



**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, 2013 through July 31, 2014. 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 _____ ASN _____ BSN X

Dates of Academic Reporting Year: 8/18/13 to 8/16/14
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: University of Indianapolis School of Nursing

Address: 1400 East Hanna Ave
Indianapolis, IN 46227

Dean/Director of Nursing Program

Name and Credentials: Anne Thomas, PhD, ANP-BC, GNP, FAANP

Title: Dean of the School of Nursing, Associate Professor Email: athomas@uindy.edu



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Nursing Program Phone #: (317) 788-3206 Fax: (317) 788-6208

Website Address http://uindy.edu/nursing

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

University of Indianapolis- School of Nursing Blog

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: Last date of CCNE visit – November 10-13, 2013

(see attached outcome and findings of the visit)

If you are not accredited by NLNAC or CCNE where are you at in the process? N/A

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 X No ___

Revised UIndy and SON mission statements presented to/approved by ISBN board, August 21, 2014.

3) Change in credentials of Dean or Director Yes ___ No X

4) Change in Dean or Director Yes X No ___

BSN Program Director retired end of September 2013.

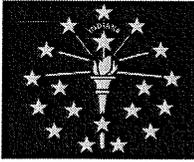
5) Change in the responsibilities of Dean or Director Yes X No ___

ASN Program Director became the Undergraduate Programs Director at end of September 2013.

6) Change in program resources/facilities Yes ___ No X

7) Does the program have adequate library resources? Yes X No ___

The library stays current in making available hard copy and e-copy reference materials for students.



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8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes _____ No X

9) Major changes in curriculum (list if positive response) Yes X No _____

Following changes presented to/approved by ISBN board 8/21/14:

1. UIndy General Education Core Curriculum (GECC) course content requirement for a Local/Global Experiential course will be met through the Community Health nursing course. The credit hours for the course will not change.
2. UIndy GECC course content requirement for a Writing/Speaking course will be met through the Health Promotions Across the Lifespan I nursing course. The credit hours for the course will not change.
3. Lifespan Psychology is a part of the BSN curriculum but will be designated for a pre or co-requisite to the Health Assessment for Individuals/Families I nursing course.
4. Rename the pre-licensure program component of AMP to the 2nd Degree Accelerated BSN.
5. The curriculum and credit hour requirements remain congruent with the BSN portion of the original AMP program.
6. The admission entrance GPA for clinical coursework changed from 3.0 to 2.82. This change occurred because the 3.0 was due to the MSN requirements. Now that the MSN coursework has been removed, the GPA is reflective of the traditional BSN admission requirement of 2.82 out of 4.0.

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 X Declining _____

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

N/A

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. N/A

2C.) If **so**, which exam(s) do you require? Kaplan Diagnostic Test



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

2E.) If taken as part of a course, please identify course(s): NURB460 - last course of the program

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

A. Faculty recruitment/retention: None

B. Availability of clinical placements: None

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): None

4.) At what point does your program conduct a criminal background check on students?
 Before admission to the clinical coursework and then every year in program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? During application paperwork process, written in application instructions that are posted online

SECTION 3: STUDENT INFORMATION

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

Summer 14 Fall 64 Spring 48

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

Summer 13 Fall 30 Spring 46

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. None during reporting period.

4.) Indicate the type of program delivery system:

Semesters X Quarters _____ Other (specify): _____

SECTION 4: FACULTY INFORMATION



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

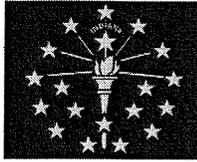
Faculty Name:	Brittany Pittman
Indiana License Number:	28193088A
Full or Part Time:	PT
Date of Appointment:	August 2013
Highest Degree:	MSN
Responsibilities:	Clinical Instructor

Faculty Name:	Melinda Quarles
Indiana License Number:	28135949A
Full or Part Time:	PT
Date of Appointment:	January 2014
Highest Degree:	BSN (MSN student)
Responsibilities:	Clinical Instructor

Faculty Name:	Martine DeVriendt
Indiana License Number:	28146195A
Full or Part Time:	PT
Date of Appointment:	January 2014
Highest Degree:	BSN (MSN student)
Responsibilities:	Clinical Instructor

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

1. Number of full time faculty: 16
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 40



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5. Number of adjunct faculty: 0

C. Faculty education, by highest degree only: FT Faculty/Other Faculty = all

1. Number with an earned doctoral degree: 8/1 = 9

2. Number with master's degree in nursing: 8/20 = 28

3. Number with baccalaureate degree only in nursing: 0/19 = 19

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;

University of Indianapolis
SON - BSN Faculty

Faculty Name	Teaching Responsibilities	FT or PT	Separated from employment since last annual report (Change made 2012-13 to 2013-14)
Delicia Brooks	Clinical instructor	PT	Short term need
Marilyn Moore	Clinical instructor	PT	Short term need
Donita Scott	Clinical instructor	PT	Short term need

2. An organizational chart for the nursing program and the parent institution.

Please see attached:

- a. School of Nursing for University of Indianapolis
- b. University of Indianapolis



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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.

September 26, 2014

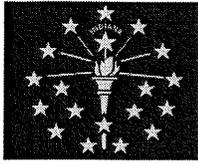
Signature of Dean/Director of Nursing Program

Date

Dr. Anne Thomas, Dean School of Nursing

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.



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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.



May 19, 2014

Anne C. Thomas, PhD, RN, ANP-BC, GNP, FAANP
Dean and Associate Professor
School of Nursing
University of Indianapolis
1400 East Hanna Avenue, Martin Hall, Room 340
Indianapolis, IN 46227

ONE DUPONT CIRCLE NW
SUITE 530
WASHINGTON DC 20036-1120

202-887-6791

WWW.AACN.NCHE.EDU/
CCNE-ACCREDITATION

Dear Dr. Thomas:

The Commission on Collegiate Nursing Education's (CCNE) Board of Commissioners acted at its meeting on April 22-25, 2014, to grant accreditation to the baccalaureate degree program in nursing and master's degree program in nursing at University of Indianapolis for 10 years, extending to June 30, 2024. These accreditation actions are effective as of November 11, 2013, which is the first day of the programs' recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2023.

At its meeting, the Board determined that the programs met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the accreditation term. The CIPR must address the nursing programs' continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is June 1, 2019. The Report Review Committee, and then the Board of Commissioners, will review the progress report. For more information about CIPRs, please refer to the CCNE procedures.

Please note that the aforementioned CIPR needs to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately five months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to University of Indianapolis. We hope that both the results of the self-study process and the accreditation report will be useful to the continued growth and development of the nursing programs. Certificates of accreditation are enclosed.

If an institution elects to make public disclosure of a program's CCNE accreditation status, the institution must disclose that status accurately. Either of the following statements may be used for disclosure of the accreditation status to the public:

The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202- 887-6791.

The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).

For more information on CCNE's disclosure policy, as well as information on use of the CCNE accreditation seal, please visit <http://www.aacn.nche.edu/ccne-accreditation/seal-policy/baccalaureate-graduate>.

As a reminder, programs are expected to continue to comply with the current CCNE standards and procedures throughout the period of accreditation. These documents are available at <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate>. This includes advising CCNE in the event of any substantive change in the nursing programs. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE *Procedures*.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2013. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs.

Sincerely,

A handwritten signature in black ink, appearing to read "Judith F. Karshmer". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Judith F. Karshmer, PhD, PMHCNS-BC
Chair, Board of Commissioners

cc: President Robert L. Manuel
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

SCHOOL OF NURSING ORGANIZATIONAL CHART

