



Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

Telephone: (317) 234-2043 Fax: (317) 233-4236

Website: www.PLA.IN.gov Email: pla2@pla.in.gov

Governor Mitchell E. Daniels, Jr.

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, 2011 through July 31, 2012. 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 2011." 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: 8/22/2011 – 8/13/2012
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Purdue University School of Nursing

Address: Johnson Hall of Nursing, 502 N. University St., West Lafayette, IN 47907-2069

Dean/Director of Nursing Program

Name and Credentials: Jane Kirkpatrick, PhD, RNC

Title: Associate Dean and Head, School of Nursing Email: jmkirk@purdue.edu

Nursing Program Phone #: (765) 494-6644 Fax: (765) 496-1800 Website Address: www.nursing.purdue.edu

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: March 2006

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 X No ___
- 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 ___

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

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX? Yes ___ No X

2B.) If not, explain how you assess student readiness for the NCLEX.

They are required to take an exit exam and required to meet with the Director of the Undergraduate Programs and develop a plan for success if they fall below a 50% predicted first time pass.

2C.) If so, which exam(s) do you require? ATI Exit Exam

2D.) When in the program are comprehensive exams taken: Upon Completion X
As part of a course _____ Ties to progression or thru curriculum _____

2E.) If taken as part of a course, please identify course(s): NA

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

A. Faculty recruitment/retention

Recruiting and retaining qualified faculty remains an issue due to the ability for many to receive higher salaries in practice settings.

B. Availability of clinical placements:

Declining availability of clinical placements limits flexibility for clinical scheduling.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): none

4.) At what point does your program conduct a criminal background check on students?

Before the start of clinical rotations in the sophomore year.

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

The students and the School receives the results at the same time.

SECTION 3: STUDENT INFORMATION

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

Fall 106 Spring 0 Summer 10

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

Fall 17 Spring 108 Summer 10

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. 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:	Abby Berg
Indiana License Number:	28167009A
Full or Part Time:	FT
Date of Appointment:	1/2/2012
Highest Degree:	Masters of Science in Nursing
Responsibilities:	Continuing Lecturer

Faculty Name:	Becky Walters
Indiana License Number:	28133793A
Full or Part Time:	FT
Date of Appointment:	8/15/2011
Highest Degree:	Masters of Science in Nursing
Responsibilities:	Clinical Assistant Professor

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

1. Number of full time faculty: 35
2. Number of part time faculty: 10
3. Number of full time clinical faculty: 16
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 2

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 20
2. Number with master's degree in nursing: 25
3. Number with baccalaureate degree in nursing: 0
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**?

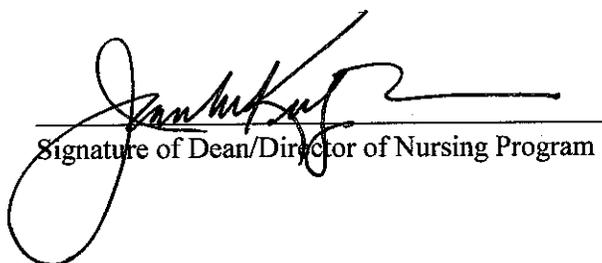
Yes X No _____

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;
 1. Schweitzer, Roberta
 2. Wells, Courtenay
2. An organizational chart for the nursing program and the parent institution.

Attached

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

9/5/12

Date

Jane M. 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.

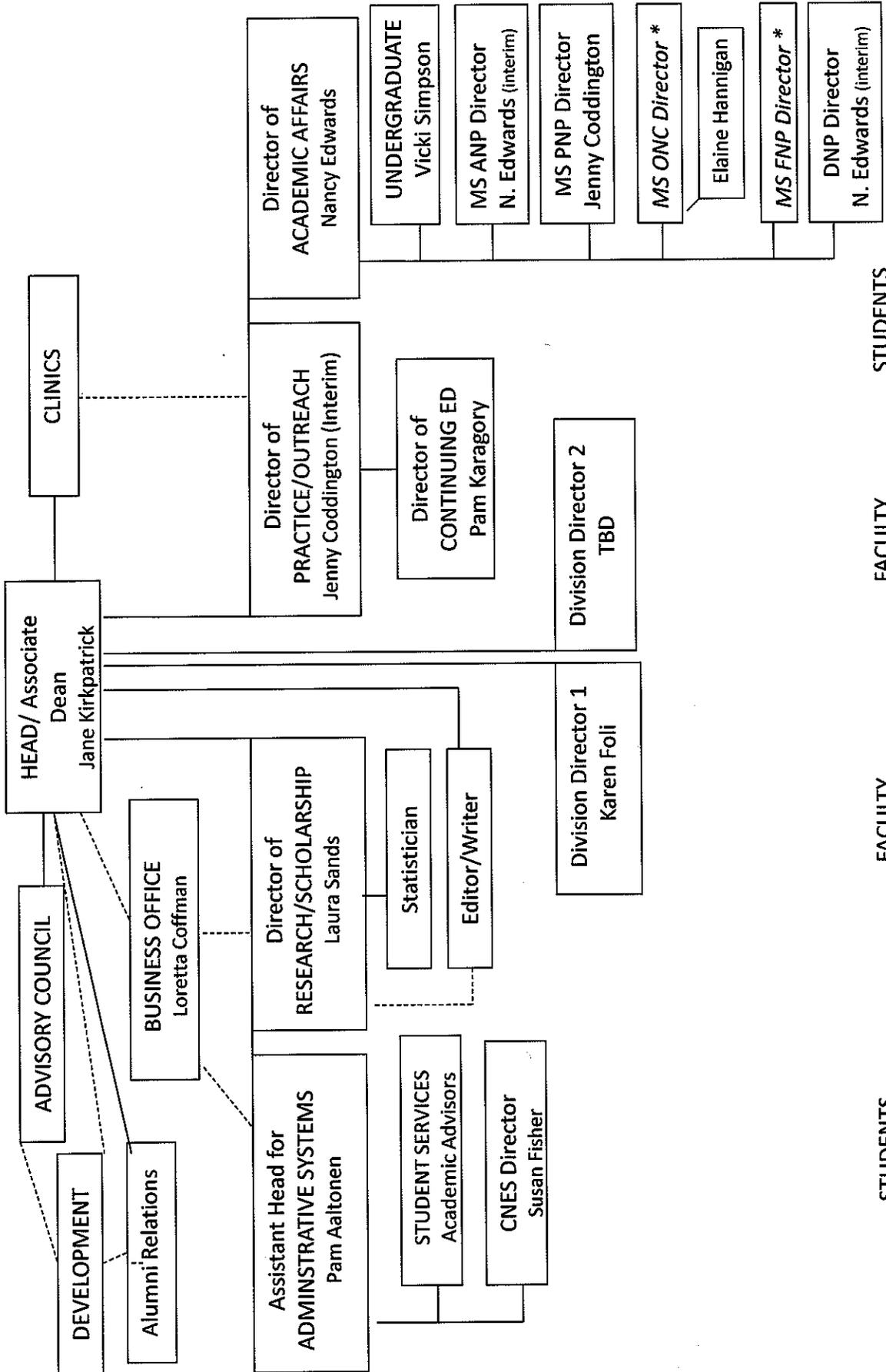
Purdue University School of Nursing

Section 1: Administration

8. Change in Clinical Sites: Additions

1. Cornerstone Autism Center
2. Little Star Center

PURDUE SCHOOL OF NURSING ORGANIZATIONAL CHART



* Pending program initiation
08 11

Purdue University Organizational Chart
August 1, 2012

