



Board of Nurse Examiners For the State of Texas

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April 29, 2003

Linda Darnell Ard, PhD, RNS, RNC
Nursing Program Director
Associate Degree Nursing Program
Collin County Community College
2200 West University Drive
McKinney, Texas 75070

Dear Dr. Ard:

At the April 24-25, 2003 meeting, members of the Board of Nurse Examiners discussed the accreditation status of the Collin County Community College Associate Degree Nursing Program based on the program's 2002 NCLEX-RN® examination pass rate and staff review of the 2002 Annual Report.

Based upon the discussion and review of documents, it was the decision of the Board to continue the program's full accreditation status and issue the following recommendation.

RECOMMENDATION:

The program director and faculty should examine factors that contributed to a more than 10% decline in the 2002 NCLEX-RN® examination pass rate and submit a report of these factors with corrective actions in the 2003 Annual Report.

If you have any questions, or if we may be of assistance to you in the future, please contact staff at (512) 305-6815.

Sincerely,

A handwritten signature in cursive script that reads "Linda R. Rounds".

Linda R. Rounds, PhD, RN, FNP
President

Robbin Wilson, MSN, RN
Nursing Consultant

cc: Cary A. Israel, JD, President

**BOARD OF NURSE EXAMINERS
F0.
OR THE STATE OF TEXAS
PO BOX 430
AUSTIN, TX 78767-0430**

MEMORANDUM

TO: Dean/Director of Basic Nursing Programs and Baccalaureate Degree Programs for RNs

FROM: Sandra Owen, MN, RN

DATE: June 30, 2002

SUBJECT: Annual Report Form and Related Data Reports (Due October 4, 2002)

According to Rule 215.4(c) continuing accreditation of nursing programs in Texas is based on review of Annual Reports, NCLEX-RN® pass rates for pre licensure programs, and survey visits. The purpose of the Annual Report is to verify the program's adherence to Rules and Regulations 215.1 - 215.13 relating to Professional Nurse Education. Programs that do not receive a survey visit have a summary of the annual report presented to the Board at a regularly scheduled meeting.

The Board relies upon nursing deans/directors to assure that programs meet accreditation requirements. If you receive a request for clarification or additional information after filing last year's Annual Report, please thoroughly read the directions and contact us if you have questions.

Data will be used to create reports about nursing programs in Texas. Therefore, it is important to complete all sections of the report particularly the fall enrollment, licensure status, and graduation data sections. Review the report and data for completeness and accuracy. **Do not alter report forms, although you may attach additional pages if more space is needed for narrative information.** Keep reports succinct. Do not include unrequested documents, correspondence, or major curriculum change proposals.

Submit all materials to the Board of Nurse Examiner's Department of Professional Nursing at the above address by October 4, 2002. Reports submitted late will result in a citation.

CHECKLIST

Be sure to include the following:

- _____ Profile of Accredited Programs
- _____ Annual Report and supporting documents
- _____ Affidavit
- _____ Student Enrollment, Graduation, and Admissions - Attachment A
- _____ Distance Education Initiative Report - Attachment B
- _____ Nursing Education Articulation and Mobility Options - Attachment C
- _____ Evaluation of Annual Report - Attachment D
- _____ Faculty Profile Form - Attachment E
- _____ School Catalog
- _____ List of Clinical Agencies
- _____ Summary of NLNAC Survey Visit (if surveyed during the past academic year)
- _____ Summary of CCNE Visit (if surveyed during the past academic year)

ANNUAL REPORT ON WEBSITE - The 2002 Annual Report can be downloaded from the Board's website at www.bne.state.tx.us. The Annual Report is in the *Files/Download Area*; double click name (*Annual Report*); choose to *save it to a disk*; and *save in your word processor directory*.

WORDPERFECT 6.1 FOR WINDOWS DISK AVAILABLE - The Board offers a high density disk in WordPerfect Format with the revised Annual Report and related forms. Most incompatibility problems may be corrected by redefining your systems margins, printer and/or fonts. The font used for these reports is Arial. The fee for the disk is \$5.00. In order to purchase an updated disk return the order form below to Elaine Banks with the \$5.00 fee.

-----ORDER FORM FOR ANNUAL REPORT DISK-----
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NAME OF PROGRAM:

MAILING ADDRESS:

(city)

(state) (zip code)

DISK SIZE:

3 1/2" _____

FORMAT:

WordPerfect _____

Please enclose \$5.00 fee.

**BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS
PO Box 430
Austin, TX 78767-0430**

PROFILE OF ACCREDITED PROGRAMS

The information included below is used to update the Board's List of Accredited Nursing Programs.

Name of Program: Collin County Community College District

Type of Program: Associate Degree in Nursing

Telephone Number (include area code): 972-548-6679

Fax Number: 972-548-6722

E-Mail Address: N/A

DEAN/DIRECTOR OF NURSING PROGRAM

Name/Credentials/Title: Linda Darnell Ard, Ph.D., CNS, RNC – Interim Nursing Program Director

Telephone Number: 972-548-6883

Fax Number: 972-548-6722

E-mail Address: nard@ccccd.edu

COORDINATOR OF BASIC NURSING PROGRAM (if other than dean/director): SAME

Name/Credentials/Title:

Telephone Number:

Fax Number:

E-mail Address:

DISTANCE EDUCATION INITIATIVE (DEI) (Copy and complete for each DEI). If the program was previously approved to have an extended campus/extension site, these are now referred to as Distance Education Initiatives (DEIs).

Name/Credentials/Title: N/A

Telephone Number:

Fax Number:

E-mail Address:

**BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS
PO Box 430
Austin, TX 78767-0430**

For office use only: reviewed by/date app.

2002 ANNUAL REPORT

(September 1, 2001 - August 31, 2002)

Annual Report of

Collin County Community College District
Nursing Program

Associate Degree in Nursing
Type of Program

McKinney, Texas
City

Date nursing program began operation: September 1990

Names, titles, and credentials of administrative officers of Governing Institution:

Cary A. Israel, J.D. - President
Sheryl Kappus, Ph.D. - Vice President of Academic Affairs
Belinda Newman, Ph.D. - Provost, Central Park Campus
Mary McRae, Ph.D. - Vice President of Student Services
Ralph Hall, B.A. - Vice President of Business
Gary Hodge, M. A. - Dean of Social Sciences, Health and Public Services

Name of dean/director, position title, and credentials: Linda Darnell Ard, Ph.D., CNS, RNC

Date appointed: July 15, 2002

Name of coordinator of basic nursing program, position title, and credentials (if other than dean/director): SAME

Date appointed: SAME

INSTRUCTIONS

Please circle or underline appropriate responses and answer questions.

I. PROGRAM OF STUDY [Rule 215.9]

- A. Date of last curriculum change: Spring 2000 with WECM courses
- B. Please attach the **evaluation** of the previously approved curriculum changes as instructed in the BNE approval letter. [Rule 215.9(h)]
- C. Please attach descriptions of all other revisions such as editorial updates of mission and goals or redistribution of course content or course hours.
- D. Do you offer nursing courses via the Internet? If yes, list courses offered. Describe how you evaluate the effectiveness of these courses.
[Rule 215.9(a)] YES NO

II. CLINICAL PRECEPTORS [Rule 215.10(e) & 215.10(f)]

- YES NO A. Does the nursing program use clinical preceptors? If yes, **how many** clinical preceptors were used last year (9/1/01 - 8/31/01)? 20-25 for role transition
List the courses in which clinical preceptors were used if different from last year.
[Rule 215.10(f)]: Same as last year - RNSG 2905
- B. How do you verify the **following** about clinical preceptors? [Rule 215.10(f)(5)]
1. Current licensure status:
 2. Educational preparation:
 3. Competence in designated area of clinical practice:
 4. Philosophy of health care congruent with nursing education program:

Faculty work with the clinical managers/directors at our healthcare facilities
for recommended staff nurses

**COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
ASSOCIATE DEGREE NURSING PROGRAM**

Evaluation of Previously Approved Curriculum Changes

At Collin County Community College District the last curriculum change was to implement the WECM courses. The change began in the Spring of 2000. Our first graduating class under the new curriculum was this past May 2002.

The curriculum changes did not affect either our attrition rate or NCLEX pass rates. Both have remained stable during this process.

We are currently reviewing our curriculum, mission statement, and goals in order to maintain the highest quality of nursing education. Also, we are currently in the process of implementing the required changes dictated by the Field of Study Curriculum for Nursing which was adopted by the Texas Higher Education Coordinating Board in July. These changes will be reflected in next year's report to the Board of Nurse Examiners.

III. TEACHING ASSISTANTS [rule 215.10(g)]

- | | | | |
|-----|----|----|---|
| YES | NO | A. | Does the nursing program use teaching assistants? If yes, <u>how many</u> teaching assistants did the nursing program use during the past year (9/1/01 - 8/31/02)? List the courses in which teaching assistants were used if different from last year. [Rule 215.10(g)]: |
| | | B. | How do you verify the following about teaching assistants? [Rule 215.10(g)(4)] |
| | | 1. | Current licensure: |
| | | 2. | Clinical expertise: |
| | | 3. | Educational preparation (BSN): |

IV. AFFILIATE AGENCIES [Rule 215.10(c)]

Attach a list of all affiliate agencies used for student clinical learning experiences. Divide the list into three categories: Hospitals, Long Term Care Facilities and Community Based Settings, i.e., schools, clinics, daycare centers, etc.

V. TOTAL PROGRAM EVALUATION [Rule 215.13]

Using outcomes from you total program evaluation process, **respond** to the following. If the answer to any of the statements below is a no, **briefly** describe changes made or actions taken and provide rationale (use attachment if necessary).

- | | | | |
|-----|----|----|--|
| YES | NO | 1. | The curriculum and hours of this program remain the same as the previous year's. |
| YES | NO | 2. | The admission criteria for the program remain the same. |
| YES | NO | 3. | The progression policies for the program remain the same. |
| YES | NO | 4. | The student and grading policies for the program remain the same. |
| YES | NO | 5. | All clinical agencies utilized for the implementing clinical experiences for this program have adequate patient populations to provide appropriate learning experiences for the level of students. |
| YES | NO | 6. | All faculty teaching in the program meet the criteria for faculty specified in the Board's Rules and Regulations for Nursing Education. |
| YES | NO | 7. | The educational resources, support services, and facilities are adequate in |

**COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
ASSOCIATE DEGREE NURSING PROGRAM**

List of Clinical Affiliates

Hospitals:

Baylor Hospital of Garland – Garland, TX
Children's Medical Center – Dallas, TX
Medical Center of Plano – Plano, TX
Medical City Dallas Hospital – Dallas, TX
North Central Medical Center – McKinney, TX
Presbyterian Hospital of Plano – Plano, TX
Terrell State Hospital – Terrell, TX

Long-Term Care Facilities:

None

Community-Based Settings:

Collin County Community College Child Development Center – McKinney, TX
McKinney Independent School District – McKinney, TX
Plano Independent School District – Plano, TX

meeting the needs of the program.

VI. ACCREDITATION [Rule 215.4(d)(2)]

YES NO NLNAC accredited

YES NO CCNE accredited

Date of most recent NLNAC visit: Oct 1998

Date of most recent CCNE visit:

Period of accreditation: 1999-2007

Period of accreditation:

(If NLNAC OR CCNE surveyed during the past academic year, submit summary of the visit and program's response to any recommendations.)

VII. RECOMMENDATIONS AND REQUIREMENTS TO BE MET

State each recommendation and/or requirement to be met as it appears in the letter received from the Board during the past academic year, and indicate the actions taken for each. When appropriate, attach validating documents.

NONE.

Board of Nurse Examiners for the State of Texas
PO Box 430
Austin, TX 78767-0430

AFFIDAVIT

I, Linda Darnell Ard, being duly sworn, depose and say that I am the
(Print or type name of Dean/Director)

Dean/Director of the Collin County Community College District nursing program and that the
(Print or type name of accredited nursing program)

items marked below and the factual statements that they contain are within my personal knowledge and are true and correct.

Check all that apply:

- ☐ I have completed the 2002 Annual Report for the Board of Nurse Examiners.
- ☐ I have read and will abide by the rules and regulations relating to Nurse Education as specified in 22 Texas Administrative Code §215.
- ☐ The following required eligibility information was provided to and explained to all individuals enrolled in the professional nursing program that prepares students for initial licensure during the academic year of 9/1/01 - 8/31/02 in Sections 301.252, 301.253, 301.452, 301.453, and 301.454 of the Nursing Practice Act; 22 TAC §§ 213.27, 213.28, 213.30, 22 TAC §§ 217.11 and 217.12 and the Declaratory Order Petition Request Form.
- ☐ The individuals who received the required eligibility information have signed documentation evidencing their receipt of the information and the Licensure Eligibility Forms will be maintained a business records of this nursing program as required by 22 Texas Administrative Code §215.8(h).

AFFIX NOTARY SEAL BELOW

Signature of Affiant _____
Signature of Dean/Director _____

Sworn to before me the _____ day of _____, _____

Notary Public Signature _____

State of _____

My Commission Expires _____

STUDENT ENROLLMENT, GRADUATION, AND ADMISSIONS

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT –
ASSOCIATE DEGREE NURSING

Please use the following definitions when providing enrollment, graduation, and admissions data:

Freshmen, Sophomores, Juniors, Seniors - Use the standard definitions of the classification published or adopted by the governing institution/college or university.

LVNs = Individuals who are licensed as vocational or practical nurses at the time of admission to the professional nursing program. Include individuals admitted contingent upon passing the NCLEX-PN® examination although they may not have been licensed when the admission offer was made. Do not include individuals who become qualified to take the NCLEX-PN® examination after attending any portion of this nursing program.

RNs, in/completing Generic Program = Licensed registered nurses enrolled in or completing a program of study that either requires completing the same courses as enrollees who are not RNs or provides for advanced placement into selected courses which form the program of study for enrollees who are not RNs.

RNs in Baccalaureate Track = Licensed registered nurses enrolled in or completing an alternative program of study leading to a baccalaureate degree. The majority of courses in a baccalaureate track cannot be taken by students who are not RNs.

Enrollment Data - Include only students enrolled in nursing courses in the program identified above. **Do not include pre-nursing students.** Make the count on the same day that the official enrollment is counted for the registrar or the Texas Higher Education Coordinating Board. Provide enrollment for the main campus and the combined enrollment for the main campus and all Distance Education Initiatives (DEIs).

FALL 2002 ENROLLMENT

	<i>Enrollment</i>					<i>Licensure Status Prior to Admission</i>			
	Freshmen	Sophomores	Juniors	Seniors	Total Enrolled	Unlicensed Students	LVNs	RNs in Generic Program	RNs in Bac. Track
Main Campus	68	45	-	-	113	113	-	-	-
Main & All DEIs	68	45	-	-	113	113	-	-	-

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT –
ASSOCIATE DEGREE NURSING

Graduation Data - Include only students who graduated from the professional nursing program identified above between the period of 09/01/01 - 08/31/02. Provide the number of graduates for the main campus and the combined number of graduates for the main campus and all Distance Education Initiatives (DEIs).

GRADUATIONS (09/01/01 - 08/31/02)

	<i>Graduates</i>	<i>Licensure Status of Graduates Prior to Admission</i>			
	Number of Graduates	Unlicensed Students	LVNs	RNs in Generic Program	RNs in Bac. Track
Main Campus	33	33	-	-	-
Main & All DEIs	-	-	-	-	-

Admission Data for Basis Nursing Programs - Include all unlicensed applicants or LVNs who applied for admission to the professional nursing program identified above between the period of 09/01/01 - 08/31/02. Do not include applicants who are already registered nurses (RNs). Provide the number of applicants for the main campus and the combined number of applicants for the main campus and all Distance Education Initiatives (DEIs).

Main Campus Admissions:

1. 70 number of qualified applications received; i.e., how many met admission standards?
2. 70 number of applicants offered admission to the nursing program
3. 68 number of students who actually registered and enrolled
4. 2 number of vacancies
5. If qualified applicants were not admitted, select the reason below:
 - n/a lack of qualified faculty applicants for budgeted positions
 - n/a lack of budgeted faculty positions
 - n/a lack of clinical spaces
 - n/a limited classroom space
 - n/a other (please state reasons) _____

ATTACHMENT A-2 (continue)

Combined Main Campus and All DEI Admissions:

1. 70 number of qualified applications received; i.e., how many met admission standards?
2. 70 number of applicants offered admission to the nursing program
3. 68 number of students who actually registered and enrolled
4. 2 number of vacancies
5. If qualified applicants were not admitted, select the reason below:
 - n/a lack of qualified faculty applicants for budgeted positions
 - n/a lack of budgeted faculty positions
 - n/a lack of clinical spaces
 - n/a limited classroom space
 - other (please state reasons) _____

Admission Data for Post-Licensure Nursing Programs - Include all registered nurse applicants who applied for admission to the professional nursing program identified above between the period of 09/01/01 - 08/031/02. Do not include applicants who are already registered nurses (RNs). Provide the number of applicants for the main campus and the combined number of applicants for the main campus and all Distance Education Initiatives (DEIs).

Main Campus Admissions: N/A

1. 0 number of qualified applications received; i.e., how many met admission standards?
2. 0 number of applicants offered admission to the nursing program
3. 0 number of students who actually registered and enrolled
4. 0 number of vacancies
5. If qualified applicants were not admitted, select the reason below:
 - lack of qualified faculty applicants for budgeted positions
 - lack of budgeted faculty positions
 - lack of clinical spaces
 - limited classroom space
 - other (please state reasons) _____

Combined Main Campus and All DEI Admissions:

1. 0 number of qualified applications received; i.e., how many met admission standards?
2. 0 number of applicants offered admission to the nursing program
3. 0 number of students who actually registered and enrolled
4. 0 number of vacancies
5. If qualified applicants were not admitted, select the reason below:
 - lack of qualified faculty applicants for budgeted positions
 - lack of budgeted faculty positions
 - lack of clinical spaces
 - limited classroom space
 - other (please state reasons) _____

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT –
ASSOCIATE DEGREE NURSING

Complete a separate report for each Distance Education Initiative (DEI). Duplicate form as needed.

Name of Distance Education Initiative: N/A

Location:

Date DEI admitted first students:

Name, position title, and credentials of coordinator:

Date appointed:

Please list names and credentials of nurse faculty members who teach at this Distance Education Initiative:

Please use the following definitions when providing enrollment, graduation, and admissions data:

Freshmen, Sophomores, Juniors, Seniors - Use the standard definitions of the classification published or adopted by the governing institution/college or university.

LVNs = Individuals who are licensed as vocational or practical nurses at the time of admission to the professional nursing program. Include individuals admitted contingent upon passing the NCLEX-PN® examination although they may not have been licensed when the admission offer was made. Do not include individuals who become qualified to take the NCLEX-PN® examination after attending any portion of this nursing program.

RNs, in/completing Generic Program = Licensed registered nurses enrolled in or completing a program of study that either requires completing the same courses as enrollees who are not RNs or provides for advanced placement into selected courses which form the program of study for enrollees who are not RNs.

RNs in Baccalaureate Track = Licensed registered nurses enrolled in or completing an alternative program of study leading to a baccalaureate degree. The majority of courses in a baccalaureate track cannot be taken by students who are not RNs.

Enrollment Data - Include only students enrolled in nursing courses in the program identified above. Do not include pre-nursing students. Make the count on the same day that the official enrollment is counted for the registrar or the Texas Higher Education Coordinating Board. Provide enrollment for the main campus and the combined enrollment for the main campus and all Distance Education Initiatives (DEIs).

Program Name/Type of Program:

Enrollment Data - Include only students enrolled in nursing courses at this DEI. Do not include pre-nursing students. Make the count on the same day that the official enrollment is counted for the registrar or the Texas Higher Education Coordinating Board for Fall 2002.

<i>Enrollment</i>					<i>Licensure Status Prior to Admission</i>			
Freshmen	Sophomores	Juniors	Seniors	Total Enrolled	Unlicensed Students	LVNs	RNs in Generic Program	RNs in Bac. Track
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-

Graduation Data - Include only students who graduated from this DEI between the period of 09/01/01 - 08/31/02.

<i>Graduates</i>	<i>Licensure Status of Graduates Prior to Admission</i>			
Number of Graduates	Unlicensed Students	LVNs	RNs in Generic Program	RNs in Bac. Track
-	-	-	-	-
-	-	-	-	-

Admission Data for Basis Nursing Programs - Include **all** unlicensed applicants or LVNs who applied for admission to the this DEI between the period of 09/01/01 - 08/031/02. Do not include applicants who are already registered nurses (RNs).

1. - number of qualified applications received; i.e., how many met admission standards?
2. - number of applicants offered admission to the nursing program
3. - number of students who **actually** registered and enrolled
4. - number of vacancies
5. If qualified applicants were not admitted, select the reason below:
 - lack of qualified faculty applicants for budgeted positions
 - lack of budgeted faculty positions
 - lack of clinical spaces
 - limited classroom space
 - other (please state reasons) _____

ATTACHMENT B-2 (continue)

Admission Data for Post-Licensure Nursing Programs - Include all registered nurse applicants who applied for admission to the this DEI between the period of 09/01/01 - 08/31/02.

1. ____ - ____ number of qualified applications received; i.e., how many met admission standards?
2. ____ - ____ number of applicants offered admission to the nursing program
3. ____ - ____ number of students who actually registered and enrolled
4. ____ - ____ number of vacancies
5. If qualified applicants were not admitted, select the reason below:
 - ____ - ____ lack of qualified faculty applicants for budgeted positions
 - ____ - ____ lack of budgeted faculty positions
 - ____ - ____ lack of clinical spaces
 - ____ - ____ limited classroom space
 - ____ - ____ other (please state reasons) _____

NURSING EDUCATION ARTICULATION AND MOBILITY OPTIONS**FALL 2002**

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT –
ASSOCIATE DEGREE NURSING

Please indicate each mobility option available to applicants in this professional nursing program.

1. Which of the following mechanisms are used by the program to grant advanced placement?

YES	NO	Direct transfer of credit
YES	NO	Grant credit with transition course
YES	NO	Grant credit with completion of designated nursing courses (escrow)
YES	NO	Grant credit with passing written examination(s)
YES	NO	Grant credit with clinical examination(s)
YES	NO	Tech Prep Courses

2. Is there a separate / stand alone curriculum track for?

YES	NO	LVN-RN
YES	NO	RN to Baccalaureate
YES	NO	Paramedic to RN

3. Is a transition or bridge course required to allow the following types of students advanced placement in a generic program?

YES	NO	LVN-RN
YES	NO	RN to Baccalaureate
YES	NO	Paramedic to RN

ATTACHMENT C (continue)

4. Are you using the TNA articulation model?

YES NO Comments:

5. Does the program have formal articulation agreement with other nursing programs? If yes, list programs and type; divide the list into categories, LVN, ADN, Baccalaureate,

YES NO Comments:

6. Does the program have informal (unwritten) articulation agreements with other nursing programs? If yes, list programs and type; divide the list into categories, LVN, ADN, Baccalaureate.

YES NO Comments: Baccalaureate programs –
Midwestern State University
Texas Woman's University
University of Texas at Arlington

EVALUATION OF ANNUAL REPORT

FALL 2002

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT –
ASSOCIATE DEGREE NURSING

YES NO 1. Are the instructions for completing the Annual Report clear?

Comments:

YES NO 2. Does the Annual Report form provide an opportunity to demonstrate the activities and progress of the program? If no, please comment.

Comments:

YES NO 3. What are your suggestions for improving the Annual Report forms?

Comments: NONE

YES NO 4. Are the reports produced from the Annual Report useful? If no, what are your suggestions for revising these reports?

Comments:

General Recommendations/Comments:

Please offer any other comments or suggestions which you believe will improve the accreditation process. Attach separate pages if necessary.

INSTRUCTIONS FOR COMPLETING FACULTY PROFILE FORM

General Instructions: The Faculty Profile Sheet has been constructed using the Table functions in WordPerfect 6.1 for Windows. If you can enter data directly into the computer program, please do so. Add or delete rows to accommodate faculty numbers as needed. If you are using the paper form, duplicate the pages as necessary. For all general questions use "1" for "yes" and "0" for "no". The forms should only contain data about faculty who teach in the specific Board accredited nursing program.

1. Faculty Turnover Table

Columns 1-5: Enter the number of faculty who resigned or were appointed to salaried faculty positions who had teaching responsibilities in the nursing program during the past academic year. Salaried faculty positions include tenure and non-tenure track faculty, clinical track faculty, and adjunct faculty who meet the BNE requirements to teach in programs of nursing. Full-time and part-time refer to employment status with the governing institution. Columns 1-4 should include faculty at distance education initiatives as well as at the main campus.

Column 5: Enter the number of budgeted full-time equivalency faculty positions for the nursing program that were unfilled at the beginning of the current academic year.

2. Dean/Director's Profile Table [Rule 215.6(e)]

Column 1: Enter the name as it appears on the current Texas RN license.

Column 2: Enter month and year of appointment as director of the nursing program.

Column 3-6: Report only the highest degree, even though you may hold multiple degrees.

Column 7-8: Fill these columns in if and only if the dean/director does not have a master's degree in nursing. Use month and year for date BSN was received.

Column 9-10: Enter the average contact hours spent in the classroom or clinical per week during the academic year.

Column 11: This entry refers to the average FTEs dedicated to activities of this specific program accredited by the BNE. Use the decimal system: 1.00=100% of time.

Column 12:	If the master's degree was in nursing, indicate the clinical focus area. As much as possible, use standard abbreviations.
Column 13:	Enter the major clinical/content area of teaching responsibility. Use standard abbreviations.
Column 14:	If the teaching assignment differs from the area of educational preparation, describe qualifications for the teaching assignment by indicating number of years clinical experience in the area of teaching responsibility or annotating how prepared to teach in the specific area. (Attach additional page if necessary.)
Column 15:	Refers to enrollment in a doctoral or APN program during the <u>current</u> academic year, 09/01/02 - 08/31/03.
Column 16:	Refers to graduation from a doctoral or APN program during the <u>past</u> academic year, 09/01/02 - 08/31/02.

3. Faculty Profiles Table [Rule 215.7 (b-d)]

Column 1:	Enter the names of faculty hired and scheduled to teach courses designated as nursing courses in the specific Board accredited nursing program as of the beginning of the current academic year. Do not include teaching assistants, graduate teaching assistants, laboratory assistants, counselors, etc., who are not qualified to teach independently (without supervision) in the nursing program. Full-time and part-time refer to employment status with the governing institution. Include faculty at distance education initiatives. Enter the name as it appears on the current Texas RN license. For nurse faculty, enter the insignia "RN". For non-nurse faculty, enter the discipline/field. <u>DO NOT INCLUDE THE DEAN/ DIRECTOR ON THIS FORM EVEN IF THEY HAVE A TEACHING ASSIGNMENT. They were already counted on Table #2.</u>
Column 2:	Enter month and year of appointment.
Column 3-8:	Report <u>ONLY</u> the highest degree, even though faculty may hold multiple degrees.
Column 9-10:	Fill these columns in <u>if and only</u> if the faculty member does not have a master's degree in nursing. Use month and year for date BSN was received.
Column 11-12:	Refers to full-time or part-time employment status with the governing institution.
Column 13:	This entry refers to the average FTEs dedicated to activities of <u>this</u> specific program accredited by the BNE. Use the decimal system: 1.00 = 100% of time.
Column 14:	If the master's degree was in nursing, indicate the clinical focus area. As much as possible, use standard abbreviations.

Column 15: Enter the major clinical/content area of teaching responsibility. Use standard abbreviations.

Column 16*: If the teaching assignment differs from the area of educational preparation, describe qualifications for the teaching assignment by indicating number of years clinical experience in the area of teaching responsibility or annotating how prepared to teach in the specific area. (Attach additional page if necessary.)

***Do not leave blank if the area of teaching responsibility differs from area of educational preparation.**

Column 17-18: Refers to enrollment in a doctoral or APN program during the current academic year, 09/01/02 - 08/31/03.

Column 19-20: Refers to graduation from a doctoral or APN program during the past academic year, 09/01/02 - 08/31/02.

4. Grand Total Table

Add values in each column and record on Grand Total Form. **DO NOT**
INCLUDE DEAN/DIRECTOR.

FACULTY PROFILE FORM FALL 2002

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT – ASSOCIATE DEGREE NURSING

FACULTY TURNOVER

Number of faculty resignations since 09/01/01		Number of new appointments since 09/01/01		Number of budgeted vacancies as of 09/01/02
(1) Full Time	(2) Part Time	(3) Full Time	(4) Part Time	(5) FTEs
4	3	5	6	0

DEAN / DIRECTOR=S PROFILE

Name of Dean/Director	Date of Appt.	Highest Degree / Qualifications *						Ave. contact hrs tchng/wrk	Ave FTE	MSN - Clinical Focus	Teaching Assgn.	Qualifications if not tchng in area of education+	Enrolled 09/01/01 - 08/31/02		Graduated 09/01/01 - 08/31/02		
(1)	(2)	Doct Nurs (3)	Doct Other (4)	Mast Nurs (5)	Mast Other (6)	Date of BSN ** (7)	Grad Hrs in Nsg ** (8)	Class-room (9)	Clinical (10)	(11)	(12)	(13)	(14)	Doct (15)	APN (16)	Doct (17)	APN (18)
Linda Darrell Ard	7/02	1	-	-	-	-	-	3	-	1	Family Nsg	Funds. MCH	-	0	0	0	0

* 1 = YES 0 = NO

**If master=s in area other than nursing, indicate date of BSN and number of graduate hours completed in nursing.

+ If major area of teaching responsibility differs from master=s preparation, indicate number of years clinical experience in the area of teaching responsibility or annotate how faculty is prepared to be

FACULTY PROFILE FORM

FALL 2002

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT – ASSOCIATE DEGREE NURSING
 Do not include teaching assistants, graduate teaching assistants, laboratory assistants, counselors, etc., who are not qualified to teach independently (without supervision) in the r
 refer to employment status with the governing institution. DO NOT INCLUDE DEAN/DIRECTOR EVEN IF THEY HAVE A TEACHING ASSIGNMENT.

FACULTY PROFILES

Name of Faculty	Date of Appt.	Highest Degree / Qualifications *								Ave. contact hrs tching/wrk	Clini- cal (12)	Ave FTE (13)	MSN - Clinical Focus (14)	Teach Assign. (15)	Qualif. if not tching in area of education+ (16)	Enr 09/08 (17)
(1)	(2)	Doct Nurs (3)	Doct Other (4)	Mast Nurs (5)	Mast Other (6)	Waiver Msts. (7)	Waiver Bsn (8)	Date of BSN .. (9)	Grad Hrs in Nsg .. (10)	Class- room (11)						
Julie Brinzo	8/02				1			'90	6	2	0	1.0		Skills Lab		0
Barbara Devitt	8/90			1						1.5	16	1.0	CH	M/S	30 yrs exp.	0
Getrude Dowden	8/02			1						4.25	12	1.0	MCH	Funds, OB		0
Mary Jo Giles	8/01			1						4.25	12	1.0	MCH, WHNP	Funds, Psych		0
Karyn Holt	8/02			1						0	12	1.0	MCH	Funds, OB		1

* 1 = YES 0 = NO

**If master-s in area other than nursing, indicate date of BSN and number of graduate hours completed in nursing.

+ If major area of teaching responsibility differs from master- s preparation, indicate number of years clinical experience in the area of teaching responsibility or annotate how faculty is prepared to teach in specific area.

FACULTY PROFILE FORM FALL 2002

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT - ASSOCIATE DEGREE NURSING

Do not include teaching assistants, graduate teaching assistants, laboratory assistants, counselors, etc., who are not qualified to teach independently (without supervision) in the nursing program. Refer to employment status with the governing institution. DO NOT INCLUDE DEAN/DIRECTOR EVEN IF THEY HAVE A TEACHING ASSIGNMENT.

FACULTY PROFILES

Name of Faculty	Date of Appt.	Highest Degree / Qualifications *										Ave. contact hrs tchng/wrk	Ave FTE	MSN - Clinical Focus	Teach Assgn.	Qualif. if not tchng in area of education+	Enro 09/01 08/31
(1)	(2)	Doct Nurs (3)	Doct Other (4)	Mast Nurs (5)	Mast Other (6)	Waiver Msts. (7)	Waiver Bsn (8)	Date of BSN ** (9)	Grad Hrs in Nsg ** (10)	Class-room (11)	Clinical (12)	(13)	(14)	(15)	(16)	Doct (17)	
Debra Hurd	8/01			1						1.5	16	1.0	CH	M/S	20 yrs exp	0	
Susie Kamath	10/97			1						2	0	1.0	Peds	Skills Lab		0	
Janet Mansir	8/02			1						0	12	1.0	M/S	Funds, Psych		0	
Stacy Martin	8/02			1						0	16	1.0	M/S	M/S		0	
Kimberly Morgan	8/02			1						5	0	1.0	CCN, FNP	Funds, OB, MH		0	
Lyn Pesta	8/93			1						1.5	16	1.0	CH	M/S	25+ yrs exp.	0	

* 1 = YES 0 = NO

**If master's in area other than nursing, indicate date of BSN and number of graduate hours completed in nursing.

+ If major area of teaching responsibility differs from master's preparation, indicate number of years clinical experience in the area of teaching responsibility or annotate how faculty is prepared

ATTACHMENT E-2 FACULTY PROFILE FORM FALL 2002

Program Name/Type of Program: COLLIN COUNTY COMMUNITY COLLEGE DISTRICT - ASSOCIATE DEGREE NURSING

Do not include teaching assistants, graduate teaching assistants, laboratory assistants, counselors, etc., who are not qualified to teach independently (without supervision) in the refer to employment status with the governing institution. **DO NOT INCLUDE DEAN/DIRECTOR EVEN IF THEY HAVE A TEACHING ASSIGNMENT.**

FACULTY PROFILES

Name of Faculty	Date of Appt.	Highest Degree / Qualifications *										Ave. contact hrs tchng/wrk		Ave FTE	MSN - Clinical Focus	Teach Assgn.	Qualif. if not tching in area of education+	Enroll 09/01 08/03
(1)	(2)	Doct Nurs (3)	Doct Other (4)	Mast Nurs (5)	Mast Other (6)	Waiver Msts. (7)	Waiver Bsn (8)	Date of BSN ** (9)	Grad Hrs In Nsg ** (10)	Class-room (11)	Clini-cal (12)	(13)	(14)	(15)	(16)	Doct (17)		
Barbara Rickert	8/02	1								4.25	12	1.0	MCH	Funds, OB		0		
Diane Schull	8/02	1								0	12	1.0	M/S	Funds, OB, MH	20 yrs exp.	0		
Joyce Swegle	8/02	1								1.5	16	1.0	M/S	M/S, Peds	20 yrs exp	0		
Kim Washington	8/97			1						4.25	12	1.0	MH	Funds, MH		0		

* 1 = YES 0 = NO

**If master-s in area other than nursing, indicate date of BSN and number of graduate hours completed in nursing.

+ If major area of teaching responsibility differs from master-s preparation, indicate number of years clinical experience in the area of teaching responsibility or annotate how faculty is prepared