



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

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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](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 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 \_\_\_\_\_ ASN X BSN \_\_\_\_\_

Dates of Academic Reporting Year: 08/18/2011 to 8/17/12  
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: University of Indianapolis School of Nursing

Address: 1400 East Hanna Avenue  
Indianapolis, IN 46209

Dean/Director of Nursing Program:

Name and Credentials: Anne Thomas, PhD, ANP-BC, GNP, FAANP

Title: Dean of the School of Nursing, Associate Professor

Email: athomas@uindy.edu

Nursing Program Phone #: (317)788-3206 Fax: (317)788-6208

Website Address: http://nursing.uindy.edu/

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

University of Indianapolis – School of Nursing Blog

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: Last date of NLNAC visit – October 2006

(See attached outcome and findings of the visit)

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. --

Please see explanations below for yes responses:

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 X No \_\_\_\_\_

Dr. Thomas has been inducted as a Fellow into the AANP

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 \_\_\_\_\_

The library stays current in making available hard copy and e-copy reference materials for students.

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 \_\_\_\_\_ No X \_\_\_\_\_

## 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 \_\_\_\_\_

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. N/A

2C.) If so, which exam(s) do you require? Kaplan Diagnostic Test

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): ANUR202 – last course of the program

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

A. Faculty recruitment/retention: Unexpected fulltime faculty vacancy at end of reporting period, search in process; Grant Partnership with IU Health required additional faculty for clinical and didactic instruction.

B. Availability of clinical placements: Limited to sites historically requested and consideration given after BSN requested needs filled; Grant Partnership placed at IU Health facilities.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): none for this reporting period

4.) At what point does your program conduct a criminal background check on students?  
Before admission to the clinical coursework and then annually prior to fall courses.

5.) At what point and in what manner are students apprised of the criminal background check for your program? during application paperwork process posted online

## SECTION 3: STUDENT INFORMATION

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

Summer N/A Fall 99 Spring N/A

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

Summer   N/A   Fall   N/A   Spring   46  

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 during reporting period.

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):

**Note - All new clinical faculty also included below:**

<b>1. Faculty Name:</b>	Alicia Arnold
<b>Indiana License Number:</b>	28141655A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>2. Faculty Name:</b>	Debbie Barrett
<b>Indiana License Number:</b>	28112964A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>3. Faculty Name:</b>	Jennifer Bosworth
<b>Indiana License Number:</b>	28149117A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>4. Faculty Name:</b>	Rebecca Cartledge
<b>Indiana License Number:</b>	28106265A
<b>Full or Part Time:</b>	Full Time in SON, Part Time in ASN
<b>Date of Appointment:</b>	ASN January 2012 for 1 semester
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic Instructor
<b>5. Faculty Name:</b>	Joshua Creasy
<b>Indiana License Number:</b>	28178522A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN, non-nursing Masters
<b>Responsibilities:</b>	Clinical Instructor

<b>6. Faculty Name:</b>	Carole Cromer
<b>Indiana License Number:</b>	28161222A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN, in MSN classes
<b>Responsibilities:</b>	Clinical Instructor
<b>7. Faculty Name:</b>	Danielle Crutchfield
<b>Indiana License Number:</b>	28147079A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Didactic Instructor
<b>8. Faculty Name:</b>	Janet Daskalos
<b>Indiana License Number:</b>	28043088A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Campus Lab Clinical Instructor
<b>9. Faculty Name:</b>	Victoria Doyle
<b>Indiana License Number:</b>	28065867A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>10. Faculty Name:</b>	Diane Friedman
<b>Indiana License Number:</b>	28162684A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic Instructor
<b>11. Faculty Name:</b>	Alicia Garver
<b>Indiana License Number:</b>	28137125A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	BSN, in MSN classes
<b>Responsibilities:</b>	Clinical Instructor
<b>12. Faculty Name:</b>	Tamera Hyten
<b>Indiana License Number:</b>	28146770A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Clinical Instructor

<b>13. Faculty Name:</b>	Jessica Klipsch
<b>Indiana License Number:</b>	28160333A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Campus Lab Clinical Instructor
<b>14. Faculty Name:</b>	Erin Lanteigne
<b>Indiana License Number:</b>	28178737A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>15. Faculty Name:</b>	Jennifer Little
<b>Indiana License Number:</b>	28146924A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	BSN, in MSN classes
<b>Responsibilities:</b>	Clinical Instructor
<b>16. Faculty Name:</b>	Amy Long
<b>Indiana License Number:</b>	28132149A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>17. Faculty Name:</b>	Caron Bush MacPherson
<b>Indiana License Number:</b>	28169715A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	BSN, in MSN classes
<b>Responsibilities:</b>	Clinical Instructor
<b>18. Faculty Name:</b>	Genina Miller
<b>Indiana License Number:</b>	28132257A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic Instructor
<b>19. Faculty Name:</b>	Briyana Morrell
<b>Indiana License Number:</b>	28197444A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Clinical Instructor

<b>20. Faculty Name:</b>	Janice Price
<b>Indiana License Number:</b>	28152521A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic Instructor
<b>21. Faculty Name:</b>	Alexis Russell
<b>Indiana License Number:</b>	28168777A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>22. Faculty Name:</b>	Alyssa Snyder
<b>Indiana License Number:</b>	28164399A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>23. Faculty Name:</b>	Penny Strouse
<b>Indiana License Number:</b>	28137208A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN, in MSN classes
<b>Responsibilities:</b>	Clinical Instructor
<b>24. Faculty Name:</b>	Marcia Walker
<b>Indiana License Number:</b>	28179800A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>25. Faculty Name:</b>	Mandy Watkins
<b>Indiana License Number:</b>	28165779A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor
<b>26. Faculty Name:</b>	Crystal Wiles
<b>Indiana License Number:</b>	28178259A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	BSN, in classes
<b>Responsibilities:</b>	Clinical Instructor

<b>27. Faculty Name:</b>	Juanita Winberg
<b>Indiana License Number:</b>	28140901A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical Instructor

**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: 5
3. Number of full time clinical faculty: None
4. Number of part time clinical faculty: 29
5. Number of adjunct faculty: 0

**C. Faculty education, by highest degree only:**

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 17
3. Number with baccalaureate degree in nursing: 24
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 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;

University of Indianapolis  
SON - ASN FACULTY

Faculty Name	Teaching Responsibilities	FT or PT	Separated from employment since last annual report Change 2010-2011 to 2011-2012
Groover, Susan	clinical instructor	PT	took ft position at hospital
McNelis, Sheila	clinical instructor	PT	took ft position at another University
Miller, Paula	clinical instructor	PT	took ft position at another University
Moore, Michelle	clinical instructor	PT	chg to PT from ASN to BSN Program
Rairdon, Julie	assistant professor	FT ASN 0.5 & BSN 0.5	chg to 1.0 ft in BSN Program
Shoaf, Christie	assistant professor	FT ASN 0.5 & BSN 0.5	chg to 1.0 ft in BSN Program
Teising, Rebecca	clinical instructor	PT	scheduling conflicts for future semesters

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

- a. School of Nursing for University of Indianapolis
- b. University of Indianapolis

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.

September 27, 2012

Signature of Dean/Director of Nursing Program

Date

10-1-12

Dr. Anne Thomas, Dean School of Nursing



Printed Name of Dean/Director of Nursing Program

Anne Thomas

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, 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.

# NLNAC

National League for Nursing Accrediting Commission, Inc.

SCANNED

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New York, New York

March 21, 2007

Sharon Isaac, EdD, RN  
Dean, School of Nursing  
University of Indianapolis  
1400 East Hanna Avenue  
Indianapolis, IN 46227

Dear Dr. Isaac:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission at its meeting on February 21-23, 2007. **The Board of Commissioners granted the associate degree program continuing accreditation and scheduled the next evaluation visit for Fall 2014.**

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 found the following strengths and areas needing development:

#### Strengths by Accreditation Standard:

##### Standard III Students

- Advising/Retention system.
- Mentor/Mentee program available to provide spiritual encouragement to first year students.

##### Standard V Resources

- Availability of simulation technology and skill labs with supporting staff.

##### Standard VII Educational Effectiveness

- Well-written, comprehensive, detailed program evaluation plan.
- Extensive use of evaluation results to inform program decision making.

## SUMMARY OF DELIBERATIONS AND RECOMMENDATION OF THE ASSOCIATE DEGREE EVALUATION REVIEW PANEL FALL 2006 ACCREDITATION CYCLE

### UNIVERSITY OF INDIANAPOLIS INDIANAPOLIS, INDIANA

#### Associate Degree Program Accreditation History

Established: 1959 Initial Accreditation: December 1965 Last Evaluation Visit: October 1998  
Action: Continuing accreditation, next visit: Fall 2006

#### Overview

Length of Program: 66 credits  
Number of Students: 95 Full-time: 10 Part-time: 85  
Number of Faculty: 16 Full-time: 7 Part-time: 9  
*Professors hold full teaching assignments on contract*

#### Evaluation Review Panel Summary

**Recommendation:**  
Continuing Accreditation. Next review in eight (8) years.

#### Commentary:

##### Areas of Strengths by Accreditation Standard

###### **Standard III Students**

- Advising/Retention system.
- Mentor/Mentee program available to provide spiritual encouragement to first year students.

###### **Standard V Resources**

- Availability of simulation technology and skill labs with supporting staff.

###### **Standard VII Educational Effectiveness**

- Well-written, comprehensive, detailed program evaluation plan.
- Extensive use of evaluation results to inform program decision making.





