



**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 X ASN BSN

Dates of Academic Reporting Year: 21/10/2013 - 31/12/2013

Name of School of Nursing: Kaplan College, Indianapolis, IN, SE Campus (Program transferred to SE campus in October 2013)

Address: As of October 2013, program moved to 4200 S East St. Indianapolis, IN 46227

Dean/Director of Nursing Program:

Robin Nelson, MSN/ED, RN, CRNI, NE-BC, LSSBB (DON 8/2013-Present)

Title: Director of Nursing (DON)

Email: RONelson@kaplan.edu

Nursing Program Phone #: As of October 2013, SE Campus 317.780.5614



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Fax: As of October 2013, SE Campus 317.782.0413

Website Address: As of October 2013, SE Campus www.seindianapolis.kaplancollege.com

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

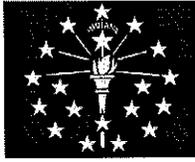
Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: N/A

If you are not accredited by NLNAC or CCNE where are you at in the process? We have a meeting to finalize our process and start our Candidacy Presentation scheduled for December 2014.

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 <u>X</u> No ___ |
| 4) Change in Dean or Director | Yes ___ No <u>X</u> |
| 5) Change in the responsibilities of Dean or Director | Yes ___ No <u>X</u> |
| 6) Change in program resources/facilities | Yes <u>X</u> No ___ |
| 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 ___ No <u>X</u> |
| 9) Major changes in curriculum (list if positive response) | Yes ___ No <u>X</u> |



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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 _____ Declining _____

There are no "previous year's" scores for this campus. We did a "teach out" the last quarter for the NW students whose rates are in 2014. We have not had graduates from our SE campus program. The first graduating class is November 2014.

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? No graduates until November 2014.

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?
Yes _____ No X

2B.) If **not**, explain how you assess student readiness for the NCLEX. Though there is no requirement to pass a standardized comprehensive exam before taking the NCLEX-PN, students take a PN readiness comprehensive exam before and after the NCLEX review in order to prepare for the NCLEX-PN exam. KTP integrated exams are given throughout the nursing program. The PN readiness is taken during the last course. In addition to the readiness test, standardized testing is used throughout the program.

2C.) If **so**, which exam(s) do you require? Kaplan Test Prep Readiness Exam

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

2E.) If taken as part of a course, please identify course(s): Fundamentals, Med Surg I, II & III, Geriatrics, Maternal Child, and Mental Health.

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

A. Faculty recruitment/retention: Program in place for 2.5 months. None at this time as all FT staff and two adjunct moved with program to this SE campus.

B. Availability of clinical placements: Kaplan is able to provide appropriate clinical sites. Competing interest for clinical sites among other nursing programs has continued.

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



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

5.) At what point and in what manner are students apprised of the criminal background check for your program? Before and during admission process. Open houses, and the DON interview.

SECTION 3: STUDENT INFORMATION

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

Summer 0 Fall 10 Spring 0

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

Summer 0 Fall 8 (Teach out for NW) Spring 0

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 re report **Please see attachment (A) at end of report**

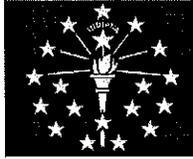
4.) Indicate the type of program delivery system:

Semesters _____ Quarters _____ Other (specify): Terms – ten weeks per term

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): No New faculty just new DON 8/28/14

Faculty Name:	Robin Nelson
Indiana License Number:	28144967A
Full or Part Time:	FT
Date of Appointment:	8/28/2013
Highest Degree:	MSN/ED



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Responsibilities:	DON	
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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: 4
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 4
4. Number of part time clinical faculty: 0



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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: 2

4. Other credential(s). Please specify type and number: (1) NNP-BC, (1)BS, (1)CNRN,

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;

Please see Attachment (B) at end of report

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

Please see Attachment (C) at end of report

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.

Robin Nelson
Signature of Dean/Director of Nursing Program

10/1/14
Date

Robin Nelson

Printed Name of Dean/Director of Nursing Program