



October 16, 2013

Dr. Margaret Harvey, PhD, MSN, MAT
Campus President
Chamberlain College of Nursing
9100 Keystone Crossing, Suite 600
Indianapolis, Indiana 46240

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

Dear Indiana Professional Licensing Agency:

Please find enclosed the School of Nursing Annual Report for Chamberlain College of Nursing with my apologies for the late submission. As the State Board of Nursing did not have the correct contact information for me, we did not receive the initial information sent out with the deadline for receipt of this report. As soon as we were notified, we immediately set out to complete the report in order to submit it to the Agency as quickly as possible. We are grateful for your patience and respectfully request confirmation of this submission via E-mail or regular mail at your convenience. Any questions or concerns may be directed to me. I have included my contact information below.

Sincerely,

Margaret Harvey, PhD, MSN, MAT / JKB

Dr. Margaret Harvey, PhD, MSN, MAT
E-mail: mharvey@chamberlain.edu
Office: 317-816-7350

Enclosure



**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 _____ ASN _____ BSN **X**

Dates of Academic Reporting Year: **01/07/12** to **30/06/13** (day, month, year)

Name of School of Nursing: **Chamberlain College of Nursing**

Address: **9100 Keystone Crossing, Suite 600; Indianapolis, IN 46240**

Dean/Director of Nursing Program

Name and Credentials: **Margaret Harvey, PhD, MAT, MSN**

Title: **Indianapolis Campus President** Email: **mharvey@chamberlain.edu**

Nursing Program Phone #: **317-816-7350** Fax: **317-815-3067**



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Website Address: <http://chamberlain.edu>

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

Facebook:

<https://www.facebook.com/chamberlainedu>

Linkedin

<http://www.linkedin.com/company/chamberlain-college-of-nursing>

Google Plus

<https://plus.google.com/u/0/117441487279131929469/posts#117441487279131929469/posts>

Pinterest

<http://www.pinterest.com/chamberlainedu/>

Twitter

<https://twitter.com/chamberlainedu>

YouTube:

<http://www.youtube.com/ChamberlainCollege>

RSS Feed:

<http://blog.chamberlain.edu/feed/>

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

October 9th, 2004; Full institutional accreditation granted for 10 years by CCNE



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

Chamberlain College of Nursing is accredited with CCNE

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 <u>X</u> |
| 2) Change in mission or program objectives | Yes _____ No <u>X</u> |
| 3) Change in credentials of Dean or Director | Yes _____ No <u>X</u> |
| 4) Change in Dean or Director | Yes _____ No <u>X</u> |
| 5) Change in the responsibilities of Dean or Director | Yes _____ No <u>X</u> |
| 6) Change in program resources/facilities | Yes _____ No <u>X</u> |
| 7) Does the program have adequate library resources? | Yes <u>X</u> No _____ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes _____ No <u>X</u> |
| 9) Major changes in curriculum (list if positive response) | Yes _____ No <u>X</u> |

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 **N/A** Stable **N/A** Declining **N/A**

Chamberlain College of Nursing-Indianapolis has not yet graduated a class

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

N/A



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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 Exit Exam**

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):

- ❖ **Fundamentals of Nursing (NR 226)**
- ❖ **Health Assessment I & II (NR 302; NR 304)**
- ❖ **Pharmacology II (NR 292)**
- ❖ **Adult Health I & II (NR 324; NR 325)**
- ❖ **Maternal-Child Nursing (NR 321)**
- ❖ **Pediatric Nursing (NR 322)**
- ❖ **Mental Health Nursing (NR 320)**
- ❖ **Critical Care Nursing (NR 340)**
- ❖ **Community Health Nursing (NR 442)**
- ❖ **Collaborative Healthcare (NR 446)**

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

A. Faculty recruitment/retention: **Finding Qualified faculty**

B. Availability of clinical placements: **Securing Pediatric Clinical Sites**



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

4.) At what point does your program conduct a criminal background check on students? ____
After admission process but before registration for their first classes with the college.

5.) At what point and in what manner are students apprised of the criminal background check for your program? **Students are apprised of the criminal background check at the time of admission to the program, both verbally and in writing. Once the background check is completed, they receive a letter of the results. The admissions advisor is also available to discuss results with them if desired.**

SECTION 3: STUDENT INFORMATION

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

Summer _____ **31** _____ Fall _____ **51** _____ Spring _____ **31** (Jan); **34** (May)

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

Summer _____ **0** _____ Fall _____ **0** _____ Spring _____ **0** _____

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. **No complaints have been filed.**

4.) Indicate the type of program delivery system:

Semesters **Three (3) semesters a year, each made up of two eight (8) week sessions**

Other (specify): _____



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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): **Since this is Chamberlain College of Nursing's first annual report submitted, a list of all faculty teaching this past academic year is included below.**

Faculty Name:	Sarah Wallace, MSN
Indiana License Number:	28157256A
Full or Part Time:	Full-time
Date of Appointment:	January 2012
Highest Degree:	MSN
Responsibilities:	Pediatrics

Faculty Name:	Dana Davis, PhD, RN
Indiana License Number:	28203638A
Full or Part Time:	Full-time
Date of Appointment:	June 2012
Highest Degree:	PhD
Responsibilities:	Maternal-Child



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Faculty Name:	Lisa Benson, MSN
Indiana License Number:	28085538A
Full or Part Time:	Full-time
Date of Appointment:	May 2013
Highest Degree:	MSN
Responsibilities:	Health Assessment; Health and Wellness, Transitions to Nursing

Faculty Name:	Cynthia Coppage, MSN
Indiana License Number:	28208146A
Full or Part Time:	Full-time
Date of Appointment:	February 2013
Highest Degree:	MSN
Responsibilities:	Mental Health; Pathophysiology



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Faculty Name:	Bruce Williams, MSN
Indiana License Number:	28125543A
Full or Part Time:	Full-Time
Date of Appointment:	May 2012
Highest Degree:	MSN
Responsibilities:	Simulation Lab classes; Health Assessment and Fundamental Labs

Faculty Name:	Patricia Robinson, MSN
Indiana License Number:	28178032A
Full or Part Time:	Full-time
Date of Appointment:	April 2012
Highest Degree:	MSN
Responsibilities:	Transition to Nursing Seminar; Remediation and Tutoring

Faculty Name:	Noadiah Mallot, MSN
Indiana License Number:	28154618A
Full or Part Time:	Full-time
Date of Appointment:	July 2011
Highest Degree:	MSN
Responsibilities:	Transition to Nursing Seminar; Pathophysiology



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Faculty Name:	Charlene Phelps, MSN
Indiana License Number:	28141250A
Full or Part Time:	Part-time Clinical Instructor
Date of Appointment:	March 2013
Highest Degree:	MSN
Responsibilities:	Clinical—(Fundamentals and/or Adult Health)

Faculty Name:	Lynda Weathers, MSN
Indiana License Number:	28149261A
Full or Part Time:	Part-time Clinical Instructor
Date of Appointment:	May 2013
Highest Degree:	MSN
Responsibilities:	Fundamentals of Nursing Clinical



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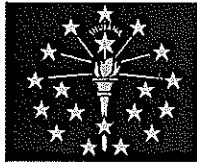
Nicholas Rhoad, Executive Director

Faculty Name:	Margaret Broadus, MSN
Indiana License Number:	28041981A
Full or Part Time:	Part-time
Date of Appointment:	March 2013
Highest Degree:	MSN
Responsibilities:	Adult Health I Clinical

Faculty Name:	Teresa Wischman
Indiana License Number:	28177997A
Full or Part Time:	Part-time Clinical Instructor
Date of Appointment:	June 2013
Highest Degree:	MSN
Responsibilities:	Fundamentals Clinical Instructor

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

1. Number of full time faculty: _____ **Seven (7)** _____
2. Number of part time faculty: _____ **Zero (0)** _____
3. Number of full time clinical faculty: _____ **Zero (0)** _____
4. Number of part time clinical faculty: _____ **Four (4)** _____
5. Number of adjunct faculty: **This number is included as “part-time” clinical faculty.**



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C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: One (1)
2. Number with master's degree in nursing: Ten (10)
3. Number with baccalaureate degree in nursing: Zero (0)
4. Other credential(s). Please specify type and number: _____

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;

This is Chamberlain College of Nursing's first Annual Report to be submitted to the Board of Nursing.

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.

Margaret Harvey, PhD, RN October 7, 2013_

Signature of Dean/Director of Nursing Program

Date

Margaret Harvey, PhD, MSN, MAT_

Printed Name of Dean/Director of Nursing Program



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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

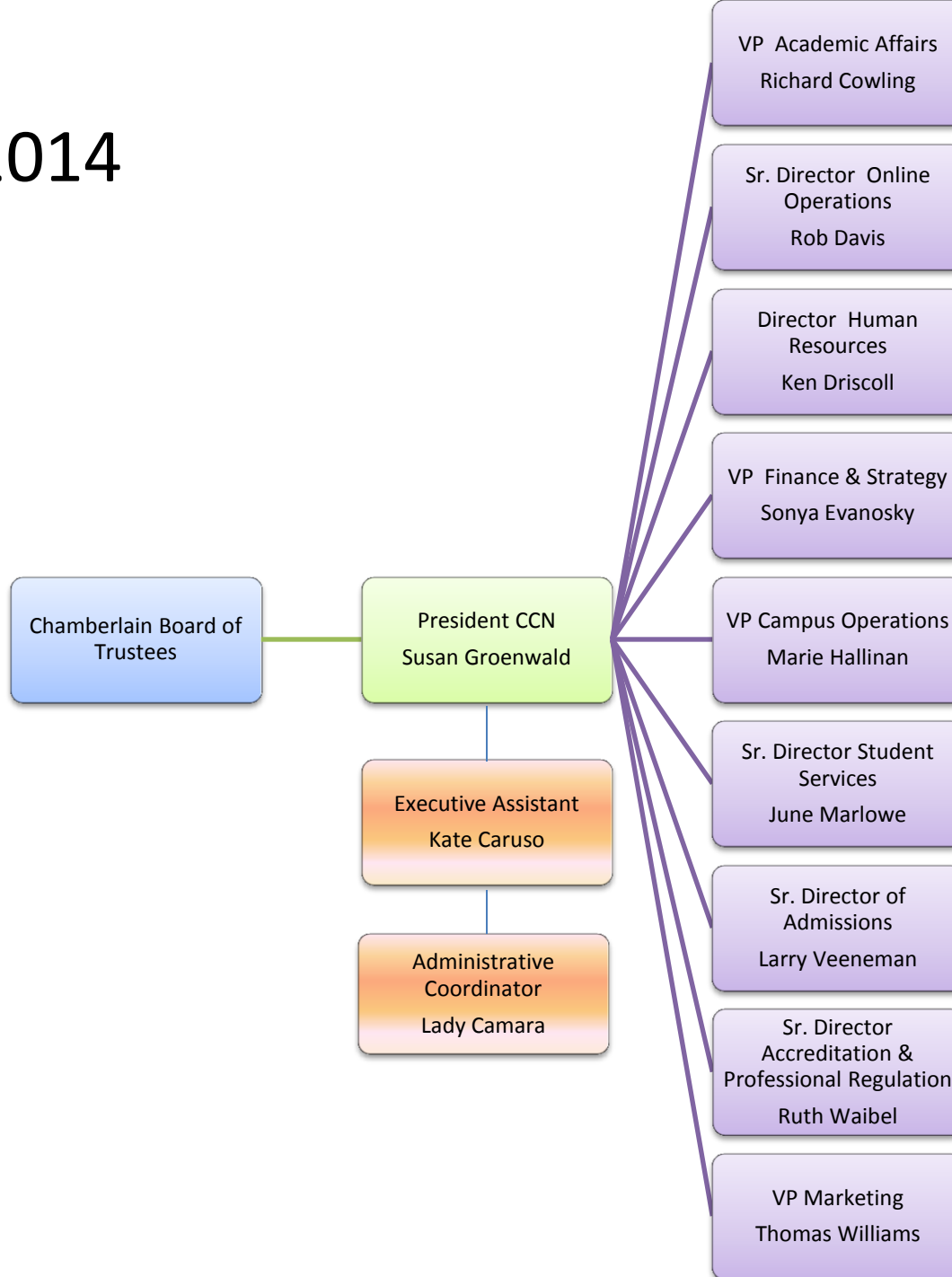
A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

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.

CCN FY 2014



Chamberlain Indianapolis Campus

