



**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, 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 X ASN _____ BSN _____

Dates of Academic Reporting Year: 01/January/2012 through 31/December/2012
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Medtech College

Address: 6612 E. 75th Street Suite 300
Indianapolis, IN 46250

Dean/Director of Nursing Program

Name and Credentials: Brandi London, MSN, RN

Title: Program Director of Nursing Email: blondon@medtech.edu

Nursing Program Phone #: 317-845-0100 ext 2642 Fax: 317-845-1800



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Website Address: www.medtech.edu

Social Media Information Specific to the SON Program (Twitter, Facebook, etc) Facebook Page:
Medtech College

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: Accreditation Commission for Education in Nursing (ACEN, formerly NLNAC) Visit: March 22-24, 2011 – Initial Accreditation Approved

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 ___

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 X ___ Stable ___ Declining ___



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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? Assessment Technology Institute's (ATI) Comprehensive Predictor

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): PN 104 (Nursing Foundations II); HS 270 (Pharmacology for Nursing); PN 202 (Nursing Care: Maternity); PN 204 (Nursing Care: Pediatrics); PN 271 (Medical-Surg Nursing: Disease & Disorders); PN 300 (NCLEX Review)

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

A. Faculty recruitment/retention: Not applicable.

B. Availability of clinical placements Clinical placements are adequate for medical surgical, gerontology, and fundamental nursing skills. Barriers exist related to availability of maternity and pediatric clinical sites for evening and day students, leading to simulated clinical experience. Nursing administration has made a request for additional skills and simulation learning labs through acquisition of additional classroom space to be converted to the labs. Additional simulation and skills learning labs will further enhance the student experience by providing more resources for practicing skills necessary for programmatic success. The budget is currently being reviewed for possible 2014 implementation. Classroom schedules have been adjusted to allow for more effective use of simulation and skills learning labs. Faculty share learning lab space utilizing a scheduling method that ensures scheduled clinical simulation and skills courses have time within the learning labs for hands-on practice.



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

Additional simulation and skills learning labs will further enhance the student experience by providing more resources for practicing skills necessary for programmatic success. Nursing administration has made a request for additional skills and simulation learning labs through acquisition of additional classroom space to be converted to the labs. The budget is currently being reviewed for possible 2014 implementation. Classroom schedules have been adjusted to allow for more effective use of simulation and skills learning labs. Faculty share learning lab space utilizing a scheduling method that ensures scheduled clinical simulation and skills courses have time within the learning labs for hands-on practice.

4.) At what point does your program conduct a criminal background check on students? The program submits a criminal background check for each student prior to enrollment to the Practical Nursing program, then only again if required by clinical rotation sites.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Students receive information regarding criminal background check prior to enrollment during the admissions process via enrollment documentation and discussion with the admissions representative. If a clinical facility requires an additional background check, students receive notice approximately 4-weeks prior to the start of the clinical rotation.

SECTION 3: STUDENT INFORMATION

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

Winter 2012_50___ Spring 2012_59___ Summer 2012_46___ Fall 2012_49___

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

Winter 2012_28___ Spring 2012_21___ Summer 2012_43___ Fall 2012_25___

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. See attached

4.) Indicate the type of program delivery system:

Semesters_____ Quarters__X_____ Other (specify):_____



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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:	Denise Ferrell
Indiana License Number:	28120888A
Full or Part Time:	Part Time
Date of Appointment:	7/16/2011
Highest Degree:	DNP
Responsibilities:	Clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

Faculty Name:	Kelley Hill
Indiana License Number:	28171776A
Full or Part Time:	Full Time
Date of Appointment:	5/29/2013
Highest Degree:	MSN
Responsibilities:	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.



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Faculty Name:	Brian Lory
Indiana License Number:	Not Applicable
Full or Part Time:	Part Time
Date of Appointment:	10/01/2012
Highest Degree:	Master's – Biology
Responsibilities:	Didactic general education instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

Faculty Name:	Mary Moll
Indiana License Number:	28155954A
Full or Part Time:	Full Time
Date of Appointment:	9/26/2012
Highest Degree:	BSN
Responsibilities:	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

Faculty Name:	Kimberly Turner
Indiana License Number:	28163227A
Full or Part Time:	Full Time



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Date of Appointment:	3/25/2013
Highest Degree:	MSN
Responsibilities:	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

Faculty Name:	Kaci Wray
Indiana License Number:	Not Applicable
Full or Part Time:	Part Time
Date of Appointment:	5/21/2012
Highest Degree:	MBA
Responsibilities:	Didactic general education instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

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

1. Number of full time faculty: 15
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 10
4. Number of part time clinical faculty: 7
5. Number of adjunct faculty: 11



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C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 1
2. Number with master's degree in nursing: 12
3. Number with baccalaureate degree in nursing: 11
4. Other credential(s). Please specify type and number: 1 Doctor of Chiropractic (DC); 1 Juris Doctorate (JD)

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.

Brandi London RN

10-1-2013

Signature of Dean/Director of Nursing Program

Date

Brandi London RN

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.