



Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
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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. 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, 2011 through July 31, 2012. 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 2011." 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 X ASN _____ BSN _____

Dates of Academic Reporting Year: January 1, 2011 to December 31, 2012
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Everest College (Corinthian Colleges Inc.)

Address: 8585 Broadway Ave. Suite 200, Merrillville, IN 46410

Dean/Director of Nursing Program

Name and Credentials: Tracey Miller MSN, RN

Title: Campus Nursing Director Email: trmiller@cci.edu

Nursing Program Phone #: 219-756-6811 Fax: 219-756-8121

Website Address: www.everest-nursing.com

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.):
none

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

If you are not accredited by NLNAC or CCNE where are you at in the process? In Candidacy since Fall 2011

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 <u>X</u> No _____ |
| 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 _____ Stable X Declining _____

2B.) If not, explain how you assess student readiness for the NCLEX. _____

HESI Practical Nurse Comprehensive Exit Exam

2E.) If taken as part of a course, please identify course(s): IN-NSG300N Level 3 Competency Course

A. Faculty recruitment/retention:_____

B. Availability of clinical placements:_____

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

Prior to acceptance

SECTION 3: STUDENT INFORMATION

Summer	29	Fall	17	Spring	21
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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.

4.) Indicate the type of program delivery system:

Semesters_____ Quarters_____ Other (specify):_____ Levels: 3 Day levels each 16 weeks long, 6 Evening Levels 15 weeks long

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:	Jeannette Campbell
Indiana License Number:	28129388A
Full or Part Time:	Full Time
Date of Appointment:	4-11-2011
Highest Degree:	Masters of Science in Nursing
Responsibilities:	Teach Medical Surgical Nursing, Pediatrics, OB & Mental Health in evening program. Clinical Instruction.

Faculty Name:	Taletha Carpenter
Indiana License Number:	28195795A
Full or Part Time:	Full Time
Date of Appointment:	5-4-2011
Highest Degree:	Masters of Science in Nursing- Clinical Nurse Specialist
Responsibilities:	Clinical Instructor for Level 2 and 3

Faculty Name:	Susan Corbett
Indiana License Number:	28062899A
Full or Part Time:	Full Time
Date of Appointment:	11-28-11

Highest Degree:	Masters of Science of Nursing - Nursing Education
Responsibilities:	Teach Fundamentals of Nursing, assist in the A&P lab, clinical instruction.

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

1. Number of full time faculty: 8
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 3
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 3 (on-call)

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 7 + 1 on-call
3. Number with baccalaureate degree in nursing: 4 + 2 on-call
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 ^{Yes (848 IAC 1-2-14)} _____ 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;
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

Tracey Miller MSN, RN 10-1-12

Signature of Dean/Director of Nursing Program

Date

Tracey Miller

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.

Section 4 Faculty Information (continued from page 5):

Faculty Name:	Thomas Kulick
Indiana License Number:	28160361A
Full of Part Time:	Part-Time (On-call)
Date of Appointment:	10-19-2012
Highest Degree:	Bachelor of Science in Nursing & Bachelor of Science in Biology
Responsibilities:	Anatomy & Physiology instructor and Clinical Instruction for evening program.

List of Faculty no Longer employed since last Annual Report:

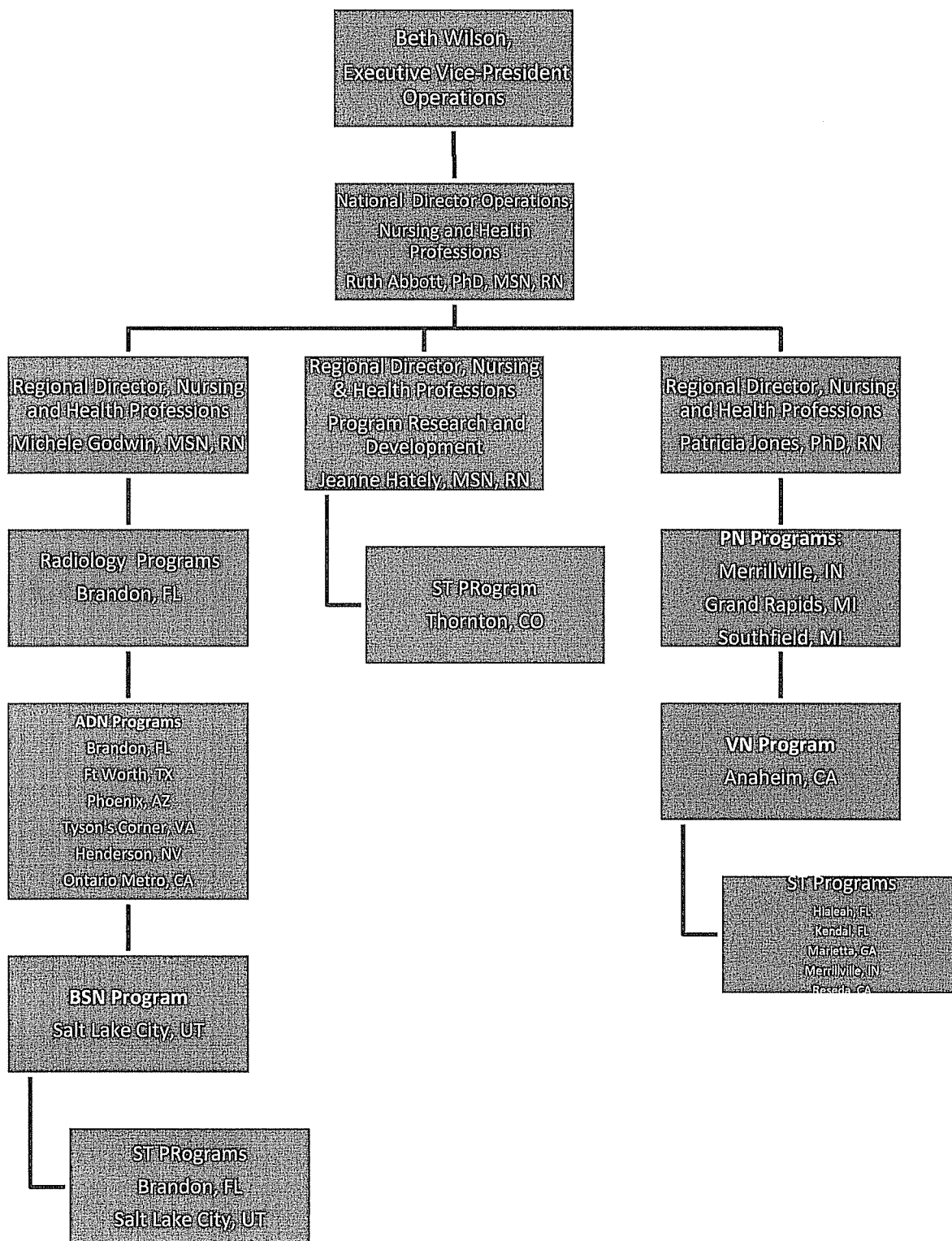
- Lisa Scholl
- La'Shea Stewart
- Michelle Kozak

Complaints:

- Students and Faculty had concerns about the Anatomy and Physiology class having too much content and not enough time for the students to learn the material. Basically the course was too fast-paced. The schedule of the course was changed from 10 hours per week over 7 weeks to 7 hours per week over 10 weeks. This change has really helped the students have enough time to study between lectures.
- Several students expressed concern about a clinical instructor being too strict and insensitive. Referred the students to the nursing student handbook for the policies regarding clinical behavior, dress and expectations. Observations of the instructor completed with follow-up coaching.
- Eight students from the same cohort complained of various items regarding the program progression and remediation policy. Students referred to nursing student handbook and catalog. One main complaint was due to six students who failed a course in their last level of the program who were not being allowed to take IN-NSG300N Level 3 competency course. An additional course of IN-NSG300N held in October 2011 for these students. These students were not eligible in August 2011 to take this course with the rest of the cohort due to the progression policy. Students would have had to wait until December 2011 to take the course and complete the program.

Changes in Clinical Facilities:

Clinical facility	Status
Chicagoland Christian Village	New
Colonial Nursing Home	New
Hammond-Whiting Care Center	New
Multicultural Wellness Network, Inc.	New
Specialized Services	New
Tri-Creek School system	New
St. Anthony Medical Center	Deleted
Franciscan Physician's Regional Hospital	Deleted
Saint Mary Medical Center	Deleted
Pediatric & Infant Family Services	Deleted
Towne Centre	Deleted
St. Margaret Mercy Hospitals	Deleted
Great Lakes Orthopedics	Deleted
Hammond Community Ambulatory Hospital	Deleted
Merrillville Senior Citizen Center	Deleted



CCi Executive Level Organizational Chart

