



Indiana State Board of Nursing
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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. 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 x ASN BSN

Dates of Academic Reporting Year: 1/1/2011 - 12/31/2011
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Kaplan College, Indianapolis NW

Address: 7302 Woodland Drive, Indianapolis, IN 46278

Dean/Director of Nursing Program

Name and Credentials: Alice Farmer, RN, MSN ; Jill Buchholz, MSN, RN (as of May 2012)

Title: Director of Nursing Email: afarmer@kaplan.edu ; jbuchholz@kaplan.edu

Nursing Program Phone #: 317-222-7344 Fax: 317-298-6342

Website Address: www.nwindianapolis.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? Work has begun on Candidacy Presentation with faculty involvement. Subcommittees have been created for each of the six NLNAC standards.

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 _____ No X
- 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes _____ No X
- 9) Major changes in curriculum (list if positive response) Yes _____ No _____

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 X

1B.) If you identified your performance as declining, what steps is the program taking to address this issue?

Only one NCLEX test taker in 2011; a December 2010 grad who took exam in Q1 2011 and failed. Year 2010 NCLEX pass rate was 94%. Year 2012 to date pass rate 94%

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. KTP PN Readiness Exam given in final quarter. Exam provides online remediation for 6 months & faculty follow student progress

2C.) If **so**, which exam(s) do you require?

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): KTP Integrated exams given throughout program

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

A. Faculty recruitment/retention: Three out of five faculty members left program.

They were replaced with three new faculty members.

B. Availability of clinical placements: Most clinical placements are at long-term facilities; would like more acute care opportunities

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

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

5.) At what point and in what manner are students apprised of the criminal background check for your program? Before admission, during the PN openhouse

SECTION 3: STUDENT INFORMATION

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

Summer 19 (Jun.) Fall 29 (Nov.) Spring 18 (Jan.)

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

Summer 0 Fall 0 Spring 0

No graduates due to ramp up of program

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 _____ 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:	Karen Barnes
Indiana License Number:	28175718A
Full or Part Time:	Full Time
Date of Appointment:	4/4/11
Highest Degree:	MSN
Responsibilities:	Didactic, Lab, Clinical Instructor

Faculty Name:	Rebecca Horn
Indiana License Number:	28094729A
Full or Part Time:	Part Time
Date of Appointment:	6/2/11
Highest Degree:	DNP
Responsibilities:	Didactic Instructor

Faculty Name:	Patti Heater
Indiana License Number:	28068115A
Full or Part Time:	Full Time
Date of Appointment:	6/2/11

Highest Degree:	MSN
Responsibilities:	Didactic, Lab, Clinical Instructor

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

1. Number of full time faculty: 5 (faculty also teach clinical)
2. Number of part time faculty: 2
3. Number of full time clinical faculty: 5 (same faculty as #1 above)
4. Number of part time clinical faculty: 2
5. Number of adjunct faculty: 5

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 2
2. Number with master's degree in nursing: 9
3. Number with baccalaureate degree in nursing: 1
4. Other credential(s). Please specify type and number: N/A

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13**?

Yes 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.

Jill M Buchholz MSN RN 10/2/12
Signature of Dean/Director of Nursing Program Date

Jill M. Buchholz

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.