

Education Program RN Annual Report Form 2020

GENERAL PROGRAM INFORMATION

Welcome to the Ohio Board of Nursing Registered Nursing Education Program Annual Report for the Period Beginning July 1, 2019 and Ending June 30, 2020.

* 1. Enter the assigned program code below, using the format (US12345678).

* 2. Select the type of Pre-Licensure RN Program being reported.

- ADN
- BSN
- Diploma
- Direct Entry or Graduate

ACCREDITATION

* 1. Is the program accredited by any of the following? (select all that apply)

- ACEN
- CCNE
- NLN CNEA
- None

* 2. Is the program considering accreditation by any of the following in the future? (select all that apply)

- ACEN
- CCNE
- NLN CNEA
- None of the above
- N/A Program is already accredited

* 3. Has the program implemented the Ohio Nurse Competency Model in its curriculum?

- Yes
- No

PROGRAM CONTACT INFORMATION

* 1. PROGRAM CONTACT INFORMATION & MAILING ADDRESS

Current Legal/Official name of the Nursing Education Program (Use only the program's Name of Record with the Board)

Nursing Program Address:

City:

State:

Zip:

Current Program Phone Number (for Public):

Current Program Administrator Phone Number:

Program Fax Number:

Program Website:

* 2. Mailing Address County

* 3. Has any of the above program contact information changed within the last twelve months?

Yes

No

4. Has there been any change in Program Administrator or Program Administrator's contact information, within the past year?

Yes

No

*** 5. CONTROLLING AGENCY INFORMATION**

Name of Controlling Agency:

Controlling Agency Representative Name:

Controlling Agency Representative Title:

Controlling Agency Representative Email:

Controlling Agency Representative Phone:

Address:

City:

State:

Zip:

Controlling Agency Telephone Number:

Fax Number:

* 6. Has the Controlling Agency representative's contact information changed during the July 1, 2019 to June 30, 2020 reporting period?

Yes

No

* 7. Has there been any change in control (a change in the legal entity under which a program is organized and administered as well as the entity that grants credentials upon completion of the program) during this reporting period?

Yes

No

CHANGE OF CONTROL INDICATED

* 1. Please describe the change of control indicated in the previous question.

ADDITIONAL LOCATIONS

* 1. Excluding the program address listed at the beginning of this survey, are there any other locations where the program is offered (another program location)?

Yes

No

ADDITIONAL PROGRAM LOCATION #1

Include information about each Program location:

* 1. Complete all information as requested.

Program Name:

Associate Administrator
Name (including title and
credentials, if applicable):

Location Address:

City:

State:

Zip:

Phone Number of
Associate Administrator:

Phone Number of Location
for the Public:

Fax Number:

E-mail address:

* 2. Is the entire nursing program curriculum offered at this location?

Yes

No

ADD LOCATION #2

* 1. Add another program location?

Yes

No

ADDITIONAL PROGRAM LOCATION #2

* 1. Complete all information as requested.

Program Name:

Associate Administrator
Name (including title and
credentials, if applicable):

Location Address:

City:

State:

Zip:

Phone Number of
Associate Administrator:

Phone Number of Location
for the Public:

Fax Number:

E-mail address:

* 2. Is the entire nursing program curriculum offered at this location?

Yes

No

ADD LOCATION #3

* 1. Add another program location?

Yes

No

ADDITIONAL PROGRAM LOCATION #3

* 1. Complete all information as requested.

Program Name:

Associate Administrator
Name (including title and
credentials, if applicable):

Location Address:

City:

State:

Zip:

Phone Number of
Associate Administrator:

Phone Number of Location
for the Public:

Fax Number:

E-mail address:

* 2. Is the entire nursing program curriculum offered at this location?

Yes

No

ADD LOCATION #4

* 1. Add another program location?

Yes

No

ADDITIONAL PROGRAM LOCATION #4

* 1. Complete all information as requested.

Program Name:

Associate Administrator
Name (including title and
credentials, if applicable):

Location Address:

City:

State:

Zip:

Phone Number of
Associate Administrator:

Phone Number of Location
for the Public:

Fax Number:

E-mail address:

* 2. Is the entire nursing program curriculum offered at this location?

Yes

No

ADD LOCATION #5

* 1. Add another program location?

Yes

No

ADDITIONAL PROGRAM LOCATION #5

* 1. Complete all information as requested.

Program Name:

Associate Administrator
Name (including title and
credentials, if applicable):

Location Address:

City:

State:

Zip:

Phone Number of
Associate Administrator:

Phone Number of Location
for the Public:

Fax Number:

E-mail address:

* 2. Is the entire nursing program curriculum offered at this location?

Yes

No

PROGRAM DATA

* 1. As of the fall term census date within the reporting period, enter the count of all students enrolled in the nursing education program. (Programs that do not use "fall term census date" should identify the count of all students enrolled on the date within the second week of enrollment of a new cohort admission occurring on or immediately subsequent to September 1, 2019.)

* 2. Of the number of students enrolled, as identified in #1 above, how many are:

Male:

Female:

Data is missing:

Total (Must equal total listed in question 1 above):

* 3. Of the number of students enrolled, as identified in #1 above, how many students reported their ethnicity as:

Hispanic or Latino:

Not Hispanic or Latino:

Ethnicity Unknown:

Total (Must equal total listed in question 1 above):

* 4. Of the enrolled students who identified their ethnicity as "**Not Hispanic or Latino**," what number of the students also reported identification with the following races:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Two or more races:

Race Unknown:

Total (Must equal total listed in question 3 above under **Not Hispanic or Latino**):

* 5. What was the maximum number of new students the program planned to admit from July 1, 2019 to June 30, 2020?

* 6. How many individuals applied for admission to the program from July 1, 2019 to June 30, 2020?

* 7. Of the number of applying individuals identified in #6 above, how many met the program minimum admission requirements, but were not offered admission?

* 8. Of the number of applying individuals identified in #6 above, how many were offered admission to the program?

* 9. Of the number of applicants identified in #8 above, that were offered admission, how many accepted, were enrolled in the program and remained in the program through at least the first two weeks of nursing courses?

* 10. How many former students who previously left the program, were readmitted to the program at anytime from July 1, 2019 to June 30, 2020?

* 11. How many individuals successfully completed the program during the period of July 1, 2019 to June 30, 2020?

* 12. Of the number of individuals identified in #11 above that successfully completed the program, how many are:

Male:

Female:

Data

Missing:

Total (Must equal total listed in question 11 above):

* 13. Of the number of individuals identified in #11 above that successfully completed the program, how many students reported their ethnicity as:

Hispanic or Latino:

Not Hispanic or Latino:

Ethnicity Unknown:

Total (Must equal total listed in question 11 above):

* 14. Of the number of individuals in #13 above who identified their ethnicity as "**Not Hispanic or Latino**," what number of the individuals also reported identification with the following races:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Two or More Races:

Race Unknown:

Total (Must equal total listed in question 13 above under **Not Hispanic or Latino**):

* 15. Of the number of **males** identified in #12 above who successfully completed the program during the reporting period of July 1, 2019 to June 30, 2020, identify the numbers for each age range:

Under 18:

18 to 24:

25 to 39:

40 and over:

Age
unknown:

Total (Must
equal total
number of
males listed
in question
12 above):

* 16. Of the number of **females** identified in #12 above who successfully completed the program during the reporting period of July 1, 2019 to June 30, 2020, identify the numbers for each age range:

Under 18:

18 to 24:

25 to 39:

40 and over:

Age
unknown:

Total (Must
equal total of
females
listed in
question 12
above):

* 17. Does the program give credit or offer an advanced standing track to applicants who have an LPN license, EMT/Paramedic Certificate, or Military Training?

	Yes	No
LPN:	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Paramedic:	<input type="checkbox"/>	<input type="checkbox"/>
Military Training:	<input type="checkbox"/>	<input type="checkbox"/>

* 18. If any part of #17 above was answered "Yes," how many of the applicant types identified applied for enrollment in the program and requested transfer or advanced standing credit during the period of July 1, 2019 to June 30, 2020?

LPNs:

EMT/Paramedics:

Military Training

* 19. If any part of #17 above was answered as "Yes," how many of the applicant types identified were admitted to the program during the period of July 1, 2019 to June 30, 2020?

LPNs:

EMT/Paramedics:

Military Training:

* 20. If any part of #17 above was answered as "Yes," how many of the applicant types previously granted credit and admitted to the program, successfully completed the program during the reporting period of July 1, 2019 to June 30, 2020?

LPNs:

EMT/Paramedics:

Military Trained Applicants:

21. Does the program accept **only** applicants with a non-nursing baccalaureate degree or higher?

Yes

No

22. If yes, how many weeks of clinical coursework, including examination time, is the program?

* 23. Does the program offer a **separate track** to individuals who have a baccalaureate or graduate degree in a non-nursing field or major?

Yes

No

24. If yes, how many weeks of clinical coursework, including examination time, is the separate track?

* 25. (To be answered by diploma or associate degree programs.)

Does the program have an articulation agreement, or offer students a dual enrollment option with another degree-granting institution enabling program graduates to progress to a baccalaureate in nursing or higher academic degree?

The program has an articulation agreement, but not dual enrollment option

The program has an articulation agreement and dual enrollment option

The program has a dual enrollment option

The program does not have an articulation agreement nor dual enrollment option

N/A

PROGRAM ENROLLMENT CAPACITY

* 1. What is the program's maximum student capacity? (This is the maximum number of students at all levels of the program that the program is capable of accommodating.)

* 2. Did the maximum student capacity increase during the period of July 1, 2019 to June 30, 2020 from the previous 2018 to 2019 reporting period?

Yes

No

* 3. If the answer to #2 above is "Yes," by how much did the capacity increase?

(Use whole numbers and not percentages. If there was no increase, answer with "0" and continue.)

* 4. If the answer to #2 above is "No," did the number decrease?

Yes

No

* 5. If the answer to #4 above is "Yes," by how much did the number decrease?

(Use whole numbers and not percentages. If there was no decrease, answer with "0" and continue.)

* 6. Are there plans to offer the program at another location?

Yes

No

* 7. If the answer to #6 is "Yes," how many students do you anticipate enrolling at the new location? (If the answer to #6 is "No," enter a "0" and continue.)

* 8. If the answer to #6 is "Yes," is the planned new location more than 60 miles from the primary (original) program?

- Yes
- No
- N/A, there are no plans for a new location

SUPERVISION OF STUDENT IN CLINICAL SETTINGS

* 1. What is the number and highest academic degrees held by the registered nurses in either the **faculty or teaching assistant** role, who are directly supervising the program's students during their clinical experiences?

(This is the registered nurse who is employed or contracted by the program, and who is immediately available to the student during clinical. Include "Faculty responsible for teaching the nursing course," ONLY if the faculty is also directly supervising the student in the clinical setting.)

Doctorate (Nursing):

Doctorate (Non-nursing):

Masters (Nursing):

Masters (Non-nursing):

Baccalaureate in Nursing:

* 2. For each faculty or teaching assistant supervising students during clinical experience, what is the average number of students in each clinical group?

Average number of students:

* 3. Does the program use preceptors to supervise students during clinical experiences?

(Preceptors are registered nurses, employed or contracted by the clinical agency, and have demonstrated competence in the area of clinical practice in which the preceptor provides student supervision.)

Yes

No

FACULTY, TEACHING ASSISTANTS, and PRECEPTORS

* 1. As of the fall term census date within the reporting period, how many registered nurses who meet or exceed the role qualifications for "**Faculty** teaching a nursing course" were employed or contracted by the program? "Faculty" means a registered nurse who meets the requirements in 4723-5-10(A)(3), OAC and the definition in 4723-5-01(O), OAC.

* 2. Of the number of registered nurses serving in the role of faculty reported in #1 above, indicate the numbers for the highest academic degrees held:

PhD in Nursing:

Doctor of Nursing Practice:

Non- nursing Doctorate:

Master's (Nursing):

Master's (Non-nursing):

Total (Must equal total in question 1 above):

* 3. Of the number of **faculty** reported in #1 above, how many are:

Male:

Female:

Data is missing:

Total (Must equal total in question 1 above):

* 4. Of the number of **faculty** identified in #1 above identify the numbers for each age range:

30 and younger:

31 to 40:

41 to 50:

51 to 55

56 to 60:

61 to 70:

71 and older:

Total (Must equal total in question 1 above):

* 5. Of the number of **faculty** identified in #1 above, how many reported their ethnicity as:

Hispanic or Latino:

Not Hispanic or Latino:

Ethnicity Unknown:

Total (Must equal total in question 1 above):

* 6. Of the number of faculty in #5 above who identified their ethnicity as "**Not Hispanic or Latino**," what number of the faculty also reported identification with the following races:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Two or More Races:

Race Unknown:

Total (Must equal total in question 5 above under **Not Hispanic or Latino**):

* 7. Does the program use teaching assistants? "Teaching assistant" means a registered nurse who meets the requirements in 4723-5-10(A)(4), OAC and the definition in 4723-5-01(NN), OAC.

Yes

No

* 8. If you answered "Yes," to #7 above, as of the fall term census date within the reporting period, how many registered nurses who meet or exceed the role qualifications for "**teaching assistant**" were employed or contracted by the program?

* 9. Of the number of registered nurses serving in the role of **teaching assistant** as reported in #8 above, indicate the number of the highest academic degrees held.

PhD in Nursing:

Doctor of Nursing Practice:

Non- nursing Doctorate:

Master's (Nursing):

Master's (Non-nursing):

Baccalaureate in Nursing:

Total (Must equal total in question 8 above):

* 10. Of the number of **teaching assistants** reported in #8 above, how many are:

Male:

Female:

Data is missing:

Total (Must equal total listed in question 8 above):

* 11. Of the number of **teaching assistants** identified in #8 above, identify the number for each age range:

30 and younger:

31 to 40:

41 to 50:

51 to 55:

56 to 60:

61 to 70:

71 and older:

Total (Must equal total listed in question 8 above):

* 12. Of the number of **teaching assistants** identified in #8 above, how many reported their ethnicity as:

Hispanic or Latino:

Not Hispanic or Latino:

Ethnicity Unknown:

Total (Must equal total listed in question 8 above):

* 13. Of the number of **teaching assistants** who identified their ethnicity as "**Not Hispanic or Latino**" in #12 above, what number of the **teaching assistants** also reported identification with the following races:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Two or More Races:

Race Unknown:

Total (Must equal total listed in question 12 above under **Not Hispanic or Latino**):

* 14. As of the fall term census date within the reporting period of July 1, 2019 to June 30, 2020, how many **faculty** teaching a nursing course positions were vacant and being actively recruited?

* 15. How many **faculty** who were teaching nursing courses left the program during the period of July 1, 2019 to June 30, 2020, to accept a position at another nursing education program **in Ohio**?

* 16. How many **faculty** who were teaching nursing courses left the program during the period of July 1, 2019 to June 30, 2020 to accept a position at another nursing education program **outside of Ohio**?

* 17. How many **faculty** who are teaching nursing courses do you anticipate leaving the program during the period of July 1, 2020 to June 30, 2021?

* 18. How many **faculty** who are teaching nursing courses do you anticipate will leave the program in the **next five years**?

* 19. As of the fall term census date within the reporting period of July 1, 2019 to June 30, 2020, how many **teaching assistant** positions were vacant and being actively recruited?

* 20. How many **teaching assistants** left the program during the reporting period of July 1, 2019 to June 30, 2020 to accept a position at another nursing education program **in Ohio**?

* 21. How many **teaching assistants** left the program during the reporting period of July 1, 2019 to June 30, 2020 to accept a position at another nursing education program **outside of Ohio**?

* 22. How many **teaching assistants** do you anticipate leaving the program during the period of July 1, 2020 to June 30, 2021?

* 23. How many **teaching assistants** do you anticipate leaving the program in the **next five years**?

* 24. What is the total number of **faculty** and **teaching assistants** that left the program during the period of July 1, 2019 to June 30, 2020?

* 25. Of the number of **faculty** and **teaching assistants**, identified in #24 above who left the program, how many left for the following reasons:

Compensation:

Personal/Family:

Retired:

Returned to Clinical Practice:

Workload:

N/A - No one left:

Left, but not due to any of the above reasons, or for unknown reasons:

* 26. Did the program have open positions for **faculty** and **teaching assistants** that went unfilled during the period of July 1, 2019 to June 30, 2020?

Yes

No

* 27. Was the inability to fill **faculty** positions due to a lack of "qualified" applicants for the positions?

Yes

No

N/A , there were no unfilled positions

If the answer was "No", list the reasons the qualified faculty declined the position.

* 28. Was the inability to fill **teaching assistant** positions due to a lack of "qualified" applicants for the positions?

- Yes
- No
- N/A, there were no unfilled positions

If the answer was "No", list the reasons the qualified teaching assistants declined the position.

* 29. Identify the number of **current faculty** who are enrolled and actively pursuing the following additional academic degrees:

Master of Science in Nursing:	<input type="text"/>
Non-nursing Master's:	<input type="text"/>
Doctor of Nursing Practice:	<input type="text"/>
PhD in Nursing:	<input type="text"/>
Other Nursing Doctorate:	<input type="text"/>
Non-nursing Doctorate:	<input type="text"/>

* 30. Identify the number of current **teaching assistants** who are enrolled and actively pursuing the following additional academic degrees:

Master of Science in Nursing:	<input type="text"/>
Non-nursing Master's:	<input type="text"/>
Doctor of Nursing Practice:	<input type="text"/>
PhD in Nursing:	<input type="text"/>
Other Nursing Doctorate:	<input type="text"/>
Non-nursing Doctorate:	<input type="text"/>

PROGRAM INFORMATION

* 1. Did the program dismiss any student(s) due to the student's violation of the expected code of conduct during the reporting period of July 1, 2019 to June 30, 2020?

Yes

No

2. If the answer to #1 above is "Yes," how many students were dismissed from the program?

* 3. If the answer to #1 above is "Yes," indicate the number for the types of conduct that were the basis of the dismissal.

(If the answer to #1 was "No" enter "0"s and continue.)

Unauthorized substance use
(substance, drug or alcohol):

Unprofessional conduct:

Failure to attend:

Criminal conduct:

Other:

4. If "Other" in #3 above is a basis, identify the conduct:

* 5. How many students were dismissed from the program for unsatisfactory academic performance?

* 6. How many students were dismissed from the program due to unsatisfactory clinical performance?

* 7. Does the program require applicants to submit to a drug screen prior to admission?

Yes

No

* 8. Does the program require its students to submit to a drug screen at any point during their program enrollment?

Yes

No

* 9. How many students were dismissed from July 1, 2019 to June 30, 2020 due to a positive drug screen?

NCLEX Predictor Examination Follow-up Question

* 1. Does the program use an NCLEX predictor examination at anytime in the program?

Yes

No

NCLEX Predictor Examination Follow Up

Complete the following questions.

* 1. Does the program use an NCLEX predictor examination near the final phases of the program?

- Yes
- No

* 2. What NCLEX predictor exam product is used?

- HESI
- ATI
- Other

If "Other" (please provide name of exam).

* 3. Select all that apply to the program's use of the NCLEX predictor Exam:

- The examination is utilized within the last or capstone-type course and contributes to the course grade.
- The examination is utilized within the capstone-type course, but the student must pass the exam to pass the capstone-type course, or course in which the exam is utilized.
- The exam is independent of any course and its passage is required for successful program completion regardless of the student's prior academic progress or clinical performance.
- The examination is used to assess and provide feedback to students' strengths and weaknesses, but it does not impact the student's grade and successful program completion.
- The examination is used to evaluate the program and has no impact on students' grades or completion.
- None of the above

If "None of the above" was selected, explain the program's use of the examination.

* 4. How many students were not determined to have successfully completed the program during July 1, 2019 to June 30, 2020, due to their failure of the predictor examination, and therefore were not issued a Completion Letter for the Board of Nursing?

* 5. If your answer to #4 above was "0," was it because you do not use the examination as a factor to determine students' successful completion?

Yes

No

CURRICULUM

* 1. Does the program curriculum conclude with a capstone or practicum course in which the related clinical experience is supervised by a preceptor for purposes of transitioning the student into practice?

Yes

No

2. If the answer to #1 above is "Yes," please indicate the number of **planned** clock hours allotted to the course's clinical experience.

* 3. What is the program's total number of **planned** clock hours for laboratory experience? (Use only whole numbers)

* 4. What is the program's total number of clock hours for theory? (Use only whole numbers)

* 5. What is the program's total number of **planned** clock hours for clinical experience, in which a student delivers supervised nursing care to an individual or group of individuals?

* 6. Did your program move laboratory and clinical hours within a course during the reporting period?

Yes

No

* 7. Identify the **number of types** of clinical agencies used by the program from July 1, 2019 to June 30, 2020 (all that apply, use only whole numbers).

Acute Care:

Long Term Care:

Rehabilitation:

Physician Office:

Public/Private School:

Community Health Clinic:

Home Care Agency:

DD Facility:

Urgent Care Center:

Public Health/Health
Department:

Hospice Program:

Ambulatory Surgery
Center:

Mental Health/Psychiatric
Facility/Clinic:

Other (please specify):

* 8. Indicate the total number of **planned** clinical clock hours as defined by Rule 4723-5-01, OAC, for **Obstetrics and Pediatrics** within the program curriculum.

Obstetrics

Pediatrics

* 9. Identify the types of agencies/facilities used by the program for **obstetrical** and **pediatric** clinical experiences during July 1, 2019 to June 30, 2020.

	Obstetrics Clinical	Pediatrics Clinical
Acute Care	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Physician/APRN Office	<input type="checkbox"/>	<input type="checkbox"/>
Public/Private School	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Agency	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Care Center	<input type="checkbox"/>	<input type="checkbox"/>
Public Health/Health Department	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Program	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory Care Center	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Birthing Center	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
N/A - If response to question 8 above is "0"	<input type="checkbox"/>	<input type="checkbox"/>

For other, specify the clinical area and describe the clinical site.

* 10. Does the curriculum include "inter-professional education experiences?" (For example, education or experiences designed for health professionals to deliver patient-centered care as members of a interdisciplinary team.

- Yes
- No

CURRICULUM PLAN

**Please submit your curriculum plan as a PDF document via email to education@nursing.ohio.gov.
Please submit the course hours data chart form required by Rule 4723-5-19(F)OAC to education@nursing.ohio.gov.
(See templates provided in emailed instructions.)**

- * 1. Describe any curriculum changes that have occurred during this reporting period that are NOT a result of a change in the program's philosophy, conceptual framework or organizing theme, i.e., moving courses from one level to another, changing course hours, adding or deleting a course, or adding or deleting a nursing elective course.

Use of Simulation in the Curriculum

Please consider these definitions in responding to the questions.

"High fidelity" means experiences using full scale computerized patient simulators, virtual reality or standardized patients that are extremely realistic and provide a high level of interactivity and realism for the learner.

"Mid or moderate fidelity" means experiences that are more technologically sophisticated, such as computer-based self-directed learning systems simulations in which the participant relies on a two-dimensional focused experience to problem solve, perform a skill, and make decision, or which use mannequins that are more realistic than state low-fidelity ones and have breath sounds, heart sounds and/or pulses

* 1. Indicate the total number of **planned laboratory** clock hours in which high fidelity simulation or mid or moderate fidelity simulation is utilized, for **Obstetrics and Pediatrics**.

Obstetrics

Pediatrics

* 2. Indicate the percentage of **planned** OB clinical experience hours that were replaced with high or moderate fidelity OB simulation during the reporting period:

- 100%
- 76-99%
- 51-75%
- 26-50%
- 0-25%
- N/A (Not Applicable)

* 3. Indicate the percentage of **planned** pediatric clinical experience hours that were replaced with high or moderate fidelity pediatric simulation during the reporting period.

- 100%
- 76-99%
- 51-75%
- 26-50%
- 0-25%
- N/A (Not Applicable)

* 4. Does the program utilize high or moderate fidelity human patient simulations within your skills laboratory for any nursing course?

Yes

No

* 5. For all applicable nursing courses, how many **planned** laboratory hours were devoted to skills practice using high or moderate fidelity human patient simulators?

CLINICAL EXPERIENCE IN ANOTHER STATE-TERRITORY-COUNTRY

* 1. Did the program utilize any clinical settings outside of the state of Ohio in which students provided supervised nursing care to individuals or groups of individuals during July 1, 2019 to June 30, 2020?

Yes

No

CLINICAL EXPERIENCE IN ANOTHER STATE/TERRITORY/COUNTRY

1. List all states, territories, countries, or other jurisdictions in which the clinical setting was located.

* 2. Did the program contact the Board of Nursing, or other entity regulating nursing in that jurisdiction or foreign country and document compliance with any and all requirements of that Board or entity? 4723-5-17(C), OAC.

Yes

No

VERIFICATION OF RULE COMPLIANCE

Is the program meeting and maintaining the requirements of Chapter 4723-5 of the Ohio Administrative Code (OAC)? "No" response(s) in this section will require an explanation(s) in the spaces provided below.

* 1. Organization and administration of the program (Rule 4723-5-09, OAC)

Yes

No

If "No" explain

* 2. Qualifications of administrators, faculty, teaching assistants and preceptors for a registered nursing education program (Rule 4723-5-10, OAC)

Yes

No

If "No" explain

* 3. Program policies (Rule 4723-5-12, OAC)

Yes

No

If "No" explain

* 4. Curriculum for a registered nursing education program (Rule 4723-5-13, OAC)

Yes

No

If "No" explain

* 5. Evaluation plan for the program (Rule 4723-5-15, OAC)

Yes

No

If "No" explain

* 6. Board approval of curriculum revision (Rule 4723-5-16, OAC)

Yes

No

Not Applicable

If "No" explain

* 7. Program contractual relationships (Rule 4723-5-17, OAC)

Yes

No

If "No" explain

* 8. Responsibilities of faculty teaching a nursing course (Rule 4723-5-19, OAC)

Yes

No

If "No" explain

* 9. Responsibilities of faculty, teaching assistants and preceptors in a clinical setting (Rule 4723-5-20, OAC)

Yes

No

If "No" explain

* 10. Program records (Rule 4723-5-21, OAC)

Yes

No

If "No" explain

VERIFICATION OF INFORMATION

By submitting this report, I attest to the best of my knowledge, the information contained in this report is true and accurate.

* 1. Administrator, Nursing Education Program:

Name:

Title:

Date of Submission: