



*If "Yes", please indicate:*

5) Change in the responsibilities of Dean or Director	<b>Yes</b>	<u>                    </u>	<b>No</b>	<u>          <b>X</b>          </u>
6) Change in program resources/facilities	<b>Yes</b>	<u>          <b>x</b>          </u>	<b>No</b>	<u>                    </u>

*If "Yes", please list:*

**We have added a simulation area in our nursing lab.**

7) Does the program have adequate library resources?	<b>Yes</b>	<u>          <b>X</b>          </u>	<b>No</b>	<u>                    </u>
8) Change in clinical facilities or agencies used (list both additions and deletions on attachment)	<b>Yes</b>	<u>                    </u>	<b>No</b>	<u>                    <b>x</b>          </u>
9) Major changes in curriculum (list if positive response)	<b>Yes</b>	<u>          <b>X</b>          </u>	<b>No</b>	<u>                    </u>

## Curriculum Revision 2013 Course Comparison

\*Curriculum changes were approved by the ISBN on March 21, 2013

Current Curriculum			Credit Hrs	Curriculum Revision			Credit Hrs
NRSNG	104	Introduction to Pharmacology	1	NRSNG	106	Pharmacology (Deleted NRSNG 104 & 107 and added NRSNG 106) to both PN and ASN	3
NRSNG	107	Advanced Pharmacology	2				
NRSNG	126	Mental Health Nursing	2			Deleted from PN only	
NRSNG	127	Mental Health Nursing Clinical	1			Deleted from PN only	
NRSNG	130	Health Promotion Across the Life Span	1			Deleted from ASN	

### 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   x   Declining \_\_\_\_\_

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

N/A

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

N/A

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

ATI Comprehensive Predictor Examination

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):

NRSNG 128 Practice Issues for Practical Nursing

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

A. Faculty recruitment/retention   x  

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?

**Criminal background checks, through CertifiedBackground.com may be done either before enrollment in the professional courses or just prior to the first day of clinicals. Students who are not continuously enrolled in a program until completion may be required to complete additional checks upon re-entry to a program or admission to a different nursing program. Clinical sites or the College may request additional background checks or drug screenings at their discretion.**

5.) At what point and in what manner are students apprised of the criminal background check for your program?

**Students receive results online by directly accessing through CertifiedBackground.com using a password assigned by the background search company. They have full access to their background search data within the website and are encouraged to review the background search findings and appeal any issues that they determine are incorrect.**

### SECTION 3: STUDENT INFORMATION

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

Summer   0   Fall   17   Spring   11  

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

Summer   12   Fall   11   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 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):

<b>Faculty Name:</b>	Pennie Rogers
<b>Indiana License Number:</b>	28060709A
<b>Full or Part Time:</b>	Full Time
<b>Date of Appointment:</b>	7/25/12
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Psych Nursing
<b>Faculty Name:</b>	Heather Anderson28145366A
<b>Indiana License Number:</b>	28145366A
<b>Full or Part Time:</b>	Full Time
<b>Date of Appointment:</b>	11/26/12
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Medical Surgical Nursing

<b>Faculty Name:</b>	Gino Issac
<b>Indiana License Number:</b>	28206021A
<b>Full or Part Time:</b>	Full Time
<b>Date of Appointment:</b>	1/2/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Medical Surgical Nursing, Pharmacolcogy
<b>Faculty Name:</b>	Karen Kirby
<b>Indiana License Number:</b>	28146831A
<b>Full or Part Time:</b>	Full Time
<b>Date of Appointment:</b>	7/9/12
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Medical Surgical Nursing, Pharmacology
<b>Faculty Name:</b>	Roxie Barnes
<b>Indiana License Number:</b>	28179541A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	1/14/13
<b>Highest Degree:</b>	MSN

<b>Responsibilities:</b>	Medical Surgical Nursing Clinical
<b>Faculty Name:</b>	Jackie Thurner
<b>Indiana License Number:</b>	28184662A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	1/14/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Medical Surgical Nursing Clinical
<b>Faculty Name:</b>	Dianna Holtsclaw
<b>Indiana License Number:</b>	28106601A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	9/17/12
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Medical Surgical Nursing Clinical
<b>Faculty Name:</b>	Darlene Hooten-Polley
<b>Indiana License Number:</b>	28137523A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	1/14/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Medical Surgical Nursing Clinical

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

**Adjunct and part-time faculty titles are used interchangeably at Ivy Tech. For the purposes of reporting, information below will be provided as part-time faculty.**

1. Number of full time faculty: 12
2. Number of part time faculty: 4
3. Number of full time clinical faculty: 11 of 12
4. Number of part time clinical faculty: 4 of 4
5. Number of adjunct faculty: N/A (see above – we refer to our adjuncts as PT faculty)

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: \_\_\_\_\_
2. Number with master's degree in nursing: 16
3. Number with baccalaureate degree in nursing: \_\_\_\_\_
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?

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.

*Pamela K. Thompson*

Signature of Dean/Director of Nursing Program

July 27, 2013

Date

Pamela K Thompson

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:

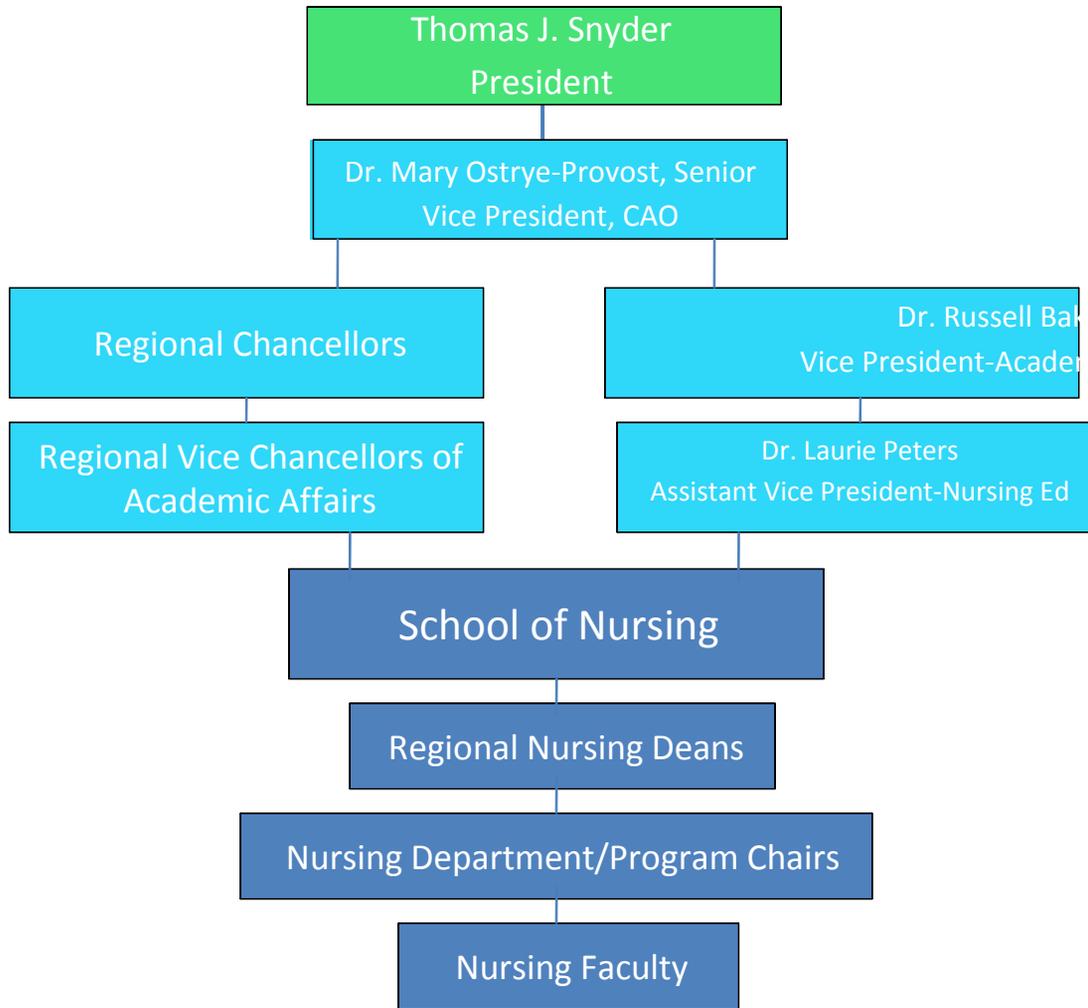
### **Potential Complainants**

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.

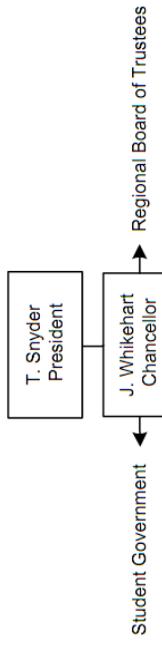
### **Guidelines for the Complainant**

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.

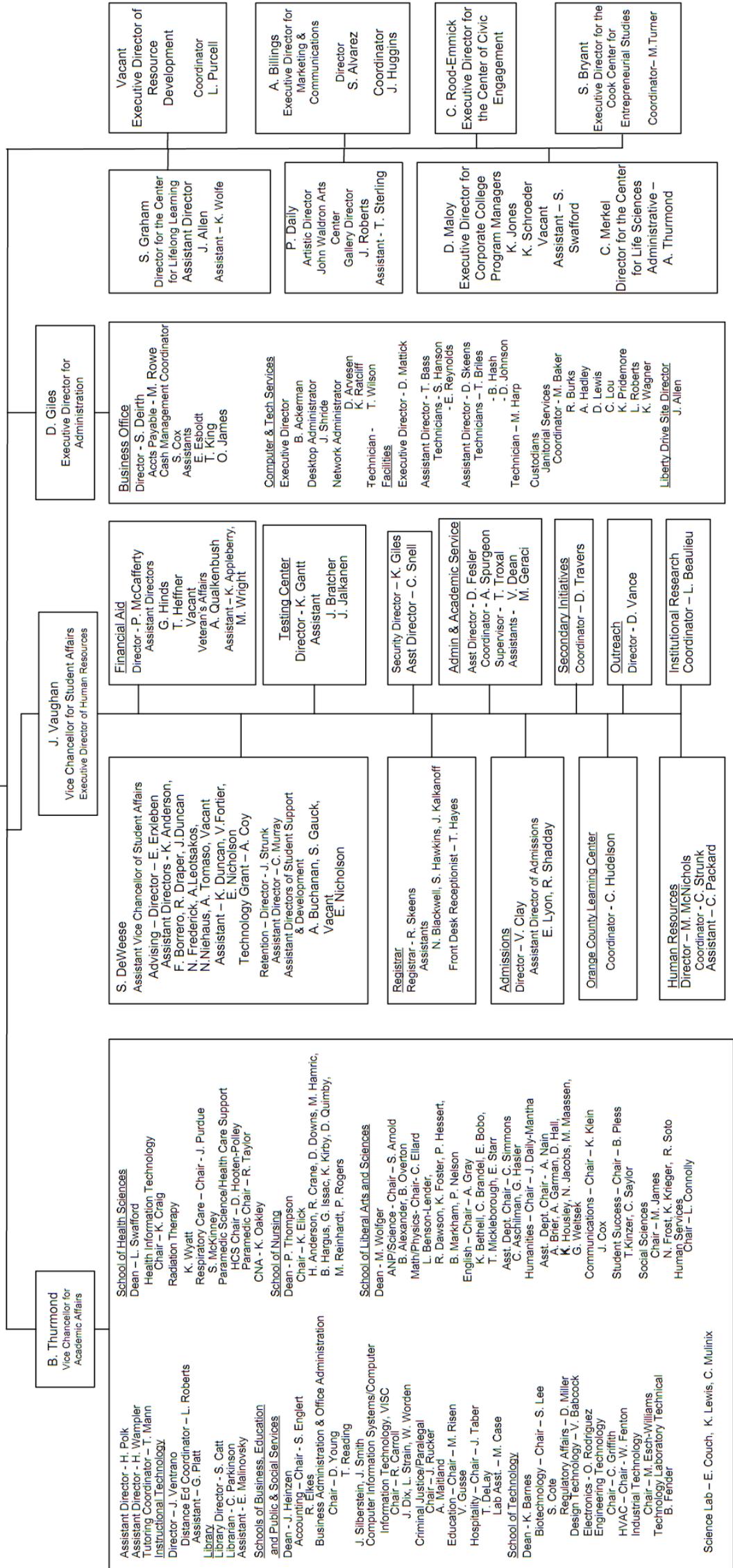
Statewide School of Nursing Organizational Chart



(Insert your regional organizational chart here)



**Ivy Tech Community College**  
**Bloomington Campus**  
 Campus Organizational Chart  
 March 4, 2013



Vacant  
Executive Director of Resource Development  
Coordinator  
L. Purcell

A. Billings  
Executive Director for Marketing & Communications  
Director  
S. Alvarez  
Coordinator  
J. Huggins

C. Rood-Emmick  
Executive Director for the Center of Civic Engagement

S. Bryant  
Executive Director for the Center for Entrepreneurial Studies  
Coordinator - M. Turner

S. Graham  
Director for the Center for Lifelong Learning  
Assistant Director  
J. Allen  
Assistant - K. Wolfe

P. Daily  
Artistic Director  
John Waldron Arts Center  
Gallery Director  
J. Roberts  
Assistant - T. Sterling

D. Maloy  
Executive Director for Corporate College Program Managers  
K. Jones  
K. Schroeder  
Vacant  
Assistant - S. Swafford

C. Merkel  
Director for the Center for Life Sciences  
Administrative -  
A. Thurmond

D. Giles  
Executive Director for Administration

**Business Office**  
Director - S. Deirth  
Accts Payable - M. Rowe  
Cash Management Coordinator  
S. Cox  
Assistants  
E. Esboldt  
T. King  
O. James

**Computer & Tech. Services**  
Executive Director  
B. Ackerman  
Desktop Administrator  
J. Shride  
Network Administrator  
D. Arvesen  
K. Ratcliff  
T. Wilson

**Facilities**  
Executive Director - D. Mattick

Assistant Director - T. Bass

Technicians - S. Hanson  
- E. Reynolds

Assistant Director - D. Skeens

Technicians - T. Briles  
- B. Hash  
- D. Johnson

Technician - M. Harp

Custodians

Janitorial Services  
Coordinator - M. Baker  
R. Burks  
A. Hadley  
D. Lewis  
C. Lou  
K. Pridemore  
L. Roberts  
K. Wagner  
K. Allen

Liberty Drive Site Director  
J. Allen

Financial Aid  
Director - P. McCafferty  
Assistant Directors  
G. Hinds  
T. Heffner  
Vacant  
Veteran's Affairs  
A. Qualkenbush  
Assistant - K. Appleberry,  
M. Wright

**Testing Center**  
Director - K. Gant  
Assistant  
J. Bratcher  
J. Jaikainen

**Security Director - K. Giles**  
Asst Director - C. Snell

**Admin & Academic Service**  
Asst Director - D. Fester  
Coordinator - A. Spurgeon  
Supervisor - T. Troxal  
Assistants - V. Dean  
M. Geraci

**Secondary Initiatives**  
Coordinator - D. Travers

**Outreach**  
Director - D. Vance

**Institutional Research**  
Coordinator - L. Beaulieu

**S. DeWeese**  
Assistant Vice Chancellor of Student Affairs

- Registrar - R. Skeens
- Assistants  
N. Blackwell, S. Hawkins, J. Kalkanoff
- Front Desk Receptionist - T. Hayes

**Admissions**  
Director - V. Clay  
Assistant Director of Admissions  
E. Lyon, R. Shadday

**Orange County Learning Center**  
Coordinator - C. Hudelson

**Human Resources**  
Director - M. McNichols  
Assistant - C. Packard

**B. Thurmond**  
Vice Chancellor for Academic Affairs

**School of Health Sciences**  
Dean - L. Swarford

- Health Information Technology  
Chair - K. Craig
- Radiation Therapy  
K. Wyatt
- Respiratory Care – Chair - J. Purdue
- S. McKinney
- Paramedic Science/Health Care Support  
HCS Chair - D. Hooten-Polley
- Paramedic Chair - R. Taylor
- CNA - K. Oakley

**School of Nursing**  
Dean - P. Thompson

- Chair - K. Elick
- H. Anderson, R. Crane, D. Downs, M. Hamric,  
B. Hargus, G. Issac, K. Kirby, D. Quimby,  
M. Reinhardt, P. Rogers

**School of Liberal Arts and Sciences**  
Dean - M. Wolfger

- ANP/Science - Chair - S. Arnold
- B. Alexander, B. Overton
- Math/Physics - Chair - C. Ellard
- L. Benson-Lender,
- R. Dawson, K. Foster, P. Hessert,  
B. Markham, P. Nelson
- English - Chair - A. Gray
- K. Bethell, C. Brandel, E. Bobo,  
T. Mickleborough, E. Starr
- Asst Dept Chair - C. Simmons
- C. Aschman, G. Hasler
- Humanities - Chair - J. Daily-Mantha
- Asst. Dept Chair - A. Nain
- A. Brier, A. Garman, D. Hall,  
K. Housley, N. Jacobs, M. Maassen,  
G. Weitsiek
- Communications - Chair - K. Klein
- J. Cox
- Student Success - Chair - B. Pless
- T. Kinzer, C. Saylor
- Social Sciences  
Chair - M. James
- N. Frost, K. Krieger, R. Soto
- Human Services  
Chair - L. Connolly

**Assistant Director - H. Polk**  
Tutoring Coordinator - T. Mann  
Instructional Technology  
Director - J. Ventrano

Distance Ed Coordinator - L. Roberts  
Assistant - G. Platt

**Library**  
Library Director - S. Catt  
Librarian - C. Parkinson  
Assistant - E. Malinovsky

**Schools of Business, Education and Public & Social Services**  
Dean - J. Heinzen

- Accounting - Chair - S. Englert
- R. Eikes

**Business Administration & Office Administration**  
Chair - D. Young  
T. Reading

J. Silberstein, J. Smith

**Computer Information Systems/Computer Information Technology, VISC**  
Chair - R. Carroll

- J. Dix, L. Strain, W. Worden

**Criminal Justice/Paralegal**  
Chair - R. Rucker  
A. Matland

**Education - Chair - M. Risen**  
V. Gusse

**Hospitality - Chair - J. Taber**  
T. Delay

**School of Technology**  
Lab Asst. - M. Case

Dean - K. Barnes

**Biotechnology - Chair - S. Lee**  
S. Cote

- Regulatory Affairs - D. Miller
- Design Technology - V. Babcock
- Electronics - O. Rodriguez
- Engineering Technology  
Chair - C. Griffith
- HVAC - Chair - W. Fenton
- Industrial Technology  
Chair - M. Esh-Williams
- B. Fender

Science Lab - E. Couch, K. Lewis, C. Mullinix





## NLNAC Accreditation Letter/Report 3/24/2011 (six pages)

# NLNAC

National League for Nursing Accrediting Commission, Inc.

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American Farm Bureau Federation  
Washington, District of Columbia

LEE E. WURSTER, JD  
Retired Attorney  
Dublin, Ohio

March 24, 2011

Gail Sprigler, MSN, RN  
Assistant Vice Provost for Nursing Education  
Associate of Science in Nursing/Practical Nursing  
Ivy Tech Community College of Indiana  
50 West Fall Creek Parkway North Drive  
Indianapolis, IN 46202

Dear Ms. Sprigler:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 3-4, 2011. The Board of Commissioners granted the associate nursing program continuing accreditation with the condition that your program submit a Follow-Up Report in 2 years. If the Follow-Up Report is accepted by the Commission, the next evaluation visit will be scheduled for Fall 2018. The Board of Commissioners granted the practical nursing program continuing accreditation and scheduled the next evaluation visit for Fall 2018.

Deliberations centered on the Self-Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following evidence of non-compliance, strengths, and areas needing development:

#### **Evidence of Non-Compliance by Accreditation Standard and Criterion**

##### **Standard 2 Faculty and Staff, Criterion 2.1**

- All full-time faculty are not credentialed with a minimum of a master's degree with a major in nursing. (A)

Ivy Tech Community College of Indiana

Page 1

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### **Areas of Strength by Accreditation Standard**

#### **Standard 1 Mission and Administrative Capacity**

- Strong institutional, faculty, and student support for the role of the Vice Provost for Nursing Education through the restructuring of the School of Nursing (A/P)

### **Areas Needing Development by Accreditation Standard**

#### **Standard 1 Mission and Administrative Capacity**

- Provide mechanisms to ensure comprehensive representation of students in program and College governance. (A/P)

#### **Standard 2 Faculty and Staff**

- Ensure support for continued achievement of a master's degree with a major in nursing for the full- and part-time faculty. (A/P)
- Provide for sufficient numbers and utilization of program support staff to achieve the program goals and outcomes. (A/P)

#### **Standard 3 Students**

- Review and revise public documents (paper and electronic) to ensure that information intended to inform the public is current, clear, accurate, and consistent, including NLNAC contact information. (A)

#### **Standard 4 Curriculum**

- Ensure the incorporation of professional standards, guidelines, and competencies throughout the curriculum. (A/P)

#### **Standard 5 Resources**

- Implement strategies to ensure the equitable state-wide distribution of learning resources, office facilities, and equipment to meet faculty and student needs. (A/P)

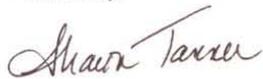
#### **Standard 6 Outcomes**

- Implement strategies to ensure local campus and faculty engagement in the implementation of the evaluation plan. (A/P)
- Improve the processes for analysis and dissemination of program- and campus-specific data in order to facilitate the accomplishment of strategic initiatives and ongoing program improvement. (A/P)
- Continue to monitor and respond to licensure exam pass rates that are below the national mean. (A/P)
- Ensure ongoing and systematic evaluation of outcomes, particularly graduate satisfaction and job placement. (A/P)
- Identify and assess specific graduate competencies for role preparation. (A)

A Follow-Up Report requires the nursing education unit to demonstrate compliance with a specific Accreditation Standard or Standards. The Follow-Up Report for the associate program is to address Standard 2 Faculty and Staff. The report is to be submitted to NLNAC in the Spring 2013 Cycle by February 15, 2013. At the time of its review of the Follow-Up Report, the Commission will either affirm the time of the next evaluation visit or deny continuing accreditation and remove the nursing program from the list of accredited programs. We recommend contacting a member of the NLNAC professional staff after reviewing this decision letter.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the professional staff.

Sincerely,



Sharon J. Tanner, EdD, RN  
Chief Executive Officer

cc: Marilyn Smidt, Program Evaluator  
Jo Ann Baker, Program Evaluator  
Nancy Becker, Program Evaluator  
Martha Ann Hofmann, Program Evaluator  
Joan Becker, Program Evaluator  
Reitha Cabaniss, Program Evaluator  
Mary Sharon Boni, Program Evaluator  
Colleen Burgess, Program Evaluator  
Anita Pavlidis, Program Evaluator  
Debbie C. Lyles, Program Evaluator  
Kay Tupala, Program Evaluator  
Shawn P. McNamara, Program Evaluator  
Yvonne VanDyke, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

# NLNAC

National League for Nursing Accrediting Commission, Inc.

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P. 404.975.5000 • F. 404.975.5020 • www.nlnac.org

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## Follow-Up Report

### Purpose:

To provide the nursing education unit the opportunity to demonstrate compliance (paper) with one or two specific Accreditation Standard(s).

### Assignment Process:

A Follow-Up Report may be recommended to the Commission by the site visit team, the Evaluation Review Panel (ERP), or a Commissioner as part of the accreditation review when it is found that the nursing program is out of compliance with one or two of the NLNAC Accreditation Standards.

The decision to assign a nursing education unit a Follow-Up Report is made by the NLNAC Board of Commissioners after review of the recommendation(s) and other documents associated with the accreditation review process.

### Review Process:

Follow-Up Reports are reviewed by the ERP to establish whether the nursing education unit has demonstrated compliance with the identified one or two NLNAC Standards. The Panel recommendation regarding compliance with the NLNAC Standard(s) is forwarded to the Board of Commissioners for action.

Based on the Follow-Up Report and the recommendation of the ERP, the decision regarding the accreditation status of the nursing program is made by the Board of Commissioners. Decision options are:

- Affirm continuing accreditation; the program is in compliance with all NLNAC Standards. Next accreditation site visit in six (6) years for Clinical Doctorate, Master's, Baccalaureate, Associate, and Diploma Programs, and six and one half (6½) years for Practical Nursing Programs; or
- Deny continuing accreditation and remove the nursing program from the listings of accredited programs. The program is not in compliance with the NLNAC Standard(s).

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### Guidelines for Preparing the Follow-Up Report

(1) Organization of Follow-Up Report

The report is to be presented in two sections, Introduction and Presentation of the identified NLNAC Standard(s).

(2) Content of Follow-Up Report

- Introduction
  - Name and address of the governing organization
  - Name, credentials, and title of the chief executive officer of the governing organization
  - Name of institutional accrediting body (date of last review and action taken)
  - Name and address of nursing education unit
  - Name, credentials, title, telephone number, fax number, and email address of the administrator of the nursing education unit
  - Name of State Board of Nursing (date of last review and action taken)
  - Date of most recent NLNAC accreditation visit and action taken
  - Year the nursing program was established
  - A completed Faculty Profile Form that includes the number of full-time and part-time faculty teaching in the specified nursing program with all areas of responsibility identified
  - Total number of full-time and part-time students currently enrolled in the specified nursing program
  - Length of program in semester or quarter credits, hours, or weeks
- Presentation of the identified NLNAC Standard(s) found in non-compliance.
  - State the Standard
  - State the evidence of non-compliance (from the Commission accreditation decision letter)
  - Offer a narrative addressing **all** of the current NLNAC Criteria for the **entire** Standard with emphasis on the areas of non-compliance

Note: If Standard 4 Curriculum is to be presented, include brief syllabi (2 pages) for all nursing courses. Also include clinical evaluation tool(s) with an explanation of the student evaluation process. Each course syllabus should include:

- Course title and description
- Total course hours (theory hours and, as appropriate, laboratory and/or clinical hours)
- Placement of course within the program of study
- Name(s), credentials and title(s) of faculty responsible for the course
- Student learning outcomes/course objectives

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- Teaching methods and evaluation methods
- A topical outline (for theory courses)
- Identification of the major clinical and laboratory experiences indicating the type of patient units and any other clinical experiences

Note: If Standard 6 Outcomes is to be presented, include the entire program evaluation plan with student learning outcome and program outcome data for the past three (3) years (at a minimum). Provide clear substantial evidence that the evaluation plan is being used to inform the program decision-making processes. Specific strategies and/or actions should be identified for each component as indicated.

(3) Format for Follow-Up Report

- The number of text pages should not exceed fifty (50); the appendices have no page limit.
- The report should be typed on both sides of the page using 1½ or double-spacing, 1 inch margins, and bound securely.
- All pages including the appendices are to be numbered consecutively and ordered according to a table of contents.
- Each copy of the report should have a title page.
- Confidential records (e.g., faculty transcripts, student records) should **not** be included.

(4) Submission of Follow-Up Report

- Six (6) copies (paper and electronic) of the Follow-Up Report and six (6) copies (paper and electronic) of the current school catalog are to be sent to NLNAC on or before the date indicated in the NLNAC Board of Commissioners accreditation decision letter.
- Submission dates
  - Reports due in the Fall Cycle must be submitted by October 1<sup>st</sup>.
  - Reports due in the Spring Cycle must be submitted by February 15<sup>th</sup>.

The NLNAC Professional Staff are available to answer questions.