

# NLNAC

National League for Nursing Accrediting Commission, Inc.

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## NLNAC Annual Report for Postsecondary and Higher Degree Programs in Nursing (2006-2007 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.
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Credentials:	PhD, RN, CS, FAAN
Position Title:	Dean and Professor
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## Section I. Monitoring

1. Indicate whether you have made any of the following **substantive changes** during the 2006-2007 *academic year*\* (see Accreditation Manual 2006 Edition, pages 58-61).  
If **yes**, indicate if the change was reported to NLNAC as required.

\* *academic year: July 1, 2006 - June 30, 2007*

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 <input type="checkbox"/> was reported to NLNAC prior to change	
Change in mission or objectives	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change	
Implementation of distance education	<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 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 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 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 checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change	
<input checked="" type="checkbox"/> Establishment of an <b>additional location</b>	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change	
Closing	<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 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 checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change	
<input checked="" type="checkbox"/> Identified <b>pattern</b> of declining performance on NCLEX, certifying examinations, and/or employment rates	<input checked="" type="radio"/> no	<input type="radio"/> yes <input type="checkbox"/> was reported to NLNAC prior to change	

Title IV Participant Compliance:			
<input checked="" type="checkbox"/> Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies	<input type="radio"/> no	<input type="radio"/> yes	<input type="checkbox"/> was reported to NLNAC prior to change
<input checked="" type="checkbox"/> Fraud and abuse	<input type="radio"/> no	<input type="radio"/> yes	<input type="checkbox"/> was reported to NLNAC prior to change
<input checked="" type="checkbox"/> Adverse action following financial or compliance audits, program review, or other information that becomes available	<input type="radio"/> no	<input type="radio"/> yes	<input type="checkbox"/> was reported to NLNAC prior to change

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

Title IV Gatekeeper Verification:	Program Type
<p>Indicate whether you participate in the Title IV funding program</p> <p>If Yes, identify your 'Gatekeeper'</p>	
<input type="radio"/> no <input checked="" type="radio"/> yes	
<input type="radio"/> Accrediting Bureau of Health Education Schools	
<input type="radio"/> Accrediting Commission of Career Schools and Colleges of Technology	
<input type="radio"/> Accrediting Commission of Distance Education and Training Council	
<input type="radio"/> Middle States Association	
<input type="radio"/> New England Association	
<input type="radio"/> New York State Education Department for Hospital Based Nursing Programs	
<input type="radio"/> NLNAC	
<input type="radio"/> North Central Association	
<input type="radio"/> Northwest Association	
<input type="radio"/> Southern Association	
<input type="radio"/> Western Association	

## Section II. Student Academic Achievement

<p>2. What is the graduate <b>rate of employment</b> (percentage) during the 2006-2007 academic year? (employment in nursing within 6-9 months after graduation, excluding those who have returned to formal education)</p>	<p><b>Master's</b> <input type="text" value="98"/> %</p> <p><b>Baccalaureate</b> <input type="text" value="98"/> %</p>
<p>3. <b>Pass Rate:</b></p> <p>a. What is your <b>Certification Examination</b> pass rate during the 2006-2007 academic year*?</p> <p>b. What is your <b>NCLEX pass rate</b> during the 2006-2007 academic year*?</p>	<p><b>Master's</b> 95%</p> <p><b>NP (Nurse Practitioner)</b> 90%</p> <p><b>CNS (Clinical Nurse Specialist)</b> 100%</p> <p><b>Other</b> <input type="text"/> %</p> <p>Not Applicable <input type="checkbox"/></p> <p><b>Baccalaureate</b></p> <p>First time exam takers <input type="text" value="97.96"/> %</p> <p><b>?</b> Repeat exam takers <input type="text"/> %</p> <p>Not Applicable <input type="checkbox"/></p>
<p>4. What is the <b>graduation rate</b> for the 2006-2007 academic year*?</p>	<p><b>Master's</b> 393%</p> <p><b>Baccalaureate</b> 136%</p>
<p>5. <b>Section III. Program Operations</b> Total number of <b>nursing students</b> as of October 15, 2007</p>	<p><b>Master's</b></p> <p>Full-time <input type="text" value="452"/></p> <p>Part-time <input type="text" value="546"/></p> <p><b>Baccalaureate</b></p> <p>Full-time <input type="text" value="448"/></p> <p>Part-time <input type="text" value="206"/></p>

6. Total number of <i>nursing graduates</i> for the 2006-2007 academic year*	Master's	84
	Baccalaureate	288

7. Faculty ?

a1. Total FTE (full-time equivalent) Master's  
**FACULTY teaching Master's** FTE 58.91  
Degree Students as of October 15, 2007

a2. Faculty education, per person, listing Number with an earned Doctoral degree 45  
only the highest degree earned Number with a Nursing Master's degree 27  
(one entry per person) Number with a Nursing Baccalaureate degree 0  
Number of Non-Nursing Master's with a Nursing Baccalaureate

Number with Other degrees 2

Number of Faculty enrolled in a graduate nursing program ?

?

b1. Total FTE (full-time equivalent) Baccalaureate  
**FACULTY teaching Baccalaureate** FTE 49.85  
Degree Students as of October 15, 2007

b2. Faculty education, per person, listing Number with an earned Doctoral degree 15  
only the highest degree earned Number with a Nursing Master's degree 57  
(one entry per person) Number with a Nursing Baccalaureate degree 3  
Number of Non-Nursing Master's with a Nursing Baccalaureate

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 <b>Complaints</b> 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 2006-2007 *academic year*\*

**Master's**                       Increase                       Decrease                      X No Significant Change

**Baccalaureate**                       Increase                       Decrease                      X 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?                      XYes                      No  
b) Do students have to achieve a certain minimum score  
to continue in the program or graduate?                      XYes                      No



Please submit the completed report by November 23, 2007  
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



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