LOS ANGELES COUNTY
COLLEGE OF NURSING AND ALLIED HEALTH

BOARD OF TRUSTEES
HANDBOOK

"There's No Education Like It In The World"

Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
School of Nursing
Education & Consulting Services
Allied Health Continuing Education
1237 North Mission Road, Los Angeles, California 90033
(323) 409-5911

BOARD OF TRUSTEES HANDBOOK
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LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

Board of Trustees Membership

Year 2018

Category	Board Member	Member Since	3 Yr. Term Expires
President	Rosa Maria Hernandez*	Fall 1992	Fall 2019
Vice-President	Isabel Milan, RN	Fall 2012	Fall 2018
Secretary	Vivian Branchick, RN	Spring 2006	Fall 2018
SON Feeder High School District	1. Rosa Maria Hernandez*	Fall 1992	Fall 2019
Community Health Care Organization	2. LA Care		
Local Community College	3. Ernest Moreno*	Fall 1992	Fall 2019
Rep. Local University	4. Kathleen Hinoki	Fall 2017	Fall 2020
Medical Staff LAC+USC	5.		
Alumni, SON	6. Eve Cruz, RN	Fall 2013	Fall 2019
Community	7. Nancy Miller, RN	Spring 2014	Fall 2020
Department of Health Services / HA	8. Tonia Jones, RN		Fall 2019
LAC+USC Med Center CEO	9. Jorge Orozco	Fall 2018	Fall 2021

* Founding Member

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BOARD OF TRUSTEES

2018 MEETING SCHEDULE

The College Board of Trustees will meet in Tower Hall, Room 105 from 8:00 – 10:00 on the following dates:

February 23, 2018

May 18, 2018

August 10, 2018

November 16, 2018

Los Angeles County College of Nursing and Allied Health

College Governing and Standing Committee Bylaws

NAME	Board of Trustees	College Governance	Institutional Effectiveness	Credentials	Faculty Development
PURPOSE	Establish policies and procedures that are consistent with the College mission, vision, and values; assure the quality, integrity, and effectiveness of student learning programs and services; and oversee the financial stability of the College	Provide leadership and ensure a fully-integrated institutional structure and process to achieve the College mission, vision, and values	Improve institutional effectiveness by directing the application of College wide research methods in order to evaluate program outcomes, student success, and faculty effectiveness	Provide a framework and process for evaluating the qualifications and effectiveness of faculty	To promote faculty development of knowledge, skills and attitudes using the following four major domains: **Professional development** – an orientation to the academy that includes faculty roles and responsibilities and the values, norms, and expectations of the college **Instructional development**- basic and advanced teacher development through mentoring, peer coaching, teaching improvement workshops and consultations. **Leadership development** – orientation to leadership roles; preparation of effective leaders who understand formal and informal leadership styles; ability to use various tools and techniques such as continuous quality improvement, change management, and consensus-building. Organizational development- creating an effective organizational climate that values and rewards education and research, fosters continual learning, commits resources to faculty development programs, and formulates policies and procedures that shape

NAME	Board of Trustees	College Governance	Institutional Effectiveness	Credentials	Faculty Development
					educational excellence and guide faculty behaviors.
FUNCTIONS					
Assess/Plan Monitor/Evaluate	1. Review & approve the strategic plan & annual goals & monitor outcomes Monitor educational quality & effectiveness through performance measurements of the academic & student support service programs Conduct scheduled self-evaluation of Board performance & productivity	1. Review, recommend approval, & direct the implementation of the strategic plan & annual goals. Evaluate progress towards institutional outcomes & approve alternate strategies	1. Integrate divisional resource needs from assessment data to develop the strategic plan Analyze data & outcomes by comparison to thresholds. Utilize findings to recommend program improvements	1. Establish standards to identify & maintain qualified faculty to implement the strategic plan & promote program success Monitor & evaluate effectiveness of the selection process & tools	1. Identify professional development needs of faculty & staff to implement the strategic plan & promote program success Recommend methods/ resources to meet professional development needs & evaluate their effectiveness
Implement	2. Provide guidance in the development & improvement of educational & student support service programs Delegate to the provost, & through the provost to the faculty, the authority to establish & regulate courses of instruction & to implement & administer policies without Board interference Review -matters with legal implications and approve as recommended by the Provost	2. Review, recommend approval, & direct implementation of College academic & support service programs	2. Direct the collection & measurement of program review data & recommend plans for improvement	2. Facilitate development and implementation of tools for faculty selection and to measure faculty effectiveness	2. Facilitate implementation of workshops, panels, seminars, & other professional development methods

NAME	Board of Trustees	College Governance	Institutional Effectiveness	Credentials	Faculty Development
	Approve the selection of the provost & evaluate his/her performance				
Resources/Budget	3. Monitor the financial status of the College, review/approve budget requests & funding proposals, & advocate for resources	3. Review & recommend approval of budget requests & resource allocation to meet strategic planning goals	3. Aggregate data identified in program reports & communicate resource needs	3. Investigate, evaluate, & recommend incorporation of community standards related to staffing & employee qualifications	3. Evaluate & recommend professional development programs & materials
Policies	4. Approve the policies, rules & regulations under which programs operate	4. Review & approve/recommend approval of College policies & procedures	4. Design, review, & update the Program Review Plan & related policies, documents, & forms	4. Develop, evaluate, & revise College policies, procedures, guidelines, & forms related to hiring, orientation, & promotion of faculty	4. Develop, evaluate, & revise College policies, procedures, guidelines, & forms related to professional development of faculty & staff
Regulatory Compliance	5. Monitor compliance, approve reports, & direct participation in the accreditation processes of the WASC:ACCJC, the California BRN, & other allied health & accrediting/regulatory agencies	5. Oversee compliance with regulatory agency requirements. Review & approve regulatory agency reports	5. Incorporate regulatory standards into the Program Review Plan 6. Verify, monitor, & facilitate institutional processes to maintain compliance with regulatory agency requirements.	5. Review College hiring & orientation policies and procedures for compliance with those of regulatory agencies, LA County, & DHS. Recommend revisions as indicated	5. Review College education & training policies and procedures for compliance with those of regulatory agencies, LA County, & DHS.
Communication/ Collaboration	6. Uphold decisions made by the Board, advocate for the institution, & protect it from undue influence or pressure 7. Communicate & collaborate with College Governance Committee. Approve recommendations Adhere to the Board of Trustees' Membership Agreement & Code of Ethics	6. Collaborate & communicate with all governing & standing committees. Disseminate information to faculty, staff, & students 7. Make recommendations to the Board of Trustees	7. Provide consultation & guidance to College committees, faculty & staff. Disseminate report findings 8. Make recommendations to the College Governance Committee	6. Collaborate with faculty to determine effectiveness of selection & peer review processes 7. Provide policy & procedure recommendations to the College .Governance Committee	6. Collaborate with faculty to identify professional development needs 7. Provide policy & procedure recommendations to the divisional governing & College Governance committees
MEMBERSHIP	Elected & nonelected members	Provost, divisional deans, directors, faculty, staff, & student representatives	Dean IERP,, CIO, & faculty,	Faculty members from all divisions	Faculty members from all divisions

NAME	Board of Trustees	College Governance	Institutional Effectiveness	Credentials	Faculty Development
REPORTS TO	DHS	Board of Trustees	College Governance Committee, SON Planning	College Governance Committee, SON Planning	EDCOS Shared Governance & SON Planning Committees
MEETINGS	Four times/year	Monthly	Monthly	Quarterly	Every other month

Los Angeles County College of Nursing and Allied Health

School of Nursing Committee Bylaws

NAME	SON Planning	Faculty Organization	Admissions/Promotions	Curriculum	Semester Committees
PURPOSE	Serve as a steering committee for integrating communication between College Governance and the SON standing committees. Direct the nursing program and operations to support the College mission, vision, and values Provides a mean whereby the SON shares in the College's governance.	Assure the quality, integrity, and effectiveness of School of Nursing (SON) courses. Provide a means whereby faculty share in SON governance.	Develop, implement, and evaluate admission, progression, and graduation processes to optimize student preparation to complete the course of study.	Serve as a steering committee that provides oversight on matters pertaining to curriculum development, evaluation, and revision to maintain its integrity. Provide guidance in the planning, implementation, and evaluation of all nursing theory and clinical courses in order to achieve student learning outcomes (SLOs).	Plan, implement, and evaluate the courses within the semester.
FUNCTIONS					
Assess/Plan Monitor/Evaluate	1. Review, recommend approval, & direct the implementation of the SON annual goals. Evaluates the progress toward the SON outcomes & approve alternate strategies. Ensures the SON integration of the Colleges strategic plan objectives.	1. Review, approve, & direct implementation of the SON annual goals. Evaluate progress towards outcomes & approve alternate strategies.	1. Assess, plan, monitor, & evaluate student admission, progression, & graduation: • Admission criteria/process • On time completion/attrition • Graduation/completion • Admission/progression policy waivers Ensure the catalog provides accurate & current information as required by regulatory agencies: • Contact information; Board member, administrator, & faculty names • Admissions requirements • Course, program, & degree offerings • Academic calendar, program length • Financial aid • Learning resources • Major policies such as academic freedom, academic honesty,	1. Assess, plan, monitor, & evaluate nursing program for: • Curriculum concepts, course descriptions, & Program SLOs for alignment with College mission, vision, values; philosophy; goals; & Course SLOs • Conceptual framework for identification & congruency of related concepts, sub- concepts, & theories across all levels of the curriculum • Curriculum progression from simple to complex • Consistent & effective use of teaching methodologies, assessment/grading tools, & other course requirements • SLO assessment & committee/program review data for patterns that may	1. Assess, plan, monitor, & evaluate theory & clinical courses within the semester for: • Effectiveness of theory & clinical course teaching methodologies & tools in achieving SLOs • Consistent application of teaching/testing materials, assessment rubrics, & grading methodologies • Need for revisions based on SLO assessment findings • Effective communication between courses, semesters, & committees • Correlation between theory & clinical courses

NAME	SON Planning	Faculty Organization	Admissions/Promotions	Curriculum	Semester Committees
			nondiscrimination, transfer credits, grievances /complaints, sexual harassment, & refund of fees	indicate program improvement opportunities	
Implement	2. Evaluate the implementation process of the SON divisional governing, standing, and semester committees. Review, recommend approval, & direct implementation of SON academic & support service programs Aggregate & prioritize recommendations from the SON committees Identify & coordinate responses to issues impacting the SON	2. Oversee implementation of the curriculum, direct standing & course committees, & review & approve committee recommendations.	2. Oversee implementation of admissions & promotions policies; recommend revisions as indicated Verify that the admission process test instruments are valid, reliable, & minimize cultural bias	2. Provide guidance to semester committees on matters pertaining to curriculum development, evaluation, & revision Identify & propose curriculum revisions based on SLO achievement & changes in education & healthcare	2. Apply teaching methodologies, tools, & clinical experiences to assist students to achieve SLOs Maintain consistent use of grading methods, course objectives, syllabi, test blueprints, & schedules
Resources/Budget	3. Review & recommend approval and direct implementation of the SON budget requests & resource allocation to meet SON goals. Assimilate & prioritize needs of the SON and prepare and submit budget requests, & develop plans for resource allocation to the College Governance Committee.	3. Prioritize resource needs & submit requests to SON Planning Committee.	3. Recommend testing tools, educational materials and resources and align with community practice /standards to support student admission & progression.	3. Recommend educational materials and resources that support the curriculum & student learning to align with community practice/standards.	3. Recommend resources identified in course SLO assessment to support student learning.
Policies	4. Draft, update, recommend approval guide implementation,	4. Review, revise, & approve SON policies & submit to SON	4. Develop, evaluate, & revise policies, procedures, guidelines,	4.Develop, evaluate, & revise policies, procedures, guidelines,	4. Consistently implement relevant DHS, College, & SON

NAME	SON Planning	Faculty Organization	Admissions/Promotions	Curriculum	Semester Committees
	& evaluate of SON policies & procedures and submits to the College Governance Committee for review and approval.	Planning Committee for review & approval.	& forms related to student admission & promotion: • Admissions, transfer of credit • Criminal background check • Nursing course exemptions/challenges • High risk student • Curriculum plan • Transition course • Testing • Make up examination • Grading systems • Academic status/warning • Academic withdrawal, dismissal, failure Ensure policies & procedures related to admission, progression, & graduation are applied fairly & equitably regardless of age, sex, race, creed, nationality, disability, color, marital status, or sexual orientation	& forms related to the curriculum: • Philosophy, conceptual framework • Program purpose, objectives • Curriculum changes • Textbook approval • Intercommittee Communication • Testing • Syllabi • Educational media • Grading for clinical courses • Skills & drug dosage calculation competency • Clinical remediation	policies. Recommend revisions as indicated.
Regulatory Compliance	5. Oversee the SON compliance with regulatory and accrediting agency requirements. Review & approve regulatory agency reports. Implement measures to ensure compliance with standards. Verify compliance with mandatory	5. Establish, monitor, & facilitate SON processes to maintain compliance with regulatory and accrediting agency requirements. Develop, review, & approve regulatory agency reports.	5. Validate, monitor, & facilitate compliance with regulatory and accrediting agency requirements related to admission, progression, & graduation.	5. Ensure the curriculum maintains compliance with regulatory and accrediting agency requirements.	5. Ensure semester course content adheres to regulatory and accrediting agency requirements

NAME	SON Planning	Faculty Organization	Admissions/Promotions	Curriculum	Semester Committees
	Requirements.				
Communication/ Collaboration	6. Collaborate & communicate with governing, divisional , standing, semester committees. 7. Disseminate information from the governing and college committees to faculty, staff, & students. 8. Make recommendations to the Faculty Organization and College Governance Committee.	6. Communicate & collaborate with standing, course, & semester committees. Disseminate information from DHS, Medical Center, & College committees. 7. Maintain formal & informal communication between local, state, regional agencies and affiliating institutions. 8. Present recommendations to the SON Planning Committee	6. Communicate & collaborate with College & SON committees regarding admissions & progression matters. 7. Review semester reports & proposals. 8. Present recommendations to the SON Faculty Organization	6. Communicate & collaborate with College & SON committees regarding curriculum matters. Disseminate information related to educational/nursing practice trends, curriculum revisions, & regulatory agency changes to all stakeholders. 7. Review semester reports & Proposals. 8. Present recommendations for discussion and approval to the SON Faculty Organization.	6. Communicate & collaborate with standing & course committees regarding teaching, clinical site, & student issues. 7. Present recommendations to SON committees.
MEMBERSHIP	Dean, SON, Dean Administrative and Student Services, Dean, IERP, ERC Director, FA Director, Faculty Org Chair, Credentials Committee Chair, Faculty Development Chair	Faculty Org Chair, Semester Coordinators, Curriculum Chair, Admissions & Promotions Chair, Faculty Advisory Committee Chair, ADA Committee Chair, Sim Lab Committee Chair, Content Expert Committee Chair	• Minimum of one faculty member from each semester • One student representative from each class	• Minimum of one faculty member from each semester • One student representative from each class	Teaching faculty assigned to each semester
REPORTS TO	College Governance Committee	SON Planning Committee	SON Faculty Organization	SON Faculty Organization	SON Faculty Org Committee
MEETINGS	Monthly	Monthly	Monthly	Monthly	Monthly

Orig: 9/4/13

Rev'd: 9/24/13, 10/22/13, 11/12/13, 11/26/13, 1/16/14, 1/28/14, 5/27/14, 6/3/14, 6/12/14, 6/8/17, 6/29/17, 7/11/17, 8/15/17,9/28/17

Los Angeles County College of Nursing and Allied Health

Education and Consulting Services, Administrative and Student Services, Allied Health and Associated Student Body Committee Bylaws

NAME	EDCOS Planning Committee	EDCOS Curriculum Committee	Student Support Services	Division of Allied Health Continuing Education (DAHCE)	SON Associated Student Body
PURPOSE	Oversee long term planning, implementation, evaluation, and revision of courses and goals	Develop, implement, evaluate, and revise courses to achieve the strategic plan and annual goals, and meet the educational needs of LAC+USC Medical Center	Support the academic programs and promote student success	Develop, implement, evaluate, and revise courses to achieve the strategic plan and annual goals, and meet the educational needs of Allied Health WFM's in LA County-DHS	Enhance understanding and provide an effective means of expression between the School of Nursing (SON) and students
FUNCTIONS					
Assess/Plan Monitor/Evaluate	1. Review, approve, & direct implementation of EDCOS annual goals. Evaluate progress towards outcomes & approve alternative strategies Identify LAC+USC Medical Center nursing education needs through committee meetings & consultation with administration, faculty, & staff Prioritize recommendations from faculty & committees Identify & coordinate responses to issues impacting EDCOS	1. Develop EDCOS annual goals to meet County, DHS, & College strategic plans 2. Evaluate course & instructor effectiveness through the program review process 3. Develop Annual Program Evaluation Report to summarize & report progress towards outcomes 4. Make recommendations regarding revising course offerings based on program review findings to College Governance Committee	1. Assess the effectiveness of student support services & recommend policies, procedures, & program improvements	1. Develop DAHCE annual goals to meet County and DHS strategic plans 2. Evaluate course & instructor effectiveness through the program review process 3. Develop Annual Program Evaluation Report to summarize & report progress towards outcomes 4. Make recommendations regarding revising course offerings based on program review findings to College Governance Committee	1. Identify & define student issues that affect the educational experience & the status of the individual student by expressing the concerned opinion of the Associated Student Body (ASB)
Implement	2. Oversee & guide EDCOS courses/committees	5. Develop, implement, & revise courses to achieve annual goals & meet identified educational needs	2. Develop annual goals & plans based on College strategic plan & goals Oversee, guide, & direct student support services including applications, program admissions,	5. Develop, implement, & revise courses to achieve annual goals & meet identified educational needs	2. Integrate all ASB activities

NAME	EDCOS Planning Committee	EDCOS Curriculum Committee	Student Support Services	Division of Allied Health Continuing Education (DAHCE)	SON Associated Student Body
			registration, orientation, & progression Manage & maintain employee & student records		
Resources/Budget	3. Prioritize resource needs & submit requests to College committee	6. Identify resource needs based on program review findings & submit requests to College Governance Committee	3. Recommend resources to support student success & to achieve annual goals to the College Governance Committee	6. Identify resource needs based on program review findings & submit requests to College Governance Committee	3. Participate in program related surveys and make recommendations for improvements
Policies	4. Review, revise, & approve policies. Submit policies to College committee for review & approval	7. Draft & revise policies. Submit policies to EDCOS Planning Committee for review & approval	4. Draft, update, & recommend revision to divisional & College policies related to student support	7. Draft & revise policies. Submit policies to College Governance Committee for review & approval	4. Recommend revision to student related policies: • Nursing Student Bill of Rights • Student Responsibilities • Student Dress Code
Regulatory Compliance	5. Establish, monitor, & facilitate divisional processes to maintain compliance with regulatory and accrediting agency requirements Develop, review, & approve regulatory and accrediting agency reports	8. Develop & revise courses to maintain compliance with regulatory and accrediting agency requirements Implement measures to ensure compliance with standards	5. Ensure compliance with regulatory and accrediting agency standards	8. Ensure compliance with regulatory and accrediting agency standards	5. Participate in regulatory and accrediting agency site visits
Communication/ Collaboration	6. Promote faculty communication & collaboration regarding issues impacting nursing education & practice Communicate & collaborate with DHS, Medical Center, & College committees & disseminate information 7. Present recommendations to College Governance Committee	9. Collaborate with all faculty to identify strategies to meet educational needs & improve course effectiveness in ensuring student success 10. Present recommendations to EDCOS Planning Committee	6. Collaborate & communicate with faculty & staff regarding program outcomes. Disseminate information from College committees to support staff members 7. Present recommendations to College Governance Committee	9. Present recommendations to College Governance Committee	6. Collaborate with College & SON committees & faculty liaisons regarding student issues & concerns affecting their educational experience 7. Present recommendations to SON Faculty Organization
MEMBERSHIP	Dean, all EDCOS faculty	Dean, all EDCOS faculty	Administrative & Student Services Dean, ERC Director, Financial Aid Director	Director, AH, ERC Director, CIO, Nursing Instructor	ASB president, vice-president, treasurer, secretary, president of each class, Special Projects Committee representative One representative from each of the following organizations: • Newman Club/Nurses' Christian Fellowship

NAME	EDCOS Planning Committee	EDCOS Curriculum Committee	Student Support Services	Division of Allied Health Continuing Education (DAHCE)	SON Associated Student Body
					• NSNA/CNSA (California Nursing Student Association)
REPORTS TO	College Governance Committee	EDCOS Planning Committee	College Governance Committee	College Governance Committee	SON Faculty Organization
MEETINGS	Monthly	Quarterly	Monthly	Monthly	Monthly during the School Year

Orig: 9/24/13

Rev'd: 10/10/13, 10/22/13, 11/12/13, 11/26/13, 12/10/13, 1/16/14, 6/29/17, 7/13/17, 8/15/17, 9/28/17

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BOARD OF TRUSTEES
BYLAWS

ARTICLE I Title and Description, Purpose and Functions

Section 1: Description

The Name of this Board of Trustees is the Los Angeles County College of Nursing and Allied Health Board of Trustees. The Board of Trustees (Board) is the governing body for the College.
The College is owned by the County of Los Angeles. The Board of Supervisors is the elected governing body for Los Angeles County (LAC) and establishes/approves policy, funding, roles, and responsibilities for the various County divisions. The College is operated under the auspices of the LAC Department of Health Services (DHS) and LAC+USC Medical Center.

Section 2: Purpose

The Board establishes policies and procedures that are consistent with the College Mission, Vision, and Values; assures the quality, integrity, and effectiveness of student learning programs and services; and oversees the financial stability of the College.

Section 3: Functions

The Board has the authority to review the academic and financial affairs of the College in order to ensure the quality and integrity of its educational programs and to provide guidance to its administration in carrying out the educational mission and goals. The Board functions are to:

a. Provide guidance in the development and improvement of the educational and student support service programs

b. Review and approve the strategic plan and annual goals and monitor outcomes

c. Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs

d. Recommend, monitor, and approve the policies, rules and regulations under which programs operate

e. Delegate to the provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to

implement and administer policies, programs, and operations without Board interference

f. Approve the selection of the provost and evaluate his/her performance

g. Monitor compliance, approve reports, and direct participation in the accreditation processes of the Western Association of Schools and Colleges: Accrediting Commission for Community and Junior Colleges, the California Board of Registered Nursing, and other allied health and accrediting/regulatory agencies

h. Monitor the financial status of the College, review/approve budget requests and funding proposals, and advocate for resources

i. Review legal matters and recommend courses of action

j. Adhere to the Board's Membership Agreement and Code of Ethics

k. Uphold decisions made by the Board, advocate for the institution, and protect it from undue influence or pressure

l. Conduct scheduled self-evaluation of Board performance and productivity.

ARTICLE II Membership

Section 1: Members

The membership of the Board consists of no less than eleven persons divided in two categories. One category consists of "non-elected members", employed by the Los Angeles County as follows:

a. Chief Executive Officer, LAC + USC Medical Center

b. Chief Nursing Officer, LAC+USC Medical Center

c. Provost, or designated administrator, College of Nursing and Allied Health

Eight other members constitute a category of "elected members". Elected members are representative of eight constituency groups within the County of Los Angeles as follows:

a. One representative from the Community

b. One representative at large from the Department of Health Services

c. One representative of the Medical Staff of the LAC+USC Medical Center

d. One representative from a local community college

e. One representative from a local university

f. One representative from a school district with a feeder high school

g. One representative from the Alumni, School of Nursing

h. One nursing representative from a community health care facility.

Non-elected members and elected-members together constitute and are referred to as the Board of Trustees.

Section 2: Terms of Elected Membership, Resignation and Removal of Elected Members

Each elected Board member serves a three-year term and holds office until a successor representative of the same constituency is elected.

The terms of service of elected Board members are staggered so that no more than one third of the members are elected annually.

Non-elected trustee members serve for a term ending on the date their successors qualify for Board membership.

Forfeiture of Board membership is necessary if the individual representative changes position and is no longer a representative of the constituency section.

An elected member may resign by submitting a written resignation to the Secretary of the Board at least fifteen days prior to the effective date of resignation. An elected member may be removed from membership by vote of two thirds of all Board members. However, before any member may be removed, the member shall be given information for the basis for the proposed removal and an opportunity to be heard by the Board.

Ex-officio members are former Board officers and have voting privileges.

Emeritus membership may be offered to elected members in good standing whose active service has ended.

Emeritus members serve as nonvoting consultants to the Board. Emeriti are invited to attend meetings, serve on committees, receive information and attend College programs and events that allow them to be engaged with the College and its leadership.

Section 3: Election

Non-elected members select nominees for elected-members.

Persons are elected to membership by receiving a majority vote of the members then in office.

Section 4: Vacancies

If any vacancies in the elected membership of the Board occur for any reason, including the enlargement of the total membership, the members elect persons to fill such vacancies. Such members will fulfill the remaining term of office of the member replaced.

Section 5: Orientation and Board Development

New members are oriented to the purpose and function of the Board in accordance with Board policy.

Members are informed of accreditation and regulatory agency standards, expectations, and recommendations. Board members are provided with information to assist them in performing their duties and functions.

ARTICLE III Officers and Duty of Officers

Section 1: Designation

The officers of the Board are the President, Vice-President, Secretary, and any other officers, as the Board deems appropriate.

The President is elected from current Board membership. This is a rotating presidency with a term of three years

The Vice President is the Chief Nursing Officer, LAC+USC Medical Center

The Secretary is the provost of the College of Nursing

Section 2: Duties of Officers

The President calls and presides over the Board meetings and is a voting member of all committees.

The Vice-President performs such duties as may be assigned by the President. In case of absence of the President, or of his/her inability from any cause to act, the Vice-President performs the duties of the President.

The Secretary prepares an agenda for all meetings of the Board, notifies members of meetings, and is responsible for keeping and recording adequate records and proceedings of all meetings.

ARTICLE IV Meetings

Section I: Regular Meetings

Regular meetings of the Board are held in accordance with Board policy.

Section 2: Special Meetings

Special meetings of the Board may be called at any time by a majority of the Board members or by the President. Written or verbal notification will be provided to each Board member a minimum of three working days prior to the scheduled meeting. Such notice states the purpose for which the meeting is called. No business other than that specified in the notice of the Special meeting will be transacted.

Section 3: Quorum

A quorum will constitute six Board members, one of whom must be an officer of the Board. A vote of a majority of the members present at the time of a vote, if a quorum is present, is the act of the Los Angeles County College of Nursing and Allied Health Board of Trustees, except as noted in Article II, Section 3 of these Bylaws.

Section 4: Open Meetings

Meetings of the Board are open to the public as required by law.

Individuals, who want to appear before the Board to address an agenda item or make public comment, must provide written notice to the Secretary/provost two working days prior to the meeting, stating the reason for the appearance.

The President determines and announces any reasonable restrictions upon such presentations and the time allotted for public comment.

The President determines and announces whether to recognize individuals who want to appear who have not submitted advance notice prior to the meeting.

ARTICLE V Committees

Section 1: Standing Committees, Ad Hoc and Other Committee Appointments

The Board of Trustees may create and impanel standing committees, ad hoc and other committees, as it may deem necessary to promote the purposes and carry out the work of the Los Angeles County College of Nursing and Allied Health.

Under special circumstances, the President has the power to create special, ad hoc and other committees and appoint their members. The

chairperson of each standing committee presents a plan of action to the Board for approval. Any committee action requires approval of the Board.

Section 2 Deactivation of Committees

The Board may at any time determine that the functions of a Board committee previously established by the Board are no longer required and may deactivate said committee. The President may at any time dissolve ad hoc and other committees that were created by the President.

ARTICLE VI Amendments

Section 1: Amendments

These Bylaws are reviewed and approved a minimum of every three years and whenever there is a significant change in the authority, purpose, or function of the Board.
These Bylaws may be amended at any meeting by a two-third vote of the Board members, or without a meeting if all members consent in writing to the adoption of the amendment.

Section 2: Notice

Proposed amendments are sent to all members at least one month prior to the vote.

ARTICLE VII Dissolution

In the event of the closure of the Los Angeles County College of Nursing and Allied Health, the Board of Trustees will be dissolved.

Signed: _____ Dated: _____
President, Board of Trustees
(Signature on file)

Originating date: 12/94 BOT:nm
Revised date: 10/98, 10/01, 2/05, 2/07, 8/08, 5/12, 3/7/14, 3/17,8/18 BOT.Bylaws

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
POLICY & PROCEDURE

Subject: **MEETINGS**	Original Issue Date: February 18, 2005	Policy #: **120**
	Supersedes: November 16, 2012	Effective Date: November 18, 2016

Individuals / Committees Consulted:	Reviewed & Approved by:	Approved by:
Bylaws Task Force Administrative Committee	Board of Trustees	President, Board of Trustees (Signature on File)

PURPOSE:

To describe the process for scheduling meetings and setting agenda topics.

POLICY:

Regular meetings of the Board of Trustees shall be held no fewer than four times during the academic year.

- Meetings are held on the third Friday of August, November, February, and May.

The agenda shall:

- Be set based on items of ongoing discussion, carry over business, and new business pertaining to the College
- Be posted at least 72 hours prior to a regular meeting in location readily accessible to the public
- Include the date, time, and location of the meeting and each item of business to be transacted or discussed
- Allot time for new business.

PROCEDURE:

The Secretary or designee:

- Provides members with an annual meeting schedule
- Sends written notification of meetings to all members at least one week prior to the date of the meeting
- Develops and distributes the agenda for each meeting in collaboration with the President
- Ensures the agenda is posted
- Reviews the draft minutes with the President and distributes the minutes.

Members may add new agenda topics by submitting a request to the President and/or Secretary a minimum of one week prior to the meeting.

REFERENCES:

Board of Trustees' Handbook
Ralph M. Brown Act: California Government Code Sections 54950-54960.5

REVISION DATES:

February 18, 2005

Subject:
MEETINGS

August 28, 2009
November 16, 2012
November 18, 2016

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
POLICY & PROCEDURE

Subject: **NEW MEMBER ORIENTATION**	Original Issue Date: February 18, 2005	Policy #: **510**
	Supersedes: November 16, 2012	Effective Date: November 18, 2016

Individuals / Committees Consulted:	Reviewed & Approved by:	Approved by:
Bylaws Task Force Administrative Committee	Board of Trustees	President, Board of Trustees (Signature on File)

PURPOSE:

To delineate new member orientation.

POLICY:

New members to the Board of Trustees are oriented to the Board and to the College.

PROCEDURE:

The President or designee will provide the new member with:

- Board Members' Handbook
- Review of Board functions and processes including:
  - Member Roles and Responsibilities
  - Status of the College including financial issues
  - Future directions, strategic plan
  - Meeting schedules and procedures
- Tour of the College.

The new member:

- Reviews and signs the Board Code of Ethics and Professional Ethical Responsibilities form
- Reads the Board of Trustees' Handbook
- Familiarizes themselves with College operations.

REFERENCES:

ACCJC Guidelines
Board of Trustees' Handbook

REVISION DATES:

February 18, 2005
August 28, 2009
November 16, 2012
November 18, 2016

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
POLICY & PROCEDURE MANUAL

Subject: **PROVOST SELECTION**	Original Issue Date: May 24, 2013	Policy #: **500**
	Supersedes: May 24, 2013	Effective Date: August 19, 2016

Individuals / Committees Consulted:	Reviewed & Approved by:	Approved by:
Administrative Committee	Board of Trustees	President, Board of Trustees (signature on file)

PURPOSE:

To delineate the process for selection of the provost

POLICY:

The College adheres to Los Angeles County (LAC) civil service rules and Department of Health Services (DHS), LAC+USC Medical Center, and College policies and standards for employee selection, hiring, and evaluation.

The provost job description is developed and reviewed by the College, approved by the Board of Trustees, and submitted to LAC Human Resources (HR) for posting on the employment opportunities website.

Applicants submit their resumes to HR and undergo a civil service screening exam.

Qualified provost candidates are interviewed by Board officers, selection is recommended by the Board president, and the final candidate is submitted to the Board for confirmation.

PROCEDURE:

The Board of Trustees:

- Approves the selection of the provost and evaluates his/her performance
- Delegate to the provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

PROCEDURE DOCUMENTATION:

County of Los Angeles Employment Application

REFERENCES:

ACCJC: WASC Standard IV.C. Leadership and Governance: Governing Board
Board of Trustees Bylaws

REVISION DATES:

May 24, 2013
August 19, 2016

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
POLICY & PROCEDURE MANUAL

Subject: **SELF APPRAISAL**	Original Issue Date: May 24, 2013	Policy #: **300**
	Supersedes: May 24, 2013	Effective Date: August 19, 2016

Individuals / Committees Consulted:	Reviewed & Approved by:	Approved by:
Administrative Committee	Board of Trustees	President, Board of Trustees (signature on file)

PURPOSE:

To delineate the process for conducting periodic appraisal of Board of Trustees effectiveness in performing designated functions

POLICY:

The Board conducts a triennial/scheduled self appraisal of its performance and productivity

PROCEDURE:

The Board:
- Completes a scheduled self appraisal
- Assesses their performance and productivity by functional categories:
  - Organization and dynamics
  - Decision making process
  - Orientation and development
  - Relationship to the program
  - Goals, objectives, priorities
  - Member participation
  - Method for gaining information about the College
- Reviews the findings and develops improvement plans as indicated
- Evaluates the policy, procedure, and effectiveness of improvement plans.

The Research Director facilitates the Board self appraisal:
- Distributes Self Appraisal according to schedule
- Aggregates, tracks and trends findings
- Submits report to the Board
- Revises process and form as needed.

PROCEDURE DOCUMENTATION:

Self Appraisal Form
Board of Trustees Self Appraisal Record Summary

REFERENCES:

ACCJC: WASC Standard IV.C. Leadership and Governance: Governing Board
Board of Trustees Bylaws

REVISION DATES:

Subject:
SELF APPRAISAL

May 24, 2013
August 19, 2016

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES

MEMBERSHIP AGREEMENT AND CODE OF ETHICS

Member Name: _____

As a member of the Los Angeles County College of Nursing and Allied Health Board of Trustees, I agree to:

1. Support the College's mission, vision, values, strategic plan, and the development and improvement of the educational programs
2. Attend and participate in Board meetings
3. Review agendas, minutes, bylaws, policies, financial/budget information, and other documents distributed for discussion and/or approval
4. Participate in:
   - Selecting and approving the Provost and elected Board members
   - Monitoring educational quality and effectiveness through performance measurements of the academic and student support service programs
   - Preparing for accrediting agency surveys and visits and reviewing reports
   - Recommending, monitoring, and approving the policies, rules and regulations under which programs operate
   - Reviewing petitions and legal matters and recommending courses of action
   - Monitoring the College financial status and reviewing/approving budget requests and funding proposals
5. Delegate to the Provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies
6. Contribute to developing consensus in decision making while respecting diversity and exchange of ideas
7. Uphold decisions made by the Board, advocate for the institution, and protect it from undue influence or pressure
8. Base decisions upon all available facts; vote my honest conviction, unswayed by partisan bias and outside pressure
9. Maintain the confidentiality of Board decisions made in closed session or whenever so specified
10. Notify the Board President of potential conflicts of interest and decline to participate in decisions where conflicts exist
11. Abide by and uphold the final majority decision of the board
12. Advocate for and represent the College fairly, accurately, and supportively to the public and other agencies/constituencies
13. Evaluate the Board's performance and productivity
14. Resign from the Board should it be determined that I am unable to meet these agreements.

_____ _____

Member Signature Date

Orig: 3/22/95 Reviewed: 8/06, 5/10, 11/22/13, 8/31/18

NWM:nm BOT.BOTHndBk/Pols

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
SELF APPRAISAL

Member Name: _____ Date: _____

Please rate your level of agreement with each of the following statements.

1. Board Organization and Dynamics	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. The roles of the Board officers and chair are clear.					
b. The functions of the Board are understood.					
c. Meetings are conducted in such a manner that purposes are achieved.					
2. Decision – making processes	**Strongly Agree 4**	**Agree 3**	**Disagree 2**	**Strongly Disagree 1**	**Comments**
a. Board members respect each other's opinion.					
b. Discussions are structured so that all members have an opportunity to contribute to the decision					
c. Board members receive adequate background information upon which to base a decision.					
3. Trustee orientation and development	**Strongly Agree 4**	**Agree 3**	**Disagree 2**	**Strongly Disagree 1**	**Comments**
a. New members receive an orientation to the roles and responsibilities of the Board.					
b. Board members possess understanding of the College and County issues.					
c. Board members keep informed regarding developments in associate degree nursing & healthcare education programs.					
4. Board relationships to program	**Strongly Agree 4**	**Agree 3**	**Disagree 2**	**Strongly Disagree 1**	**Comments**
a. The Board keeps abreast of new developments in the educational program through attendance at meetings, reading of informational materials, and involvement with the College.					
b. The Board establishes written policies, which provide guidance for the administration of the educational program and efficient use of resources.					
c. Board decisions reflect sensitivity to the needs of the community that the College serves.					

Please rate your level of agreement with each of the following statements.

5. Goals	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. The Board encourages and promotes long-range planning consistent with program needs.					
b. The Board activities and priorities are closely tied to the mission and goals of institution.					
c. The Board sets and evaluates its functions as outlined in the Bylaws.					
6. As a Board member I have participated in the following activities in the past year:	**Strongly Agree 4**	**Agree 3**	**Disagree 2**	**Strongly Disagree 1**	**Comments**
a. Review and approval of the Mission statement.					
b. Establishment of strategic directions.					
c. College budget preparation/ review/analysis.					
d. Review/analysis of partnership proposals.					
e. Graduation ceremony					
7. I regularly gain information concerning the College by:	**Strongly Agree 4**	**Agree 3**	**Disagree 2**	**Strongly Disagree 1**	**Comments**
a. Attending Board meetings.					
b. Reviewing the Board bylaws, policies, and related documents.					
c. Reviewing Board meeting minutes.					

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

Board of Trustees

DATE:
TIME: 8:00 – 10:00
PLACE: College of Nursing & Allied Health
Tower Hall, Room 105

Agenda

I Welcome & Introductions — BOT Chair

II Minutes of

III Announcements

IV Public Comments

V Old Business

A ACCJC: WASC Accreditation
- 1 Pending Reports/Visits — Provost
- 2 Research/Program Review/Planning — Research Director
- 3 IT Support/College Information Systems — Dean, Ad & Stud Svcs

B Divisional Reports (1x/year)
- 1 Administrative & Student Services (Feb) — Dean, Ad & Stud Svcs
- 2 Educational Resource Center (May) — ERC Director
- 3 Education & Consulting Services (Nov) — Dean, EDCOS
- 4 Financial Aid (Feb) — F.A. Director
- 5 School of Nursing (Aug) — Dean, SON
- 6 Allied Health (May)

C NCLEX-RN Pass Rate (May & Nov) — Provost

D Recruitment
- 1 SON Student Demographics (Aug & Feb) — Dean, Ad & Stud Svcs
- 2 SON Student Projections (May & Nov) — Dean, Ad & Stud Svcs
- 3 DHS Hiring Rate (May & Nov) — Provost

VI New Business

A Policy Approval — Provost/designee
B Budget Request/Revenue & Expenditure Summary (Nov) — Provost
C Board Development Activity — Provost/designee

VII Next Meeting: Date
8:00 – 10:00
College of Nursing & Allied Health
Tower Hall, Room 105

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

BOARD OF TRUSTEES MINUTES

November 17, 2017

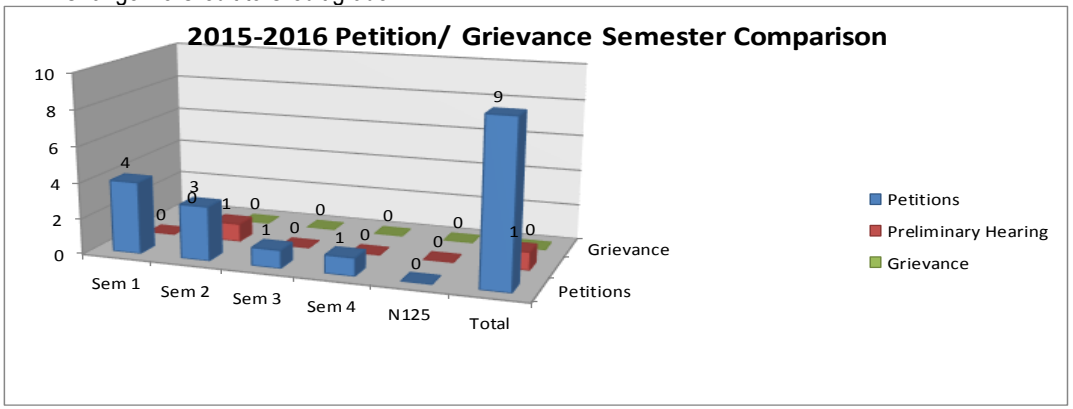
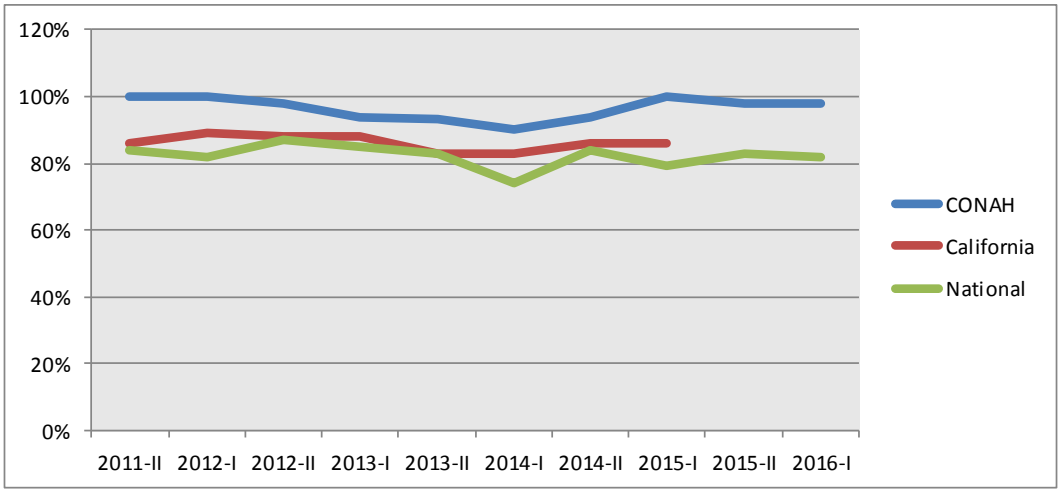
College of Nursing & Allied Health. Tower Hall, Room 105

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
PRESENT: **EXCUSED/ ABSENT:**	Thomas Berne, MD Kathy Hinoki, RN Rosa Maria Hernandez Nancy Miller, RN Isabel Milan, RN Ernest Moreno Vivian Branchick RN Tonia Jones, RN Eve Cruz, RN	**GUESTS**: Jeffrey Anderson, RN Maria Caballero, RN Herminia Honda, RN Leonece Myers, RN	**PUBLIC:**
CALL TO ORDER & INTRODUCTIONS	R. Hernandez, Board President called the meeting to order at 0810. She welcomed K. Hinoki, professor, California State University, Los Angeles (CSULA). She is a newly appointed BOT member, representing a Local University. K. Hinoki introduced herself and she stated she is honored to be a part of the Board. She has been a nurse for at least 40 years. She obtained her BSN and MSN from CSULA and her PH.D from Claremont Graduate University. Her nursing experiences comprised of being a bedside nurse, educator, clinical nurse specialist, and manager.	Information	None
APPROVAL OF MINUTES	Minutes of May 19, 2017 reviewed and approved.	Post on website	H. Honda
MINUTES FOLLOW-UP	1. Minutes of February 17, 2017 – Posted on the internet. 2. 2016-2019 Strategic Plan – On the agenda. 3. Policy # 710: Nursing Course Exemptions/Challenges – Recommendations from the BOT sent back to Admissions and Promotions committee for review. Sent to the members via email in June for approval. 4. Policy # 201: Academic Honesty & Professional Conduct – Finalized and posted 5. BOT vacancy - K. Hinoki was approved as a Local University representative via email. .	1. Information 2. Information 3. Information 4. Information 5. Information	1. None 2. None 3. None 4. None 5. None
ANNOUNCEMENTS	None		
PUBLIC COMMENT	No public comment	Information	None
OLD BUSINESS			
ACCREDI TATION	1. Accreditation Report – M. Caballero reported that the College is due for Self-Study report and site visit spring 2019. Tentative site visit is scheduled for the week of March 11, 2019. Faculty assignment and Institutional Self Evaluation Report (ISER) overview was discussed at the College Committee Structure meeting on 8/10/17. She added that a new requirement for the ISER is an inclusion of a Quality Focus Essay (QFE) on which the institution needs to address an area they want to improve on. There is a training scheduled for September in which Colleges who will be having their review in spring of 2019 were invited.	1. Information	1. None

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	Dr. Richard Winn has been appointed as the next president of ACCJC. The lawsuit between San Francisco Community College and ACCJC has been settled and it has resulted in ACCJC changing some of their business practices.		
	2. BRN Report – L. Myers reported that the continuing approval visit is scheduled for spring 2018. On-site visit is scheduled for March 13 and 14, 2018. The self-evaluation report is being finalized. Tentative phone conference is being scheduled with the BRN Nurse Education consultant to discuss the progress of the report.	2. Information	2. None
	3. Associates Degree in Nursing (ADN) to Bachelors of Science in Nursing (BSN) Collaborative Project with California State University, Los Angeles (CSULA) – M. Caballero reported that the 4th Cohort has started and there are 7 students that started and 6 alternates. There were 9 students that graduated in spring 2017 and 12 to finish in May 2018. .Much discussion ensued regarding the BSN requirement and I. Milan shared that LAC + USC Medical center still hires graduates without BSN and they do encourage employees to obtain their BSN by providing education fair. K. Hinoki shared that a BSN degree provides a graduate their Public Health certificate and there are hospitals that would only hire BSN graduates because of magnet status. There was also a discussion on whether BSN graduate's skills set is much better than an ADN graduate.	3. Information	3. None
	4. IE / Program Review/Research / Planning – H. Honda reported the following: • Attrition data for fall 2016 and spring 2017 compared and evaluated for trends: • Overall semester attrition continue to be below the 15% threshold at 11.5% and 12 % • Noted trends for the students that attrited ➢ Increased attrition with male student group (18 /46) ➢ More attrition with Hispanic students (17 /46) ➢ Increased number of students attrited due to Clinical reason (16/46) Data has been provided to faculty during the Program Review Workshop and should be utilized in improving student completion rate. T. Berne inquired whether there are strategies utilized to help students that are struggling in meeting objectives. L. Myers stated that there are early intervention program, tutoring, student success workshops, one on one counseling and etc. offered to students who are having difficulty meeting their objectives.	4. Information	4. None
	5. Technology/College Information Systems – H. Honda reported : a. Comprehensive Academic Management System (CAMS) • Admissions data on current students is on CAMS • Application Portal was launched July 1, 2017 and ended 8/15/17 • Admissions and Registration Portals are being utilized • In fall 2017, Semester 1 and 2 students will be given access to the Student Portal so they can view their grades and communicate with their faculty. • Faculty onsite training is scheduled for 9/14/17. Much discussion ensured regarding the online application process as E. Moreno stated that applications have decreased for local community colleges when online applications were implemented. He added it is making it more complicated for applicants and it seemed like a screening tool for acceptance. Thus, online applications had negative impact in local community colleges application. H. Honda stated that a report will be provided to the Board once all data are gathered regarding the application	5. Information	5. None

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	process. b. Information Systems/Website – H. Honda reported: The College webmasters have been uploading the documents and making changes to the site content as needed to comply with regulatory agencies. The College intranet and internet sites are being reviewed regularly for currency.		
DIVISIONAL REPORTS	1. Educational Resource Center (ERC) Report – J. Anderson distributed and discussed the 2015-2016 ERC Annual Program Report : Academic Year (AY) 2015-2016: • Developed a proposal and initiated a proposal to convert paper card catalog to an electronic database • Converted EDCOS training DVDs to web format available in LA County YouTube • Continued upgrade of AV equipment • Initiated upgrade of media classroom equipment • Replaced and updated Skills lab equipment • Sims Lab is accessible utilizing electronic key • Retiling of floors. ERC Usage Trends AY 2015-2016 • Decreased searched on CINAHL database • Increased searches in the Nursing Reference Center • Decreased use of books and journals • Decrease use of Library • Increased use of Computer Lab and Skills Lab Academic Year to date 2016-2017: • Mounting of TV in 5 major classrooms is nearing completion • Implemented Electronic Card Catalog project via PIR process and is being considered by DHS IT leadership council • Librarian item has been opened • In the process of upgrading IV training equipment • Posted the School of Nursing Taylor's Nursing Skills collection to County YouTube ERC Usage Trends AY 2016-2017 • Increase demand for computers for clinical assignments • Preference for electronic materials ERC Expenditures for 2015-2016 • Electronic Database = $ 30, 397.08 • Books/Journals = $ 16, 360.19 • Maintenance agreements = $ 12, 526.28	1. Information	1. None

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	• Skills Lab equipment = $ 3, 570.84 • A/V Equipment = $ 2, 318.39 2. School of Nursing (SON) Report – L. Myers distributed and discussed the 2015-2016 SON Annual Program Report Annual Goals for AY 2015-2016 • Maintain all course threshold above 3.5 – Met • Implement all recommendations from the 2015 Program Review Workshop - All recommendations were implemented except for one : ▪ Simulation Lab Preparation ▪ Case Review Series ▪ Clinical Enrichment ▪ Student Success Workshops ▪ Refresher Course in Anatomy and Physiology – Not implemented • Increase simulation activities by all semester in the simulation lab – Met • Evaluate the use of simulation as a student success workshop activity – Threshold met • Continue with action plans to improve student tutoring and decrease attrition rates - Met Student Performance Evaluation • Attrition rate was 16.02% which is below the BRN threshold of 25% • Attrition reasons identified were mainly Academic (56%), Clinical (29%) and Personal (15%) Strategies implemented to improve student performance: • Early identification of high risk students • Tutoring by faculty • Student Success Workshops • Faculty adherence to testing policies Much discussion ensued regarding other strategies and T. Berne commented that mentoring is very important part of education and also providing students support such as scholarship and counseling in order for them to be successful. He inquired on the current balance of Berne Wilshire scholarship available to the students. SON Program Evaluation Survey Results: Classes of 2015-II and 2016-I • Overall, the items on the seven program objectives were above threshold • Student feedback were positive regarding their clinical experience • Areas for improvement were provided to administration via discussion and the SLO reports. 2015-2016 Petition / Grievance Semester Comparison The number of student petition remains below the 5% threshold Petitions consist for the following: • Retake Drug and Dosage Calcuation Competency after second failure	2. Information	2. None

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	• Waive test policy • Retract Clinical Warning • Change No Credit to Credit grade  <u>NCLEX Pass Rate</u> 2015-II = 95.5% 2016-I = 100% <u>NCLEX PassRate Comparison with California and National Data</u>  CONAH conitnue to be above the California and National data		

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	3. SON Student Demographics - M. Caballero reported on the New Student Demographics: Term: Fall 2017 Graduate: May 2019 (Class 2019-I) • Gender: Males = 14 (29%) Females = 35 (71%) • Degrees: GED/HS = 27 Cred Eval = 1 AA/AS = 8 BA/BS = 12 MA = 1 • Capacity yield: 56% (49 number enrolled / 87 number of acceptance letter sent) • Point system continues to be used. Final cut off 91 to 74 • Applicant Pool: Minimum 3.0 GPA in sciences, Carryovers from S17 = 6 • Files reviewed: 155 • Remaining applicants = 68 Deferments to Spring 2018 = 4	3. Information	3. None
ADMINISTRATIVE REPORT	H. Honda reported on the following on behalf of V. Branchick: Several meetings were scheduled with faculty and ASB to review and update the strategic plan with management. During the meetings it was apparent to streamline the College operational systems and processes including committee meetings, committee memberships, and policy approval. A new governance is being formed to ensure compliance with accrediting and regulatory agencies while eliminating redundancies and duplications. **Approval of Nursing and Clerical Positions:** The Following positions were approved for immediate hiring: 1. Sr. Nursing Instructors (2) 2. Nursing Instructors (3) 3. Intermediate Typist Clerk admissions office (filled in July) 4. Assistant Nursing Director, Admin for Financial Aid Office (currently interviewing candidates) 5. Nursing Director, Education for Dean, School of Nursing (currently interviewing candidates) 6. Medical Librarian (exam will be opened) **Facility Enhancement:** 1. Retiling was completed in key areas in the basement, library offices, and the lobby. We are continuing to work with facility management at LAC+USC in prioritizing the list for the next phase. 2. The lobby with its retiled flooring looks nice and spacious. The School of Nursing Alumni Association and the ASB are joining forces to donate funds for the purchase of lobby furniture. Administration is also looking at hosting fund raisers in the future. **Classroom Enhancements:** 1. We are continuing to put in request to purchase additional TVs in order to provide a better learning environment for the students. 2. Six (6) new large white boards have been put together for classroom use **Student / Faculty Resources:** 1. A committee was formed to review current textbooks and other resources to ensure new materials and resources are available for students 2. Students will be issued their own DHS email address since they are not allowed to use their own personal email as a result of	Information	None

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	increased IT cyber threats 3. Ten (10) Microsoft Surface Pro tablets have been approved for faculty use. **CAMS Database:** 1. Significant progress has been made to update the CAMS database. A sub-committee led by V. Kieng and H. Honda was formed to work with the CAMS vendor in utilizing the various portals we need for our student database. The registration portal is live for students registered for fall 2017. This means Semester I and II students will be able to access their grades online. The application portal went live for students applying for spring 2018. 2. Training will be available for faculty on how to input grades into CAMS. **SIM Lab and Skills Lab** 1. Installed card key access to the SIM Lab but awaiting clearance for the alarm system. 2. We are purchasing additional supplies for the skills lab in order to increase student's ability to practice skills.		
NEW BUSINESS			
	1. Policy # 830: Student Grievance: Reviewed at the College Planning on June 8, 2017 and sent to BOT members on 8/12/17. L. Myers led the review of the policy and forms. Approved with the following recommendations: • Be more specific with the definition of "Party" and use it consistently throughout the policy • Remove "College" on page 9 • Be consistent with the use of "Business days" throughout the policy • Remove the last column of Form A as it a document that provides a timeline for the Student Grievance process. 2. CONAH 2016-2019 Strategic Plan - Will be discussed at the November meeting.	1. Finalize document and post.	1. H. Honda
OFF AGENDA ITEMS	None	Information	None
ADJOURMENT	1030		
NEXT MEETING	November 17, 2017 8:00 to 10:00 a.m. College of Nursing & Allied Health Tower Hall Room 105	V. Branchick will forward agenda and minutes to members prior to meeting.	V. Branchick

Approved by: Rosa Maria Hernandez (Signature on file)

Prepared by: Herminia L. Honda (Signature on file)

Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
▶ School of Nursing
▶ Education & Consulting Services
▶ Allied Health Continuing Education
1237 North Mission Road, Los Angeles, California 90033
(323) 226-4911/6511

Mission
To provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services.

Vision
To be a model learning centered educational system providing a continuum and breadth of education and professional development to promote health in the Los Angeles community.

Values
To guide us in achieving our mission and vision, we believe:

- Education is an indispensable component of high quality and safe patient centered care.
- Education is a dynamic, life long process that promotes and maximizes both personal and professional development.
- Our priority is to respond to the educational needs of our students, the LAC+USC Medical Center, Department of Health Services, and the community.
- Learning activities that provide for freedom of inquiry, self-discovery and sharing of ideas are conducive to individual growth.
- The teaching-learning process is a reciprocal relationship between learner and teacher, which maximizes learner autonomy, and is effective when achievement of learning outcomes is demonstrated.
- The climate of learning is enhanced when the dignity and worth of individuals with different abilities, learning styles, support systems' needs, and cultural and ethnic backgrounds are recognized.
- Ongoing evaluation of our performance and openness to change is essential as programs grow, technology improves, student needs change, and learning methods evolve.
- Teamwork promotes flexibility, collaboration, innovation, and networking.
- Integrity, professionalism, and respect are inherent to our relationships with each other, our students, our partners, and the community.
- Fiscal responsibility is vital to ensuring the maximum benefit from DHS resources.

Motto

"There is no education like it in the world"

Los Angeles County College of Nursing and Allied Health
Program Review Process
COLLEGE STRATEGIC PLAN 2016-2019

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS		
				Fall 2016 - Spring 2017	Fall 2017- Spring 2018	Fall 2018- Spring 2019
GOAL I: Promote Student Success						
I.A. Improve resource availability						
1. Implement CAMS database	ACCJC Std I. AB, II.ABC, III.C BRN Sect 1424(d)	Administration, CAMS Team, OES	OES Program SLO/APER, SON Program SLO/APER	• Admissions and Registration portals utilized in fall 2016 and spring 2017. • Semester 1 faculty and students utilized the Student and Faculty Portals spring 2017.	▪ Application Portal launched July 1, 2017 till 8/15/17. ▪ All semester students loaded on CAMS database ▪ Financial database implementation in progress	
2. Implement electronic card catalog	ACCJC Std I. AB, II. ABC, III.C BRN Sect 1424(d)	ERC, IT	ERC Program SLO/APER, IEPRP (IT)	• Implemented Electronic Card Catalog project via PIR process and is being considered by DHS IT leadership council	▪ Electronic catalog ready for implementation ▪ College librarian has been hired and will start working on loading the system with information needed for the card catalog database	
3. Increase electronic educational resources	ACCJC Std I. AB, II.ABC, III.C BRN Sect 1424(d)	ERC, IT	ERC Program SLO/APER, IEPRP (IT)	• CINAHL Complete nursing journal database– upgraded 2017 • Bate's Visual Guide, nursing assessment video data base – added 2017 • Clinical e-book database. Expanded to 1,500 resource titles	▪ Adopted three Lippincott e-books to be implemented by Fall 2018 for Semester I Students	

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS		
				Fall 2016 - Spring 2017	Fall 2017- Spring 2018	Fall 2018- Spring 2019
I.B. Provide supportive learning environment for students and faculty						
1. Ensure high risk students are assessed and provided support services (e.g. tutoring, remediation, counselling, clinical enhancement)	ACCJC Std I. AB, II.ABC, III.C BRN Sect 1424(a), 1425.1(a, c), 1426(f)	Semester Coordinators, Faculty	Remediation Plan for High Risk Students, Semester Course SLOs/ACER, Tutoring attendance	• SON continue to implement mandatory clinical remediation for returning students that included: • Skills Practice to strengthen assessment & psychomotor skills • Patient Care to strengthen clinical reasoning, and application of the nursing process in providing patient care. • EDCOS adapted critical care clinical workshops to meet specific student cohort needs	• At Risk students added to CAMS database • Added Tutoring and Mentoring Program to enhance student learning outcomes • Added Advisor and Counselor position to provide emotional, psychological, and academic support for At Risk students	
2a. Provide ongoing faculty development 2b. Provide ongoing educational programs by bringing in industry leaders and experts or sending faculty to attend conferences and seminars	ACCJC Std I.C, II.A, III.A BRN Sect 1425.1(d	Faculty Development Committee, Faculty	Faculty Development meeting minutes – classes provided, College Planning meeting minutes, Faculty CEUs	• Faculty Development committee provided a presentation on" Human Team Communication" • K. Hill, DHS consultant did a presentation on TeamSTEPPS and conducted a survey on faculty development needs	• Faculty Development Committee actively exploring ways to provide educational seminars. lectures, and resource materials to enhance faculty development • Conducted Active Shooter seminar attended by faculty and students • Conducted faculty presentation on Strategic Planning Process and Change Process	

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS		
				Fall 2016 - Spring 2017	Fall 2017- Spring 2018	Fall 2018- Spring 2019
4. Ensure use of state of the art technology in teaching & learning activities.	ACCJC Std I. AB, II.ABC, III.C BRN Sect 1424(d)	Administration, ERC, IT, Faculty, Context Expert Ad hoc (textbook reviewers)	Semester Course SLOs/ACER, IEPRP (IT), SON Program SLO/APER, ERC Program SLO/APER, Content Expert meeting minutes	• Ad Hoc committee is exploring use of e-books and other e-resources. Textbook representatives have provided presentation to the faculty regarding available resources	• Adopted three Lippincott e-books to be implemented by Fall 2018 for Semester I students • Large TV screens mounted • Purchased new podiums and presentation lecterns • Provided faculty with Microsoft Surface Pros	
GOAL II: Enhance Physical Infrastructure						
II. A. Provide supportive learning environment for students and faculty						
1. Replace aging equipment (e.g. TV in classrooms, flooring, carpeting, etc.	ACCJC Std III B & C BRN Sect 1424(d)	Provost ERC	Program Resource Needs Form & Resource Request & Allocation Policy. SLO's APER, ACER, and Surveys .	• Replaced LCD's interactive/smart TV's and mounted in large classrooms. • Replaced carpet with tile in hallways and conference rooms. • Enhanced lighting, removed deadbolts from private offices to ensure safety. • Supply room well stocked. • Each semester coordinator and committee chair has been provided with a surface pro (portable laptop)	• Retiling of classrooms, offices, lobby, and admissions office completed • Painting of lobby, major classrooms, and admission office completed • Purchased new desks and chairs for Carlson classroom • Purchased new desks and chairs for library with charging capabilities	
2. Sim LAB – install a portable camera with audio to improve	ACCJC Std III B & C	Simulation lab committee	Program Resource Needs Form & Resource Request & Allocation	• Sim Committee exploring use of GoPro technology for Sim Lab experience	• Installed card key access to the SIM Lab but awaiting clearance for the alarm system.	

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS		
				Fall 2016 - Spring 2017	Fall 2017- Spring 2018	Fall 2018- Spring 2019
communication and enhance student and faculty interaction.	BRN Sect 1424(d)		Policy. SLO's APER, ACER, and Surveys.		• Purchased high fidelity Lucina Childbirth simulator with replay • Purchased high fidelity Pedia SIM with replay	
3 Skills LAB – explore the use of computerized work stations to enhance student learning .	ACCJC Std III B & C BRN Sect 1425(d)	IERP IT ERC	Program Resource Needs Form & Resource Request & Allocation Policy. Utilize: SLO's APER, ACER, and Surveys .	• Pending assessment report from IT. Requested 4-6 portable work stations .	• Two workstations delivered to the Skills Lab in fall 2017 • Purchased the following equipment and supplies for the Skills Lab: 1)Geri manikin and a set of CPR family 2)Horizontal Patient Consoles 3)laryngoscopes 4)suction aspirators 5)IV training arm with blood pump 6)AED and rhythm simulators 7)stackable skills lab chairs	
GOAL III: Promote Collaborations and Partnerships						
III.A. Pursue partnership with other academic institutions						
1. Identify academic institution for BSN partnership	ACCJC Std I	Dean of Student Services	Number of BSN partnerships	• Collaborative Project with CSULA	• Continuing our collaboration with Cal State LA	
2. Expand collaboration with CAL State system	ACCJC Std I	Dean of Student Services, Dean IERP	Number of students enrolled	• Nine students graduated in spring 2017 with the CSULA Collaborative project and 12 to finish in May 2018		

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS		
				Fall 2016 - Spring 2017	Fall 2017- Spring 2018	Fall 2018- Spring 2019
3. Improve opportunity for career advancement and professional development for DHS nursing workforce.	CG	Dean of Education and Consulting Services	Number of courses leading to certification / CEU	• EDCOS offered 219 classes to 4128 participants		
III.B. Strengthen community partnership						
1. Provide educational training and support for correctional health nurses	CG	Dean of Education and Consulting Services, Director, Allied Health	Number of courses for corrections health nurses		• Developed an 8-hour Emergency Response Team training class and provided 3 sessions for 62 nursing staff members from 8 facilities • Collaborated with Corrections Health nursing leadership team on a course to enhance RN assessment skills	
2. Explore collaboration with technology companies that offer educational platforms	ACCJC Std III	Director of ERC, CIO	Number of technology/approved educational platforms			
3. Explore grant funding opportunities	ACCJC Std III	Dean of Student Services, Dean IERP	Number of grant acquisition			
4. Explore donations from Los Angeles County business owners	ACCJC Std III	Provost	Number of donations	• Alumni and ASB agreed to fund the Lobby Improvement Project	• Completed the purchase of lobby furniture funded by DHS, fall 2017 • Alumni and ASB agreed to fund the Courtyard Improvement Projects	
GOAL IV: Enhance Institutional Effectiveness Through Continuous Quality Improvement						
IV.A. maintain continuous quality improvement activities related to institutional effectiveness and student learning outcomes						
1. Track, trend and evaluate student data	ACCJC Std 1B: 5	Deans of SON; IE; Student Services;	Course Pass rates Attrition rates	Tracked & used student data for program improvement:	• Added Advisor and Counselor position to enhance student	

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS		
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for comparative studies	BRN Sect: 1424 (b) (1) 1431	EDCOS	On- Time Completion rates NCLEX Pass rates; Faculty/committee meeting minutes; Surveys, e.g. students; graduates; employers, and/or other methods used for measuring the performance of graduates meeting the community need	• Course pass rates • Petition/grievances • Course completion • Academic status • Retention & attrition rates • On time completion rate • NCLEX pass rates Working on providing more student support to increase percentage of on-time completion rate	learning outcomes	
2. Utilize data findings for programmatic evaluation and improvements	ACCJC Std 1B: 5,6 & 8 BRN Sect 1431	Provost; Deans of SON; IE; EDCOS & Faculty	Evaluations i.e. course; instructors; & student success workshops, NCLEX pass rates; Graduate surveys	• Data findings from student, faculty and staff surveys utilized in making sure the following are implemented: ○ Full implementation of CAMS database ○ Classroom enhancements ○ Facility improvement	• CAMS database fully operational	
3. Maintain accreditation readiness	ACCJC Std 1B: 9 BRN Sect 1431	Provost; Deans; Faculty; OES; ERC; FA	BRN & WASC Self Study report; supporting documents i.e. Faculty/committee minutes/reports etc.	• Faculty received assignments on BRN continuing approval self- study due January 2018.	• ISER steering committee convened • Standards sub-committees convened to review documents • BRN Continuing Approval recommendations being addressed by Dean, SON and Semester Coordinators	
4. Address any recommendations identified by regulatory and	ACCJC Std 1B: 5 & 6 BRN Sect 1431	Provost; Dean of SON	Midterm reports; Follow up WASC & BRN reports	▪ No follow-up report required from the Midterm Report submitted spring 2016		

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS		
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accrediting agencies						
5. Explore obtaining national certification	ACCJC Std 1B: 6	Provost; Dean	Explore National Certification preparation time line; Develop a timeline for becoming a Bachelor Degree Program		• Currently at the exploration phase to transition CONAH from ADN to BSN program • Provost working with DHS leadership on approval from the Board of Supervisors to fund the project • Gathering information related to requirements for NLN accreditation	

LEGEND:

ACCJC: Accrediting Commission for Community & Junior Colleges
ACER: Annual Committee Report
APER: Annual Program Report
AH: Allied Health
BOT: Board of Trustees
BSC: Balance Score Card/LAC+USC Strategy Map
BSN: Bachelor of Science in Nursing
BRN: Board of Registered Nursing
CG-Yr: College Goals – Year & Goal Number
CCR: California Code of Regulations Title 16
CONAH: College of Nursing & Allied Health
CV: CONAH Values
CSULA: California State University, Los Angeles
DHS: Department of Health Services
EDCOS: Education Consulting Services
ERC: Educational Resource Center
FAA: Financial Aid Administrator
IERP: Institutional Effectiveness, Research and Planning
IT: Information Technology
LAC SP: Los Angeles County Strategic Plan Goal
LAUSD: Los Angeles Unified School District
LMS: Learning Management System
NPA: Nursing Practice Act
OES: Office of Educational Services
Ops: Operations
SON: School Of Nursing
SSS-A: Student Support Services Administration

DATA SOURCES:

ACCJC Accreditation Reference Handbook
ACCJC Guide to Evaluating Institutions
Annual Program Evaluation Reports
Balance Score Card /LACUSC Strategy Map
California Board of Registered Nursing Regulations
CONAH Annual Goals
CONAH Mission, Vision, & Values
College Committee Minutes
County of Los Angeles Strategic Plan 2016
Department of Health Services Strategic Plan 2016
LACCNAH Midterm Report, 2016
Los Angeles County + USC Strategic Plan 2016
Program Student Learning Outcome Assessments
Request for Program Needs
School of Nursing Annual Reports
Strategic Plan 2016 -2019 Evaluation

Orig: 8/26/09

Reviewed: 10/11/16; 05/31/17; 06/19/17; 01/29/18; 06/05/18

E. DESCRIPTION OF COLLEGE

The Los Angeles County College of Nursing and Allied Health is a public community college that is owned and operated by the County of Los Angeles. The College supports the educational needs of the Los Angeles County + University of Southern California (LAC+USC), the Los Angeles County Department of Health Services (DHS), and the Los Angeles County healthcare community by providing learning centered educational programs and career development opportunities for healthcare students.

In 1895 the College Training School for Nurses was founded under the direction of LAC Hospital and USC College of Medicine. The Los Angeles County Board of Supervisors approved the School in 1901. The School was renamed the LAC Medical Center School of Nursing in 1968 to coincide with the hospital name change to the LAC+USC Medical Center.

The Education and Consulting Services (EDCOS) nursing professional development division of the Medical Center and the LAC Medical Center School of Nursing (SON) merged in 1998 to form the LAC College of Nursing and Allied Health.

The College achieves its mission by graduating 100 to 150 students with an Associate of Science degree in Nursing every year. Over 98% of these SON graduates pass their national licensing exam. Nurses from DHS acute care facilities receive critical care, emergency, pediatric, specialty training and certifications through EDCOS division programs.

Los Angeles County College of Nursing and Allied Health
Governance & Committee Structure

Board of Trustee

College Governance Committee

Committee Members
V. Branchick, Provost, Chair
J. Kohl, Program Director / Dean, School of Nursing
M. Caballero, Dean, Office of Education Services
H. Honda, Dean, Institutional Effectiveness, Research, & Planning
T. Blass, Dean, Education Consulting Services
L. Saillant, Dean, Allied Health Continuing Education Division
J. Anderson, Director, Education Resource Center
S. Granger, Dean, College Operations
M. Najera, Chair, Faculty Development Committee
L. Thompson, Chair, Credentials Committee
V. Kieng, College Information Officer
D. Lane, CAMS Manager
R. Nott, Chair, Faculty Org
J. Sedberry, President, ASB

Institutional Effectiveness Committee
H. Honda, Dean, IERP, Chair
B. Davis, Nursing Instructor
N. Arquell, Clinical Instructor
G. Escudero, Nursing Instructor
T. Trongone, Nursing Instructor
S. Capps, Clinical Instructor
M. Francone, Clinical Instructor
L. Saillant, Director Allied Health
V. Kieng, College Information Officer
M. Gonzales, Chair, Grievance Com
P. Major, Chair, Student Success Committee
E. Suazo, Sr. Typist Clerk, OES Staff

School of Nursing Planning Committee
J. Kohl, Program Director / Dean School of Nursing, Chair
H. Honda, Dean, IE, Research & Planning
J. Anderson, Director, ERC
S. Granger, Dean, College Operations
L. Thompson, Credentials Committee Chair
M. Najera, Faculty Development Committee Chair
M. Caballero, Dean, OES
R. Nott, Chair, Faculty Org

Student Support Services Committee
M. Caballero, Dean OES, Chair
J. Anderson, Director, ERC
S. Granger, Dean, College Operations

Allied Health Continuing Education Committee
L. Saillant, AH Director, Chair
J. Anderson, Director ERC
V. Kieng, College Information Officer
P. Regan, Nursing Instructor
D. Hauser, Sr. Nursing Instructor
T. Prudencio, Sr. Nursing Instructor

Faculty Development Committee
M. Najera, Nursing Instructor, Chair
A. Avignone, Sr. Nursing Instructor
N. Bachman, Clinical Instructor
P. Major, Nursing Instructor
M. Astudillo, Clinical Instructor

Credentials Committee
L. Thompson, Chair
L. Martinez, Nursing Instructor
B. McLawyer, Sr. Nursing Instructorr
G. Meza, Nursing Instructor
R. Nott, Nursing Instructor
Z. Ivory, Nursing Instructor
M. Puckett, Clinical Instructor

Education Consulting Services Planning Committee
T. Blass, Dean Education Consulting Services, Chair
EDCOS Faculty

Curriculum Committee
T. Blass, Dean, Education Consulting Services, Chair
EDCOS Curriculum Coordinators

Grievance Ad Hoc Committee
M. Gonzales, Chair
F. Cervantes, Clinical Instructor
L. Thompson, Nursing Instructor
T. Imanaka-Gong, Nursing Instructor
G. Meza, Nursing Instructor
Student Representative (2 for each semster)

Student Success Ad Hoc Committee
P. Major, Chair
Z. Ivory, Nursing Instructor

Faculty Organization Committee
R. Nott, Nursing Instructor, Chair
M. Gonzales, Semester 1 Coordinator
M. Webster, Semester 2 Coordinator
G. Meza, Semester 3 Acting Coordinator
L. Myers, Semester 4 Coordinator
L .Patricio, Curriculum Committee Chair
F. Cervantes, Admissions and Promotions Committee Chair
L. Martinez, Faculty Advisory Committee Chair
J. Anderson, ADA Committee Chair
T. Trongone, SIM Lab Committee Chair

Curriculum Committee
L. Patricio, Chair
N. Arquell, Nursing Instructor
B. Davis, Nursing Instructor
M. Najera, Nursing Instructor
M. Gonzales, Semester 1 Coordinator
Student Representatives

Content Expert Ad Hoc Committee
B. Davis, Chair
M. Gonzales, Nursing Instructor
L. Thompson, Nursing Instructor
G. Meza, Nursing Instructor
T. Imanaka-Gong, Nursing Instructor
J. Kohl, Program Director

SIM Lab Ad Hoc Committee
T. Trongone, Chair
J. Anderson, Sr. Nursing Instructor
R. Griggs-Gabbedon, Nursing Instructor
G. Escudero, Nursing Instructor

Admission & Promotions Committee
F. Cervantes, Chair
N. Bachman, Nursing Instructor
G. Meza, Nursing Instructor
M. Webster, Nursing Instructor
T. Imanaka-Gong, Nursing Instructor
Student Representative

ADA Ad Hoc Committee
J. Anderson, Chair
M. Gonzales, Nursing Instructor
P. Major, Nursing Instructor
B. Davis, Nursing Instructor
M. Najera, Nursing Instructor

Faculty Advisory Ad Hoc Committee (ASB)
L. Martinez, Chair
P. Major, Nursing Instructor
N. Bachman, Nursing Instructor
T. Imanaka-Gong, Nursing Instructor

Semester Committee
J. Kohl, Chair
M. Gonzales, Semester 1 Coordinator
M. Webster, Semester 2 Coordinator
G. Meza, Semester 3 Acting Coordinator
L. Myers, Semester 4 Coordinator

Planning:nm
CollComm.OrgCharts

12-18-2017

_____
Date

_____
Vivian Branchick
Provost / Administrator

ACCREDITATION AND APPROVAL

The College is accredited as a community college by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (ACCJC:WASC). The Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges is an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education. The College offers an Associate of Science Degree in nursing (ADN) to graduates of the School of Nursing.

The California Board of Registered Nursing (BRN) approves the School of Nursing as a prelicensure nursing program. Education and Consulting Services is approved by the BRN as a nursing continuing education provider.

College accreditation and program approval status and documents are posted on the College website: http://ladhs.lacounty.gov/wps/portal/CollegeOfNursing Paper copies are available upon request.

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24-Hour Automated Voice Verification: (800) 838-6828