

# NLNAC

National League for Nursing Accrediting Commission, Inc.

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February 9, 2004

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University of Maryland, Baltimore  
655 West Lombard Street, RM 505  
Baltimore, MD 21201-1579

Dr. Allan:

Enclosed is the access information to your NLNAC 2004 Annual Report for Post Secondary and Higher Degree Programs in Nursing. As you know, the Annual Report fulfills two purposes, it is a mechanism to monitor components essential to the maintenance of a quality education program, and it facilitates the generation and reporting of trended aggregate data concerning nursing education. Your Report addresses the Master's Degree and Baccalaureate Degree Nursing Programs.

The 2004 Annual Report may be accessed through the NLNAC website at: [nlnac.org](http://nlnac.org). Once on the NLNAC home page please select **NLNAC 2004 Annual Report**, you will then be prompted to provide a **Governing Organization identification and a Nursing Education Unit access code**. When this information is entered, your 2004 Annual Report will appear. At this time you have two choices, you can complete the form and submit it directly or you can download and/or print the form, complete it and submit it to NLNAC by fax or mail.

Your **Governing Organization** identification is: **MD3808**

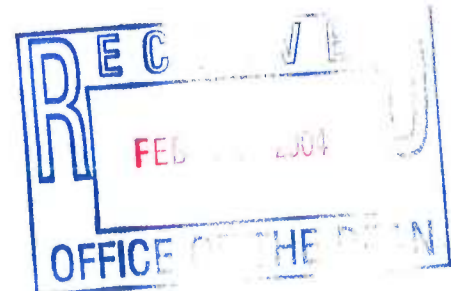
Your **Nursing Education Unit** access code is: **8458**

The completed 2004 Annual Report is due at NLNAC by March 2, 2004.

If you have any questions regarding the NLNAC 2004 Annual Report please contact Alex Mariquit, Special Assistant at (800) 669-1656, ext 247 or [amariquit@nlnac.org](mailto:amariquit@nlnac.org), or myself.

Thank you for your cooperation. We look forward to receiving your data.

Carol Gilbert, PhD, RN  
Associate Director,  
(800) 669-1656, ext 407  
[cgilbert@nlnac.org](mailto:cgilbert@nlnac.org)



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by Program Type

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## Thank you...

The NLNAC 2004 Annual Report for University of Maryland, Baltimore has been submitted.

Please be sure to keep a printed copy of the completed report for your records.

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# NLNAC

National League for Nursing Accrediting Commission, Inc.

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 (800) 669-1656 • Fax: (212) 812-0390 • www.nlnac.org

NLNAC 2004 Annual Report  
 for  
 Post Secondary and Higher Degree Programs in Nursing

Master's Degree Nursing Program  
 Baccalaureate Degree Nursing Program

**Please review and update the information in this section accordingly.**

Salutation:

First Name:

Last Name:

Credentials:

Position Title:

Governing Organization:

Nursing Education Unit:

Address:

City:

State:

Zip:

Telephone:

Extension:

Fax:

Email:

Website URL:

## Section I. Monitoring

1. Indicate whether you have made any of the following *substantive changes* during the 2002-2003 *academic year*\* (see Accreditation Manual 2003 Edition, pages 58-60). If *yes*, indicate if the change was reported to NLNAC as required.

\* *academic year: July 1, 2002 - June 30, 2003*

Substantive Change Notification Required within 4 months of Implementation	Program Type	Responses	
Change in ownership, legal status or form of control	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change

Change in mission or objectives	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Implementation of distance education	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Addition of courses or programs different in context or method of delivery from what was previously offered and accepted	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Addition of programs with a different level of credentials	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Significant change in length of program and fees in relation to program and credentials	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Change in method of academic measurements (clock or credit or vice-versa), or change in the number of clock credit hours	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Establishment of a branch campus	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Closing	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
<b>Other Substantive Changes Notification Required Immediately</b>			
Change in State Board of Nursing approval status	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Adverse action by appropriate institutional accrediting agency	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
Identified pattern of declining performance on NCLEX, certifying examinations, and/or employment rates	<input type="text"/>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
<b>Title IV Participant Compliance:</b> <ul style="list-style-type: none"> <li>• Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies</li> <li>• Fraud and abuse</li> <li>• Adverse action following financial or compliance audits, program review, or other information that becomes available</li> </ul>		<input checked="" type="radio"/> no  <input checked="" type="radio"/> no  <input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change  <input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change  <input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change
If <b>yes</b> to any of the above, provide a brief explanation of the change here: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			

**Section II. Student Academic Achievement**

2. What is the graduate <i>rate of employment</i> (percentage) during the 2002-2003 academic year? (employment in nursing within 6-9 months after graduation)	Master's <input type="text" value="94"/> % Baccalaureate <input type="text" value="96"/> %
3. What is your <i>Certification Examination</i> pass rate during the 2002-2003 academic year?	Master's <input type="text" value="97.5"/> %

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Thank you...

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	Not Applicable <input type="checkbox"/>
4. What is your <i>NCLEX</i> pass rate during the 2002-2003 <i>academic year</i> ?	<p><u>Baccalaureate</u></p> <p>First time exam takers <input type="text" value="86.0"/> %</p> <p>Repeat exam takers <input type="text" value="50"/> %</p> <p>Not Applicable <input type="checkbox"/></p>
<p>5. <b>Graduation Rate:</b></p> <p>a. Explain the definition/formula you use to calculate the graduation rate for your programs?</p> <p><i>(For example... Graduation rate is the percentage of students completing the program within three [3] years after admission to the first nursing course)</i></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Graduation rate is the percentage of students completing the program within FIVE (5) years after admission to the first nursing course.</p> </div> <p>b. What is the <i>graduation rate</i> for the 2002-2003 <i>academic year</i>?</p> <p style="text-align: right;">Master's <input type="text" value="90"/> %</p> <p style="text-align: right;">Baccalaureate <input type="text" value="95"/> %</p>	

Section III. Program Operations

6. Total number of <i>nursing students</i> as of October 15, 2003	<p><u>Master's</u></p> <p>Full-time <input type="text" value="168"/></p> <p>Part-time <input type="text" value="339"/></p> <p><u>Baccalaureate</u></p> <p>Full-time <input type="text" value="567"/></p> <p>Part-time <input type="text" value="238"/></p>
7. Total number of <i>nursing graduates</i> for the 2002-2003 <i>academic year</i> *	<p>Master's <input type="text" value="195"/></p> <p>Baccalaureate <input type="text" value="308"/></p>
<p>8. <b>Faculty</b></p> <p>a1. Total FTE (full-time equivalent) <i>FACULTY teaching Master's Degree Students</i> as of October 15, 2003</p> <p style="text-align: right;">Master's FTE <input type="text" value="46"/></p> <p>a2. Faculty education, per person, listing <u>only the highest degree earned</u> (one entry per person)</p> <p style="text-align: center;">Number with an earned <u>Doctoral</u> degree <input type="text" value="40"/></p> <p style="text-align: center;">Number with a <u>Nursing Master's</u> degree <input type="text" value="22"/></p> <p style="text-align: center;">Number with a <u>Nursing Baccalaureate</u> degree <input type="text" value="0"/></p> <p style="text-align: center;">Number with <u>Other</u> degrees <input type="text" value="5"/></p>	

b1. Total FTE (full-time equivalent)  
**FACULTY teaching Baccalaureate Degree Students**  
 as of October 15, 2003

Baccalaureate  
 FTE

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

Number with an earned Doctoral degree   
 Number with a Nursing Master's degree   
 Number with a Nursing Baccalaureate degree   
 Number with Other degrees

9. Total number of *Complaints* about the program (Criterion 20 - 2002 Standards and Criteria)

Master's   
 Baccalaureate

10. Significant *change in enrollment* in the program (>10%) for the 2002-2003 *academic year*\*

Master's  Increase  Decrease  No Significant Change  
 Baccalaureate  Increase  Decrease  No Significant Change

11. *a. Distance Education: Master's*  
 Which one of the following options best applies to the *on-line* offerings of your nursing program?

- 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

*b. Distance Education: Baccalaureate*  
 Which one of the following options best applies to the *on-line* offerings of your nursing program?

- 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. *Feedback*

Section III: #8(a)1 - Masters - Faculty teach across all program levels.  
 #8(b)1 - Baccalaureate - Faculty teach across all program levels.  
 #11 - RN-BSN Program can be completed on-line.

13. *Recommendations* for consideration as NLNAC Commissioners or Program Evaluators:  
 (please include name, credentials, position title and contact information)

Commissioners	Program Evaluators	
	Educators	Clinicians

Please submit the completed report by March 2, 2004  
 Thank you for your cooperation.

**SUBMIT REPORT NOW**

or  
 If you wish to submit your report by mail or fax

**PRINT REPORT**

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 Attn: Alex Mariquit  
 Special Assistant, NLNAC  
 mail:  
 NLNAC



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New York, NY 10006