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, 2013 through July 31, 2014. 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: August 1, 2013 – July 31, 2014
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Valparaiso University

Address: College of Nursing and Health Professions, 836 LaPorte Avenue
Valparaiso, IN 46383

Dean/Director of Nursing Program

Name and Credentials: Janet M. Brown, PhD, RN

Title: Dean Email; janet.brown@valpo.edu

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Nursing Program Phone #: 219-464-5289 Fax: 219-464-5425

Website Address: valpo.edu/nursing

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: Feb. 2010, CCNE

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

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 additions and deletions on attachment) — Yes X No____
9) Major changes in curriculum (list if positive response) — Yes____ No X

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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?

_____

_____

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 Assessment_____

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):_NUR 480 Professional Role Practicum_____

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

A. Faculty recruitment/retention:_Finding qualified clinical faculty, especially_____
__in OB, psych, and peds_____

B. Availability of clinical placements:_Agencies do not confirm clinical spots_____
__until late in the semester._____

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

_____

4.) At what point does your program conduct a criminal background check on students?
___Sophomore level when entering clinicals_____

5.) At what point and in what manner are students apprised of the criminal background check for your program?___It is listed in admission materials_____

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SECTION 3: STUDENT INFORMATION

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

Summer 46 Fall 146 Spring 7

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

Summer 69 Fall 12 Spring 55

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 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:	Tom Blodgett
Indiana License Number:	28200456A
Full or Part Time:	Full time
Date of Appointment:	August 22, 2013
Highest Degree:	PhD
Responsibilities:	Undergraduate didactic and clinical

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

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

1. Number of full time faculty: 18
2. Number of part time faculty: 2
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 33

C. Faculty education, by highest degree only:

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1. Number with an earned doctoral degree: 14
2. Number with master's degree in nursing: 6
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;
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.

Janet M. Brown

Signature of Dean/Director of Nursing Program

September 29, 2014

Date

Janet M. Brown

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.

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.