



**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 X BSN _____

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

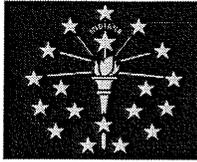
Name of School of Nursing: University of Indianapolis School of Nursing

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 NLNAC visit – October 2006, expires Fall 2014. (see attached outcome and findings of the visit) Next scheduled visit is a Focused Visit scheduled for October 15-17, 2014. We are seeking accreditation for the ASN program which is due to close May 2015.

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 _____ No X

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

ASN Program Director became the Undergraduate Programs Director at the 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.

8) Change in clinical facilities or agencies used (list both Yes _____ No X



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additions and deletions on attachment)

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

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

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 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

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

2E.) If taken as part of a course, please identify course(s): ANUR202 - last course of the program

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

A. Faculty recruitment/retention: MSN prepared faculty preferring BSN programs for clinical faculty employment

B. Availability of clinical placements: Limited to sites historically requested and consideration given after BSN requested needs filled.

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



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4.) At what point does your program conduct a criminal background check on students?
Before admission to the clinical coursework and then annually prior to fall courses.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Students are informed of the criminal background check during the clinical application process. The information is detail in the online clinical application process and it is also made available on the nursing website.

SECTION 3: STUDENT INFORMATION

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

Summer N/A Fall 55 Spring N/A

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

Summer N/A Fall N/A Spring 58

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

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

Faculty Name:	Dyanna Spears
Indiana License Number:	28162120A
Full or Part Time:	PT
Date of Appointment:	August 2013
Highest Degree:	BSN (MSN student)
Responsibilities:	Clinical Instructor



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Faculty Name:	Amanda Dimmitt
Indiana License Number:	28180923A
Full or Part Time:	PT
Date of Appointment:	August 2013
Highest Degree:	BSN
Responsibilities:	Clinical Instructor

Faculty Name:	Janice Wellington
Indiana License Number:	28119183A
Full or Part Time:	PT
Date of Appointment:	January 2014
Highest Degree:	BSN (MSN student)
Responsibilities:	Clinical Instructor

Faculty Name:	Lori Hodges
Indiana License Number:	28199175A
Full or Part Time:	PT
Date of Appointment:	January 2014
Highest Degree:	MSN
Responsibilities:	Clinical Instructor

Faculty Name:	Lori Kraeszig
Indiana License Number:	28151036A
Full or Part Time:	PT
Date of Appointment:	January 2014
Highest Degree:	BSN
Responsibilities:	Clinical Instructor

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

1. Number of full time faculty: 6



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2. Number of part time faculty: 1 didactic
3. Number of full time clinical faculty: none
4. Number of part time clinical faculty: 25 (including the one also didactic)
5. Number of adjunct faculty: 0

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

1. Number with an earned doctoral degree: 0/0 = 0
2. Number with master's degree in nursing: 6/13 = 19
3. Number with baccalaureate degree only in nursing: 0/12 = 12
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 - ASN Faculty

Faculty Name	Teaching Responsibilities	FT or PT	Separated from employment since last annual report (Change made 2012-13 to 2013-14)
Robin McIntire	Clinical instructor	PT	Short term need
Danielle Robinson	Didactic & Clinical instructor	PT	Took a FT position at another university
Karen Strandjord	Didactic instructor	PT	Took a FT position at another university



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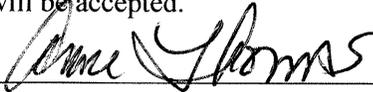
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2. An organizational chart for the nursing program and the parent institution.

Please see attached:

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

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.

NLNAC

National League for Nursing Accrediting Commission, Inc.

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New York University
New York, New York

March 21, 2007

Sharon Isaac, EdD, RN
Dean, School of Nursing
University of Indianapolis
1400 East Hanna Avenue
Indianapolis, IN 46227

Dear Dr. Isaac:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission at its meeting on February 21-23, 2007. The Board of Commissioners granted the associate degree program continuing accreditation and scheduled the next evaluation visit for Fall 2014.

Deliberations centered on the Self Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel)

The Board of Commissioners found the following strengths and areas needing development:

Strengths by Accreditation Standard:

Standard III Students

- Advising/Retention system.
- Mentor/Mentee program available to provide spiritual encouragement to first year students.

Standard V Resources

- Availability of simulation technology and skill labs with supporting staff.

Standard VII Educational Effectiveness

- Well-written, comprehensive, detailed program evaluation plan.
- Extensive use of evaluation results to inform program decision making.

NLNAC

National League for Nursing Accrediting Commission, Inc.

61 Broadway - 33rd Floor • New York, NY 10006
E 800.669.1656 ext.153 • E 212.812.0390 • www.nlnac.org

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SUMMARY OF DELIBERATIONS AND RECOMMENDATION OF THE ASSOCIATE DEGREE EVALUATION REVIEW PANEL FALL 2006 ACCREDITATION CYCLE

UNIVERSITY OF INDIANAPOLIS INDIANAPOLIS, INDIANA

Associate Degree Program Accreditation History

Established in 1929, initial accreditation December 1968, most recent evaluation visit December 1999, last accreditation visit April 2006, next accreditation visit Fall 2006.

Overview

Number of students 2,654 adults
Number of faculty 25
Number of programs 16
Number of programs approved for accreditation 16
Number of programs approved for accreditation 16

Evaluation Review Panel Summary

Recommendation: Continue Accreditation, Next review in eight (8) years.

Commentary:

Areas of Strengths by Accreditation Standard

Standard III Students

- Advising/Retention system.
- Mentor/Mentee program available to provide spiritual encouragement to first year students.

Standard V Resources

- Availability of simulation technology and skill labs with supporting staff.

Standard VII Educational Effectiveness

- Well-written, comprehensive, detailed program evaluation plan.
- Extensive use of evaluation results to inform program decision making.

SCHOOL OF NURSING ORGANIZATIONAL CHART

