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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_____   BSN__X___

Dates of Academic Reporting Year:_ August 1, 2012 – July 31, 2013_____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: __Valparaiso University_____

Address:__College of Nursing, 836 LaPorte Avenue_____ _____

_____ Valparaiso, IN 46383_____

Dean/Director of Nursing Program

      Name and Credentials:__Janet M. Brown, PhD_____ _____

      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:___February 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   Yes _X___ No _____

   additions and deletions on attachment)

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 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__49_____ Fall___136_____ Spring___15_____

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

Summer___59_____ Fall____3_____ 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:	Joseph Zart
Indiana License Number:	28134113A
Full or Part Time:	Full
Date of Appointment:	January 9, 2013
Highest Degree:	MSN
Responsibilities:	Undergraduate clinical

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Website: PLA.IN.gov

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Faculty Name:	Julie White
Indiana License Number:	28128044A
Full or Part Time:	Full Time
Date of Appointment:	August 21, 2012
Highest Degree:	MSN
Responsibilities:	Undergraduate didactic and clinical

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:____13_____

2. Number with master's degree in nursing:__7_____

3. Number with baccalaureate degree in nursing:___0_____

4. Other credential(s). Please specify type and number:_____

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;

Nancy Daw

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.

_____   ___October 1, 2013_____

Signature of Dean/Director of Nursing Program   Date

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__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.

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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.