GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 Coliseum Drive
Koon, Georgia 31217

1999 PRACTICAL NURSING PROGRAM ANNUAL REPORT
(LAWS 43-26-35(9)(10)(11)(15) & (18) AND RULES 400-3-.05 THROUGH -.16)
FOR FISCAL YEAR JULY 01, 1998 THROUGH JUNE 30, 1999

R.N. CONTACT PERSON: Carolyn B. Higgins
SCHOOL NAME: Dalton State College
MAILING ADDRESS: 1221 Ellwood Drive
Dalton, GA 30720

ACTUAL ADDRESS:

TELEPHONE NUMBER: 706-278-8922
FAX NUMBER: 706-278-0798

N.C.S.B.N. PROGRAM CODE #05-186

CURRENT BOARD APPROVAL STATUS: (RULES 400-3-.03, -.04, -.01(4), -.02(4)(a),
____ DEVELOPMENTAL -.02(8),(10) and (11).
____ PROVISIONAL
X FULL
____ CONDITIONAL
____ WITHDRAWN DATE EFFECTIVE: √ 3/99 or

DATE OF G.B.E.L.P.N.'S INITIAL APPROVAL: 1959
DATE PROGRAM STARTED: 1959
DATE FIRST CLASS GRADUATED: 1960
CURRENT TOTAL NUMBER OF STUDENTS ENROLLED: 25
CURRENT TOTAL NUMBER OF NURSING FACULTY: 4 F.T. 1 P.T.
NUMBER OF CLASSES ADMITTED EACH YEAR, WHEN, AND HOW MANY
STUDENTS EACH: 2 Day classes; January & August in 1999 20 Students
1 Night class; August 1997 & 1999 12-15 Students
(every other year)
PROGRAM/CLASS OFFERED AT ANOTHER SITE: ___YES ___NO
R.N. CONTACT PERSON:
SCHOOL NAME:
MAILING ADDRESS:
ACTUAL ADDRESS:

TELEPHONE NUMBER:
FAX NUMBER:

N.C.S.B.N. PROGRAM CODE #05-____

CURRENT BOARD APPROVAL STATUS: (RULES 400-3-.03, -.04, -.01(4), -.02(4)(a),
 DEVELOPMENTAL
 PROVISIONAL
 FULL
 CONDITIONAL
 WITHDRAWN
 DATE EFFECTIVE: __3/99 or

DATE OF G.B.E.L.P.N.'S INITIAL APPROVAL:
DATE PROGRAM STARTED:
DATE FIRST CLASS GRADUATED:
CURRENT TOTAL NUMBER OF STUDENTS ENROLLED:
CURRENT TOTAL NUMBER OF NURSING FACULTY: ___F.T. ___P.T.
NUMBER OF CLASSES ADMITTED EACH YEAR, WHEN, AND HOW MANY
STUDENTS EACH:

EVENING CLASS: ___YES ___NO
(ONLY IF DIFFERENT FROM MAIN CAMPUS PROGRAM)
R.N. CONTACT PERSON: Same as main program
MAILING ADDRESS:

ACTUAL ADDRESS:

TELEPHONE NUMBER:
FAX NUMBER:

DATE OF G.B.E.L.P.N.'S INITIAL APPROVAL: 1972
DATE CLASS STARTED: 1972
DATE FIRST CLASS GRADUATED: 1974
CURRENT TOTAL NUMBER OF STUDENTS ENROLLED: 6
CURRENT TOTAL NUMBER OF NURSING FACULTY: 4 F.T. 1 P.T. Same as main
NUMBER OF CLASSES ADMITTED EACH YEAR, WHEN, AND HOW MANY progr
STUDENTS EACH: 15 every other year (odd year)
PRESIDENT: Dr. James Burran
VICE PRESIDENT OF INSTRUCTIONAL SERVICES: Dr. Gregory Labyak, Dean
SATELLITE’S DIRECTOR: Larry Little, Tech Division Director
HEALTH OCCUPATIONS COORDINATOR: Dr. Carolyn Jensen
REGISTERED NURSE DIRECTOR OF THE PRACTICAL NURSING PROGRAM(S)/
BOARD CONTACT PERSON(S): (RULE 400-3-.05(2) AND 400-3-.08(3)).

AUTHORIZED TO CONDUCT BUSINESS IN THE STATE OF GEORGIA BY:
(RULE 400-3-.05(3).
___ GEORGIA DEPARTMENT OF TECHNICAL AND ADULT EDUCATION
___ LOCAL BOARD OF EDUCATION: _________ CITY; _________ COUNTY
___ OTHER: University System of Georgia

ACCREDITED BY: ___ SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS
___ NATIONAL LEAGUE OF NURSING:
___ OTHER(S):
___ INITIAL ACCREDITATION DATE: 1975
___ ACCREDITATION GRANTED UNTIL: 2003

DESCRIBE PROGRAM/SCHOOL CHANGES DURING THE PAST FISCAL YEAR:
Changed from general Math 1104 to medical Math 1102
Increased the number of computer lab classes.

DESCRIBE ANTICIPATED PROGRAM/SCHOOL CHANGES FOR THE NEXT FISCAL
YEAR: Move to Dalton State College Campus by December 1999. Will notify
G.B.L.P.N. when the time for move has been scheduled.

YOUR PROGRAM’S NEXT ROUTINE G.B.L.P.N. SITE VISIT IS TENTATIVELY
SCHEDULED FOR: 2ND Q.
REASON FOR THE VISIT: (RULES 400-3-.12(1), (2), AND -.02(4),(10)
___ INITIAL (NEW PROGRAM &/OR CLINICAL SITES(S) (2)(a)
___ FOLLOWUP (NEW PROGRAM ON PROVISIONAL STATUS) (2)(a)
___ ROUTINE (2)(b)(c)
___ CONDITIONAL APPROVAL (2)(d)
___ OTHER: (2)(e)

IF YOU ARE TO BE SITE VISITED DURING THE NEXT CALENDAR YEAR, PLEASE
STATE DATES AND REASONS WHICH WOULD RESULT IN A PROBLEM FOR YOU.
400-3-.07 Curriculum.

Authority O.C.G.A. Sec. 43-26-35.

Attach a copy of your program's MASTER CURRICULUM PLAN(s) on the Board's form (d).
If there are differences between classes and/or sites, provide one for each class and label appropriately with the acceptance date of the class(es)(1)(A)nd Rules 400-3-.13(4)(h) and -02(1)(f). BE SURE YOUR COURSE LISTING AND CALCULATIONS ARE CORRECT. Remember, this must be submitted anytime you revise your curriculum.

Summarize your Master Curriculum Plan(s) (M.C.P.) according to the following criteria: Rules 400-3-.05(4), -.07(3), and -.02(1)(f):
Length in Months:
- Day Program: 16 Months (18 Maximum)
- Evening Program: 24 Months (36 Maximum)
Length in Quarters: _____ OR Semesters: _____

Number of Theoretical Hours:
- of Required Content (5)(a): 715 Hours (500 Minimum).
- of Acceptable Content (5)(a): 685 Hours (500 Minimum).

Total Theoretical Hours (5)(a): 865 Hours (700 Minimum).

Number of Clinical Experience Hours:

Total Clinical Hours (5)(b): 700 Hours (700 Minimum).

Complete only the Column entitled "Your Course #, Acronym, and Title" on the GBELPN's "THEORETICAL AND CLINICAL EXPERIENCE CONTACT CLOCK HOURS CALCULATION FORM," to verify your placement of the following areas in your Master Curriculum Plan(s)(5)(a)(b). Attach a copy (or copies, if differences between sites and classes) to this report; label them appropriately.

The annual placement statistics of your graduates show employment in which percentages in the following practice settings (Rule 400-3-.13(4)(g)?

- Hospitals: 20 %
- Nursing Homes: 35 %
- Home Health: 5 %
- Doctor's Offices: 30 %
- Others: 5 %
- Unemployed: 5 %

Describe: Industrial/Correctional ______

400-3-.08 Nursing Faculty.
Authority O.C.G.A. 43-26-35.

Attach a copy of your NURSING FACULTY SUMMARY SHEET which lists all full time and part time nursing faculty (1). Remember, this must be updated anytime you make changes in your nursing faculty.