

**Indiana
Professional
Licensing
Agency**

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2043
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

ANNUAL REPORT FOR PROGRAMS IN NURSING

Guidelines: An Annual Report prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board’s website and will be available for public viewing.

Purpose: To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

Directions: To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2012 through July 31, 2013. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: PLA2@PLA.IN.GOV. Please place in the subject line “Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year). For example, “Annual Report ABC School of Nursing ASN Program 2013.” The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program’s responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN X ASN _____ BSN _____

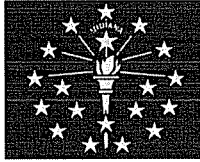
Dates of Academic Reporting Year: January 1, 2012 to December 31, 2012
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Everest College

Address: 8585 Broadway Ave. Merrillville, IN 46410

Dean/Director of Nursing Program

Name and Credentials: Tracey Miller MSN, RN Title: Campus Nursing Director &
Jennifer Philbin MSN, RN Title: Assistant Campus Nursing Director



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Email: TRMiller@cci.edu Jennifer.Philbin@cci.edu

Nursing Program Phone #: 219-756-6811 Fax: 219-756-8121

Website Address: www.everest-nursing.com

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): N/A

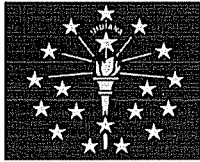
Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: N/A

If you are not accredited by NLNAC or CCNE where are you at in the process? Candidacy expired in September 2013, working on new Candidacy Application.

SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- 1) Change in ownership, legal status or form of control Yes ___ No X
- 2) Change in mission or program objectives Yes ___ No X
- 3) Change in credentials of Dean or Director Yes ___ No X
- 4) Change in Dean or Director Yes ___ No X
- 5) Change in the responsibilities of Dean or Director Yes ___ No X
- 6) Change in program resources/facilities Yes ___ No X
- 7) Does the program have adequate library resources? Yes X No ___
- 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes X No ___
- 9) Major changes in curriculum (list if positive response) Yes ___ No X



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SECTION 2: PROGRAM

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing _____ Stable _____ Declining X

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? _____

1. Grading Scale changed to make passing 76% .

2. Progression Policy being enforced so students who are dismissed for too many (more than 2) failed courses are not allowed to reenter program.

3. Changes made to course assignments in each course to strengthen NCLEX testing skills.

4. Item development in-service of all faculty and review of test items being used.

5. Nurse Tim subscription on-line for all faculty; including full access to all webinars.

6. Increased involvement from faculty on committees:

Admission, Progression & Completion Committee: monitor program outcomes, identify at risk students, compare Hesi exit scores to identify trends.

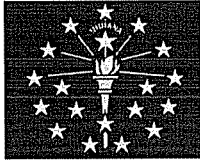
Curriculum Committee: review curriculum for rigor and relevancy.

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?
Yes X No _____

2B.) If **not**, explain how you assess student readiness for the NCLEX. _____

2C.) If **so**, which exam(s) do you require? HESI Practical Nurse Comprehensive Exit Exam.

2D.) When in the program are comprehensive exams taken: Upon Completion _____
As part of a course X Ties to progression or thru curriculum _____



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2E.) If taken as part of a course, please identify course(s): IN-NSG300N Level 3 Competency course.

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: It is difficult to find faculty to teach in the evening full-time; most people prefer teaching part-time in addition to a full-time job during the day.

B. Availability of clinical placements: _____

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): _____

4.) At what point does your program conduct a criminal background check on students?
Prior to acceptance into the Nursing Program

5.) At what point and in what manner are students apprised of the criminal background check for your program? Prior to being accepted into the nursing program students are notified of their criminal background check results by both their admissions representative and the company who does the background check.

SECTION 3: STUDENT INFORMATION

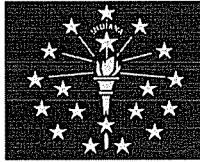
1.) Total number of students admitted in academic reporting year:

Summer 49 Fall 47 Spring 47

2.) Total number of graduates in academic reporting year:

Summer 30 Fall 18 Spring 36

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report.



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4.) Indicate the type of program delivery system:

Semesters _____ Quarters _____ Other (specify): Levels: 3 Day levels each 16 weeks long and 6 Evening levels each 15 weeks long.

SECTION 4: FACULTY INFORMATION

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

Faculty Name:	Doris Moses
Indiana License Number:	28183424A
Full or Part Time:	Full-time
Date of Appointment:	2/7/2012
Highest Degree:	Master of Science in Nursing
Responsibilities:	Teach Geriatrics, Nutrition, Pharmacology and Level 2 clinical in the evening program.

Faculty Name:	Maureen Anleitner
Indiana License Number:	28073410A
Full or Part Time:	Full-Time
Date of Appointment:	6-5-2012
Highest Degree:	Bachelors in the Science of Nursing
Responsibilities:	Teach Cardiovascular, Respiratory, Neurology, and Level 3 clinical in the evening program.



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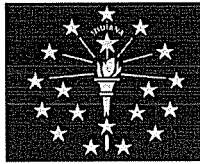
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Faculty Name:	Andrea Williams
Indiana License Number:	28143122A
Full or Part Time:	Full-Time
Date of Appointment:	6-5-2012
Highest Degree:	Masters in the Science of Nursing
Responsibilities:	Teach Clinical for Levels 2 and 3.

Faculty Name:	Carolyn Langlie-Lesnik
Indiana License Number:	28083761A
Full or Part Time:	Full-Time
Date of Appointment:	7-9-2012
Highest Degree:	Bachelor of Science in Nursing
Responsibilities:	Teach Geriatrics, Nutrition, Pharmacology and Level 2 clinical in the evening program.

Faculty Name:	Susan Marcek
Indiana License Number:	28195894A
Full or Part Time:	Full-Time
Date of Appointment:	8-27-12



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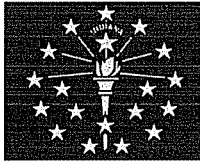
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Highest Degree:	Masters in the Science of Healthcare Administration Bachelors in the Science of Nursing
Responsibilities:	Teach Fundamentals, Nutrition, Anatomy and Physiology, Pharmacology and Level 1 clinical. These responsibilities have changed to teaching Pediatrics, Endocrine, Leadership and Level 3 clinical.

Faculty Name:	Donna Valle
Indiana License Number:	28090717A
Full or Part Time:	Full-Time
Date of Appointment:	9-17-12
Highest Degree:	Masters in the Science of Nursing
Responsibilities:	Teach Pediatrics, Maternal Child Health, Mental Health and Level5 clinical in the evening program

Faculty Name:	Malissa Conley
Indiana License Number:	28163447A
Full or Part Time:	Full-Time
Date of Appointment:	10-8-2012
Highest Degree:	Bachelor's Degree in the Science of Nursing
Responsibilities:	Teach Pediatrics, Endocrine, Leadership and Level 3



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	clinicals in the day program.
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Faculty Name:	Laureena Millender
Indiana License Number:	28163526A
Full or Part Time:	Part-Time
Date of Appointment:	11-5-2012
Highest Degree:	Masters of Science of Nursing
Responsibilities:	Teach Genitourinary, Endocrine, Supervision & Management, and Level 3 competency course in the evening program.

B. Total faculty teaching in your program in the academic reporting year:

1. Number of full time faculty: 13
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 2
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 3

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 9
3. Number with baccalaureate degree in nursing: 7



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4. Other credential(s). Please specify type and number: 0

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13** or **848 IAC 1-2-14**?

Yes X No _____

E. Please attach the following documents to the Annual Report in compliance with **848 IAC 1-2-23**:

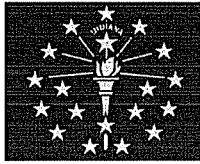
1. A list of faculty no longer employed by the institution since the last Annual Report;
2. An organizational chart for the nursing program and the parent institution.

I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Tracey Miller MSN, RN
Signature of Dean/Director of Nursing Program

9/30/13
Date

Tracey Miller MSN, RN
Printed Name of Dean/Director of Nursing Program

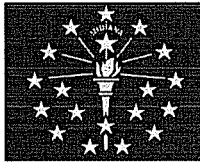


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Definitions from CCNE:

Potential Complainants

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint.

The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

Complaints

- A prospective student complained about not being accepted into the nursing program. This student was not accepted into the nursing program because she had said some very inappropriate things during her interview with the campus nursing director (CND). The prospective student filed a formal complaint with the school and had references call the CND to vouch for her character. The CND told the prospective student the reasons why she was not chosen for the nursing program, but that she could reapply the next admission cycle. The prospective student did reapply and re-interviewed, but with the Assistant Campus Nursing director for a second opinion. This time the prospective student was appropriate and has been in the program doing well for 9 months, now.
- A student complained and was upset that nobody told her that she would need to do math throughout the program. The student took the Level 1 math proficiency exam three times prior to passing with the required 90%. The Assistant Campus Nursing Director worked with the student between each test to help her with her math skills. The student was offered math tutoring every Friday. Since this occurrence we make sure to let the students know during their admission interview there will be a drug calculation proficiency exam at the end of every level and they need to pass this exam with a 90%. We also let them know how important being able to do math is to the safety of their patients. We also put more emphasis on the availability of the math tutoring for the students. The faculty have all decided to allow the use of calculators on tests and quizzes which have math as long as it is a basic calculator; since a calculator is available on the NCLEX-PN.
- Instructors on several occasions have verified cheating on tests and/or homework. When this happens faculty work together to develop ways to prevent this from happening. Such as individualized homework assignments on the computer which are turned in via email, better test proctoring and several versions of exams utilized during tests.

List of Faculty no Longer employed since last Annual Report:

- Debra Conner
- Gail Goodman-Harris
- Taletha Carpenter
- Jeannette Campbell
- Doris Moses

Changes in Clinical Facilities:

Clinical facility	Status
Cerebral Palsy of NW Indiana Center for Possibilities	New
Hartsfield Village	New
North Shore Health Center	New

Paul A. Goff
Vice-President
Nursing & Health Professions

Dawn Gaudet
Administrative ASST

Melinda Gohliuk
Regional Director
East

Brendon
-Assistant Director
-Clinical Care, PD/ST
-Manager, Stoney PD

Hilpeck
-Nurse Consultant, PD/ST

Kendall
-Surgical Educator, PD/ST

Maria
-Management Consultant
-PD/ST

Dynes Gower
-Nurse Educator, CND

Patricia Jones
Regional Director
Central

YVonne Meeks
-Stephensville, CND

Grand Rapids
-Facility, Volunteer, CND

Meritha
-Tracy, Nurse, CND

SonMphah
-Sullivan, Director, CND

Dina Faucher
Regional Director
West

Ashleen
-Linda Spurling, CND

Henderson
-Dawn, Nurse, CND

Cherise Meeks
-Marilyn, Acute, CND

Brenda
-David, Manager, PD/ST

Felecia Gily
-Celia, Manager, CND
-Sue, Business, PD/ST

Tara
-Leah, Support, PD/ST

Vivian
Regional Director,
Quality, Research and
Development

Conner Kozak
-Director of Nursing and Health
-Professions

Mark Kebab
-Director of
-Health Professions

CCi Executive Level Organizational Chart

