

**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

Eric J. Holcomb, Governor
Director

Deborah J. Frye, Executive

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 the reporting year as defined below. You must complete a SEPARATE report for each PN, ASN and BSN program, including LPN-ASN and RN-BSN programs. Please note the new additions to the report.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year for the previous reporting 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 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.

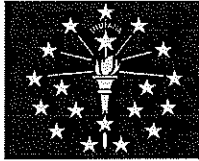
Indicate Type of Nursing Program for this Report:

PN _____ ASN _____ BSN _____ LPN – ASN _____ Paramedic – ASN _____ RN-BSN _____

Reporting Year: FOR THE PURPOSES OF THIS REPORT, please calculate the academic reporting year beginning with the summer period. Please include the month and day of the beginning of the summer session.

Name of School of Nursing: _____

Address: _____



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Dean/Director of Nursing Program

Name and Credentials: _____

Title: _____ Email: _____

Nursing Program Phone #: _____ Fax: _____

Website Address: _____

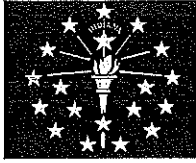
Please indicate last date of ACEN, CCNE or CNEA accreditation visit, if applicable, and attach the outcome and findings of the visit: _____

If you are not accredited by ACEN, CCNE or CNEA at what point are you in the process? _____

SECTION 1: ADMINISTRATION

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

- 1) Change in ownership, legal status or form of control Yes _____ No _____
- 2) Change in mission or program objectives Yes _____ No _____
- 3) Change in credentials of Dean or Director Yes _____ No _____
- 4) Change in Dean or Director Yes _____ No _____
- 5) Change in the responsibilities of Dean or Director Yes _____ No _____
- 7) Changes to the admission process or standard Yes _____ No _____
- 8) Major changes in curriculum (list on separate sheet if positive response) Yes _____ No _____



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SECTION 2: PROGRAM

1 A.) 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 _____

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

2.) How is program content delivered?

Face to face _____ Primarily on-line _____ Hybrid _____

3.) Do you have a pre-licensure distance education program? YES _____ NO _____

Please specify: LPN – RN _____ RN-BSN _____ Other _____

4 A.) Do you require standardized testing prior to admission to the nursing program?

Yes _____ No _____

4 B.) If so, which exam(s) do you require and the minimum passing standard accepted?

Exam: _____

Passing standard _____

5 A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?

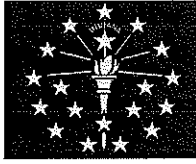
Yes _____ No _____

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

5 C.) If so, which exam(s) do you require?

6 A.) At what point in the program are comprehensive exams taken: Upon Completion _____
As part of a course _____ Ties to progression or thru curriculum _____

6 B.) If taken as part of a course, please identify course(s): _____



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

A. Faculty recruitment/retention: _____

B. Availability of clinical placements: _____

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

8.) At what point does your program conduct a criminal background check on students?

9.) At what point, and in what manner, are students apprised of the criminal background check for your program? _____

SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted for the reporting period :

Spring _____ Summer _____ Fall _____ Winter _____

2.) Total number of graduates for the reporting period:

Spring _____ Summer _____ Fall _____ Winter _____

3.) Indicate the type of program delivery system:

Semesters _____ Quarters _____ Other (specify): _____

4.) 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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SECTION 4: FACULTY INFORMATION

- A. Provide the following information for **ALL FACULTY** in your program in the reporting year (attach additional pages if necessary): Include all full time and anything less than full time (part time, adjunct etc.):

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Date of Separation :	
Highest Degree:	
Responsibilities/Classes Taught:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Date of Separation	
Highest Degree:	
Responsibilities/Classes Taught:	



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Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Date of Separation:	
Highest Degree:	
Responsibilities/Classes Taught:	

C. Total faculty teaching (individuals – not FTEs or contact hours) in your program in the academic reporting year:

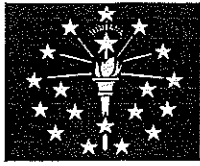
1. Number of full time faculty: _____
2. Number of part time/ adjunct faculty (anything other than full time) : _____

D. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: _____
2. Number with master's degree in nursing: _____
3. Number with baccalaureate degree in nursing: _____
4. Other credential(s). Please specify type and number: _____

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

Yes _____ No _____



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F. 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.
3. Clinical sites no longer in use: Please attach on a separate sheet/attachment

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.

Signature of Dean/Director of Nursing Program

Date

Printed Name of Dean/Director of Nursing Program

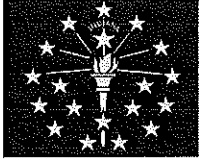
Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.

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,



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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.