



**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](mailto: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:   1/1/2013 to 12/31/2013    
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing:   Everest College, Merrillville, IN Campus  

Address:   8585 Broadway Ave. Merrillville, IN 46410 Suite 200  

Dean/Director of Nursing Program

Name and Credentials:   Tracey Miller MSN, RN Campus Nursing Director TRMiller@cci.edu; Jennifer Philbin MSN, RN Assistant Campus Nursing Director Jennifer.Philbin@cci.edu



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Nursing Program Phone # 219-756-6811 Fax: 219-756-8121

Website Address: www.everest-nursing.com

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): None

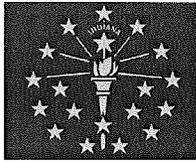
Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: N/A

If you are not accredited by NLNAC or CCNE where are you at in the process? Candidacy expired in September of 2013. No longer 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 <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 \_\_\_\_\_ Stable \_\_\_\_\_ Declining X

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

1. Addition of the wonderlic test as criteria for admission.
2. Stability of evening program instructors
3. Adding Simulation Lab as a rotation to Level 2 and Level 3 clinical to evoke more critical thinking.
4. Offered math skills review every week during level 1.
5. Changes made to course assignments in each course to strengthen NCLEX testing skills
6. Increased involvement from faculty on committees.

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? HESI Practical Nurse Comprehensive Exit Exam.

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): IN-NSG300N Level 3 competency Course.

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

A. Faculty recruitment/retention: It is difficult to find faculty to teach in the evening full-time on a consistent basis.

B. Availability of clinical placements: \_\_\_\_\_



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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?  
Prior to acceptance into the Nursing Program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Prior to being accepted into the nursing program students are notified of their criminal background check results by both their admissions representative and the company who does the background check.

**SECTION 3: STUDENT INFORMATION**

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

Summer 45 Fall 48 Spring 12

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

Summer 14 Fall 37 Spring 32

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.

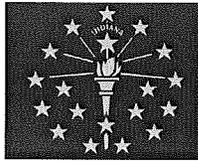
4.) Indicate the type of program delivery system:

Semesters \_\_\_\_\_ Quarters \_\_\_\_\_ Other (specify): Levels: 3 Day levels each 16 weeks long and 6 Evening levels each 15 weeks long.

**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):

<b>Faculty Name:</b>	Angela Chenevare
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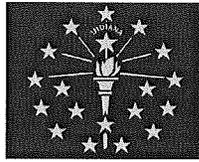
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<b>Indiana License Number:</b>	28196439A
<b>Full or Part Time:</b>	Full-Time
<b>Date of Appointment:</b>	2/11/13
<b>Highest Degree:</b>	Master of Science in Nursing
<b>Responsibilities:</b>	Clinical Instructor in the day program

<b>Faculty Name:</b>	Juana Jones-Felton
<b>Indiana License Number:</b>	28140295A
<b>Full or Part Time:</b>	Part-time
<b>Date of Appointment:</b>	3/1/2013
<b>Highest Degree:</b>	Master of Science in Nursing
<b>Responsibilities:</b>	Clinical Instructor in the evening program

<b>Faculty Name:</b>	Ellen Noll
<b>Indiana License Number:</b>	28166176A
<b>Full or Part Time:</b>	Full-time
<b>Date of Appointment:</b>	6/3/13
<b>Highest Degree:</b>	Master of Science in Nursing
<b>Responsibilities:</b>	Teach Integumentary, Gastrointestinal and Musculoskeletal Nursing care in the evening program.



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<b>Faculty Name:</b>	Donnita Scully
<b>Indiana License Number:</b>	28090567A
<b>Full or Part Time:</b>	Part-time
<b>Date of Appointment:</b>	8/26/13
<b>Highest Degree:</b>	Master of Science in Nursing
<b>Responsibilities:</b>	Teach clinical in the evening program

<b>Faculty Name:</b>	Sheila Howerton
<b>Indiana License Number:</b>	28144373A
<b>Full or Part Time:</b>	Part-time
<b>Date of Appointment:</b>	9/24/13
<b>Highest Degree:</b>	Master of Science in Nursing
<b>Responsibilities:</b>	Teach clinical in the evening program

<b>Faculty Name:</b>	Laverne Pope
<b>Indiana License Number:</b>	28085902A
<b>Full or Part Time:</b>	Part-time
<b>Date of Appointment:</b>	10/1/13
<b>Highest Degree:</b>	Bachelor of Science in Nursing
<b>Responsibilities:</b>	Teach clinical in the evening program



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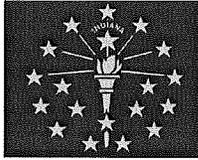
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<b>Faculty Name:</b>	Jan Adler
<b>Indiana License Number:</b>	28129519A
<b>Full or Part Time:</b>	Full-time
<b>Date of Appointment:</b>	11/14/13
<b>Highest Degree:</b>	Bachelor of Science in Nursing
<b>Responsibilities:</b>	Teach Respiratory, Cardiovascular and Neurosensory Nursing care in the evening program.

<b>Faculty Name:</b>	Tareylon Chairse
<b>Indiana License Number:</b>	28184184A
<b>Full or Part Time:</b>	Full-time
<b>Date of Appointment:</b>	11/7/13
<b>Highest Degree:</b>	Master of Science in Nursing
<b>Responsibilities:</b>	Teach Integumentary, Gastrointestinal and Musculoskeletal Nursing care in the evening program.

<b>Faculty Name:</b>	Karen Helmecky
<b>Indiana License Number:</b>	28099652A
<b>Full or Part Time:</b>	Part-time
<b>Date of Appointment:</b>	10/7/13
<b>Highest Degree:</b>	Master of Science in Nursing



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<b>Responsibilities:</b>	Teach clinical in the evening program.
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**B. Total faculty teaching in your program in the academic reporting year:**

1. Number of full time faculty: 10
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 2
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 8

**C. Faculty education, by highest degree only:**

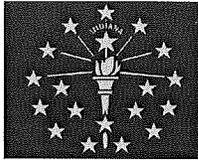
1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 12
3. Number with baccalaureate degree in nursing: 8
4. Other credential(s). Please specify type and number: 0

**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.



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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.

*Tracey Miller MSN, RN*

9/3/2014

Signature of Dean/Director of Nursing Program

Date

Tracey Miller MSN, 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.

## **List of Faculty no Longer employed since last Annual Report**

- Malissa Conley
- Donna Valle
- Susan Corbett
- Ellen Noll
- Kelly Hampton

**Changes in Clinical Facilities:**

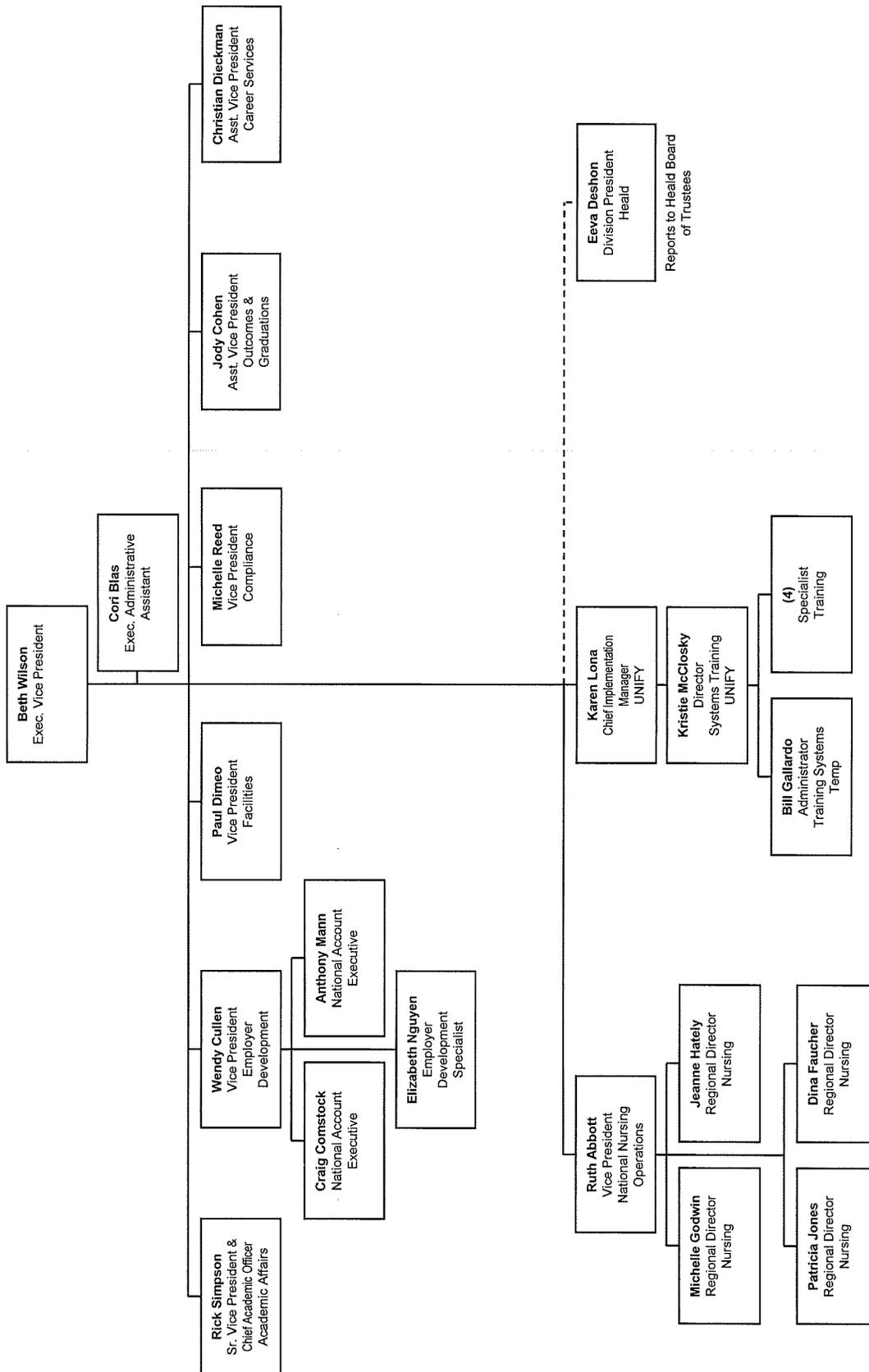
<b>Clinical Facility</b>	<b>Status</b>
Anchor Home Health	New
Harbor Light Hospice	New

## Complaints

- A student formally filed a complaint concerning dismissal from the program with the Civil Rights department for unfair dismissal from the nursing program. The Civil Rights office found that Everest College, Merrillville dismissed the student in accordance with the policies for progression. Student failed more than the maximum number of nursing courses allowed.
- Student formally complained Everest College, Merrillville unfairly changed rules and policies, in reference to a change in the weight of the grades. Everest College did change the weight of the nursing courses' grades, but notified all students in writing prior to the start of the term. Student signed the document on the first day of the term.
- 2 students complained about being dismissed from the Nursing Program. Both students were dismissed for failing a third nursing course. The progression policy states: "A student who receives a grade lower than 76% in any nursing course may repeat that course one time only. A maximum of two nursing courses may be repeated. If two (2) nursing courses are already repeated, another failure in any 3rd nursing course will result in nursing program dismissal. If a student fails the same course twice that student will be dismissed from the nursing program." The students' dismissals were in accordance with this policy and therefore was upheld.
- A prospective student complained about having to pass the math portion of the HESI A2 admission test in order to being admitted to the nursing program. Policy states students must achieve a 70% on the math portion of the admission test to be considered for admission in the nursing program. Student was offered tutoring, but still was unable to pass the math portion of the test.

**Corinthian Colleges, Inc. Operations**

Santa Ana, California



**Rita Alfioff**  
Vice-President  
Nursing & Health  
Professionals

**Dawn Cantero**  
Administrative Asst

**Michelle Godwin**  
Regional Director,  
East

**Brandon**  
- Alexandra Jones, CND  
- Chanel Lane, PD/ST  
- Mariska Stone, PD/ST

**Kendall**  
- Shantel Butler, PD/ST

**Manietta**  
- Mohammed Yousofzai,  
PD/ST

**Tysons Gamar**  
- James Adams, CND

**Patricia Jones**  
Regional Director,  
Central

**F. Gloria Nolas**  
- Stephanie Akins, CND

**Grand Rapids**  
- Jackie Ventresca, CND

**Merrillville**  
- Tracy Miller, CND  
- Patricia Rich, PD/ST

**Southfield**  
- Joyce Russell, CND

**Dina Fowler**  
Regional Director,  
West

**Anabelm**  
- Anabela Battelle, CND

**Henderson**  
- Donna MacDonnell, CND

**Ontario Metro**  
- Dana Spelling, CND

**Rosetta**  
- David McDruid, PD/ST

**South Lake City**  
- Geeta Mathari, CND  
- Sugay Blomiss, PD/ST

**Toronto**  
- Karla Senger, PD/ST

**Susan Gordon**  
Regional Director,  
Education, Research and  
Development

**Cathie Janney, MSN, RN**  
Director of Nursing -  
New Program Development

**Mari Kainik**  
Director of Health  
Professions -  
New Program Development

**Robert Hinton**  
Director of Nursing and  
Health Professions -  
Simulation and Technology

**Everest College**  
Phoenix  
Bonnie Wilson, CND

**Health College**  
Vancouver, CND