



**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 to July 31, 2014
(Date/Month/Year) to (Date/Month/Year)

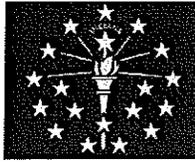
Name of School of Nursing: Huntington University Department of Nursing

Address: 2303 College Avenue, Huntington, IN 46750

Dean/Director of Nursing Program

Name and Credentials: Margaret Winter, EdD, MS, RNC

Title: Director, Department of Nursing Email: mwinter@huntington.edu



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Nursing Program Phone #: 260-359-4370 Fax: 260-358-3580

Website Address: http://www.huntington.edu/nursing-major/

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

Facebook – Huntington University Nursing

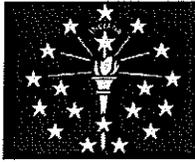
Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: October, 2010

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

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 _____ No <u>X</u> |
| 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 _____ No <u>X</u> |
| 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 <u>X</u> No _____ |
| 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 X Stable _____ 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? ATIRN 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): NU 451 – Seminar in Nursing

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

A. Faculty recruitment/retention: Finding adjunct faculty for clinicals

B. Availability of clinical placements: _____

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? At the beginning of each academic year

5.) At what point and in what manner are students apprised of the criminal background check for your program? During perspective student visits, on the website, during advising of



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freshmen and sophomore students, during the Alpha Freshman Orientation sessions, and during the pre-nursing course NU 310 – Discipline of Professional Nursing

SECTION 3: STUDENT INFORMATION

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

Summer _____ Fall 13 Spring _____

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

Summer _____ Fall _____ Spring 17

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:	Angela Troyer
Indiana License Number:	28145252A
Full or Part Time:	Part time adjunct
Date of Appointment:	January 27, 2014
Highest Degree:	BSN
Responsibilities:	Clinical for OB



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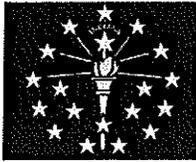
Faculty Name:	Michelle Fulkerson
Indiana License Number:	28173120A
Full or Part Time:	Part time adjunct
Date of Appointment:	January 27, 2014
Highest Degree:	BSN
Responsibilities:	Clinical for psychiatric nursing

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: 0
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 4

C. Faculty education, by highest degree only:



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1. Number with an earned doctoral degree: 2
2. Number with master's degree in nursing: 1
3. Number with baccalaureate degree in nursing: 1 working on MSN – has MS in Leadership;
anticipated graduation date – December 2014
Four adjunct clinical faculty with BSN
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;
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.



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Margaret Winter

Signature of Dean/Director of Nursing Program

September 2, 2014

Date

Margaret Winter

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.

Section 1, #8:

Clinical Facilities with Contracts – 2013-2014

Name of Facility	Location of Facility	Content Area	Active/Delete
Dupont Hospital	Fort Wayne, Indiana	Nursing Care of the Developing Family	Delete
Growing Place Pre-School	Huntington, Indiana	Nursing Care of Children	Active
Heartland Home Health Care and Hospice	Fort Wayne, Indiana	Nursing Care of the Community	Active
Heritage Point	Warren, Indiana	Fundamental Skills	Deleted
Huntington County Free Health Clinic	Huntington, Indiana	Nursing Care of the Community	Active
Huntington County Health Department	Huntington, Indiana	Nursing Care of the Community	Active
Kidz Kampus	Huntington, Indiana	Nursing Care of Children	Active
Lutheran Hospital of Indiana	Fort Wayne, Indiana	Adult Health III Role Transition	Active
Lutheran Musculoskeletal Center, Fort Wayne	Fort Wayne, Indiana	Role Transition	Active
Miller's Merry Manor	Huntington, Indiana	Fundamental Skills	Active
Parkview Huntington Hospital	Huntington, Indiana	Adult Health I and II Role Transition	Active
Parkview Randallia Drive	Fort Wayne, Indiana	Role Transition Psychiatric Nursing	Active
Parkview Regional Medical Center	Fort Wayne, Indiana	Nursing Care of Children Nursing Care of Developing Families Role Transition	Active
Parkview Whitley Hospital	Columbia City, Indiana	Adult Health I and II Role Transition	Active
St. Joseph Health System	Fort Wayne, Indiana	NU 335 Psychiatric/Mental Health Role Transition	Active
The Orthopaedic Hospital at Parkview Hospital	Fort Wayne, Indiana	Role Transition	Active
The Heritage of Huntington	Huntington, Indiana	Fundamental Skills	Active Added

VA Northern Indiana Health Care Systems	Marion and Fort Wayne, Indiana	Mental Health Role Transition	Active
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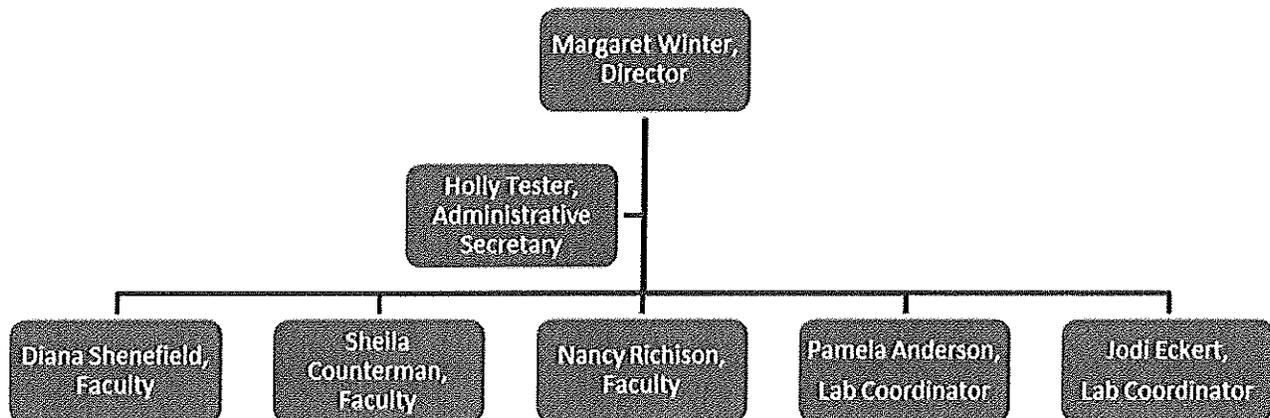
Section 4, #E1:

Faculty no longer employed by Huntington University as of July 31, 2014:

1. Sheila Counterman
2. Angela Kitashoji
3. Allison Sampson

Section 4, #E2:

**Huntington University
Department of Nursing
Organizational Chart
2013-2014**



Huntington University Organizational Chart

