelity situations including orientation, learning objectives, simulation experience, debriefing, and evaluation. The mean and median hours reported by 72 programs for simulation lab were 74.2 and 69.0 hours, respectively.

Patient Care Clinical Situations

Patient care clinical situations were hands-on clinical practice with actual patients in a clinical setting, including all faculty-supervised activities in the clinical setting, observational experiences, and clinical conferences. Hours on patient care clinical situations were obtained from all 83 programs. The mean and median number of hours reported for patient care clinical situations were 463.0 and 444.0 hours, respectively. This was a decrease from the mean and median hours reported in 2024 (491.8, 480.0).

Total Clinical Contact Hours

Table 6 displays the difference in mean contact hours by type from 2024 to 2025.

- Didactic contact hours decreased from 2024.
- Computer lab hours stayed about the same from 2024.
- Simulation lab hours increased from 2024.
- Patient care clinical situation hours decreased from 2024.

Table 6. Mean Contact Hours, 2024 vs 2025

Contact Type	2024	2025
Didactic	599.2	556.0
Computer Lab	80.0	80.1
Nursing Skills Lab	165.8	161.5
Simulation Lab	66.1	74.2
Patient Care Clinical Situations	491.8	463.0

The mean and median total clinical contact hours reported by VN programs were 750.7 and 774.0 hours, respectively. The total clinical hours reported ranged from 315 to 1,296.

Programs were asked to indicate whether they used Dedicated Education Units (DEUs)¹⁴ as a clinical format.

- 10 programs stated they used DEUs, an increase from 8 in 2024.

Table 7 shows the percentage of hands-on clinical practice time programs reported students spent in several different clinical settings.

- Programs reported an average of 49.8% of hands-on clinical practice hours in the acute care setting.
- The next most used setting was the long term care setting, with programs reporting an average of 30.0% of clinical practice hours.
- The “Other” category includes settings like pediatric and maternal clinics, preceptor programs, mental health centers, and local schools.

Table 7. Percentage of Hands-On Clinical Time Spent by Setting, 2025

Clinical Setting	n	Mean % of Time Spent	Median % of Time Spent
Acute Care	80	49.8%	47.8%
Long Term Care	77	30.0%	23.5%
Community	71	9.8%	8.1%
Observational	57	6.0%	5.0%
Other	23	4.5%	0.0%

¹⁴ A 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.



Table 8 shows the mean and median percent of time students spent with different populations during their hands-on clinical practice hours, simulation hours, and other clinical learning experiences.

- The highest mean and median percent time in hands-on clinical hours, simulation hours, and other hours were spent in the medical/surgical clinical area.
- “Other” populations reported for clinical learning experiences were basic skills lab, nursing skills lab, and mixed/varied populations.

Table 8: Percent of Hands-on, Simulation, and Other Clinical Learning Experiences Hours Spent With Different Populations (n=78)

	Hands-on Clinical Hours		Simulation Hours		Other (Labs, Computer, Standard Patients)	
	Mean % of time spent	Median % of time spent	Mean % of time spent	Median % of time spent	Mean % of time spent	Median % of time spent
Medical/Surgical	46.7%	44.0%	52.9%	49.3%	38.5%	37.9%
Geriatric	23.3%	20.9%	13.9%	11.2%	10.6%	6.3%
Maternal/newborn	6.4%	5.7%	16.1%	11.7%	5.0%	3.8%
Pediatrics	7.2%	6.7%	13.1%	10.9%	4.9%	3.6%
Mental health	3.3%	2.0%	4.8%	-	4.0%	1.4%
Community or population health settings	7.3%	4.9%	1.8%	-	2.0%	-
Other	1.5%	-	.06%	-	7.0%	-

Note: MEEP Programs were not included in the response due to the difference in structure and delivery of the program.

Academic Practice Partnerships

Programs were asked to indicate whether 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.

- 22 programs (26.5%) partner with health care facilities.
- The number of partnerships ranged from 1 to 98, with a mean and median of 14.8 and 10.0, respectively.

- Of these 22 programs, 3 programs indicated that their students were paid for these clinical experiences.
- All 22 programs stated they use a clinical evaluation tool to evaluate these clinical experiences. Programs could select more than one option.
- 18 programs (81.8%) used faculty evaluation and 18 programs (81.8%) used student self-evaluations.

