

**The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions – Division of Professional Education Program Review**

**2024 ANNUAL REPORT
PUBLIC POSTSECONDARY VOCATIONAL PRACTICAL NURSING EDUCATION PROGRAMS**

- 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 1, 2025**. Please send the completed report via email to 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 location. Programs offered at additional locations must file separate reports. You can check program registration status at <http://www.nysed.gov/heds/IRPSL1.html>.

SECTION I - GENERAL INFORMATION

Item	Response <i>(type in the requested information)</i>
School information	Name: Address: Note: If the program is offered at any additional locations, a separate report is needed for each additional location.
Program Title	
Program format	Check all program scheduling and format features that apply: (See definitions) Format: Day Evening Weekend Evening/Weekend Full-Time Part-Time Type: Adult Secondary Secondary Extended
Program Clock Hours	Total Hours:
Contact person	Name and title: Telephone: Fax: E-mail:

SECTION II - PROGRAM INFORMATION

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

Components		Indicate the Number of Credits/Hours	
Didactic Education		clock hours	
Laboratory Education		clock hours	
Clinical Education ¹	Direct Patient Care	Adult patients in an acute care setting:	Hours
		Pediatric patients:	Hours
		Patients receiving treatment for acute and chronic psychiatric, behavioral, and/or cognitive conditions:	Hours
		Maternal/newborn, postpartum and/or pregnant patients:	Hours
		Other (please specify):	Hours
		Of these, indicate the number of preceptor- supervised clinical education hours:	Hours
	Simulated Patient Care	Hours	

2. 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 <i>completed</i> applications to the nursing program for the period of August 1, 2023-July 31,2024	
Number of <i>qualified</i> applications to the nursing program for the period of August 1, 2023-July 31,2024	
Number of prospective students granted admission for the period of August 1, 2023-July 31, 2024	
Number of students readmitted to the nursing program for the fall of 2024	
Number of students (in total) enrolled in the program for fall of 2024 (enrolled as of October 15, 2024)	
Number of students who graduated in calendar year 2024	

Table 1.1. Student Enrollment by Racial/Ethnic Origin. For definitions related to race and ethnicity reporting, please [click here](#).

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

^{1 1} See [NYS Nursing:Laws, Rules & Regulations:Part 52.12](#) for definition of clinical education and simulation experience.

Table 1.2 Trended Admission, Enrollment, and Graduation Data

	2024	2023	2022	2021	2020
Total New Admits					
Total Enrollments					
Total Graduates					

3. a) Use Table 2.0. to provide information on teachers employed by the program(s).

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 full-time faculty for the program:
 c) Indicate the number of part-time faculty for the program:
 d) Indicate the number of support staff for the program:
 e) Use Table 2.1. to report Faculty-Student Ratios

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

4. Use Table 3 to report program outcome data for the most recent five years:

Table 3: Program Outcome Data

	2024	2023	2022	2021	2020
Completion Rates*					
Job Placement Rates**					
NCLEX First-time Candidate Pass Rates					
	2021	2020	2019		
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](#) to see the Office of Federal Student Aid website.

5. 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).
6. 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.
7. Provide a list of current clinical affiliating agencies as a separate attachment.
8. Provide a copy of the faculty handbook/policies, job descriptions for program administrator(s) and faculty.
9. 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 III: 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:	