ANNUAL REPORT OF
NURSING EDUCATION PROGRAM
2007 - 2008 SCHOOL YEAR

Name of nursing education program:

__________________________________________________________

Address: ___________________________________________________________
       (Street and Number) (City, State, Zip Code)

Name of parent institution:

__________________________________________________________

(College, University)

Address: ___________________________________________________________
       (Street and Number) (City, State, Zip Code)

Institutional Accrediting Organization/Accreditation Status: ______________________

Name and title of chief administrative officer of parent institution:

__________________________________________________________

Name and title of Dean/Director with responsibility for nursing education program:

__________________________________________________________

Name and title of Chairperson/Director of nursing education program:

__________________________________________________________

Signature and title of person submitting report:

__________________________________________________________

(Signature)

__________________________________________________________

(Title)
A. PHILOSOPHY AND OBJECTIVES

1. The statement of philosophy of the program and/or institution has been revised in the past year.  YES □  NO □  
   *If yes, attach the revised statement.*

2. The program objectives have been revised in the past year.  YES □  NO □  
   *If yes, please attach the objectives as revised.*

B. ADMINISTRATION AND ORGANIZATION

1. Name and title of person with responsibility for administration of the nursing program:

   ________________________________

2. Complete the information indicated on the "Nursing Education Program Faculty" chart (Form I-1.) for all nursing faculty currently employed.

   Please attach "Faculty Biography Forms" (Form I-2.) for any new faculty for whom these forms have not been submitted.

   Please submit "Addendum to Faculty Biography Forms" (Form I-3.) for all faculty who have previously submitted a "Faculty Biography Form."

3. What is the current faculty-student ratio in clinical courses? ____________

4. Does the program include a clinical preceptorship course/option?  YES □  NO □  
   *If yes, attach criteria for selection of preceptors, faculty and preceptor responsibilities.*

5. What is the maximum preceptor-student ratio? __________________________

6. Is the program currently accredited by the National League for Nursing Accrediting Commission?  YES □  NO □  PENDING □  
   By the Commission on Collegiate Nursing Education?  
   YES □  NO □  PENDING □

7. If yes, please indicate accreditation status and date the accreditation expires:

   __________________________________________

C. FINANCIAL

1. Are funds allocated to the nursing education program adequate to support program needs, including faculty, support personnel, equipment, supplies, etc.?  YES □  NO □  *(If no, please explain.)*
2. How many hours a week, on average, do faculty spend on the following activities?
   □ Student advising
   □ Classroom/clinical instruction
   □ Instructional preparation
   □ Institutional responsibilities (including research)

D. STUDENTS

1. If admission, progression, and/or graduation criteria have been revised in the past year, indicate below and attach revised criteria.
   □ Admission criteria have been revised.
   □ Progression criteria have been revised.
   □ Graduation criteria have been revised.

2. Provide requested information for the following indicated years:

<table>
<thead>
<tr>
<th></th>
<th>2006-2007</th>
<th>2007-2008</th>
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<tbody>
<tr>
<td>TOTAL NUMBER OF QUALIFIED APPLICANTS</td>
<td></td>
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<tr>
<td>TOTAL NUMBER ADMITTED</td>
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<td>TOTAL NUMBER WITHDREW</td>
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<td>NA</td>
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<td>ATTRITION RATE</td>
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</table>

3. Identify primary reason(s) given for withdrawal:
   □ Academic
   □ Other: __________________________
   □ Financial
   □ Personal

4. Current enrollment: 1st Year Students: __________
   Continuing Students: __________
   (2nd, 3rd, 4th year students, etc.)

5. Total number of graduates from October 2006 to October 2007: __________

FOR RN EDUCATION PROGRAMS ONLY:
6. How many students currently enrolled are licensed as RNs? _________
   How many students currently enrolled are licensed as LPNs? _________

E. COOPERATING CLINICAL FACILITIES/AGENCIES

1. Include information requested for all cooperating agencies used for students' clinical experience on Form II-1.

2. Are written agreements between program and agency current and available?
   YES □ NO □ (If no, please explain.)
3. Have there been revisions to the curriculum within the last academic year?
   YES ☐  NO ☐

4. For each academic year in the program, indicate class contact hours and semester credits awarded for nursing courses:

<table>
<thead>
<tr>
<th></th>
<th>1ST YEAR</th>
<th>2ND YEAR</th>
<th>3RD YEAR</th>
<th>4TH YEAR</th>
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<tr>
<td>TOTAL CLASSROOM HOURS</td>
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<td>TOTAL CLINICAL HOURS</td>
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<tr>
<td>TOTAL SEMESTER CREDITS</td>
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Total number of semester credits required for graduation (include both nursing and non-nursing): ________________

*5. Does the program incorporate simulated experiences in lieu of the traditional clinical experience with patients? ________________

F. CURRICULUM

1. Indicate course numbers/titles, which address the following didactic and/or clinical content:

   a. For Practical Nursing Programs:

   Communication and information systems concepts
   Behavioral and social science concepts that serve as a framework for understanding growth and development throughout the life cycle, human behavior, interpersonal relationships, cultural diversity
   Physical and biological sciences concepts that help the student gain an understanding of the principles of scientific theory and computation
   Nursing concepts that provide the basis for understanding the principles of nursing care and appropriate correlated clinical practice experiences to assure development of competencies as a member of the interdisciplinary team
   Concepts regarding legal, managerial, economic, ethical issues related to responsibilities of the practical nurse
b. For Professional Nursing Programs:

- Nursing didactic and practice experience that establish the knowledge base for demonstrating beginning competency related to nursing practice
- Nursing didactic and practice experience that establish the knowledge base for demonstrating beginning competency related to systems thinking and interdisciplinary team function
- Nursing didactic and practice experience that establish the knowledge base for demonstrating beginning competency related to the promotion and restoration of optimal health in clients across the life span in a variety of primary, secondary and tertiary settings focusing on individuals, groups and communities
- Concepts in written and oral communication, values clarification, scientific inquiry, computation and informatics
- Behavioral and social sciences concepts that serve as a framework for the understanding of growth and development throughout the life cycle, human behavior, interpersonal relationships, cultural diversity and economics related to the social context of healthcare
- Physical and biological sciences concepts that help the student gain an understanding of the principles of scientific theory
- Arts and humanities concepts
- Concepts regarding research, nursing theory, legal and ethical issues, trends in nursing, principles of education and learning, professional responsibilities
- Experiences that promote the development of leadership and management skills, interdisciplinary and professional socialization

c. For Advanced Practice Professional Nursing Programs:

- Advanced theory and research in nursing
- Biological and behavioral sciences
- Interdisciplinary education
- Cultural Diversity
- Economics
- Informatics
- Legal and professional responsibilities of a graduate-prepared nurse
- Didactic and supervised practice experience relevant to the advanced practice nursing specialty
G. Please answer the questions below. (You may use this page or attach the answers on a separate page.)

1. What do you consider to be the strengths of your program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. What do you see as areas of your program that need improvement?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
FACULTY BIOGRAPHY FORM
(for new faculty only)

1. Name ____________________________________________

2. Position Title ______________________________________

3. Course(s) Currently Teaching ____________________________

4. Content/Clinical Area of Focus ____________________________

5. Basic Nursing Education

   NAME OF SCHOOL: ________________________________
   ADDRESS OF SCHOOL: ________________________________
   (Street Address) (City, State, Zip Code)

6. Other Nursing Degree(s) ________________________________
   College or University ________________________________ Year ______

7. Credits Toward Additional Nursing Degree:
   (Please list all courses for which you have received academic credit toward additional nursing degrees
   – use back of page if needed or attach copy of transcript).

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>CREDIT HOURS</th>
<th>COLLEGE/UNIVERSITY</th>
<th>YEAR TAKEN</th>
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   Projected Graduation Date: ____________________________

8. Please list all positions held in the past ten years, beginning with your most recent position:

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<tr>
<th>POSITION TITLE</th>
<th>EMPLOYER</th>
<th>DATES OF EMPLOYMENT</th>
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   |              |          |                    |
ADDENDUM TO
FACULTY BIOGRAPHY FORM
(for continuing/returning faculty)

1. Name ________________________________

9. Position Title ________________________________

10. Course(s) Currently Teaching ________________________________

11. Academic degrees held (indicate major) ________________________________

12. List any courses for which you received college or university credit within the past year (or attach a transcript):

<table>
<thead>
<tr>
<th>NAME OF COURSE</th>
<th>CREDITS</th>
<th>EDUCATIONAL INSTITUTION</th>
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13. List continuing education and professional activities in which you participated during the past year:

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<th>ACTIVITY</th>
<th>LOCATION</th>
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14. List any college or university committees on which you served during the past year:

____________________________________________________________________

____________________________________________________________________

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FACILITIES/AGENCIES USED FOR STUDENTS’ CLINICAL EXPERIENCE

HOSPITALS/LONG TERM CARE FACILITIES:

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<tr>
<th>NAME OF FACILITY</th>
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OTHER AGENCIES (PUBLIC HEALTH CLINICS, SCHOOLS, CLINICS, ETC.):

<table>
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<tr>
<th>NAME OF AGENCY</th>
<th>TYPE OF AGENCY</th>
<th>LOCATION (City/State)</th>
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NURSING PROGRAM FACULTY

Please list below all nursing program faculty* positions, both full and part time. If a vacancy exists, please indicate in name column.

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>NAME OF FACULTY MEMBER</th>
<th>DATE OF FACULTY APPT.</th>
<th>CHECK (X)</th>
<th>ACADEMIC DEGREES HELD (please check all that apply)</th>
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<td></td>
<td>FULL-TIME PART-TIME ADN Nurse Diploma BSN MSN Other Masters Doc. (Nurse or other)</td>
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* faculty position refers to any individual who has responsibility for planning, implementing (theory and/or clinical), and evaluating curriculum; do not include clinical preceptors