

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
131 AIRLINE DRIVE, SUITE 301, METAIRIE, LOUISIANA 70001
ANNUAL REPORT
JULY 1, 2017 - JUNE 30, 2018

(Revised 5/2018)

Information provided in this report is used to measure compliance with Louisiana Revised Statutes, Title 37, Chapter 11, Part II, Practical Nurses and the Louisiana Administrative Code 46:XLVII, Nurses, Subpart 1, Practical Nurses and determines, in part, accreditation status. Accuracy in completing this report is imperative.

This report is to be completed and returned to the Board office along with the \$200.00 fee by July 10th of each year. A copy should be made and kept on file at the school. (LAC § 953)

1. Name of School: _____	Campus: _____
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2. Mailing address: _____

3. Physical address: _____

4. Telephone: _____ EXT: _____ FAX: _____

5. Name of campus dean/director: _____

E-Mail: _____

6. Name of coordinator/department head: _____

E-Mail: _____

7. Name and title of school official(s) authorized to sign transcripts: _____

8. Signature of authorized person: _____

9. Date of initial program approval (date 1st class admitted): _____

10. Date of last LSBPNE site visit: _____

11. Current LSBPNE accreditation status: _____

12. Total number of practical nursing cohorts completed to date (since the program's inception): _____

13. Total number of graduate practical nurses to date (since the program's inception): _____

14. Total number of graduates who passed the licensure examination and received initial licensure in Louisiana (since program's inception): _____

Name of School: _____

Campus: _____

USE DATA FROM REPORT YEAR JULY 1, 2017 THROUGH JUNE 30, 2018**ADMISSIONS**

15. Entrance test(s) currently used: A: _____

B: _____

C: _____

D: _____

E: _____

16. If a Science Component? Test: _____ Score: _____

17. How many applicants tested for admission into the practical nursing program: _____

18. Of those applicants, how many received scores sufficient for admission into the practical nursing program: _____

19. Of the applicants who received sufficient scores for admission, choose **one category per applicant** as the reason for **NOT** being admitted.

(A) Lack of nurse faculty _____

(B) Lack of classroom space _____

(C) Lack of clinical facilities _____

(D) Lack of personal funds _____

(E) Inability to secure funding _____

(F) Family conflicts _____

(G) Other _____

Total of #19 _____

20. Number of applicants on a waiting list (eligible for entry but waiting for space in the next cohort) _____

Date this list was last purged: _____

21. There is a legislative mandate to track articulation credit. **For this report year:**

(A) Number of CNAs applying for articulation credit: _____

(B) Number of CNAs granted articulation credit: _____

(C) Number of CNA's applied for and granted articulation, but chose not to enter: _____

(D) Number of articulated CNAs that completed: _____

Name of School:

Campus:

22. Total admits for reporting year (include new and re-admits):

(A) GENDER

Male _____

Female _____

Total for GENDER _____

(B) RACE

White/Caucasian (Non-Hispanic) _____

Black/African American (Non-Hispanic) _____

Hispanic/Latino _____

American Indian or Alaskan Native (Non-Hispanic) _____

Asian (Non-Hispanic) _____

Native Hawaiian or other Pacific Islander (Non-Hispanic) _____

Multiracial (two or more races) (Non-Hispanic) _____

Other _____

Total for RACE _____

(C) AGE

Under 20 _____

20 - 29 _____

30 - 39 _____

40 - 49 _____

50 - 59 _____

60 - 69 _____

70 and over _____

Total for AGE _____

NOTE: ON THIS PAGE

THE TOTAL OF A = F

THE TOTAL OF B = F

THE TOTAL OF C = F

(D) Number of students admitted for the first time: _____

(E) Number of students re-admitted: _____

(F) **Total number of students admitted (D+E):** _____(G) Number of **cohorts** admitted: _____

(H) Number of admits that were RN program dropouts: _____

Name of School: _____	Campus: _____
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WITHDRAWALS

23. Number of students withdrawn from practical nursing program by:

(A) GENDER

Male _____

Female _____

_____ Total for GENDER

(B) RACE

White/Caucasian (Non-Hispanic) _____

Black/African American (Non-Hispanic) _____

Hispanic/Latino _____

American Indian or Alaskan Native (Non-Hispanic) _____

Asian (Non-Hispanic) _____

Native Hawaiian or other Pacific Islander (Non-Hispanic) _____

Multiracial (two or more races) (Non-Hispanic) _____

Other _____

_____ Total for RACE

NOTE: ON THIS PAGE
 THE TOTAL OF A = H
 THE TOTAL OF B = H
 THE TOTAL OF C = H

(C) AGE

Under 20 _____

20 - 29 _____

30 - 39 _____

40 - 49 _____

50 - 59 _____

60 - 69 _____

70 and over _____

_____ Total for AGE

24. Number of students withdrawn for: **(CHOOSE ONLY ONE CATEGORY PER STUDENT, WHICHEVER IS MOST APPLICABLE.)**

(A) Personal reasons _____

(B) Family conflicts _____

(C) Health _____

(D) Academic failure _____

(E) Absences _____

(F) Financial reasons _____

(G) Other _____

(H) **Total number of students withdrawn:** _____

Name of School:

Campus:

GRADUATES

25. Number of graduates from practical nursing program by:

(A) GENDER

Male _____

Female _____

_____ Total for GENDER

(B) RACE

White/Caucasian (Non-Hispanic) _____

Black/African American (Non-Hispanic) _____

Hispanic/Latino _____

American Indian or Alaskan Native (Non-Hispanic) _____

Asian (Non-Hispanic) _____

Native Hawaiian or other Pacific Islander (Non-Hispanic) _____

Multiracial (two or more races) (Non-Hispanic) _____

Other _____

_____ Total for RACE

(C) AGE

Under 20 _____

20 - 29 _____

30 - 39 _____

40 - 49 _____

50 - 59 _____

60 - 69 _____

70 and over _____

_____ Total for AGE

NOTE: ON THIS PAGE

THE TOTAL OF A = E

THE TOTAL OF B = E

THE TOTAL OF C = E

THE TOTAL OF D = E

(D) MARITAL STATUS

Single _____

Married _____

Separated _____

Divorced _____

Widowed _____

_____ Total for MARITAL STATUS

(E) Total number of graduates: _____

(F) Number of cohorts that have graduated: _____

Name of School:	Campus:
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26. Number of graduates employed in:

	Full time	Part time
(A) Hospitals/Long term acute care	_____	_____
(B) Nursing home	_____	_____
(C) Private duty	_____	_____
(D) Office nurse	_____	_____
(E) Clinic	_____	_____
(F) Community/public health	_____	_____
(G) Other	_____	_____
(H) Outside of nursing field	_____	_____
(I) Unknown	_____	_____

Total for question 26:
(full time & part time) _____

27. Number of graduates unemployed:

(A) Voluntarily	_____
(B) Involuntarily	
Can't find any work in nursing	_____
Can't find type of nursing desired	_____
Family responsibilities/illness	_____
Denied ability to be licensed	_____
Waiting to write/for results	_____
Failed examination/no longer eligible	_____

Total for question 27

NOTE: ON THIS PAGE THE TOTAL OF 26 (FULL TIME & PART TIME) + THE TOTAL OF 27 =
25E OF THE PREVIOUS PAGE.

Name of School: _____

Campus: _____

ENROLLMENT

28. Number of students enrolled as of June 30th of this report year by:

(A) GENDER

Male _____

Female _____

Total for GENDER _____

(B) RACE

White/Caucasian (Non-Hispanic) _____

Black/African American (Non-Hispanic) _____

Hispanic/Latino _____

American Indian or Alaskan Native (Non-Hispanic) _____

Asian (Non-Hispanic) _____

Native Hawaiian or other Pacific Islander (Non-Hispanic) _____

Multiracial (two or more races) (Non-Hispanic) _____

Other _____

Total for RACE _____

(C) AGE

Under 20 _____

20 - 29 _____

30 - 39 _____

40 - 49 _____

50 - 59 _____

60 - 69 _____

70 and over _____

Total for AGE _____

NOTE: ON THIS PAGE

THE TOTAL OF A = D

THE TOTAL OF B = D

THE TOTAL OF C = D

(D) Total number of students enrolled as of June 30th of this report year: _____**(E) Total number of cohorts enrolled as of June 30th of this report year:** _____**D & E should correlate with information entered into 28 F.**

Name of School:	Campus:
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(F) List each cohort enrolled as of June 30th of this year:

Date of Admission	Number of Admissions	Current Enrollment	Currently in What Semester	Completion Date	AM or PM Class
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

29. There is a master rotation for each class listed in 28F (LAC §929.), which includes the proposed curriculum from start date to completion date, the start/end date of each course, number of hours/days per week, instructor and clinical site if a clinical course.

YES NO

A "NO" response requires a written explanation.

FACULTY

30. Number of budgeted nurse faculty positions including coordinator:

(A) Full time: _____ (B) Part time: _____

31. Give salary funding source(s) and number of positions funded by each for all nurse faculty positions:

Source: _____ FT: _____ PT/Adjunct: _____

Source: _____ FT: _____ PT/Adjunct: _____

32. Number of additional nurse faculty needed but not funded:

(A) Full time: _____ (B) PT/Adjunct: _____

33. Number of budgeted nurse faculty positions vacant:

(A) Full time: _____ (B) PT/Adjunct: _____

NOTE: ON THIS PAGE

THE TOTAL OF 33 +
THE TOTAL OF 34 +
THE TOTAL OF 35 =
THE TOTAL OF 30

34. Number of nurse faculty employed as of June 30th of this report year:

NOTE: If faculty is on medical or disability leave answer question #35.

(A) Full time: _____ (B) PT/Adjunct: _____

35. Number of nurse faculty on medical or disability leave as of June 30th of this report year: _____

36. List name(s), educational credentials, and subjects taught by non-nurse faculty:

Name of School:	Campus:
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37. Name(s) and email address(es)
of clerical assistant(s):

38. Average number of hours per week of clerical assistance provided to the nursing program:

Name of School:	Campus:
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42B. List all clinical agencies with current contracts not utilized during this report year. One per line:

Name of School:

Campus:

GENERAL INFORMATION

A response of "NO" to any of the following questions requires a written explanation on school letterhead regarding the circumstances for noncompliance.

LAC§703

43. The facilities (classrooms, lab area, offices, library) are adequate to conduct a practical nursing program. YES NO

44. Equipment and supplies are sufficient to support the program. YES NO

45. Funding is available to maintain the program (including clerical assistance). YES NO

LAC§905.A

46. Instructor to student ratio is equal to or less than 1:10 in clinical. YES NO

LAC§907

47. Faculty meetings are scheduled regularly. The minutes of the meeting are recorded and kept on file. YES NO

LAC§911, LAC§913

48. The practical nursing program advisory committee meets at least twice a year. The minutes of the meetings are recorded and kept on file. YES NO

LAC§923.G

49. A student handbook is maintained and contains the stipulated policies in the LAC. YES NO

LAC§931, LAC§933

50. Theory and clinical experience are scheduled concurrently or sequentially progressing from simple to complex. YES NO

51. Complete the attached curriculum sheet and submit the approved PN transcript.

LAC§949.A.3

52. Board correspondence including memos & reports, have been maintained. YES NO

LAC§1103

53. There is a block of time incorporated into each instructor's schedule for class preparation, student conferences and improving methods of instruction. YES NO

Name of School:	Campus:
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54. For continuing education courses (for LPNs) offered during this report year, list title of course, # of CEU's, name of agency approving contact hours:

55. List continuing education courses you plan to offer (for LPNs) during the coming report year:

56. Do you offer a formal refresher course? YES NO

A. Date of last refresher course offered: _____ Number of completers: _____

B. Dates of planned refresher course enrollments for the **upcoming report year**: _____

Minimum # of enrollees allowed: _____

57. Have you made any changes, during this report year, relating to curriculum, implementation of same, and/or student/faculty policies? YES NO If yes, describe these changes in detail on school letterhead.

58. Are you planning to make program changes for the coming report year? YES NO

If yes, describe these in detail on school letterhead. Do not introduce program changes until and unless you have the written approval of this Board. **(LAC§1101.B)**

59. Question Removed

60. CHECK THE ACCURACY OF THE NUMBERS IN YOUR REPORT HERE BEFORE SUBMITTING REPORT:

$$\left(\text{Select your school from the drop down menu. The \# enrolled on June 30th last year is included in parentheses. NOTE: THIS \# CANNOT BE CHANGED!} + \frac{\text{\# admits from page 3 question 22 D}}{\text{\# re-admits from page 3 question 22 E}} \right) - \left(\frac{\text{\# withdrawn from page 4 question 24 H}}{\text{\# graduated from page 5 question 25 E}} \right) = \frac{\text{\# enrolled on June 30th this year}}{\text{\# enrolled on June 30th this year}}$$

61. Signature of program coordinator: _____

Date report completed: _____

NOTE: PLEASE REMEMBER TO REMIT THE \$200.00 ACCREDITATION FEE, MADE PAYABLE TO THE LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS (LSBPNE).

Name of School:

Campus:

CURRICULUM - LAC. SUBCHAPTER E. CURRICULUM REQUIREMENTS

_____ Clock hours of theory instruction.

_____ Clock hours of clinical instruction.

_____ Clock hours of laboratory practice instruction.

_____ Total number of hours.

List all prerequisites needed to enter your practical nursing program.**Non-Nursing****Nursing**

Semesters/Terms/Modules**Semester/Term/Module 1****Semester/Term/Module 2**

Semester/Term/Module 3**Semester/Term/Module 4**

Semester/Term/Module 5

Name of School:	Campus:
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LSBPNE required curriculum LAC§933	List the name and # of the course(s) that meet(s) the LSBPNE curriculum requirement in column 1. Attach current course description(s) for all required courses in the PN curriculum.	# of clock hours	# of credit hours
Body structure & function			
Intro to microbiology			
Intro to practical nursing			
Personal family & community health			
Nutrition & diet therapy			
Pharmacology			
Principles & Practices of Nursing			
Career Readiness			

Should match the number of hours in your program. TOTAL _____