

The following document contains screen shot of the Education Annual Report and will give you an idea as to what information we are collecting.



Education Annual Report

Nursing Education Program Annual Report

Each fiscal year, every nursing education program in the State of Alabama is required to submit an evaluation report to the Board of Nursing by a date specified by the Board pertaining to the activity of the preceding academic year.

If information was previously entered and it is still correct the basic information regarding the nursing program should be already on the document. **Click here to see screen shots of the report application.** It can be used as a guide as you enter the information for your program.

If you see any highlighted words on pages in the application, move your mouse over the word and a definition will popup.

THE ANNUAL REPORT DOCUMENT IS DUE TO THE BOARD BY NOVEMBER 1, 2017 AND DELINQUENT NOVEMBER 30, 2017.

A separate Annual Report is required for each type of nursing program at your institution (LPN, ADN, BSN)

NCLEX Code:

Password:

Login

Reset



Education Annual Report

Test College

Parent Institution 610-X-3-.02(2)(a)

Institution Programs Site Information Faculty Faculty Experiential Prep Clinical ClinicalExperiential Prep Faculty Ratio Personnel Need Recruiting Barrier Student Enrollment Reasons Curriculum Requirements NCLEX Scores Substantive Changes Report Completion

Institution Mailing Address: 10

Institution Mailing Address: 9

City: 8 State: Alabama Zip: 6

If different from above:

Institution Street Address: 5

Institution Street Address: 4

City: 3 State: Alabama Zip: 2

Chief Executive Officer:

First Name: 1 Middle: 0 Last Name: 100

Chief Executive Officer's Title: (e.g. president, provost, chancellor) 99

Chief Executive Officer's email: 98

Web Site Address of Institution: espn.com

Type of Institution:

Public Private

To enter a new appropriate accrediting body for the INSTITUTION below, click the "Add Accreditation" link, make any necessary changes and click the "Update" button.

To edit the information, click the Edit link, make any necessary changes and click the "Update" button.

Changes will not be saved until you click the "Update" button.

If you have more than one, enter one accrediting body at a time.

Add Accreditation	NAME OF ACCREDITING BODY	LAST SURVEY	NEXT SURVEY	ACCREDITATION STATUS
Edit Delete	test2258	test0	test20	Accreditation Withdrawn
Edit Delete	testing2	January	February	Accredited with Conditions

If probation, warning or withdrawn is selected, please cite the reason and the effective date of resolution

200

Save Programs >>>



Education Annual Report

78-999999 Test Program

Nursing Program 610-X-3-.02(6)

Institution Programs Site Information Faculty Faculty Experiential Prep Clinical ClinicalExperiential Prep Faculty Ratio Personnel Need Recruiting Barrier Student Enrollment Reasons Curriculum Requirements NCLEX Scores Substantive Changes Report Completion

Program Mailing Address 1:

Program Mailing Address 2:

City: State: Alabama Zip:

If different from above:

Program Street Address:

Program Street Address:

City: State: Alabama Zip:

Telephone: Fax:

Nursing Program Web Address:

Chief Nurse Administrator:

First Name: Middle: Last Name:

Title:

License Number:

Credentials:

Chief Nurse Administrator Email:

Provide program email address if different from above:

Accredited

Not Accredited

To add a specialty accrediting body information for the NURSING PROGRAM, click the "Add Accreditation" link to add any accrediting body and click the 'Update' button.

If you have more than one, enter one body at a time.

To edit the information, click the Edit link, make any necessary changes and click the 'Update' button. Changes will not be saved until you click the 'Update' button.

Add Accreditation	NAME OF SPECIALTY ACCREDITING BODY	LAST SURVEY	NEXT SURVEY	ACCREDITATION STATUS/EFFECTIVE DATES (Send copy of letter received from accrediting agency if changes have been made since last reporting period)
Edit Delete	CCNE	test	test	tstws

Type of Nursing Program <input type="radio"/> OLPN <input checked="" type="radio"/> ADN <input type="radio"/> OBSN	Credit Hour System <input type="radio"/> Semester <input checked="" type="radio"/> Quarter	ABN Status <input checked="" type="radio"/> Approved <input type="radio"/> Provisionally Approved	Deficiency Status <input type="radio"/> Notice of Deficiency <input checked="" type="radio"/> Notice of Continued Deficiency <input type="radio"/> Not Applicable
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Save

<<< Institution

Program/Site >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' button. Changes will not be saved until you click the 'Update' button.



Education Annual Report

78-999999 Test Program

Program/Campus/Site

Institution Programs Site Information Faculty Faculty Experiential Prep Clinical ClinicalExperiential Prep Faculty Ratio Personnel Need Recruiting Barrier Student Enrollment Reasons Curriculum Requirements NCLEX Scores Substantive Changes Report Completion

Answer and save the question below and then proceed to edit any information to the Campus site grid.

How many different campuses offer this nursing program

Enter each Program Campus/Site below INCLUDING the main campus. To add a Program Campus/Site, click the Add Site link in the top left corner of the grid.

Add Site	PROGRAM / CAMPUS SITE	LOCATION ADDRESS	COORDINATOR / PROGRAM HEAD	TOTAL NUMBER OF STUDENTS AT EACH SITE	TOTAL NUMBER OF FACULTY AT EACH SITE	TOTAL NUMBER OF CLINICAL SUPERVISORS AT EACH SITE	INDICATE DAY, EVENING OR BOTH
Edit Delete	Blue	110	Daffy Duck	6	1.5	0	Evening
Edit Delete	Green	120	John Doe	15	1.5	4	Both
Edit Delete	Red	123 Main Street, Birmingham AL	Jane Smith	11	23	5	Evening
Edit Delete	Purple State	123	456	789	951	753	Day
Edit Delete	black	test	test	2	2	3	Evening

<<< Program

Faculty >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



Education Annual Report

78-999999 Test Program

Faculty

Institution Programs Site Information Faculty Faculty Experiential Prep Clinical ClinicalExperiential Prep Faculty Ratio Personnel Need Recruiting Barrier Student Enrollment Reasons Curriculum Requirements NCLEX Scores Substantive Changes Report Completion

List faculty according to the number and/or percentage of time that they teach in each program campus/site. Example: If part-time (PT) on one campus/program and part time on another campus/program count accordingly (Do not count full-time (FT) on each because they are not FT at each campus) Do not Double count when you get to Clinical supervisor/instructor section)

Full-time (A) = 35+ hours, Part-Time (B)= 20-34 hours, Part-Time (C)= less than 20 hours

	SITE NAME	TOTAL NUMBER OF FACULTY	NUMBER WITH PhD	NUMBER WITH EdD	NUMBER WITH DNP	NUMBER WITH MASTERS IN NURSING	NUMBER WITH MASTERS IN RELATED AREA
Edit	Blue	1 (A) FT	3 (A) FT	5 (A) FT	6 (A) FT	11 (A) FT	14 (A) FT
		5 (B) PT	5 (B) PT	6 (B) PT	9 (B) PT	12 (B) PT	15 (B) PT
		2 (C) PT	4 (C) PT	7 (C) PT	10 (C) PT	13 (C) PT	16 (C) PT
Edit	Green	20 (A) FT	23 (A) FT	26 (A) FT	29 (A) FT	32 (A) FT	35 (A) FT
		21 (B) PT	24 (B) PT	27 (B) PT	30 (B) PT	33 (B) PT	36 (B) PT
		22 (C) PT	25 (C) PT	28 (C) PT	31 (C) PT	34 (C) PT	37 (C) PT
Edit	Red	40 (A) FT	43 (A) FT	46 (A) FT	49 (A) FT	52 (A) FT	55 (A) FT
		41 (B) PT	44 (B) PT	47 (B) PT	50 (B) PT	53 (B) PT	56 (B) PT
		42 (C) PT	45 (C) PT	48 (C) PT	51 (C) PT	54 (C) PT	57 (C) PT
Edit	Purple State	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT
		(B) PT	(B) PT	(B) PT	(B) PT	(B) PT	(B) PT
		(C) PT	(C) PT	(C) PT	(C) PT	(C) PT	(C) PT
Edit	black	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT
		(B) PT	(B) PT	(B) PT	(B) PT	(B) PT	(B) PT
		(C) PT	(C) PT	(C) PT	(C) PT	(C) PT	(C) PT

<<< Program/Site

Faculty Prep >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



Education Annual Report

78-999999 Test Program

Faculty Experiential Preparation

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[Clinical](#)
[ClinicalExperiential Prep](#)
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	SITE NAME	NUMBER WITH <3 YEARS TEACHING EXPERIENCE	NUMBER WITH >3 YEARS TEACHING EXPERIENCE	NUMBER WITH <5 YEARS NURSING PRACTICE EXPERIENCE	NUMBER WITH >5 YEARS NURSING PRACTICE EXPERIENCE
Edit	Blue	10	12	15	18
Edit	Green	1	2	3	4
Edit	Red	11	22	33	44
Edit	Purple State				
Edit	black				
		1			

[<<< Faculty](#)
[Clinical >>>](#)

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



Education Annual Report

78-999999 Test Program

Clinical Supervisor/Instructor Information

[Institution](#) [Programs](#) [Site Information](#) [Faculty](#) [Faculty Experiential Prep](#) [Clinical](#) [ClinicalExperiential Prep](#) [Faculty Ratio](#) [Personnel Need](#)
[Recruiting Barrier](#) [Student Enrollment](#) [Reasons](#) [Curriculum](#) [Requirements](#) [NCLEX Scores](#) [Substantive Changes](#) [Report Completion](#)

Definition of Clinical Supervisors: A licensed registered nurse, acting in a supervisory capacity of learning experiences (in clinical), who is accessible to assign or prescribe a course of action, give procedural guidance, direction and evaluation for a nursing student(s).
Additional Individuals who are hired to teach lab and/or clinical. Do Not double count if counted in Faculty section above)

Full-time (A) = 35+ hours, Part-Time (B) = 20-34 hours, Part-Time (C) = less than 20 hours

SITE NAME	TOTAL NUMBER OF CLINICAL SUPERVISOR	NUMBER PhD / EdD / DNP	NUMBER MASTERS DEGREE IN RELATED FIELD	NUMBER MASTERS DEGREE IN NURSING	NUMBER BACHELORS DEGREE IN NURSING	NUMBER ASSOCIATE DEGREE IN NURSING
Edit Blue	9 (A) FT	6 (A) FT	3 (A) FT	99 (A) FT	66 (A) FT	33 (A) FT
	8 (B) PT	5 (B) PT	2 (B) PT	88 (B) PT	55 (B) PT	22 (B) PT
	7 (C) PT	4 (C) PT	1 (C) PT	77 (C) PT	44 (C) PT	11 (C) PT
Edit Green	999 (A) FT	666 (A) FT	333 (A) FT	989 (A) FT	656 (A) FT	323 (A) FT
	888 (B) PT	555 (B) PT	222 (B) PT	878 (B) PT	545 (B) PT	212 (B) PT
	777 (C) PT	444 (C) PT	111 (C) PT	767 (C) PT	434 (C) PT	191 (C) PT
Edit Red	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT
	(B) PT	(B) PT	(B) PT	(B) PT	(B) PT	(B) PT
	(C) PT	(C) PT	(C) PT	(C) PT	(C) PT	(C) PT
Edit Purple State	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT
	(B) PT	(B) PT	(B) PT	(B) PT	(B) PT	(B) PT
	(C) PT	(C) PT	(C) PT	(C) PT	(C) PT	(C) PT
Edit black	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT	(A) FT
	(B) PT	(B) PT	(B) PT	(B) PT	(B) PT	(B) PT
	(C) PT	(C) PT	(C) PT	(C) PT	(C) PT	(C) PT

<<< Faculty Prep

ClinicalPrep >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



Education Annual Report

78-999999 Test Program

Clinical Supervisor/Instructor Experiential Preparation

[Institution](#) [Programs](#) [Site Information](#) [Faculty](#) [Faculty Experiential Prep](#) [Clinical](#) [ClinicalExperiential Prep](#) [Faculty Ratio](#) [Personnel Need](#) [Recruiting Barrier](#) [Student Enrollment](#) [Reasons](#) [Curriculum](#) [Requirements](#) [NCLEX Scores](#) [Substantive Changes](#) [Report Completion](#)

	SITE NAME	NUMBER WITH <3 YEARS TEACHING EXPERIENCE	NUMBER WITH >3 YEARS TEACHING EXPERIENCE	NUMBER WITH <5 YEARS NURSING PRACTICE EXPERIENCE	NUMBER WITH >5 YEARS NURSING PRACTICE EXPERIENCE
Edit	Blue	12	23	34	45
Edit	Green	21	32	43	54
Edit	Red	65	987	321	5342
Edit	Purple State				
Edit	black				

<<< Clinical

Ratio >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



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78-999999 Test Program

Ratio

[Institution](#) [Programs](#) [Site Information](#) [Faculty](#) [Faculty Experiential Prep](#) [Clinical](#) [ClinicalExperiential Prep](#) [Faculty Ratio](#) [Personnel Need](#) [Recruiting Barrier](#) [Student Enrollment](#) [Reasons](#) [Curriculum](#) [Requirements](#) [NCLEX Scores](#) [Substantive Changes](#) [Report Completion](#)

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link.

Changes will not be saved until you click the 'Update' button.

	SITE NAME	CLASSROOM FACULTY TO STUDENT RATIO	LAB INSTRUCTOR FACULTY/ SUPERVISOR TO STUDENT RATIO	ACUTE CARE SETTING: CLINICAL SUPERVISOR TO STUDENT RATIO	LONG TERM CARE SETTING: CLINICAL SUPERVISOR TO STUDENT RATIO
Edit	Blue	22	44	66	88
Edit	Green	11	33	55	77

<<< Clinical Prep

Additional Faculty >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



Education Annual Report

78-999999 Test Program

Need for Additional Faculty/Personnel

[Institution](#) [Programs](#) [Site Information](#) [Faculty](#) [Faculty Experiential Prep](#) [Clinical](#) [ClinicalExperiential Prep](#) [Faculty Ratio](#) [Personnel Need](#) [Recruiting Barrier](#) [Student Enrollment](#) [Reasons](#) [Curriculum](#) [Requirements](#) [NCLEX Scores](#) [Substantive Changes](#) [Report Completion](#)

	SITE NAME	NUMBER OF ADDITIONAL FACULTY NEEDED	NUMBER OF ADDITIONAL CLINICAL SUPERVISORS
Edit	Blue	100	200
Edit	Green	300	400
Edit	Red	500	600
Edit	Purple State		
Edit	black		

<<< Ratio

Barriers >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



Education Annual Report

78-999999 Test Program

Barriers to Recruiting Faculty

Institution Programs Site Information Faculty Faculty Experiential Prep Clinical ClinicalExperiential Prep Faculty Ratio Personnel Need Recruiting Barrier Student Enrollment Reasons Curriculum Requirements NCLEX Scores Substantive Changes Report Completion

Barriers to Recruiting Faculty (Select all that apply)

	SITE NAME	SALARY BARRIERS	BENEFITS BARRIERS	QUALIFICATION BARRIERS	LOCATION BARRIERS	SPECIALTY AREA BARRIERS	WORKLOAD BARRIERS	OTHER BARRIERS
Edit	Blue	X		X		X		test
Edit	Green		X		X		X	test3
Edit	Red	X	X			X	X	test4
Edit	Purple State							
Edit	black	X	X					

<<< Additional Faculty

Enrollment >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



Education Annual Report

78-99999 Test Program

Student Enrollment

[Institution](#)
[Programs](#)
[Site Information](#)
[Faculty](#)
[Faculty Experiential Prep](#)
[Clinical](#)
[ClinicalExperiential Prep](#)
[Faculty Ratio](#)
[Personnel Need](#)
[Recruiting Barrier](#)
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SITE NAME	NUMBER OF FIRST YEAR STUDENTS ENROLLED	NUMBER OF SECOND YEAR STUDENTS ENROLLED	NUMBER OF THIRD YEAR STUDENTS ENROLLED	NUMBER OF FOURTH YEAR STUDENTS ENROLLED	TOTAL NUMBER OF QUALIFIED STUDENTS UNABLE TO ADMIT TO PROGRAM
Edit Blue	78	79	80	81	82
Edit Green	45	46	47	48	49
Edit Red	32	33	38	39	45
Edit Purple State					
Edit black					

<<< Barriers

Reasons >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



Education Annual Report

78-999999 Test Program

Reasons Unable to Select Qualified Students

[Institution](#)
[Programs](#)
[Site Information](#)
[Faculty](#)
[Faculty Experiential Prep](#)
[Clinical](#)
[ClinicalExperiential Prep](#)
[Faculty Ratio](#)
[Personnel Need](#)
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Reasons you were unable to select qualified students (select all that apply)

	SITE NAME	CLINICAL SITES	FACULTY	CLASSROOM SPACE	CLINICAL SUPERVISOR	BUDGET CONSTRAINTS	OTHER REASONS
Edit	Blue	X	X	X	X	X	test7
Edit	Green	X			X		test234
Edit	Red	X		X	X	X	test
Edit	Purple State	X	X		X		
Edit	black						


<<< Enrollment

Courses >>>

To add a course, Click the ADD CLASS link in the upper left corner of the grid, enter the information and click the 'Update' button.

To edit the information, click the Edit link, make any necessary changes and click the 'Update' button.

Changes will not be saved until you click the 'Update' button.



Education Annual Report

78-999999 Test Program Curriculum

[Institution](#)
[Programs](#)
[Site Information](#)
[Faculty](#)
[Faculty Experiential Prep](#)
[Clinical](#)
[ClinicalExperiential Prep](#)
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Provide the number of theory, direct patient care, lab, and observation contact hours the students must complete in order to graduate from the program.

To add a course, Click the ADD CLASS link in the upper left corner of the grid.

Add Class	COURSE TITLE	SUMMARY OF CONTENT COVERED	COURSE HOURS (CREDIT HOURS)	THEORY HOURS (CLOCK HOURS)	CLINICAL HOURS DIRECT PATIENT CARE (CLOCK HOURS)	SIMULATION HOURS (CLOCK HOURS) HIGH FIDELITY SIMULATION	LAB HOURS (CLOCK HOURS) LOW FIDELITY SIMULATION	OBSERVATION HOURS
Edit Delete	math	summary'	12	13	14	15	16	17
Edit Delete	test	test98	8	5	2	3	6	9

[<<< Reasons](#)
[Requirements >>>](#)

To edit the information, click the Edit link, make any necessary changes and click the 'Update' button. Changes will not be saved until you click the 'Update' button.



Education Annual Report

78-99999 Test Program

Requirements

[Institution](#)
[Programs](#)
[Site Information](#)
[Faculty](#)
[Faculty Experiential Prep](#)
[Clinical](#)
[ClinicalExperiential Prep](#)
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To edit the information, click the Edit link, make any necessary changes and click the 'Update' button.

Changes will not be saved until you click the 'Update' button.

#	Site Name	1. Is an external exam such as HESI or ATI required in your Practical Nursing, Associate or BSN program(s) for graduation requirements?	2. If you answered 'YES' to question 1, what is the external exam score used in your program(s) to prevent progression?	3. Do you use another state jurisdiction for clinical experiences?	4. Is Microbiology a pre-requisite for Associate or Baccalaureate nursing students in your program?	5. Does your nursing program accept Anatomy and Physiology with a corresponding 'hands on' lab or a 'virtual lab'?
Edit	Blue		LPN: Associate: BSN: Additional Comment:	If YES, please list state/jurisdiction.		'Hands On' Lab: 'Virtual' Lab: Additional Comments:
Edit	Green		LPN: Associate: BSN: Additional Comment:	If YES, please list state/jurisdiction.		'Hands On' Lab: 'Virtual' Lab: Additional Comments:

Save

<<< Courses

Program Scores >>>

To edit the information, click the Edit link, make any necessary changes and click the 'Update' link. Changes will not be saved until you click the 'Update' link.



78-999999 Test Program NCLEX Scores

[Institution](#) [Programs](#) [Site Information](#) [Faculty](#) [Faculty Experiential Prep](#) [Clinical](#) [ClinicalExperiential Prep](#) [Faculty Ratio](#) [Personnel Need](#) [Recruiting Barrier](#) [Student Enrollment](#) [Reasons](#) [Curriculum](#) [Requirements](#) [NCLEX Scores](#) [Substantive Changes](#) [Report Completion](#)

Please enter the number of students who took the exam, passed the exam, the graduation rate and job placement rate for each campus site you have listed.

	SITE NAME	NUMBER OF STUDENTS THAT WROTE (TOOK) THE EXAM	NUMBER OF STUDENTS THAT PASSED THE EXAM	GRADUATION RATE	JOB PLACEMENT RATES
Edit	Blue	44	65	23	788
Edit	Green	645	789	311	234

[<< Requirements](#) [Curriculum >>>](#)

Check the box next to the topic that you would like to comment on and then enter any information in the box provided. Moving your mouse over the highlighted substantive changes will display the definition as found in the Administrative Code.



Education Annual Report

78-999999 Test Program

Curriculum 610-X-3-.02(10)

[Institution](#) [Programs](#) [Site Information](#) [Faculty](#) [Faculty Experiential Prep](#) [Clinical](#) [ClinicalExperiential Prep](#) [Faculty Ratio](#) [Personnel Need](#) [Recruiting Barrier](#) [Student Enrollment](#) [Reasons](#) [Curriculum](#) [Requirements](#) [NCLEX Scores](#) [Substantive Changes](#) [Report Completion](#)

a. Identify any **substantive changes** made in the nursing program since the last annual report for the following areas (check the box next to the topic that you would like to comment on):

Nursing Program Administrator

Governing Institution Administrator

Governance Structure of the Institution

Accreditation Status (Program or Parent Institution)

Ownership or Merger of Parent Institution

School Name

Relocation

Save

<<< Program Scores

Report Completion >>>

To submit your report you must affirm and check all the boxes, and add the signature of the individual submitting the report. Your report is not considered submitted until all boxes are checked and the signature is attached.



Education Annual Report

78-999999 Test Program

Report Completion

[Institution](#) [Programs](#) [Site Information](#) [Faculty](#) [Faculty Experiential Prep](#) [Clinical](#) [Clinical Experiential Prep](#) [Faculty Ratio](#) [Personnel Need](#)
[Recruiting Barrier](#) [Student Enrollment](#) [Reasons](#) [Curriculum](#) [Requirements](#) [NCLEX Scores](#) [Substantive Changes](#) [Report Completion](#)

Please note: these affirmations apply for the entire reporting period 2016 - 2017

- affirm that all nursing faculty members have an active unencumbered Alabama registered nurse license.
- affirm that all nursing faculty have at least one graduate degree in nursing or health-related field.
- affirm the information contained in this Nursing Education Annual Report is true and accurate.
- affirm the faculty / student ratio during clinical experience in licensed hospitals that provide inpatient acute care was maintained at 1:8 or less if appropriate for academic year 2016 - 2017.
- affirm that the nursing program has a written plan for the systematic evaluation of the total program that is comprehensive, demonstrates ongoing evaluation, is based on program outcomes and incorporates continuous improvement.
- affirm that opportunities are provided for students to regularly participate in the development, implementation and evaluation of the program.
- affirm that institutional and program policies and procedures are written, published, and publicly available.
- affirm that by checking this box, that the information included in this report is complete and accurate.
- understand that an incomplete report, inaccurate data in the report, or failing to submit the report as required may result in a deficiency for my nursing program and/or discipline for me as the program director/dean.
- Completed Annual Report

Signature of Individual Submitting Report

Update