



**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](mailto: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   X        ASN             BSN       

Dates of Academic Reporting Year:   01/01/2012 to 31/12/2012    
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing:   Medtech College  

Address:   1500 American Way Greenwood Indiana 46143  

Dean/Director of Nursing Program

Name and Credentials:   Lee A. Williams, BS, MSN, RN  

Title:   Program Director of Nursing   Email:   lawilliams@medtech.edu  

Nursing Program Phone #: 317-534-0322 ext 125      Fax:   317-536-2199



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Website Address: Medtech.edu

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

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

If you are not accredited by NLNAC or CCNE where are you at in the process? Not actively pursuing the NLNAC accreditation at this time. Pending remodeling of the current program.

**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 <u>X</u> No ___ |
| 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**



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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?  
\_\_\_\_\_  
\_\_\_\_\_

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 PN Comprehensive Predictor  
\_\_\_\_\_

2D.) When in the program are comprehensive exams taken: Upon Completion:  X  Final Quarter \_\_\_\_\_  
As part of a course  X  Ties to progression or thru curriculum \_\_\_\_\_

2E.) If taken as part of a course, please identify course(s):  Foundations in Nursing 2 (PN 104), Adult Medical Surgical Nursing 2 (PN 271), Maternal Newborn Nursing (PN 202), Nursing Care of Children (PN 204), Pharmacology (HS 270)

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

A. Faculty recruitment/retention:  There are no challenges in this area   
\_\_\_\_\_

B. Availability of clinical placements:  Pediatric and Maternal Newborn sites. Due to the small number of sites currently available, Medtech College Greenwood has obtained the "Layered Learning" model to create effective simulation for both the Pediatric and Maternal Newborn Clinical rotation in our nursing laboratory.   
\_\_\_\_\_

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.):  There are no problematic concerns.   
\_\_\_\_\_



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4.) At what point does your program conduct a criminal background check on students?  
Prior to acceptance into the program

5.) At what point and in what manner are students apprised of the criminal background check for your program? Upon application and prior to acceptance. Positive results discussed and documented in private meeting with the Program Director of Nursing

**SECTION 3: STUDENT INFORMATION**

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

Winter 25 Summer 15 Fall 29 Spring 17

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

Winter 18 Summer 18 Fall 15 Spring 14

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 reported

4.) Indicate the type of program delivery system:

Semesters \_\_\_\_\_ Quarters X 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):

<b>Faculty Name:</b>	Maralee Whitesell
<b>Indiana License Number:</b>	28173999A
<b>Full or Part Time:</b>	Full Time
<b>Date of Appointment:</b>	02/23/2012



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<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Didactic and Clinical Instruction

<b>Faculty Name:</b>	Barbara A. Solomon
<b>Indiana License Number:</b>	28069968A
<b>Full or Part Time:</b>	Full Time
<b>Date of Appointment:</b>	04/02/2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Didactic and Clinical Instruction

<b>Faculty Name:</b>	Deidre M. Truax
<b>Indiana License Number:</b>	28123634A
<b>Full or Part Time:</b>	Part Time (Adjunct)
<b>Date of Appointment:</b>	08/27/2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Didactic and Clinical Instruction

<b>Faculty Name:</b>	Mary Beth Sears
<b>Indiana License Number:</b>	28086293A
<b>Full or Part Time:</b>	Full Time



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<b>Date of Appointment:</b>	05/20/2012
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and Clinical Instruction

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

1. Number of full time faculty: 7
2. Number of part time faculty: 2
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 2
5. Number of adjunct faculty: 2

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 4
3. Number with baccalaureate degree in nursing: 5
4. Other credential(s). Please specify type and number: MBA 1

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 \_\_\_\_\_



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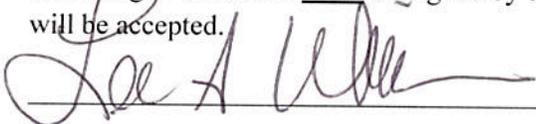
Nicholas Rhoad, Executive Director

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;

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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.



09/17/2013

Signature of Dean/Director of Nursing Program

Date

Lee A. Williams

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.



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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.

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**Attachment 1**

**Section 3: Student Information**

**Question 3:** Please attach a brief description of all complaints about the program, and include how they were addressed or resolved.

<b>Complaint</b>	<b>Submitted To</b>	<b>Resolution</b>	<b>Resolved By</b>
Student submitted formal complaint to the Office of the Indiana Attorney General regarding admissions department not being honest about accreditation of the nursing program.	Attorney General, Greg Zoeller, Consumer Protection Division Government Center South 5 <sup>th</sup> floor 302 West Washington Street Indianapolis IN 46204	The student was given a full refund and the student withdrew from the program	Executive Director

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**Attachment 2**

**Section 4**

**Question E2:** An organizational chart for the nursing program and the parent institution

**See Attachment 5 for organizational chart**

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**Attachment 3**

**Section 1**

**Question 4:** Change Dean or Director

Denise Ward, MSN, RN resigned from Program Director of Nursing, December 2011 for personal reasons

Lisa Shaffer, MSN, RN assumed duties as Program Director of Nursing February 2012

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**Attachment 4**

**Section 1**

**Question 8:** Change in clinical facilities or agencies used

Forest Creek Village	PN or RN	Michelle Sharout, DON 17dns@americansrco mmunities.com	525 E. Thompson Rd., Indianapolis, IN 317-787-8253	LTC	1/27/2012 Added
Shelbyville Schools	PN or RN	Michelle Herbert, Health Services Director, mfherbert@shelbycs.k 12.in.us	1200 W. McKay Rd., Shelbyville, IN 317-392- 2551 ext. 3005	Observation	5/21/2012 Added
Brown County Health & Living	PN or RN	Pamela Seegers, HFA, pseegers@cardon.us & Debbie Wojdyla, DON, dwojdyla@cardon.us	55 East Willow Street, Nashville, IN 812-988-6666	LTC	6/29/2012 Added
University Heights Health & Living Community	PN or RN	Mary Receveur, DON, mreceveur@cardon.us or Anna Thompson, ADON athompson@cardon.us	1380 East County Line Rd., Indpls., 317-885-7050	LTC	9/25/2012 Added





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**Attachment 5**

**Section 1**

**Question 7:** Does the program have adequate library resources?

Yes. Library resources include over 7,000 online journals and articles as well as print material and resources. Students have access to approximately 60 computers as well as advising from the national Librarian. Library resources are updated periodically, and money is budgeted to maintain library resources for faculty and students.

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**Attachment 6**

**Section 4:**

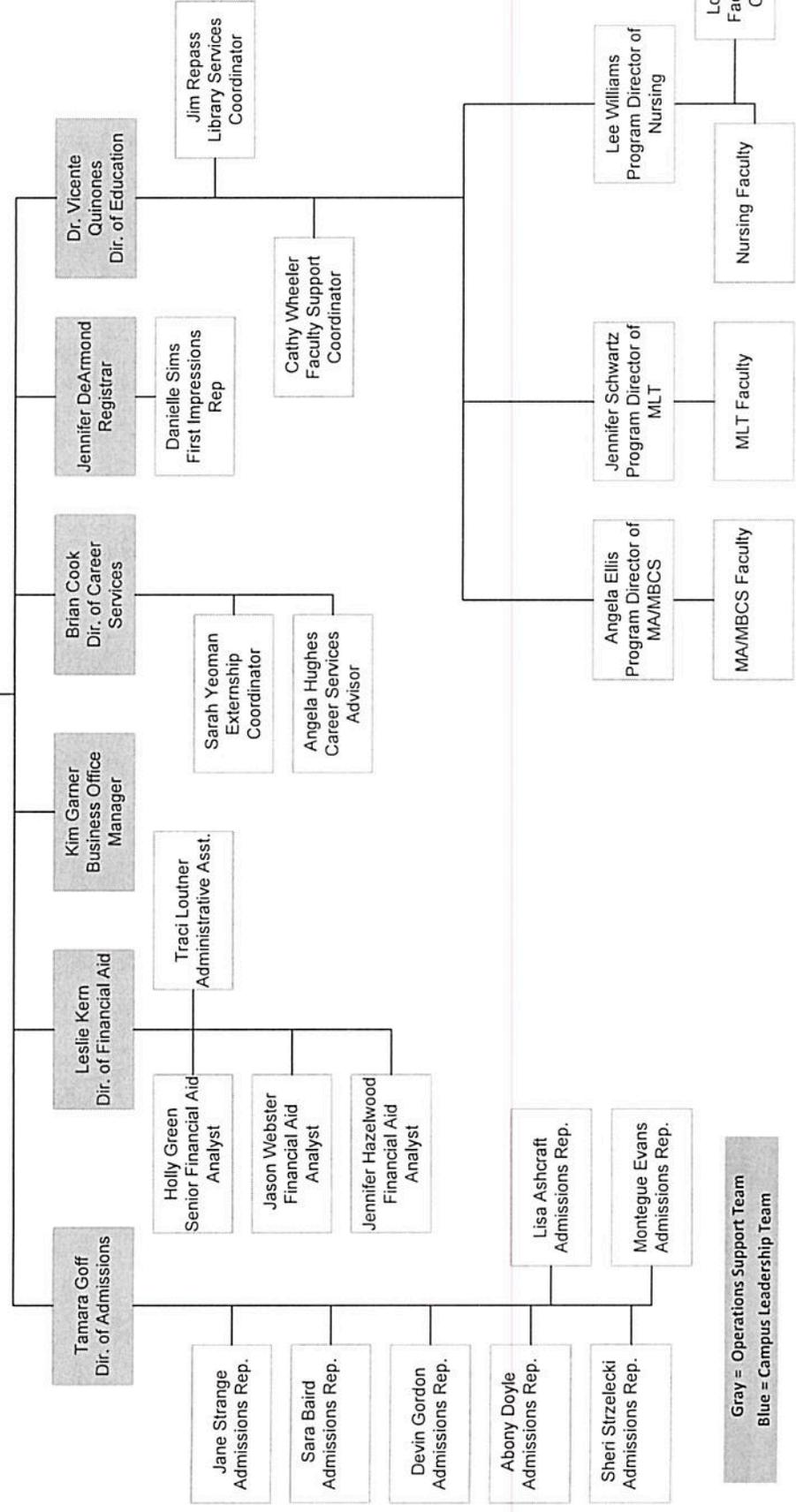
**Question E1:** A list of faculty no longer employed by the institution since the last Annual Report;

Instructor	Title	Hire Date	Termination Date
Marilyn Calvert	PN Instructor	01/10/2012	05/25/2012
Loretta Hall	PN Instructor	04/11/2012	07/03/2012
Deidra Traux	PN Instructor	8/27/2012	12/22/2012



Brenda Green  
RVP OPS

Jason Horton  
ED



Gray = Operations Support Team  
Blue = Campus Leadership Team