



**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 _____ ASN _____ BSN X _____

Dates of Academic Reporting Year: _____ August 2012-August 2013 _____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: _____ Purdue University School of Nursing _____

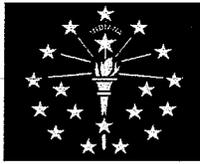
Address: _____ 502 N. University Street, West Lafayette, IN 47907 _____

Dean/Director of Nursing Program

Name and Credentials: _____ Jane Kirkpatrick PhD, MSN, RNC _____

Title: _____ Head, School of Nursing _____ Email: _____ jmkirk@purdue.edu _____

Nursing Program Phone #: _____ 765-494-4018 _____ Fax: _____ 765-496-1800 _____



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Website Address: www.nursing.purdue.edu

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit March 2006 Full Accreditation, Next visit Spring 2016

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 <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> |

SECTION 2: PROGRAM



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5.) At what point and in what manner are students apprised of the criminal background check for your program? Any issues identified on the background check are referred to the Undergraduate Program Director and a meeting is held with the student

SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year: (August 2012-August 2013)

Summer 10 Fall 103 Spring 0

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

Summer 10 Fall 18 Spring 83

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. None

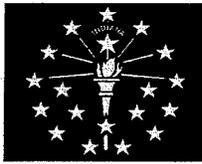
4.) Indicate the type of program delivery system:

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:	Kathleen Abrahamson
Indiana License Number:	28153600A
Full or Part Time:	Full
Date of Appointment:	7/1/13
Highest Degree:	PhD
Responsibilities:	Graduate Teaching and Research



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Faculty Name:	Amy Nagle
Indiana License Number:	28149619A
Full or Part Time:	Full
Date of Appointment:	8/12/13
Highest Degree:	MS in Nursing
Responsibilities:	Undergraduate Teaching- Adult Health

Faculty Name:	Janelle Potetz
Indiana License Number:	28164580A
Full or Part Time:	Full
Date of Appointment:	8/12/13
Highest Degree:	MS in Nursing
Responsibilities:	Undergraduate Teaching- Adult Health

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

1. Number of full time faculty: 13
2. Number of part time faculty: 1
3. Number of full time clinical faculty: 22
4. Number of part time clinical faculty: 7
5. Number of adjunct faculty: 2

C. Faculty education, by highest degree only:



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1. Number with an earned doctoral degree: _____ 19 _____

2. Number with master's degree in nursing: _____ 26 _____

3. Number with baccalaureate degree in nursing: _____ 0 _____

4. Other credential(s). Please specify type and number: Psychology, Industrial Engineering

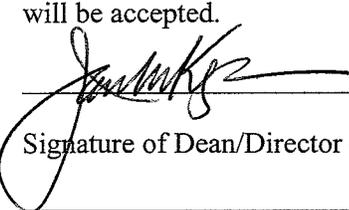
D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13** or **848 IAC 1-2-14**?

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.



Signature of Dean/Director of Nursing Program

10/1/13

Date



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Jane Kirkpatrick

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.



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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.

Clinical Agencies Added since last ISBN Report

Cumberland Pointe

Montessori of Greater Lafayette

Faculty no longer employed at Purdue University School of Nursing

Vickie Emberton

Analei Whitlock

