We have approximately 910,000 registered nurses who hold current licenses, who are eligible to practice, and many of these come in and out of the work force—I mean participate in active work.

We have had almost 7,000 nurses return to work under the cooperative program we have had with the manpower development and training program and the Bureau of Health manpower, DHEW through the refresher courses conducted within the last 2 years.

Mr. JARMAN. Is there anything additional to the formal testimony this morning that you can suggest as to how we can meet that shortage in the country?

Dr. COHELAN. Well, I was going to add that the way I measure the shortage in nursing is by the number of requests we get for graduates of our masters program and I have an enormous bulletin board outside my office in the hall and we post all of these heartrending pleas for nurses with a master's degree. There must be at least 25 or 30 requests for every student that we graduate. So that we are painfully aware of a terrific shortage at that level. And when it comes to shortages at the bedside, we all know wings of hospitals that are prepared and then not opened because of the shortage.

Mr. JARMAN. Thank you.

Mr. Rogers?

Mr. ROGERS. Thank you.

Mrs. Cohelan, your statement I thought was excellent and gave us some very helpful information. In carrying out a medicare program and taking care of senior citizens—where we are going to have to move very heavily, I think, in the nursing homes—is it necessary, do you feel, to have baccalaureate degree nurses there, staffed throughout, or what?

Dr. COHELAN. The baccalaureate prepared nurse should be in a position to make judgments about——

Mr. ROGERS. Supervising.

Dr. COHELAN. Who can best care for the patients in those areas and I do not think that we have to have every bedside nurse prepared at the baccalaureate level.

Mr. ROGERS. That is what I meant.

Dr. COHELAN. But my concern is that there be enough people adequately prepared to make decisions about who can best provide the care for these people.

Mr. ROGERS. Yes. I would share that feeling, too. I think what we have got to do is try to see what can be done to close this gap as quickly as possible because I think we are going to find the gap is going to increase.

Dr. COHELAN. Yes.

Mr. ROGERS. Rather than decrease. Now, what happens to your graduates or the graduates throughout the schools of nursing? Do we know—do most of them practice? Do some of them—how many teach? What percentage? Has any study been done on this?

Dr. COHELAN. Yes. As far as our own institution is concerned, I do not have those figures. A few of them, being women, will drop out for pregnancy and family responsibilities; but most of them who are prepared either at—well, primarily at the master's level, are likely to return. Many of the people coming into our masters program come in with three or four children. I got all of my advanced preparation when