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__**X**____   BSN_____

Dates of Academic Reporting Year: **May 29, 2012 – May 10, 2013**
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: **Ivy Tech Community college Richmond**

Address: **2357 Chester Blvd Richmond IN 47374**

Dean/Director of Nursing Program Name and Credentials: **Glenda Cline, RN, MSN**

    Title: **Dean School of Nursing**   Email: **gcline@ivytech.edu**

Nursing Program Phone #: **765-966-2656-ext 1152**   Fax: **765-962-8741**

Website Address:_ **http://www.ivytech.edu/richmond**
_____

Michael R. Pence, Governor   Nicholas Rhoad, Executive Director

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): **N/A___**

_____

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: **NLNAC 2010 - please see attached notification of outcomes and findings; ACEN Follow-Up Report Letter**

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_____ No__**X**__

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 _____ No __**X**__

6) Change in program resources/facilities   Yes _____ No __**X**__

7) Does the program have adequate library resources?   Yes __**X**__No _____

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___

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

Curriculum Revision 2013 Course Comparison
*Curriculum changes were approved by the ISBN on March 21, 2013
*Changes will be implemented fall 2013.

Current Curriculum			Credit Hrs	Curriculum Revision			Credit Hrs
NRSG	104	Introduction to Pharmacology	1	NRSG	106	Pharmacology (Deleted NRSG 104 & 107 and added NRSG 106) to both PN and ASN	3
NRSG	107	Advanced Pharmacology	2				
NRSG	126	Mental Health Nursing	2			Deleted from PN only	
NRSG	127	Mental Health Nursing Clinical	1			Deleted from PN only	
NRSG	130	Health Promotion Across the Life Span	1			Deleted from ASN	

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 __**X**__ 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__**X**____ No_____

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

2C.) If **so,** which exam(s) do you require? **ATI Comprehensive Predictor Examination**

2D.)   When in the program are comprehensive exams taken: Upon Completion_____
As part of a course ___**X**_____ Ties to progression or thru curriculum_____

2E.) If taken as part of a course, please identify course(s):__**NRSG 208 Practice Issues for ASN**

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

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

　　A. Faculty recruitment/retention: **We continue to have difficulty recruiting faculty because there is only one MSN educational program in the area and we are in competition with other schools.**

　　B. Availability of clinical placements: **We have two hospitals in our service area, both will allow no more than 6 students in OB at a time.**

　　C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): **N/A**

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

Criminal background checks, through CertifiedBackground.com may be done either before enrollment in the professional courses or just prior to the first day of clinical. Students who are not continuously enrolled in a program until completion may be required to complete additional checks upon re-entry to a program or admission to a different nursing program. Clinical sites or the College may request additional background checks or drug screenings at their discretion.

5.)   At what point and in what manner are students apprised of the criminal background check for your program?
Students receive results online by directly accessing through CertifiedBackground.com using a password assigned by the background search company. They have full access to their background search data within the website and are encouraged to review the background search findings and appeal any issues that they determine are incorrect.

SECTION 3: STUDENT INFORMATION

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

Summer: **7 transitional**   Fall: **27 traditional**   Spring: __0__

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

Summer: __0__   Fall_____2_____   Spring: _____29_____

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**

Michael R. Pence, Governor   Nicholas Rhoad, Executive Director

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:	Holly Hopkins
Indiana License Number:	09000198A Nurse Midwife 28189031A RN
Full or Part Time:	Part time
Date of Appointment:	August 2012
Highest Degree:	MSN
Responsibilities:	Fundamental lab; OB/peds

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

     1. Number of full time faculty: _____**6**_____

     2. Number of part time faculty: _____**2**_____

     3. Number of full time clinical faculty**:____6 of 6 full time faculty_____**

     4. Number of part time clinical faculty**: _____2 of 2 part time faculty_____**

     5. Number of adjunct faculty: **N/A (see above – we refer to our adjuncts as PT faculty**)

C. Faculty education, by highest degree only:

     1. Number with an earned doctoral degree**: _____0_____**

     2. Number with master's degree in nursing: **6 full time and 2 part time**

Michael R. Pence, Governor   Nicholas Rhoad, Executive Director

3. Number with baccalaureate degree in nursing: **0**

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; **N/A**

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

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

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.

Glenda Cline   9-13-13

Signature of Dean/Director of Nursing Program   Date

Glenda Cline

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.

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

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.
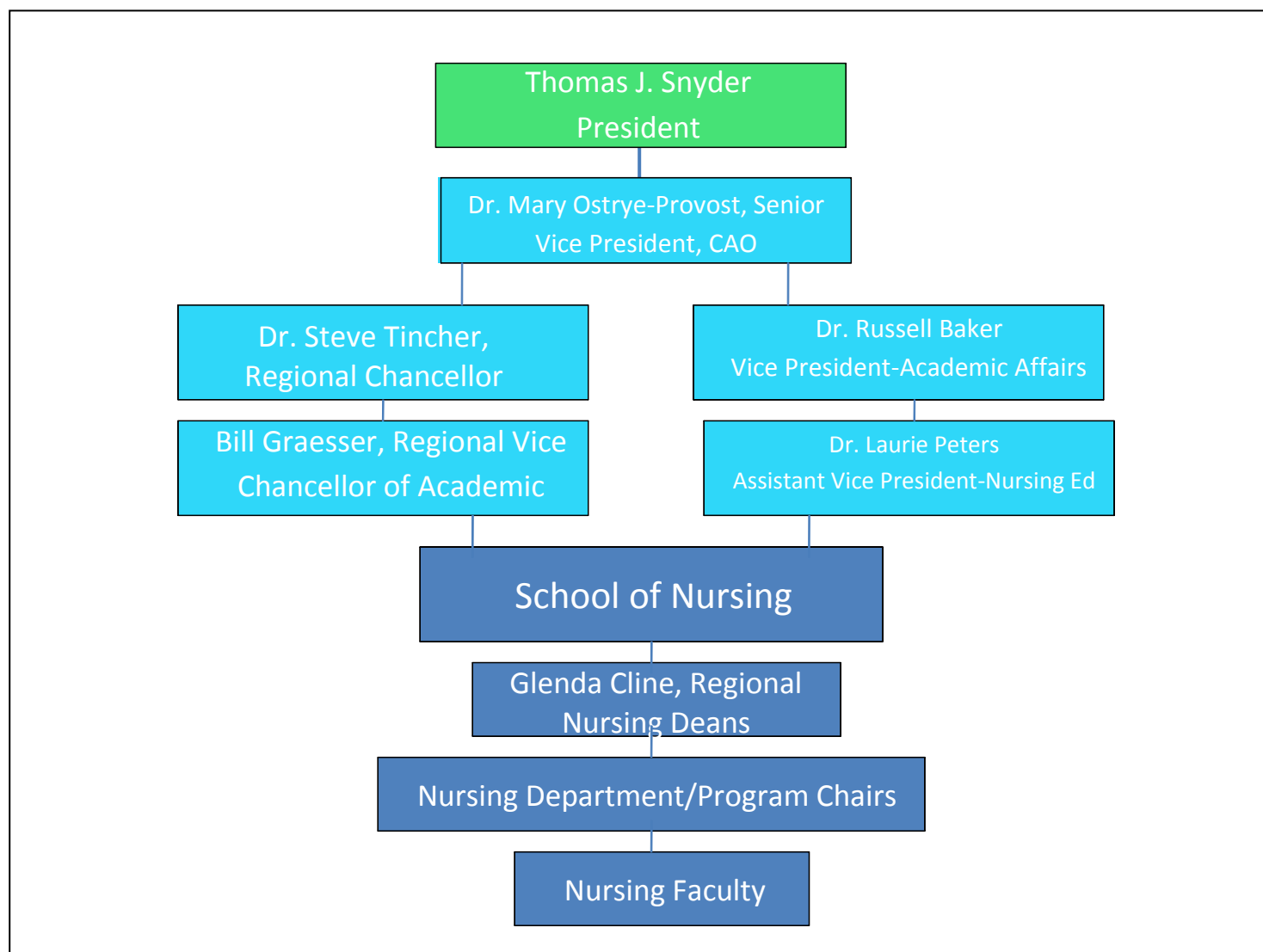
Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2043
Website: PLA.IN.gov

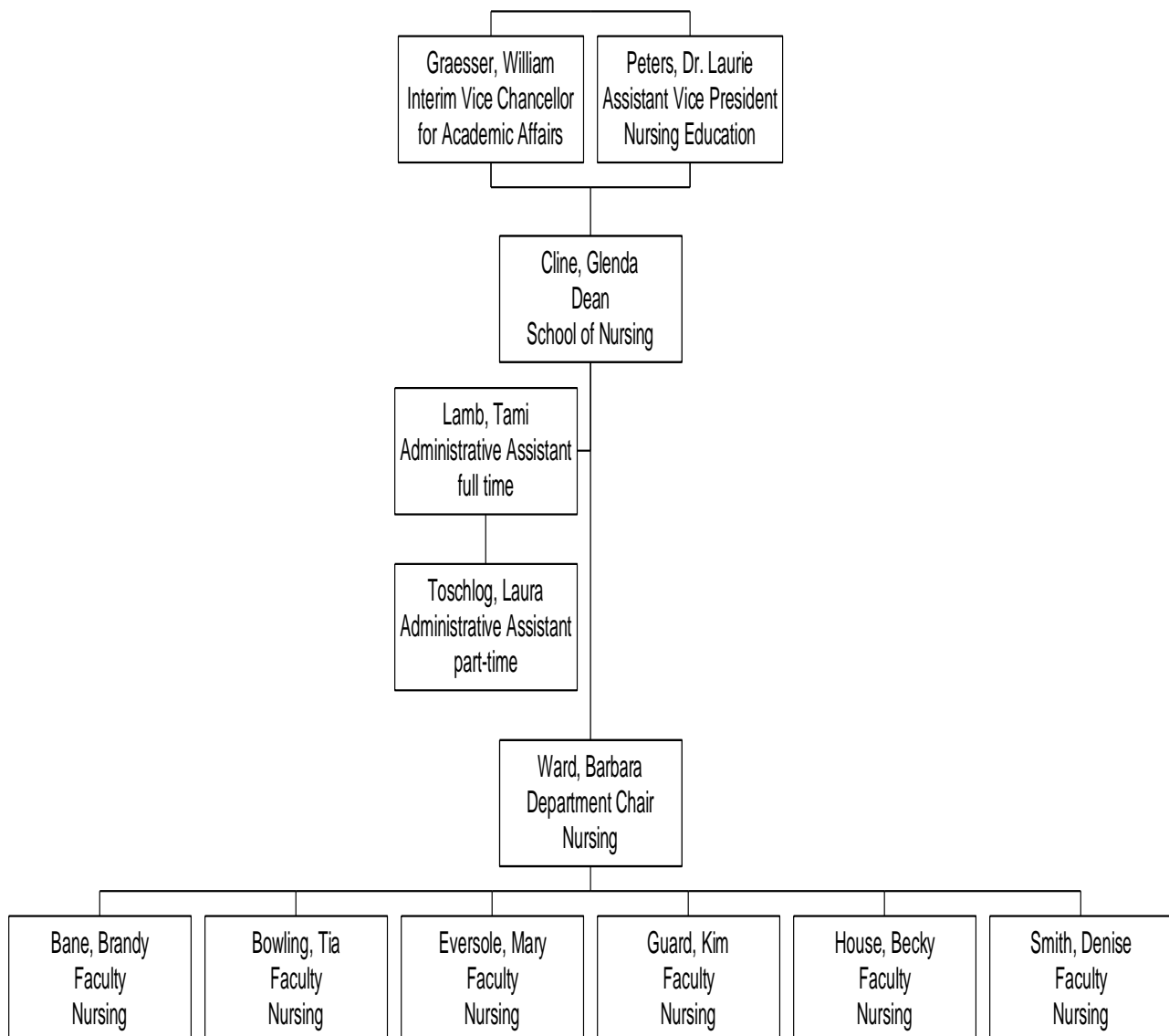Michael R. Pence, Governor   Nicholas Rhoad, Executive Director

Statewide School of Nursing Organizational Chart

```
                    Thomas J. Snyder
                       President

            Dr. Mary Ostrye-Provost, Senior
                 Vice President, CAO

    Dr. Steve Tincher,              Dr. Russell Baker
    Regional Chancellor        Vice President-Academic Affairs

  Bill Graesser, Regional Vice        Dr. Laurie Peters
   Chancellor of Academic      Assistant Vice President-Nursing Ed

                   School of Nursing

                 Glenda Cline, Regional
                    Nursing Deans

           Nursing Department/Program Chairs

                   Nursing Faculty
```

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

Organizational Chart for the Nursing Program In Richmond

```
┌──────────────────────┐  ┌──────────────────────┐
│ Graesser, William    │  │ Peters, Dr. Laurie   │
│ Interim Vice Chancellor│ │ Assistant Vice President│
│ for Academic Affairs │  │ Nursing Education    │
└──────────────────────┘  └──────────────────────┘

          ┌──────────────────────┐
          │ Cline, Glenda        │
          │ Dean                 │
          │ School of Nursing    │
          └──────────────────────┘

┌──────────────────────┐
│ Lamb, Tami           │
│ Administrative Assistant│
│ full time            │
└──────────────────────┘

┌──────────────────────┐
│ Toschlog, Laura      │
│ Administrative Assistant│
│ part-time            │
└──────────────────────┘

          ┌──────────────────────┐
          │ Ward, Barbara        │
          │ Department Chair     │
          │ Nursing              │
          └──────────────────────┘
```

Bane, Brandy Faculty Nursing	Bowling, Tia Faculty Nursing	Eversole, Mary Faculty Nursing	Guard, Kim Faculty Nursing	House, Becky Faculty Nursing	Smith, Denise Faculty Nursing

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

NLNAC Accreditation Letter/Report 3/24/2011 (six pages)

NLNAC

National League for Nursing Accrediting Commission, Inc.

BOARD OF COMMISSIONERS

NURSING EDUCATION
REPRESENTATIVES

MARLENE F BACON, PhD, RN
Nursing Associate Professor
Utah Valley University
Orem, Utah

LINDA K COCKRELL, MPN, RN
Program Leader, Health & Medical Sciences
Central School of Practical Nursing
Norfolk Technical Center, Norfolk Public Schools
Norfolk, Virginia

ELIZABETH H. MAHAFFEY, PhD, RN
Dean, Nursing & Allied Health
Hinds Community College
Jackson, Mississippi

LINDA NORMAN, DSN, RN, FAAN
Senior Associate Dean for Academics, School of Nursing
Vanderbilt University
Nashville, Tennessee

MARY LOU RUSIN, EDD, RN, ANEF
Professor & Chair, Nursing Department
Daemen College
Amherst, New York

ANN E SCHLUMBERGER, EDD, MPN, RN
Professor & Chairperson, Department of Nursing
University of Arkansas - Little Rock
Little Rock, Arkansas

MARY W STOC, MPN, RN, CNE
Course Coordinator/Instructor
Dixon School of Nursing, Abington Memorial Hospital
Willow Grove, Pennsylvania

JEANNA M JUDDE, MSN, RN, FNP-C
Professor of Nursing
New Mexico State University Certified
Certified New Mexico

BEVERLY L WELLIAN, PhD, RN, ANEF
Dean, Health Science
Montgomery County Community College
Blue Bell, Pennsylvania

NURSING SERVICE
REPRESENTATIVES

CHRISTINA DOMICHELE, MSN, RN, NEA-BC
Nurse Manager, Faculty
The Children's Hospital of Philadelphia
Philadelphia, Pennsylvania

KAREN S HILL, DNP, RN, NEA BC, FACHE
Vice President/Nurse Executive
Central Baptist Hospital
Lexington, Kentucky

RHONDA JOHNSTON, PhD, CPNP, CANP, CNS
Director
Rocky Mountain National Telehealth Training Center
Veterans Health Administration
Aurora, Colorado

PUBLIC REPRESENTATIVES

DAVID K ORMSTEDT, JD
Counsel
Wiggin and Dana LLP
Hartford, Connecticut

MARSHA H PURCELL, CAE
Director, Program Development
American Farm Bureau Federation
Washington, District of Columbia

LEE E WURSTER, JD
Retired Attorney
Dublin, Ohio

March 24, 2011

Gail Sprigler, MSN, RN
Assistant Vice Provost for Nursing Education
Associate of Science in Nursing/Practical Nursing
Ivy Tech Community College of Indiana
50 West Fall Creek Parkway North Drive
Indianapolis, IN 46202

Dear Ms. Sprigler:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 3-4, 2011. The Board of Commissioners granted the associate nursing program continuing accreditation with the condition that your program submit a Follow-Up Report in 2 years. If the Follow-Up Report is accepted by the Commission, the next evaluation visit will be scheduled for Fall 2018. The Board of Commissioners granted the practical nursing program continuing accreditation and scheduled the next evaluation visit for Fall 2018.

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 identified the following evidence of non-compliance, strengths, and areas needing development:

Evidence of Non-Compliance by Accreditation Standard and Criterion

Standard 2 Faculty and Staff, Criterion 2.1
- All full-time faculty are not credentialed with a minimum of a master's degree with a major in nursing. (A)

Ivy Tech Community College of Indiana
Page 1

3343 Peachtree Road NE, Suite 850 • Atlanta, GA 30326 • P. 404.975.5000 • F. 404.975.5020 • www.nlnac.org

The trademarks NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION and NLNAC are owned by the National League for Nursing, Inc., and are being used pursuant to license.

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

Areas of Strength by Accreditation Standard

Standard 1 Mission and Administrative Capacity
- Strong institutional, faculty, and student support for the role of the Vice Provost for Nursing Education through the restructuring of the School of Nursing (A/P)

Areas Needing Development by Accreditation Standard

Standard 1 Mission and Administrative Capacity
- Provide mechanisms to ensure comprehensive representation of students in program and College governance. (A/P)

Standard 2 Faculty and Staff
- Ensure support for continued achievement of a master's degree with a major in nursing for the full- and part-time faculty. (A/P)
- Provide for sufficient numbers and utilization of program support staff to achieve the program goals and outcomes. (A/P)

Standard 3 Students
- Review and revise public documents (paper and electronic) to ensure that information intended to inform the public is current, clear, accurate, and consistent, including NLNAC contact information. (A)

Standard 4 Curriculum
- Ensure the incorporation of professional standards, guidelines, and competencies throughout the curriculum. (A/P)

Standard 5 Resources
- Implement strategies to ensure the equitable state-wide distribution of learning resources, office facilities, and equipment to meet faculty and student needs. (A/P)

Standard 6 Outcomes
- Implement strategies to ensure local campus and faculty engagement in the implementation of the evaluation plan. (A/P)
- Improve the processes for analysis and dissemination of program- and campus-specific data in order to facilitate the accomplishment of strategic initiatives and ongoing program improvement. (A/P)
- Continue to monitor and respond to licensure exam pass rates that are below the national mean. (A/P)
- Ensure ongoing and systematic evaluation of outcomes, particularly graduate satisfaction and job placement. (A/P)
- Identify and assess specific graduate competencies for role preparation. (A)

A Follow-Up Report requires the nursing education unit to demonstrate compliance with a specific Accreditation Standard or Standards. The Follow-Up Report for the associate program is to address Standard 2 Faculty and Staff. The report is to be submitted to NLNAC in the Spring 2013 Cycle by February 15, 2013. At the time of its review of the Follow-Up Report, the Commission will either affirm the time of the next evaluation visit or deny continuing accreditation and remove the nursing program from the list of accredited programs. We recommend contacting a member of the NLNAC professional staff after reviewing this decision letter.

Ivy Tech Community College of Indiana
Page 2

Michael R. Pence, Governor   Nicholas Rhoad, Executive Director

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the professional staff.

Sincerely,

Sharon J. Tanner, EdD, RN
Chief Executive Officer

cc: Marilyn Smidt, Program Evaluator
        Jo Ann Baker, Program Evaluator
        Nancy Becker, Program Evaluator
        Martha Ann Hofmann, Program Evaluator
        Joan Becker, Program Evaluator
        Reitha Cabaniss, Program Evaluator
        Mary Sharon Boni, Program Evaluator
        Colleen Burgess, Program Evaluator
        Anita Pavlidis, Program Evaluator
        Debbie C. Lyles, Program Evaluator
        Kay Tupala, Program Evaluator
        Shawn P. McNamara, Program Evaluator
        Yvonne VanDyke, Program Evaluator

Enc.   Summary of Deliberations of the Evaluation Review Panel

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

NLNAC
National League for Nursing Accrediting Commission, Inc.

3543 Peachtree Road NE, Suite 850 • Atlanta, GA 30326
P. 404.975.5000 • F. 404.975.5020 • www.nlnac.org

Follow-Up Report

Purpose:
To provide the nursing education unit the opportunity to demonstrate compliance (paper) with one or two specific Accreditation Standard(s).

Assignment Process:
A Follow-Up Report may be recommended to the Commission by the site visit team, the Evaluation Review Panel (ERP), or a Commissioner as part of the accreditation review when it is found that the nursing program is out of compliance with one or two of the NLNAC Accreditation Standards.

The decision to assign a nursing education unit a Follow-Up Report is made by the NLNAC Board of Commissioners after review of the recommendation(s) and other documents associated with the accreditation review process.

Review Process:
Follow-Up Reports are reviewed by the ERP to establish whether the nursing education unit has demonstrated compliance with the identified one or two NLNAC Standards. The Panel recommendation regarding compliance with the NLNAC Standard(s) is forwarded to the Board of Commissioners for action.

Based on the Follow-Up Report and the recommendation of the ERP, the decision regarding the accreditation status of the nursing program is made by the Board of Commissioners. Decision options are:
- Affirm continuing accreditation; the program is in compliance with all NLNAC Standards. Next accreditation site visit in six (6) years for Clinical Doctorate, Master's, Baccalaureate, Associate, and Diploma Programs, and six and one half (6½) years for Practical Nursing Programs; or
- Deny continuing accreditation and remove the nursing program from the listings of accredited programs. The program is not in compliance with the NLNAC Standard(s).

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

NLNAC

National League for Nursing Accrediting Commission, Inc.

3343 Peachtree Road NE, Suite 850   •   Atlanta, GA 30326
P. 404.975.5000   •   F. 404.975.5020   •   www.nlnac.org

Guidelines for Preparing the Follow-Up Report

(1) Organization of Follow-Up Report

The report is to be presented in two sections, Introduction and Presentation of the identified NLNAC Standard(s).

(2) Content of Follow-Up Report

- Introduction
    - Name and address of the governing organization
    - Name, credentials, and title of the chief executive officer of the governing organization
    - Name of institutional accrediting body (date of last review and action taken)
    - Name and address of nursing education unit
    - Name, credentials, title, telephone number, fax number, and email address of the administrator of the nursing education unit
    - Name of State Board of Nursing (date of last review and action taken)
    - Date of most recent NLNAC accreditation visit and action taken
    - Year the nursing program was established
    - A completed Faculty Profile Form that includes the number of full-time and part-time faculty teaching in the specified nursing program with all areas of responsibility identified
    - Total number of full-time and part-time students currently enrolled in the specified nursing program
    - Length of program in semester or quarter credits, hours, or weeks

- Presentation of the identified NLNAC Standard(s) found in non-compliance.
    - State the Standard
    - State the evidence of non-compliance (from the Commission accreditation decision letter)
    - Offer a narrative addressing **all** of the current NLNAC Criteria for the **entire** Standard with emphasis on the areas of non-compliance

Note: If Standard 4 Curriculum is to be presented, include brief syllabi (2 pages) for all nursing courses. Also include clinical evaluation tool(s) with an explanation of the student evaluation process. Each course syllabus should include:

- Course title and description
- Total course hours (theory hours and, as appropriate, laboratory and/or clinical hours)
- Placement of course within the program of study
- Name(s), credentials and title(s) of faculty responsible for the course
- Student learning outcomes/course objectives

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

- Teaching methods and evaluation methods
- A topical outline (for theory courses)
- Identification of the major clinical and laboratory experiences indicating the type of patient units and any other clinical experiences

Note: If Standard 6 Outcomes is to be presented, include the entire program evaluation plan with student learning outcome and program outcome data for the past three (3) years (at a minimum). Provide clear substantial evidence that the evaluation plan is being used to inform the program decision-making processes. Specific strategies and/or actions should be identified for each component as indicated.

(3) Format for Follow-Up Report
- The number of text pages should not exceed fifty (50); the appendices have no page limit.
- The report should be typed on both sides of the page using 1½ or double-spacing, 1 inch margins, and bound securely.
- All pages including the appendices are to be numbered consecutively and ordered according to a table of contents.
- Each copy of the report should have a title page.
- Confidential records (e.g., faculty transcripts, student records) should **not** be included.

(4) Submission of Follow-Up Report
- Six (6) copies (paper and electronic) of the Follow-Up Report and six (6) copies (paper and electronic) of the current school catalog are to be sent to NLNAC on or before the date indicated in the NLNAC Board of Commissioners accreditation decision letter.
- Submission dates
  - Reports due in the Fall Cycle must be submitted by October 1st.
  - Reports due in the Spring Cycle must be submitted by February 15th.

The NLNAC Professional Staff are available to answer questions.

Michael R. Pence, Governor   Nicholas Rhoad, Executive Director

August 2, 2013

Thomas Snyder, MBA
President
Ivy Tech Community College of Indiana
50 West Fall Creek Parkway North Drive
Indianapolis, IN 46202

Dear Mr. Snyder:

This letter is formal notification of the action taken by the Accreditation Commission for Education in Nursing (ACEN) at its meeting on July 11-12, 2013. The Board of Commissioners received, reviewed, and accepted the Follow-Up Report of the associate nursing program and affirmed the next visit for Fall 2018. The details of the decision put forth by the Commission have been sent to the program's nurse administrator.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about ACEN policies and procedures, please contact me.

Sincerely,

Sharon J. Tanner, EdD, MSN, RN
Chief Executive Officer