

**Nursing Assistant Education Program Annual Report**

January 1, 2011 to December 31, 2011

\_\_\_\_\_  
Full Name of Facility or School and Location of Approved NAEP Program

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Program Administrator (RN)

**Instructions:**

A signed hard copy must be submitted to the Board of Nursing office. Submission of an electronic copy in addition to the hard copy is optional.

**The 2011 Annual Report is due by April 1, 2012.**

**Report of Nursing Assistant Education Program  
January 1, 2011 to December 31, 2011**

**I. Institutional Data (Information about the facility or school through which the NAEP is offered—not the Board of Nursing)**

1. Name, address, and phone number of controlling agency/institution offering the Nursing Assistant Education Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The above controlling agency/institution is licensed or accredited by which of the following:

\_\_\_\_\_ Vermont Department of Disabilities, Aging, and Independent Living (DAIL),  
Division of Licensing and Protection

\_\_\_\_\_ Vermont Department of Education

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

3. Date of last survey by licensing agency listed above in 2: \_\_\_/\_\_\_/\_\_\_

4. Date of next survey (if scheduled): \_\_\_/\_\_\_/\_\_\_

5. Current licensing &/or accreditation status: \_\_\_\_\_

6. Effective dates: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**II. Nursing Assistant Education Program Data**

1. Date of the last Nursing Assistant Education Program site survey visit by the Vermont Board of Nursing: \_\_\_/\_\_\_/\_\_\_

2. (a) Number of class hours: \_\_\_\_\_

(b) Number of lab hours: \_\_\_\_\_

(c) Number of clinical hours: \_\_\_\_\_

(d) **Total** # of program hours: \_\_\_\_\_

Note: (a) + (b) + (c) = (d)

3. Title, author, and edition/year of approved textbook currently in use:

\_\_\_\_\_

4. Since the last Annual Report, have any substantive changes been made to the program in the following areas? Enter Yes or No for each:

Yes	No	
___	___	Philosophy, purpose, program objectives
___	___	Organization and administration
___	___	Instructors
___	___	Facilities/resources
___	___	Students
___	___	Curriculum/textbook
___	___	Program Evaluation

For all Yes checks above, attach documents not previously submitted to the Board office.

**III. Agency Data c this section applies only to Nursing Assistant Education Programs that contract with external clinical site(s); facility-based programs using only on-site clinical experiences should skip to section IV**

1. Name(s) of Cooperating Health Care Agency(ies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Clinical services utilized: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Date of last signed agreement/contract/MOU: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Effective dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Indicate the ability of the clinical site(s) to meet your course objectives and student needs:

Site 1:   Excellent                      Adequate                      Fair

Site 2:   Excellent                      Adequate                      Fair

Comments: \_\_\_\_\_

**IV. Faculty Data (Attach an extra sheet if necessary)**

NAEP Faculty Employed  
between January 1, 2011 to December 31, 2011

<b>NAME</b>	<b>RN or LPN</b>	<b>Attended D&amp;S workshop &amp;/or BoN Prof. Dev. Day in 2011?</b>
<u>Program Administrator:</u>		
<u>Instructor(s):</u>		
<u>Clinical Instructor(s):</u>		

**V. Student Data**—Please provide the following information for 2011:

1	2	3	4	5	6	7	8	9	10	11
Date(s) of Training(s)	Number enrolled	Number successfully completed	# of ELL/ESL/ESOL* students	Date of first exam	# tested	# passing exam, first attempt	# failing exam, first attempt Written Skills	# absent or no show for exam	# Retested & Passed (2 <sup>nd</sup> attempt) R P	# Retested & Passed (3 <sup>rd</sup> attempt) R P
<b>TOTALS</b>										

\* ELL = English Language Learners; ESL = English as a Second Language; ESOL = English Speakers of Other Languages

**Reason(s) for attrition of students (number enrolled minus number completed), if applicable:**

## VI. Program Outcomes

1. **Total number** of candidates from your program who took the D&S competency exam for LNA licensure in 2011 (**column 6** on table V.): \_\_\_\_\_
2. Number of candidates who **passed** the D&S exam on the first attempt in 2011 (from **column 7** on table V.): \_\_\_\_\_
3. Divide the **number passed** by **total number tested**: \_\_\_\_\_
4. Multiply the result in step 3 by 100. **This is your 2011 first-attempt pass rate:**  
\_\_\_\_\_ %

(Example: if 10 candidates tested and 7 passed both parts of the exam, first divide 7 by 10, then multiply the result (7.0) by 100 = 70%.)

5. Your program's first attempt pass rate for the past 3 years:

2010 \_\_\_\_\_%    2009 \_\_\_\_\_%    2008 \_\_\_\_\_%

6. If your program's 2011 first attempt pass rate was less than 80%, attach a Written Plan of Improvement targeting specific strategies intended to increase your program's first-time pass rate in 2012.
7. Calculate the total number of students who retested (2<sup>nd</sup> and 3<sup>rd</sup> attempts) and passed (add total of "P" columns in columns 10 and 11 on table V.): \_\_\_\_\_
8. Add results of question 2 to results of question 7 to obtain the **total number of students who passed on all attempts**: \_\_\_\_\_
9. Divide the results in question 8 above by the total number who tested (question 1 above) to obtain the **percent** of your students who passed on all attempts: \_\_\_\_\_ %

**The Annual Report must be submitted on or before April 1, 2012 to:**

Vermont State Board of Nursing  
Office of Professional Regulation  
Attention: Elizabeth Hansen, MS, RN  
National Life Bldg., North FL2  
Montpelier, VT 05620-3402

(802) 828-2819    [ehansen@sec.state.vt.us](mailto:ehansen@sec.state.vt.us)