

NLNAC

National League for Nursing Accrediting Commission, Inc.

61 Broadway - 33rd Floor • New York, NY 10006
(800) 669-1656 • Fax: (212) 812-0390 • www.nlnac.org

NLNAC Annual Report for Postsecondary and Higher Degree Programs in Nursing (2005-2006 Academic Year)

Master's Degree Nursing Program

Baccalaureate Degree Nursing Program

Nurse Administrator Information

Please update all information as needed.

Salutation:	Dr.
First Name :	Janet D.
Last Name:	Allan
Credentials:	PhD, RN, CS, FAAN
Position Title:	Dean and Professor
Governing Organization:	University of Maryland, Baltimore
Nursing Education Unit:	School of Nursing
Address:	655 West Lombard Street, RM 505
City:	Baltimore
State:	MD
Zip:	21201-1579
Telephone:	(410)706-6741
Extension:	
Fax:	(410)706-4231
Email:	allan@son.umaryland.edu
Website URL:	www.nursing.umaryland.edu

Section I. Monitoring

1. Indicate whether you have made any of the following **substantive changes** during the 2005-2006 academic year* (see Accreditation Manual 2005 Edition, pages 68-70).
If **yes**, indicate if the change was reported to NLNAC as required.

* academic year: July 1, 2005 - June 30, 2006

Substantive Change Notification Required within 4 months of Implementation	Responses			Program Type Affected
Change in ownership, legal status or form of control	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Change in mission or objectives	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Implementation of distance education	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Addition of courses or programs different in context or method of delivery from what was previously offered and accepted	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Addition of programs with a different level of credentials	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Significant change in length of program and fees in relation to program and credentials	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Change in method of academic measurements (clock or credit or vice-versa), or change in the number of clock credit hours	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
<input checked="" type="checkbox"/> Establishment of a branch campus	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Closing	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Other Substantive Changes Notification Required Immediately				
Change in State Board of Nursing approval status	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Adverse action by appropriate institutional accrediting agency	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
<input checked="" type="checkbox"/> Identified pattern of declining performance on NCLEX, certifying examinations, and/or employment rates	<input checked="" type="radio"/> no	<input type="radio"/> yes change	<input type="checkbox"/> was reported to NLNAC prior to	<input type="text"/>
Title IV Participant Compliance: <ul style="list-style-type: none"> • Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies • Fraud and abuse • Adverse action following financial or compliance audits, program review, or other information that becomes available 	<input checked="" type="radio"/> no	<input type="radio"/> yes	<input type="checkbox"/> was reported to NLNAC prior to change	<input type="text"/>
	<input checked="" type="radio"/> no	<input type="radio"/> yes	<input type="checkbox"/> was reported to NLNAC prior to change	<input type="text"/>
	<input checked="" type="radio"/> no	<input type="radio"/> yes	<input type="checkbox"/> was reported to NLNAC prior to change	<input type="text"/>

If **yes** to any of the above, provide a brief explanation of the change here:

Title IV Gatekeeper Verification:

Indicate whether you participate in the Title IV funding program

no yes

If Yes, identify your 'Gatekeeper'

- Accrediting Bureau of Health Education Schools
- Accrediting Commission of Career Schools and Colleges of Technology
- Accrediting Commission of Distance Education and Training Council
- Middle States Association
- New England Association
- New York State Education Department for Hospital Based Nursing Programs
- NLNAC
- North Central Association
- Northwest Association
- Southern Association
- Western Association

Program Type

Section II. Student Academic Achievement

2. What is the graduate ***rate of employment*** (percentage) during the 2005-2006 academic year? (employment in nursing within 6-9 months after graduation, excluding those who have returned to formal education)

Master's %

Baccalaureate %

<p>3. Pass Rate:</p> <p>a. What is your Certification Examination pass rate during the 2005-2006 academic year*?</p> <p>b. What is your NCLEX pass rate during the 2005-2006 academic year*?</p>	<p>Master's <input type="text" value="95"/> %</p> <p>NP (Nurse Practitioner) <input type="text" value="90"/> %</p> <p>CNS (Clinical Nurse Specialist) <input type="text" value="100"/> %</p> <p>Other <input type="text"/> %</p> <p>Not Applicable <input type="checkbox"/></p> <p>Baccalaureate</p> <p>First time exam takers <input type="text" value="87.46"/> %</p> <p>Repeat exam takers <input type="text" value="na"/> %</p> <p>Not Applicable <input type="checkbox"/></p>
<p>4. What is the graduation rate for the 2005-2006 academic year*?</p>	<p>Master's <input type="text"/> %</p> <p>Baccalaureate <input type="text"/> %</p>

Section III. Program Operations

<p>5. Total number of nursing students as of October 15, 2006</p>	<p>Master's</p> <p>Full-time <input type="text" value="306"/></p> <p>Part-time <input type="text" value="285"/></p> <p>Baccalaureate</p> <p>Full-time <input type="text" value="476"/></p> <p>Part-time <input type="text" value="197"/></p>
<p>6. Total number of nursing graduates for the 2005-2006 academic year*</p>	<p>Master's <input type="text" value="136"/></p> <p>Baccalaureate <input type="text" value="393"/></p>

7. Faculty



a1. Total FTE (full-time equivalent)
**FACULTY teaching Master's
 Degree Students as of October 15,
 2006**

Master's
 FTE 56.75

a2. Faculty education, per person,
 listing
only the highest degree earned
 (one entry per person)

Number with an earned Doctoral degree 51
 Number with a Nursing Master's degree 29
 Number with a Nursing Baccalaureate degree 0
 Number of Non-Nursing Master's with a Nursing Baccalaureate 0
 Number with Other degrees 2
 Number of Faculty enrolled in a graduate nursing program 0



b1. Total FTE (full-time equivalent)
**FACULTY teaching Baccalaureate
 Degree Students as of October 15,
 2006**

Baccalaureate
 FTE 33.88

b2. Faculty education, per person,
 listing
only the highest degree earned
 (one entry per person)

Number with an earned Doctoral degree 22
 Number with a Nursing Master's degree 32
 Number with a Nursing Baccalaureate degree 0
 Number of Non-Nursing Master's with a Nursing Baccalaureate 0
 Number with Other degrees 1
 Number of Faculty enrolled in a graduate nursing program

8. *Preceptors* (NLNAC Definition)

Do you use **preceptors** in the delivery of your nursing program?

Master's Degree Yes No
 If Yes:

a) How many are used on average per semester/quarter?

300

b) When are preceptors used during the program of study?

Last Course Multiple Courses

Baccalaureate Degree Yes No
 If Yes:

a) How many are used on average per semester/quarter?

200

b) When are preceptors used during the program of study?

Last Course Multiple Courses

9. Total number of **Complaints** about the program
 (Criterion 20 - 2005 Standards and Criteria)



Master's 0
Baccalaureate 0

10. Significant **change in enrollment** in the program (>10%) for the 2005-2006 *academic year**

Master's

Increase

Decrease

No Significant Change

Baccalaureate

Increase

Decrease

No Significant Change

11. **Distance Education:**

Which one of the following options best applies to the **online** offerings of your nursing program?

Master's

entire nursing program major is on-line

several courses of the nursing program major are on-line

one course of the nursing program major is on-line

on-line activities as requirements in at least one course of the nursing program major

no on-line activities

Baccalaureate

entire nursing program major is on-line

several courses of the nursing program major are on-line

one course of the nursing program major is on-line

on-line activities as requirements in at least one course of the nursing program major

no on-line activities

12. Do you use standardized testing as part of your nursing program delivery?

Master's Degree

Yes

No

If Yes:

a) Are the tests part of a specific course/s?

Yes

No

b) Do students have to achieve a certain minimum score

to continue in the program or graduate?

Yes

No

Baccalaureate Degree

Yes

No

If Yes:

a) Are the tests part of a specific course/s?

Yes

No

b) Do students have to achieve a certain minimum score

to continue in the program or graduate?

Yes

No

13. **Feedback**

Please use the space provided for suggestions in improving NLNAC policies and procedures:

Section 2, #4 - The number for graduation rate for masters is 136 and Baccalaureate is 393. We do NOT a percentage rate. Most undergrad. students are full time, but most masters are part time. If you need fu please contact me at 410-706-3424

14. **Recommendations** of individuals for consideration as NLNAC Commissioners or Site Visitors:
(please include name, credentials, position title and contact information)

Commissioners	Site Visitors	
	Educators	Clinicians

Please submit the completed report by November 14, 2006
Thank you for your cooperation.

SUBMIT REPORT NOW

If you wish to submit your report by mail or fax, you may print the report, complete it and

Fax to:
212.812.0390
Attn: Alex Mariquit

Mail to:
NLNAC Annual Report
61 Broadway - 33rd Floor
New York, NY 10006