GRADUATE PROGRAMS ANNUAL REPORT INSTRUCTIONS

ABN Administrative Code 610-X-3-.03(6) requires nursing programs to complete the Nursing Education Annual Report in a format specified by the Board within the time specified.

General Information:

1. Reporting Period: **October 1, 20XX, through September 30, 20XX.**

2. You may SAVE your entries and return later to complete report. Be advised that prolonged inactivity will cause a time-out of the application, however, you will not lose data up to the point you last SAVED – remember to use the **SAVE & CONTINUE** button after completing the data for each module.

3. Some modules have multiple site/curriculum entries. YOU MUST **SAVE** AFTER EVERY ENTRY then use the **NEXT** button to go forward. *If you do not save after an entry and hit NEXT, your entry will not save.*

4. *Program Administrators will be notified when reports are available.*

5. **You will have 30 days to submit the report. ABN will provide a due date.**

6. *Please review your report **before** submitting.* If you see an area that needs modifying, follow editing directions:

7. Using the **EDIT/UPDATE** button – make any changes and then **SAVE** or **CANCEL** if no changes needed.

8. After report submission you may log back into **REVIEW** or **PRINT** your report, using the appropriate button. *Remember, once a submission is made you will not be able to make further changes.*

Accessing the Graduate Programs Annual Report components and Log-In:

1. Go to ABN website: www.abn.alabama.gov

2. Click on Nursing Education

3. Select Annual Report

4. Click on the *Graduate Programs Instructions* tab to download a pdf file of the instructions and the *Graduate Programs Report Sample* tab to download a blank sample copy of the report.

5. ***LOG-IN:*** Click the *Graduate Programs Annual Report Login tab.*

6. Use your unique UserID and Password for your program from last year.

   - **NOTE:** *Passwords previously created will be used by the Nursing Program Administrator from one fiscal year to the next.* These should be shared with only those deemed necessary by the program administrator.

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The following instructions are intended to assist with data needed to complete your graduate report submission. Should you have any questions please do not hesitate to contact ABN Education Programs at 334-293-5200; you will be transferred to available Education staff.

INFORMATION ABOUT INSTITUTION:

(Institution information will auto-populate. If you have any changes, call or email the ABN for corrections)

(The following will be needed):

Is your institution accredited? **Choose Yes or No**

If yes by what organization? **Enter organization**

Accreditation Status: **Enter current accreditation status**

Last Visit: **Enter year of last accreditation site-visit**

Next Visit: **Enter year of next accreditation site-visit**

INFORMATION ABOUT NURSING PROGAM:

Complete all fields regarding your Graduate Program's information

(The following will be needed):

Is your institution accredited? **Choose Yes or No**

If yes by what organization? **Enter organization**

Accreditation Status: **Enter current accreditation status**

Last Visit: **Enter year of last accreditation site-visit**

Next Visit: **Enter year of next accreditation site-visit**

INFORMATION ABOUT INSTITUTIONAL SITES

(Enter the number (count) for APRN students only (CRNP, CRNA, CNM, and CNS):

EACH Institutional Site Name

EACH Institutional Site Address

The Nursing Program Administrator (or site Coordinator) at EACH Institutional Site location

The type of APRN program; *and*

The total number (count) of students enrolled in EACH APRN program.

SAVE AFTER EACH UNDERLINE COMPLETED ENTRY (including if you have only *one* entry)

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INFORMATION ABOUT BUDGET ALLOCATIONS:

(Enter the following – Use Resource Tool: **FTE Matrix** *provided on the website if needed)*

Enter the number of **Administrative** FTEs

Enter the number of **Faculty** FTEs

Enter the number of **Clinical** FTEs (these are clinical associates, adjunct/clinical instructors, etc.)

Enter the number of **Support** FTEs (these are your advisors, tutors, clerical staff, etc.)

NOTE: *Count the Program Administrator, as faculty, ONLY if they are in an instructional position.*

INFORMATION ABOUT PERSONNEL VACANCIES:

(Enter the following)

Enter the number of Faculty Vacancies

Enter the number of Clinical Supervisor Vacancies

Check ALL boxes that apply to recruiting barriers for retaining Faculty and Clinical Supervisors

INFORMATION ABOUT POLICIES AND PROCEDURES:

(Copy & Paste link to access your policies and procedure)

INFORMATION ABOUT CURRICULUM:

(Copy & Paste link to access your program's curriculum)

INFORMATION ABOUT CLINICAL SITES OUTSIDE OF ALABAMA:

CHOOSE: (Yes / No)

If you utilize clinical sites outside the state of Alabama**, *check ALL boxes for states that your program sends students, including preceptorships.***

INFORMATION ABOUT SUBSTANTIVE CHANGES:

Check all boxes for changes that have occurred during the reporting time period of October 1, 20XX, through September 30, 20XX

Provide brief details in the entry field for any boxes checked in the left-side column. No entries are needed for boxes checked on the ride-side column.

INFORMATION ABOUT ACCREDITATION AGENCY REPORTS:

Check all boxes for applicable reports used during the reporting period of October 1, 20XX, through September 30, 20XX.

GRADUATE PROGRAMS ANNUAL REPORT INSTRUCTIONS

INFORMATION ABOUT COMPLETION OF ATTESTATION PAGE:

Preparer of Report should be the Nursing Program Administrator. <mark>*If it is not, the preparer will need to obtain Program Administrator's attestation of the four (4) items listed on the signature page*</mark>*. The preparer, will completely fill in the Nursing Program Administrator's information, then <u>must</u> fill in the area provided for them below.*