**The University of the State of New York**

**THE STATE EDUCATION DEPARTMENT**

**Office of the Professions – Division of Professional Education Program Review**

**2023 ANNUAL REPORT**

 **NURSE EDUCATION PROGRAMS**

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| * This report **does not satisfy** the requirement for notifying this office of changes to the registered program. New registration is required for any existing curriculum in which major changes are made that affect its title, focus, design, requirements for completion, or mode of delivery. Therefore, prior to initiating a change in this program we ask that you contact the Professional Education Program Review office.
* The Annual Report is due on **March 31, 2024.** Please send the completed report via emailto **OPNURS@nysed.gov**. **Only electronic submissions will be accepted**. Converting this report and additional program information to pdf format is best for transmission. Do not send as a zip file.
* **Failure to submit this report may affect the re-registration status of the nursing programs at your School.**
* If you have any questions regarding completion of the form, please contact the PEPR office by email at **OPNURS@nysed.gov****,** or by calling at 518-474-3817 ext. 360
* One report is required for **each program**. Programs offered at additional locations must file separate reports. You can check program registration status at <http://www.nysed.gov/heds/IRPSL1.html>.
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**Note: Report only one program on this form. Separate forms are required for each program.**

**SECTION I - GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Item** | **Response** *(type in the requested information)* |
| **School information**  | Name:      Address:      Note: If the program is offered at any additional locations, a separate report is needed for each additional location.  |
| **Program Information** | Program title:      Award (e.g., B.A., M.S.):       |
| **Program Code** | Program Code:       HEGIS Code:       |
| **Program format** | Check all program scheduling and format features that apply: (See [definitions](http://www.nysed.gov/college-university-evaluation/format-definitions))1. **Format**: \_\_\_Day \_\_\_Evening \_\_\_Weekend \_\_\_Evening/Weekend

 \_\_\_Full-Time \_\_\_Not Full-Time \_\_\_Upper Division 1. **Mode**: \_\_\_Standard \_\_\_Distance Education
 |
| **Number of Credits/Hours** | Indicate total number of credit/hours for the program: \_\_\_Indicate number of nursing credits/hours: \_\_\_ |
| **Contact person**  | Name and title:      Telephone:       Fax:       E-mail:       |

**SECTION II - PROGRAM INFORMATION**

1. Indicate the credits/hours for each of the following curricular components:

|  |  |
| --- | --- |
| **Components**  | **Indicate the Number of Credits/Hours**  |
| Didactic Education |       credits/hours |
| Laboratory Education |       credits/hours |
| Clinical Education | Direct Patient Care |       Hours Of these, indicate the number of preceptor- supervised clinical education hours:       Hours  |
| Simulated Patient Care |       Hours  |

1. Use Table 1.0. to report information on the number of students applied, admitted, and enrolled. Use Table 1.1. to report racial/ethnic origin and gender information.

 Table 1.0. Application, Admission, and Enrollment Information

|  |  |
| --- | --- |
| Number of *completed* applications to the nursing program for the period of August 1, 2022-July 31,2023 |       |
| Number of *qualified* applications to the nursing program for the period of August 1, 2022-July 31,2023 |       |
| Number of prospective students granted admission for the period of August 1, 2022-July 31, 2023 |       |
| Number of students readmitted to the nursing program for the fall of 2023 |       |
| Number of students (in total) enrolled in the program for fall of 2023 (enrolled as of October 15, 2023) |       |
| Number of students who graduated in calendar year 2023 |       |

 Table 1.1. Student Enrollment by Racial/Ethnic Origin

|  |
| --- |
| Total Enrollment:       |
| Racial/Ethnic Origin  | Gender  |
| Hispanic/Latino of any race (%) | Non-Hispanic/Latino |
| American Indian/Alaska Native (%) | Asian (%) | Black/African American | Native Hawaiian/Pacific Islander | White | Two or more races | Unknown | Male (%) | Female (%)  |
|       |       |       |       |       |       |       |       |        |       |

\*For definitions related to race and ethnicity reporting, please [click here](https://nces.ed.gov/ipeds/report-your-data/race-ethnicity-definitions).

 Table 1.2 Trended Admission, Enrollment, and Graduation Data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2023 | 2022 | 2021 | 2020 | 2019 |
| Total New Admits  |  |  |  |  |  |
| Total Enrollments  |  |  |  |  |  |
| Total Graduates |  |  |  |  |  |

1. a) Use Table 2.0. to provide information on teachers employed by the program.

Table 2.0. Nurse Faculty by Credential and Appointment Status

|  |  |  |
| --- | --- | --- |
| Highest Degree Held by Faculty | Number of Full-Time Faculty | Number of Part-Time Faculty  |
| Diploma Nursing |       |       |
| Associate Degree in Nursing  |       |       |
| Baccalaureate Degree in Nursing  |       |       |
| Baccalaureate Degree Non-Nursing  |       |       |
| Master’s Degree in nursing  |       |       |
| Master’s Degree Non-Nursing  |       |       |
| Doctoral Degree in Nursing  |       |       |
| Doctoral Degree Non-Nursing |       |        |

b) Indicate the number of FTE of full-time faculty for the program:       FTE

c) Indicate the number of FTE of part-time faculty for the program:       FTE

c) Indicate the number of FTE of support staff for the program:       FTE

 (1 Full-Time Employee=1.0 FTE)

d) Use Table 2.1. to report Faculty-Student Ratios

|  |
| --- |
| Table 2.1: Faculty-Student Ratios |
|  | Didactic | Laboratory | Clinical |
| FSR (F:S) |       |       |       |

1. Use Table 3 to report program outcome data for the most recent three years:

 Table 3: Program Outcome Data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2023 | 2022 | 2021 | 2020 | 2019 |
| Completion Rates\*  |       |       |       |       |       |
| Job Placement Rates\*\* |       |       |       |       |       |
| If Applicable, NCLEX First-time Candidate Pass Rates or Other National Certification First-time Candidate Pass Rates (Please Specify:      ) |       |       |       |       |       |
|  | 2020 | 2019 | 2018 |
| If applicable, Default Rates\*\*\*  |       |       |       |

 \*students who complete the program within 1.5 times of the length of program (# completed in 1.5x the program length / # of students who started the program with that cohort)

\*\*employed in the field of nursing

\*\*\* Provide only actual default rates, not estimates. For more information on Default Rates, [click here](https://fsapartners.ed.gov/knowledge-center/topics/default-management) to see the Office of Federal Student Aid website

**SECTION III: INFORMATION FOR PROGRAMS THAT HAVE IDENTIFIED THE BOARD OF REGENTS AS THE SOLE ACCREDITOR**

1. Provide a pdf copy of the most recent catalog and student handbook inclusive of course descriptions, policies for selection, promotion/progression, and graduation of students, and practices followed in safeguarding the health and wellbeing of students (i.e., clinical clearance requirements, student support services, student policies).
2. Provide the most recent year of audited financial statements as a separate attachment. Provide the most recent year’s nursing budget including a statement of income/revenues and all expenses.
3. Provide a list of current clinical affiliating agencies as a separate attachment.
4. Provide a copy of the program administrators job description.
5. Provide a copy of the faculty job description and a table with a list of faculty, their respective educational and experiential qualifications, and assigned roles and teaching responsibilities.
6. Indicate the actions taken in the last year to address the concerns identified in the most recent site visit report or systematic evaluation cycle as applicable.

**SECTION IV: CERTIFICATION**

***I hereby certify the following: I have reviewed the report and all the required information is provided, accurate and complete.***

|  |  |
| --- | --- |
| Signature of Dean/Director/Chair | Date:       |
| Type or Print the Name:       |

Note: For the purpose of this report, the following definition is used:

Simulation Experience: planned learning experiences that represent actual or potential situations in clinical nursing practice…Such learning experiences allow participants to develop or enhance clinical nursing competencies and provide an opportunity to analyze and respond to realistic situations in a simulated environment.

Simulation experience acceptable to the department for the purposes of clinical training or clinical education shall:

1. be designed, guided and supervised by program faculty and program staff with appropriate and relevant training, certification or accreditation, who may be assisted or supported by experts in simulation, in a nursing skills or clinical simulation laboratory setting;
2. include continued professional development opportunities for program faculty and program staff in simulation methods and best practices;
3. utilize theory-based, evidence-based, and standards-driven pedagogy;
4. require active student engagement in guided skills practice with instructional feedback;
5. include formative and summative assessments of well-articulated competencies appropriate to the role and responsibilities of the learner;
6. use various types of fidelity through equipment and practice to replicate substantial aspects of clinical nursing practice and utilize relevant equipment and technologies as appropriate to the desired learning outcomes;
7. maintain continued compliance with the standards of program registration; and
8. respond to innovations or emerging educational needs, pursuant to regulation.