



Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

Telephone: (317) 234-2043 Fax: (317) 233-4236

Website: www.PLA.IN.gov Email: pla2@pla.in.gov

Governor Mitchell E. Daniels, Jr.

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.

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, 2011 through July 31, 2012.

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.

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

Dates of Academic Reporting Year: 08/18/12 to 8/17/13
(Date/Month/Year) to (Date/Month/Year)

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

Address: 1400 East Hanna Avenue
Indianapolis, IN 46209

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

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

Website Address: http://nursing.uindy.edu/

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 – April 21, 2004

(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. –

Please see explanations below for yes responses:

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

Dr. Thomas has been inducted as a Fellow into the AANP

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 _____

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

additions and deletions on attachment)

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

9) continued – beginning in fall 2013 students will no longer need to take a basic computer course as a core requirement. The content has been shown to be integrated into the curriculum.

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

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): Capstone Professional Nursing Practicum

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? _____

Prior to admission to clinical courses and every year in program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? As part of the admission application, written in the application instructions, posted online.

SECTION 3: STUDENT INFORMATION

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

Summer 10 Fall 64 Spring 32

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

Summer 9 Fall first fall graduation class in Dec 2013 Spring 44

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):

Note - All new clinical faculty also included below:

1. Faculty Name:	Delicia Brooks
Indiana License Number:	28127488A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	BSN
Responsibilities:	Clinical Instructor
2. Faculty Name:	Jennifer Carmack
Indiana License Number:	28166992A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	MSN
Responsibilities:	Clinical instructor
3. Faculty Name:	Rachelle Davis
Indiana License Number:	28127982A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	MSN
Responsibilities:	Clinical instructor
4. Faculty Name:	Maydia Facey
Indiana License Number:	28193968A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	MSN
Responsibilities:	Clinical instructor
5. Faculty Name:	Lisa Fox
Indiana License Number:	28104395A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	MSN
Responsibilities:	Clinical instructor

6. Faculty Name:	Loretta Hall
Indiana License Number:	28096394A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	MSN
Responsibilities:	Clinical instructor
7. Faculty Name:	Buffy Reynolds
Indiana License Number:	28179361A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	BSN - working on MSN
Responsibilities:	Clinical instructor
8. Faculty Name:	Donita Scott
Indiana License Number:	28106196A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	BSN -- working on MSN
Responsibilities:	Clinical instructor
9. Faculty Name:	Steele Summers
Indiana License Number:	28177415A
Full or Part Time:	Part time
Date of Appointment:	Aug 2012
Highest Degree:	BSN - working on MSN
Responsibilities:	Clinical instructor
10. Faculty Name:	Courtney Beam
Indiana License Number:	28184875A
Full or Part Time:	Part time
Date of Appointment:	Jan 2013
Highest Degree:	BSN - working on MSN
Responsibilities:	Clinical instructor
11. Faculty Name:	Elizabeth Brown
Indiana License Number:	28161120A
Full or Part Time:	Part time
Date of Appointment:	Jan 2013
Highest Degree:	MSN
Responsibilities:	Clinical instructor
12. Faculty Name:	Marilyn Annette Moore
Indiana License Number:	28075235A
Full or Part Time:	Part time
Date of Appointment:	Jan 2013
Highest Degree:	MSN
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: 34
5. Number of adjunct faculty: 0

C. Faculty education, by highest degree only: fulltime faculty/other faculty = all

1. Number with an earned doctoral degree: 8/1 = 9
2. Number with master's degree in nursing: 8/17 = 25
3. Number with baccalaureate degree in nursing: 0/16 but 10 have MSN in progress
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?

Yes X No _____

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

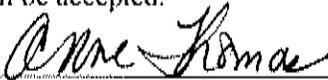
1. A list of faculty no longer employed by the institution since the last Annual Report;

University of Indianapolis
SON - BSN FACULTY

Faculty Name	Teaching Responsibilities	FT or PT	Separated from employment since last annual report Change 2011-2012 to 2012-2013
Ballard, Tracy	clinical instructor	PT	took ft position at hospital
Fisher, Amanda	clinical instructor	PT	took ft position at hospital
McCane, DeLaina	clinical instructor	PT	took ft position at hospital
Ruff, Robinn	clinical instructor	PT	took ft position at hospital
Sledge, Lisa	clinical instructor	PT	took ft position at hospital
Turner, Lynn	clinical instructor	PT	took ft position at hospital
Sanders, Cassandra	clinical instructor	PT	took ft position at hospital

2. An organizational chart for the nursing program and the parent institution. 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 30, 2013

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.

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 20, 2004

Sharon Isaac, EdD, RN
Dean
School of Nursing
University of Indianapolis
1400 East Hanna Avenue
Indianapolis, IN 46227-3697

Dear Dr. Isaac:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on April 21, 2004, to grant accreditation of the baccalaureate and master's degree programs in nursing at University of Indianapolis for a term of 10 years, extending to June 30, 2014. You should plan for the next on-site evaluation to take place in the fall of 2013.

At its meeting, the Board determined that both 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, the Board requested that the programs submit a continuous improvement progress report at the mid-point of the accreditation term. That report should address the nursing programs' continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is June 30, 2009. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the fall of 2009. For more information about the continuous improvement progress report, please refer to the CCNE procedures.

As you are aware, the CCNE Board of Commissioners acted in October 2003 to amend the accreditation standards. The amended *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* will become effective on January 1, 2005. As a result, any program hosting a CCNE on-site evaluation and/or submitting a report to CCNE after January 1, 2005--including the continuous improvement progress report referenced above--will be required to comply with the *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*, amended October 2003. CCNE will provide assistance to programs, as appropriate, as they transition to the amended standards. These standards are posted on the CCNE Web site at www.aacn.nche.edu/accreditation, along with a summary of the changes.

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 your 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.

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in your nursing programs or



Commission on
Collegiate Nursing
Education

Serving the
Public Interest
Through Quality
Accreditation

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of any major organizational changes that may affect the programs' administration, scope or quality. 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 2003. 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 cursive script that reads "Mary Margaret Mooney".

Mary Margaret Mooney, pbvm, DNSc, RN, CS, FAAN
Chair, Board of Commissioners

cc: President Jerry Israel
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

SCHOOL OF NURSING ORGANIZATIONAL CHART

