SUBJECT:
**Substance Abuse**

SCOPE OF POLICY:
Students

RESPONSIBILITY OF COMPLIANCE:
College Administration and Faculty

## PURPOSE

It is the intent of the College to maintain a drug-free, healthy, safe and secure educational environment through the implementation of the following policies.

## POLICY

It is the policy of the College to prohibit the purchase, possession, use or abuse, sale, distribution, or manufacture of any controlled substance on campus. Any student bringing unprescribed or illegal drugs or alcoholic beverages to the campus, using these on the grounds, or dispensing, manufacturing, or selling them on the premises may be subject to legal as well as disciplinary action up to and including immediate dismissal from the College.

A substance abuse prevention program will be provided in an effort to educate students about the problem. All incoming students will receive both written and verbal content relating to substance abuse.

The College recognizes chemical dependency as an illness and a major health problem. It also recognizes substance abuse as a potential health, safety and security problem. Students are expected to perform College responsibilities in a condition appropriate to the level of quality and attention required.

## PROCEDURE

***Parental Notification***
The College has the right to notify parents or guardians of any student, classified as a dependent according to IRS guidelines and under the age of 21, of violation of federal, state or local law dealing with the use or possession of alcohol. In addition, the College has the right to disclose to parents or guardians if an institutional rule or policy has been violated and it is determined that a student has committed a disciplinary violation with respect to the use or possession of alcohol.

***Drug Testing***

Any student who reports to class, clinical, or any learning experience under the suspected influence of alcohol or an illegal drug(s) substance will be brought immediately for drug testing accompanied by a college official/designee. The cost of the blood/urine tests would then be assumed by the College.

At the time of any incident of suspected abuse, the College has the right to request drug tests. If the drug tests results are positive, this forms grounds for warning/dismissal from the College. If the student refuses to cooperate with the College's request, the resulting action may include, but is not limited to, dismissal from the College.

At the time of any incident, the student may request immediate blood/urine tests to disprove allegations, and if so, all costs of the blood/urine tests would be the student's responsibility.

***Treatment Process/Options***

Anyone who observes a student exhibiting problematic behavior indicating potential chemical dependency has the obligation to report it to the Department Chair, Student and Administrative Services of the College. Department Chair, Student and Administrative Services will then refer the individual to an appropriate agency for professional evaluation. The findings of the evaluation must be submitted to the Department Chair, Student and Administrative Services. All information is handled in a confidential manner.

If chemical dependency treatment is recommended by the evaluation report, the student must enter a treatment program in order to remain in their program of study. Student status will then become conditional and written progress reports to the Department Chair, Student and Administrative Services are required on a monthly basis from treatment counselors or physicians. Continuation in the program of study is contingent upon evidence of satisfactory participation in a recovery program. Conditional status will be rescinded upon evidence of successful completion of treatment. Evidence of continued participation in an aftercare program shall be required up to graduation.

Refusal to follow through with the evaluation process or evidence of inadequate progress will necessitate a review to determine student status. In such circumstances, a student may be required to take a Leave of Absence from the program. Return from a Leave of Absence is contingent upon evidence of successful completion of a treatment program (see Withdrawal/Leave of Absence policy for time limitations). Evidence of continued participation in an aftercare program shall be required up to graduation.

If a student continues to exhibit problematic behavior indicating ongoing substance abuse, further evaluation is necessary. A second professional evaluation indicating ongoing abuse will result in a mandatory Leave of Absence for the student. Placement in courses would be determined with faculty and administration consult. A third professional evaluation indicating ongoing abuse will result in dismissal of the student.

Students may seek evaluation and treatment services from agencies of their choice. Costs incurred for services are the responsibility of the individual student.

***Resources for Substance Issues***

| | |
|---|---|
| St. Luke's Employee Assistance Program (OASIS)..... | (712) 279-7070 |
| The Center for Siouxland ---------- | (712) 252-1861 |
| Boys and Girls Home and Family Services ---------- | (712) 293-4700 |
| Jackson Recovery Centers---------- | (712) 234-2300 |
| Mercy Medical Center ---------- | (712) 279-2940 |
| Siouxland Mental Health Center---------- | (712) 252-3871 |

***Legal Sanctions***

Legal sanctions* under federal, state, and local laws for unlawful possession, use, or distribution of illicit drugs and alcohol are as follows:

| | |
|---|---|
| Federal | The maximum penalty for manufacturing, delivery or possessing with intent to deliver a controlled substance is no less than 10 years and no more than life imprisonment and a fine of no more than $4,000,000 if committed by an individual or no more than $20,000,000 if committed by an entity other than an individual. Additionally, since this is the maximum penalty, there are many fines and penalties less than this depending on the type of drug and the weight. 21 U.S.C. 841(b) |
| Iowa | The maximum penalty for manufacturing, and possessing controlled or counterfeit controlled substances but the actual penalty will depend on type and weight of drug. The maximum penalty, to wit, is a class "B" felony punishable by "confinement for no more than fifty years and a fine of not more than one million dollars." Iowa Code § 124.401 (2008). |
| Sioux City | For drug crimes, Sioux City outlaws the possession of drug paraphernalia. Sioux City Municipal Code § 8.20.050. A person found to have violated this provision will be fined no less than $65 but not exceeding $500 and/or by imprisonment not to exceed 30 days. A violation of this provision is considered a simple misdemeanor.<br><br>For alcohol intoxication, Sioux City outlaws the use or consumption "of alcoholic liquor, wine or beer upon the public streets or highways, or alcoholic liquors in any public place, except premises covered by a liquor control license, or to possess or consume alcoholic liquors, wine or beer on any public school property or while attending any public or private school-related functions, and a person shall not be intoxicated nor simulate intoxication in a public place." A violation of this provision is considered a simple misdemeanor and subject to no less than $65 fine but not to exceed $500 and/or by imprisonment not to exceed 30 days. |

*subject to federal, state, and local changes

## HEALTH RISKS OF SUBSTANCE ABUSE

The following physical and psychological risks are associated with the abuse of these substances:

| | |
|---|---|
| **ALCOHOL** | |
| Physical Effects: | Depression of central nervous system, peripheral nerve damage, malnutrition, muscle wasting, muscle pain and weakness, Wernicke's encephalopathy, stupor, Korsakoff's psychosis, confusion, enlarged heart, edema, nonproductive cough, palpitations, esophagitis, pancreatitis, abdominal pain, weight loss, hepatitis, jaundice, ascities, cirrhosis, portal hypertension, esophageal varicies, leucopenia, thrombocytopenia, infertility, aggression, mood changes, slurred speech, incoordination, nystagmus. |
| Psychological Effects: | Loss of inhibitions and concentration, impaired judgment, blackouts, decreased social and occupational functioning. |
| **CENTRAL NERVOUS SYSTEM STIMULANTS** | |
| Physical Effects: | Tremors, anorexia, hypertension, tachycardia, myocardial infarction, ventricular fibrillation, sudden death, pulmonary hemorrhage, bronchioloitis, pneumonia, rhinitis, constipation, difficulty urinating, elevated body temperature, dilated pupils, weight loss, weakness, respiratory depression, chest pain, seizure, coma. |
| Psychological Effects: | Insomnia, paranoia, hallucinations, aggression, hypervigilance, anxiety, impaired judgment, confusion. |
| **HALLUCINOGENS** | |
| Physical Effects: | Tachycardia, hypertension, increased body temperature, trembling, sweating, respiratory depression, elevated blood sugar, dilated pupils, incoordination, nystagmus, numbness, muscle rigidity, seizure, coma. |
| Psychological Effects: | Insomnia, distorted vision, paranoia, terror, panic, flashbacks, acute psychosis, anxiety, depression, impaired judgment, belligerence, assaultive, impulsive, unpredictability. |
| **CANNABIS** | |
| Physical Effects: | Tachycardia, hypotension, obstructive airway disorder, infertility, tremors, muscle rigidity, conjunctival redness, panic reaction, poor motor coordination. |
| Psychological Effects: | Disorientation, impaired judgment, decreased memory and learning, amotivational syndrome, anxiety. |
| **OPIODS** | |
| Physical Effects: | Sedation, respiratory depression, pinpoint pupils, vomiting, hypotension, slurred speech. |
| Psychological Effects: | Mood changes, decreased sexual pleasure, apathy, impaired judgment, decreased memory. |
| **SEDATIVE/HYPONOTICS** | |
| Physical Effects: | Rebound insomnia, respiratory depression, hypotension, decreased cardiac output, decreased cerebral blood flow, impaired cardiac contractility, jaundice, decreased body temperature, slurred speech, unsteady gait, nystagmus, impaired memory, coma. |
| Psychological Effects: | Aggressiveness, impaired social functioning, mood changes, impaired judgment. |
| **INHALANTS** | |
| Physical Effects: | Damage to nervous system, weakness, cerebral wasting, pulmonary hypertension, acute respiratory distress, sinus discharge, death, abdominal pain, renal failure, nystagmus, incoordination, slurred speech, lethargy, tremor, coma. |
| Psychological Effects: | Belligerence, assaultive, impaired judgment. |

Source: Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice, 4th Ed., by Mary Townsend (2008), pages 262-303.

Chancellor

SUBJECT:
**DRUG-FREE CAMPUS**

SCOPE OF POLICY:
Employees and Students

RESPONSIBILITY OF COMPLIANCE:
College Administration and Employees

## PURPOSE

To maintain a drug-free, healthful, safe and secure work environment.

## POLICY

The College recognizes chemical dependency as an illness and a major health problem. It also recognizes substance abuse as a potential health, safety and security problem. Employees and students are expected to perform College responsibilities in a condition appropriate to the level of quality and attention required.

Employees and students needing assistance in dealing with their chemical dependency are required to utilize the appropriate resources within the Health System and community for diagnosis and treatment.

Employees must, as a condition of employment, abide by the terms of this policy and report any conviction under a criminal drug statue for violations occurring on or off Health System premises while conducting College business. A report of a conviction must be made within five days after the conviction. (This requirement is mandated by the Drug Free Workplace Act of 1988.)

The appropriate licensing board will be notified of violations of this policy as required.

## PROCEDURE

1. St. Luke's College assumes the responsibility of maintaining an environment, which promotes responsible behavior and respects individuals' rights. In meeting this responsibility, the College will establish, publish and enforce regulations, which are essential to the implementation of its mission.

2. The possession, use, and/or distribution of drugs or alcoholic beverages on College property, is prohibited. This includes unlawful possession, use and/or distribution of illegal drugs, other chemicals having potential for abuse and/or instruments to administer such drugs.

3. The chemically impaired employee and student may be subject to disciplinary action which will include a report of the substance abuse to the appropriate board for review as required by licensing agencies.

   Disciplinary action may also take the form of any of the following at the discretion of the authority involved:

   a. Reprimand
   b. Assessment of a fine
   c. Restitution for damages
   d. Suspension or termination of a particular privilege
   e. Referral for prosecution for violation of the law
   f. Probation

   Legal sanctions under federal, state, and local laws for unlawful possession, use, or distribution of illicit drugs and alcohol are as follows:

| | |
|---|---|
| Federal | The maximum penalty for manufacturing, delivery or possessing with intent to deliver a controlled substance is no less than 10 years and no more than life imprisonment and a fine of no more than $4,000,000 if committed by an individual or no more than $20,000,000 if committed by an entity other than an individual. Additionally, since this is the maximum penalty, there are many fines and penalties less than this depending on the type of drug and the weight. 21 U.S.C. 841(b) |
| Iowa | The maximum penalty for manufacturing, and possessing controlled or counterfeit controlled substances but the actual penalty will depend on type and weight of drug. The maximum penalty, to wit, is a class "B" felony punishable by "confinement for no more than fifty years and a fine of not more than one million dollars." Iowa Code § 124.401 (2008). |
| Sioux City | For drug crimes, Sioux City outlaws the possession of drug paraphernalia. Sioux City Municipal Code § 8.20.050. A person found to have violated this provision will be fined no less than $65 but not exceeding $500 and/or by imprisonment not to exceed 30 days. A violation of this provision is considered a simple misdemeanor.<br><br>For alcohol intoxication, Sioux City outlaws the use or consumption "of alcoholic liquor, wine or beer upon the public streets or highways, or alcoholic liquors in any public place, except premises covered by a liquor control license, or to possess or consume alcoholic liquors, wine or beer on any public school property or while attending any public or private school-related functions, and a person shall not be intoxicated nor simulate intoxication in a public place." A violation of this provision is considered a simple misdemeanor and subject to no less than $65 fine but not to exceed $500 and/or by imprisonment not to exceed 30 days. |

*subject to federal, state, and local changes

4. The following physical and psychological risks are associated with the abuse of these substances:

| | |
|---|---|
| **ALCOHOL** | |
| Physical Effects: | Depression of central nervous system, peripheral nerve damage, malnutrition, muscle wasting, muscle pain and weakness, Wernicke's encephalopathy, stupor, Korsakoff's psychosis, confusion, enlarged heart, edema, nonproductive cough, palpitations, esophagitis, pancreatitis, abdominal pain, weight loss, hepatitis, jaundice, ascities, cirrhosis, portal hypertension, esophageal varicies, leucopenia, thrombocytopenia, infertility, aggression, mood changes, slurred speech, incoordination, nystagmus. |
| Psychological Effects: | Loss of inhibitions and concentration, impaired judgment, blackouts, decreased social and occupational functioning. |
| **CENTRAL NERVOUS SYSTEM STIMULANTS** | |
| Physical Effects: | Tremors, anorexia, hypertension, tachycardia, myocardial infarction, ventricular fibrillation, sudden death, pulmonary hemorrhage, bronchioloitis, pneumonia, rhinitis, constipation, difficulty urinating, elevated body temperature, dilated pupils, weight loss, weakness, respiratory depression, chest pain, seizure, coma. |
| Psychological Effects: | Insomnia, paranoia, hallucinations, aggression, hypervigilance, anxiety, impaired judgment, confusion. |
| **HALLUCINOGENS** | |
| Physical Effects: | Tachycardia, hypertension, increased body temperature, trembling, sweating, respiratory depression, elevated blood sugar, dilated pupils, incoordination, nystagmus, numbness, muscle rigidity, seizure, coma. |
| Psychological Effects: | Insomnia, distorted vision, paranoia, terror, panic, flashbacks, acute psychosis, anxiety, depression, impaired judgment, belligerence, assaultive, impulsive, unpredictability. |
| **CANNABIS** | |
| Physical Effects: | Tachycardia, hypotension, obstructive airway disorder, infertility, tremors, muscle rigidity, conjunctival redness, panic reaction, poor motor coordination. |
| Psychological Effects: | Disorientation, impaired judgment, decreased memory and learning, amotivational syndrome, anxiety. |
| **OPIODS** | |
| Physical Effects: | Sedation, respiratory depression, pinpoint pupils, vomiting, hypotension, slurred speech. |
| Psychological Effects: | Mood changes, decreased sexual pleasure, apathy, impaired judgment, decreased memory. |
| **SEDATIVE/HYPONOTICS** | |
| Physical Effects: | Rebound insomnia, respiratory depression, hypotension, decreased cardiac output, decreased cerebral blood flow, impaired cardiac contractility, jaundice, decreased body temperature, slurred speech, unsteady gait, nystagmus, impaired memory, coma. |
| Psychological Effects: | Aggressiveness, impaired social functioning, mood changes, impaired judgment. |
| **INHALANTS** | |
| Physical Effects: | Damage to nervous system, weakness, cerebral wasting, pulmonary hypertension, acute respiratory distress, sinus discharge, death, abdominal pain, renal failure, nystagmus, incoordination, slurred speech, lethargy, tremor, coma. |
| Psychological Effects: | Belligerence, assaultive, impaired judgment. |

Source: Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice, 4th Ed., by Mary Townsend (2008), pages 262-303.

Family and social problems, as well as potential for infectious disease transmission, may be health risks also.

5. Problems that impair an employee's ability to perform on the job, such as evidence of substance abuse, warrants immediate referral to the Employee Assistance Program (EAP) Counselor and/or the employee's personal or emergency services physician. Refusal to seek referral may result in discharge. The St. Luke's Employee Health and Wellness must certify the employee's ability to return to work.

   Employees and students must follow the recommendations for treatment. Evaluation and treatment services are offered at the following agencies:

| | |
|---|---|
| Jackson Recovery Centers | (712) 234-2300 |
| The Center for Siouxland | (712) 252-1861 |
| Boys and Girls Home & Family Services | (712) 293-4700 |
| Mercy Medical Center | (712) 279-2940 |
| Siouxland Mental Health Center | (712) 252-3871 |

   In cases of voluntary treatment for chemical dependency or substance abuse, employees and students must request a leave of absence prior to hospitalization.

   Following completion of treatment and prior to returning to work, employees must schedule an appointment with the Chancellor and/or immediate supervisor.

   Decision on continued employment will depend on the recommendations in the report, upon employee adherence to future treatment recommendations, and on the job performance.

Michael D Stein
Chancellor

SUBJECT:
**Student Counseling and Guidance**

SCOPE OF POLICY:
Employees/Students

RESPONSIBILITY OF COMPLIANCE:
College Administration, Employees and Students

## PURPOSE

To maintain a safe patient care environment while fulfilling regulatory requirements.

## POLICY

St. Luke's Regional Medical Center and the College, embracing a philosophy of holistic care including the physical, emotional, spiritual, and psychological aspects of healing, realize that few people escape some type of serious personal problem during their lifetimes. When substance abuse problems, marriage or family concerns, financial or other personal situations develop, College employees and students are provided assistance through OASIS for themselves or family members.

The assistance program was adopted to provide confidential, professional assistance to employees, students, or members of their families. If professional counseling assistance is needed, an employee or student is encouraged to contact the OASIS Counselor at 279-7070. The first three meetings are at no charge.

All information is confidential. No reference of the content of the discussion is ever reported to the College.

It is the desire of the administration, staff and faculty to help students develop their full potential as members of the College and community. Each student is entitled to personal, academic and career counseling. A team approach facilitates the achievement of these goals.

A student desiring counseling can contact the Department Chair of Student and Administrative Services. Any information gained within a counseling relationship will be kept confidential unless the welfare of the individual or others is threatened. For instances where the Department Chair of Student and Administrative Services is unable to be of professional assistance, the individual will be referred to the OASIS Counselor who provides confidential counseling. Students may contact this person directly at 279-7070 and can expect a call back within 24 hours.

Students may also contact any hospital chaplain (through the Medical Center operator at 279-3500) for counseling services.

Faculty encourages students to communicate with each instructor at the beginning of each rotation. At this time, students can verbalize any pertinent health problems, academic strengths and weaknesses or any concerns, which may benefit their learning. The ultimate responsibility of sharing rests with the student.
Students may seek the guidance of a faculty member of their choice on academic and/or personal matters. Faculty members may suggest that a student visit with the Department Chair of Student and Administrative Services if appropriate. Students are also invited to stop in the office of the Chancellor of the College at any time.

Michael D Steele
Chancellor

**ST. LUKE'S COLLEGE**
**SIOUX CITY, IOWA**

**ACADEMIC POLICY # 19**
**EFFECTIVE:** MARCH 7, 2000
**REVISED:** JUNE 9, 2005
**REVIEWED:** JUNE 9, 2005

## STUDENT WITHDRAWAL FOR MILITARY SERVICE

Students who, during the course of an academic term, enter active military service including National Guard and Reserve active duty will be granted a refund of tuition based upon the College Refund Policy. Validation of active service must be provided.

No course credit will be awarded for withdrawal within the first six (6) weeks of a course. If withdrawal occurs between weeks seven (7) and seventeen (17), students may request a review with the Admissions and Academic Progress Committee to determine placement in the curriculum and requirements for completion of course work.

Chancellor Michael D. Miller

SUBJECT:

**HARASSMENT/SEXUAL HARASSMENT**

SCOPE OF POLICY:

Employees/Students

RESPONSIBILITY OF COMPLIANCE:

College Administration, Employees and Students

## PURPOSE

To maintain a healthy, secure and respectful academic and work environment.

## POLICY

St. Luke's College and St. Luke's Health System, Inc. strive to provide an educational and work environment which is free from conduct that can be construed as intimidation or harassment.

Sexual harassment is defined as unwelcome verbal or physical conduct of a sexual nature, requests or demands for sexual acts or favors made by anyone within the College, including students, faculty or staff, or any other verbal or physical conduct of a harassing nature.

## PROCEDURE

1. If an act of harassment puts an individual in immediate danger, the individual is encouraged to notify law enforcement or St. Luke's Regional Medical Center security.

2. Initial reports of harassment may be verbal or written and brought to the attention of any College employee with whom the complainant is comfortable or the Department Chair of Student and Administrative Services. If the Department Chair of Student and Administrative Services is the individual against whom this report is made, notify the Chancellor of the College. If the Chancellor of the College is the individual against whom this report is made, notify the Chair of the College Board of Directors.

3. Once reported the complaint must be formalized in writing.

4. The complaint of harassment will be investigated in a prompt, confidential and impartial manner. The College Chancellor and other appropriate institutional or law enforcement personnel will be notified as deemed necessary.

5. The College Chancellor may appoint a committee to review the situation. The complainant will be informed of the committee membership and allowed to select an advocate of their choice or a member of Student Services.

6. It is expected the complainant will assist in the investigation to the extent required by the College.

7. Any student, faculty or staff member will be subject to disciplinary action for violation of this policy up to and including dismissal.

Michael D. Stiles
Chancellor

### Iowa Grant– based on financial need

Iowa Grants are awarded to students that are Iowa residents and have high financial need. Funds are very limited and are generally awarded to students that have the highest need. The awards range up to $1000.

### Iowa National Guard Educational Assistance Grants– not based on financial need

The General Assembly appropriates funding to provide educational support for members of the Iowa National Guard. The Iowa Adjutant General determines eligibility. Contact the Guard personnel office for additional information.

### Iowa Registered Nurse and Nurse Educator Loan Forgiveness Program

The Iowa Registered Nurse and Nurse Educator Loan Forgiveness Program is available to nurse educators who hold master's, specialist or doctorate degrees and are employed at eligible Iowa colleges and universities; or registered nurses employed as nurses in Iowa. The individual has to be first employed as nurse educators or registered nurses in Iowa no earlier than July 1, 2007. Visit www.iowacollegeaid.gov for additional information.

## ALTERNATIVE LOAN PROGRAMS– NOT BASED ON FINANCIAL NEED

There are many Alternative Loan programs available to help cover the cost of education; however, it is suggested you exhaust all of your other options including St. Luke's College no interest payment plan, savings, summer work, work study and outside scholarships before you borrow any type of alternative loan. Loan eligibility is based on the borrower's/co-borrower's creditworthiness and cost of attendance minus financial aid. Interest rates and fees vary by program. It is the student and family's responsibility to research each loan program to determine the one that best fits your need. Some things to keep in mind when researching are: interest rates, fees and repayment terms. Additional paperwork is required.

### Loan Funds

*Loan funds* will be distributed within two weeks after the first day of class as long as the student has met the eligibility requirements. Federal regulations require that all new loan borrowers participate in Entrance Loan Counseling before receiving any funds. The website for the loan counseling is www.studentloans.gov. If a student is a first time student loan borrower they may be required to wait 30 days before receiving loan funds.

*Parent Plus Loan funds* will be distributed within two weeks after the first day of class. The funds will come electronically and will be applied to the student's tuition account. The parent borrower will have an option to apply all the funds to the student tuition account or to apply a portion of the amount to the student's tuition account and have the remainder returned to them to help cover education expenses. The student's tuition account must be paid in full before any funds will be returned to the borrower.

## REFUND SCHEDULE

### Withdrawal Information and Return of Funds

A student must first give written notice to the Registrar's Office of his/her withdrawal. The Registrar will notify the Administrative Office and Financial Aid Office of the withdrawal date. The Financial Aid Office will calculate any adjustments to financial aid according to the institutional and federal refund calculation.

Financial Aid adjustments for partial withdrawal will follow the refund schedule below.

All institutional charges (tuition and fees) will be refunded according to the following schedule. A week is defined as 8:00 a.m. Monday through 4:30 p.m. Friday.

Students will be granted a refund only after refunds required by federal and state regulations have been made and if there is a credit balance remaining.

| Withdrawal during the Following time period | Percent of Charges refunded |
|---|---|
| On or before the 1st day of class | 100% |
| Week 1 | 75% |

| | |
|---|---|
| Week 2 | 50% |
| Week 3 | 25% |
| Week 4 | 25% |
| Week 5+ | 0% |

It is considered a withdrawal when the student stops attending classes and is no longer receiving credit for the original enrolled hours.

An **official withdrawal** is when the student has contracted the college either verbally or by written notice. The day the contact is made is considered the date of the withdrawal.

An **unofficial withdrawal** is when the student has stopped attending class for a two-week period without verbally or in writing contracting the college of the withdrawal. The date used will be the last date the student attended class or made contact with the college. If no date can be established, the mid-point (50%) of the semester will be used. If the student was not able to notify the college due to circumstances beyond their control, the date related to the circumstance may be used once the college has been notified.

If a student does not return after an approved leave of absence, the withdrawal date will be date the leave of absence began and will be considered an **unofficial withdrawal**.

Based on the withdrawal, the student's financial aid may be subject to adjustment. The date and type of withdrawal will be the source for determining the amount of financial aid adjusted. Federal, state, and institutional monies will be affected equally and all will follow this Return of Funds Policy.

If the withdrawing student received more funds than the amount earned, the college, and/or student must return the unearned funds, as required in the following order: Unsubsidized Stafford Loan, Subsidized Stafford Loan, Plus Loan, Pell Grant, Academic Competitiveness Grant, Supplemental Educational Opportunity Grant, St. Luke's funds, and Iowa Tuition Grant.

Students will receive no refund of financial aid or tuition and fees if they withdraw **on or after** the 60% point in the semester.

Students who officially withdraw **prior** to the 60% point will have their financial aid adjusted by the appropriate percentage. The portion of unearned financial aid must be repaid to the appropriate loan and/or grant program. If the student is required to return federal grant funds, he/she will have 45 days from the date of notification to pay the amount in full or to make satisfactory arrangements for repayment with the college or the Department of Education. Failure to repay or make arrangements within this time frame will result in a loss of eligibility for all federal aid for attendance at any college until the amount is paid in full.

Note: Because the institutional refund policy follows a different formula for reducing tuition, and refunding private and institutional aid, students may still owe money to the college after all calculations are complete.

Please contact the Financial Aid Office, (712) 279-3377 if you have any questions regarding the return of funds.

## PAYMENT INFORMATION

Registration for classes creates a financial obligation by the registrant to pay tuition and fees while constituting an understanding and acceptance of this responsibility. Charges incurred each semester for tuition, fees and other expenses (such as books, clinical supplies, meal plans, etc) are the responsibility of the student.

**Students are expected to make the necessary financial arrangements prior to enrolling for classes.** Please apply for financial aid on or after January 1. If a student does not qualify for financial aid or if there is a balance after financial aid is applied to the student's account, the student should pursue financing from outside sources such as family or local lending institutions.

SUBJECT:

**STUDENT COMPLAINT LOG**

SCOPE OF POLICY:

Administration

RESPONSIBILITY OF COMPLIANCE:

College Administration

## PURPOSE

To maintain an institutional historic record of student complaints and their disposition and to comply with regulatory and accrediting agencies' requirements.

## POLICY

Records of formal student complaints will be maintained by College Administration.

## PROCEDURE

1. A formal complaint by a student must be in writing (mailed or delivered), signed by the student and addressed to and submitted to one of the following members of the administrative team: Chancellor, Department Chair of Educational Program, or the Department Chair of Administrative and Student Services. If the initiation of the complaint has the foreseeable potential to become an appeal or grievance the student should be advised to follow the procedure as described in the Student Handbook.

2. Administration will maintain a file (either in an electronic or paper format) with the following information regarding any student complaints:

   a) date the complaint was first formally submitted to Administration
   b) a summary of the nature of the complaint
   c) steps taken by the College to resolve the complaint
   d) the final decision made including referral to outside agencies
   e) other external actions initiated by the student to resolve the complaint, if known.

3. Any student complaints forwarded to the College by the Higher Learning Commission need to be included in the complaint file.

4. Information about complaints will be shared with accreditors, but individual identities will be withheld. Letters or documents from individual complainants shall not be shown to accreditors without the express permission of the complainant.

5. The Student Handbook will include a summary of this policy.

Michael O Stiles

Chancellor

## GUIDELINES REGARDING SEXUAL ABUSE

Sexual abuse involves violence meant to degrade the victim sexually, emotionally and psychologically. Sexual assault refers to forcible sexual acts performed without the victim's consent and against her/his will.

Control is the key ingredient of any sexual assault. Some assailants gain control in a direct physical attack while others use verbal deceit to obtain sex under false pretense by using betrayal and often violence.

### Procedure in Situations of Sexual Assault

1. If attacked, your goal is to escape and run.
2. If trapped, your goal is to stay alive. Your mind is your best weapon. Try to talk your way out of the situation.
3. Observe all you can about your attacker: age, height, clothing, scars, what was said. Also observe everything possible about the vehicle (if applicable): color, make, and license number.
4. Take immediate action: if on Medical Center property, summon St. Luke's Security by dialing **"3911"** for the hospital operator or report the incident to police by dialing **911**.
5. Do not bathe or change clothing. Leave everything as is; physical evidence is needed in court.
6. Take a change of clothing with you to the emergency room if possible.
7. Call the Council on Sexual Assault and Domestic Violence: **258-7233**. This is a 24-hour crisis line for free, confidential counseling and support. Assistance is available with medical and legal procedures. A counselor can be with you during the medical exam and police interview.

### Prevention Guidelines

Anyone is a potential victim of sexual abuse. You can reduce the risk of dangerous situations and remove the opportunity for this crime to be committed.

### Key things to always remember

- Be alert when you are alone
- Keep aware of possible unsafe situations
- Be discreet about your personal plans
- Avoid hitchhiking
- Trust your instincts; if a situation feels uncomfortable, get out of it

### At home

- Keep doors and windows locked
- Keep curtains closed at night
- Don't automatically open your door to a visitor; verify their identity
- Use caution when allowing salesmen, repairmen into your home
- If someone is seeking help, offer to call the police for them, not allowing them to come inside to use the phone

### In your car:

- Always have your keys ready to unlock it without wasting time
- Park in well lighted areas
- Check the inside before entering
- Close windows and lock doors at all times
- Lean on the horn if someone tries to get in
- Choose a well lighted, well traveled route
- If followed, do not drive home but to a busy area or police station
- Don't stop to assist or pick up strangers; call the police for them
- If your car breaks down, turn on flashers, lock doors
- If someone stops and offers assistance, lower window slightly, ask the individual to call the police.
- Refuse all other help.
- Keep vehicles locked and valuables in the trunk

**While walking:**

- Whenever possible, avoid walking alone at night.
- Walk only on well lighted, busy streets.
- Keep alert; carry a whistle or repellent spray.
- Don't take shortcuts through deserted areas, alleys, parks, parking lots.
- Be prepared to run. If followed, head for the nearest lights and people.

## DR. RED GUIDELINES — DIAL 3911
## DR. RED ALERT

A Dr. Red Alert shall be initiated upon activation of the following:

1. Smoke detector
2. Heat riser
3. Sprinkler system flow switch
4. Pull station

A fire is reported by pulling the nearest fire pull station and by dialing 3911, stating the location of the fire.

The switchboard operator announces the Dr. Red Alert over the paging system. The alert consists of a signal tone and the words "Dr. Red" followed by the location of the fire; stated three times. Hallway firelights will flash red and white and emit a coded chime.

**Follow the R.A.C.E. Procedure to Respond to a Fire Rescue:**

**Rescue**:
Remove any person in immediate danger from fire or smoke.

**Alarm:**
Pull the nearest fire pull alarm. Dial 3911 and state the location to the operator. Sound the fire alarm regardless of the size of the fire.

**Confine:**
Confine the fire by closing doors and windows.

**Extinguish:**
All fire extinguishers here are the "ABC" types, and can be used on any kind of fire. Pull the pin on the side; pull the hose out of the cradle; stand back about 6-8 feet from the fire; squeeze the handle in short bursts and use a sweeping motion from side to side aiming at the bottom of the fire.

When a Dr. Red is concluded, the switchboard operator will announce over the paging system, "Dr. Red All Clear", repeated three times.

Elevator transport is suspended in the building affected by the Dr. Red Alert. The Fire Department and the Medical Center Fire Team are authorized to use elevators as needed.

**Upon Notification of a Dr. Red Alert in your Work Area:**

**Patient Areas**:

1. Follow R.A.C.E. (Rescue, Alarm, Confine, Extinguish) instructions. Remain calm and do not shout.
2. Close all doors and windows in the area. Turn on lights in rooms and corridors. Use wet linens around cracks or openings nearest fire.
3. Keep patients, relatives, and visitors in rooms. Visitors in the lounges shall be relocated to a safe location. Keep patients, relatives and visitors calm and informed of the situation.
4. Report to the nursing station to assist as directed by the nurse in charge. Nurses and employees away from the area will return to the work area via the stairs.
5. Be alert for additional instructions regarding the Dr. Red Alert. DO NOT CALL THE OPERATOR OR THE AREA indicated as the scene of the alert to inquire about the situation. The Switchboard
6. Operator will disseminate any information pertaining to the alert over the Medical Center paging system or by messenger as directed by the Official in Charge. (No routine phone calls shall be made until the alert is clear.)

The Higher Learning Commission
30 North LaSalle Street, Suite 2400 | Chicago, Illinois 60602-2504 | 312-263-0456
800-621-7440 | FAX: 312-263-7462 | www.ncahigherlearningcommission.org

# STATEMENT OF AFFILIATION STATUS

ST. LUKE'S COLLEGE
2720 Stone Park Blvd.
Sioux City, IA 51104

*Affiliation Status:* Candidate: 1997
Accreditation: (2001- .)

PEAQ PARTICIPANT

## Nature of Organization

| | |
|---|---|
| *Legal Status:* | Private NFP |
| *Degrees Awarded:* | A |

## Conditions of Affiliation:

| | |
|---|---|
| *Stipulations on Affiliation Status:* | Accreditation at the Associate's degree level is limited to the AS in Nursing, in Radiologic Technology, and in Respiratory Care. |
| *Approval of New Degree Sites:* | Prior Commission approval required. |
| *Approval of Distance Education Degrees:* | Prior Commission approval required. |
| *Reports Required:* | None. |
| *Other Visits Scheduled:* | None. |

## Summary of Commission Review

| | |
|---|---|
| *Year of Last Comprehensive Evaluation:* | 2006 - 2007 |
| *Year for Next Comprehensive Evaluation:* | 2016 - 2017 |
| *Date of Last Action:* | 04/25/2007 |

*Name Change:*
St. Luke's College of Nursing and Health Sciences to St. Luke's College (7/1/01)

# NLNAC

National League *for* Nursing Accrediting Commission, Inc.

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American Farm Bureau Federation
Washington, District of Columbia

LEE E. WURSTER, JD
Retired Attorney
Dublin, Ohio

March 18, 2011

**First Reminder**

Jodi Kolar, MSN, RN, CNE
Department Chair
Department of Nursing Education
St. Luke's College
2720 Stone Park Blvd.
Sioux City, IA 51104

Dear Ms. Kolar:

When the associate program was reviewed for continuing accreditation during the Fall 2009 cycle, the Commission granted continuing accreditation with the condition that a Follow-Up Report be submitted in two (2) years. The report is due in the NLNAC office by February 15, 2012.

A Follow-Up Report is required because the Commissioners determined that your program is not in compliance with one or two Accreditation Standards. The details were included in the accreditation decision letter mailed to you following the Commission meeting. A copy is enclosed for your convenience.

The Report will be reviewed by the Evaluation Review Panel, which will make a recommendation to the Commissioners on whether the report demonstrates that you are now in compliance with the Standard(s). If the Commissioners find that you are in compliance with the Standard(s), you will be granted continuing accreditation for the remainder of the eight year accreditation cycle (i.e., eight years from the time of the most recent site visit). If the Commissioners determine you are not in compliance with the Standard(s), your program will be denied continuing accreditation.

The Follow-Up Report should address the entire Standard(s) in a similar manner as required for the Self-Study Report. It is important to emphasize those areas that caused the Commission to determine that you were not in compliance with the Standard(s).

In addition to the narrative discussion of the Standard, you should submit any documentary evidence that will substantiate your compliance. For example, if the Follow-Up Report is to address Faculty, please enclose a faculty profile form and current CVs for all full-time and part-time faculty members, along with plans of study and demonstrated progress toward completion of advanced degrees for any faculty lacking those credentials. If the Follow-Up Report is to address Curriculum, enclose a curriculum plan/program of study, copies of abbreviated course syllabi, examples of evaluation methods, and other related curriculum materials.



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Also enclosed is the section from the current Accreditation Manual that details the requirements for the Follow-Up Report. If you would like to submit a preliminary draft for review, please contact Dr. Cheryl Kish at ckish@nlnac.org or (404) 975-5003.

We look forward to receiving your Follow-Up Report. Please feel free to contact me if I can be of any assistance.

Sincerely,

Sharon Tanner

Sharon J. Tanner, EdD, RN
Chief Executive Officer

# NLNAC

National League for Nursing Accrediting Commission, Inc.



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Director & Professor of Nursing
New Mexico State University Carlsbad
Carlsbad, New Mexico

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Director of Education, Development & Telehealth
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Denver, Colorado

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Counsel
Wiggin and Dana LLP
Hartford, Connecticut

MARSHA H. PURCELL, CAE
Director, Program Development
American Farm Bureau Federation
Washington, District of Columbia


March 17, 2010

Jodi Kolar, MSN, RN, CNE
Department Chair
Department of Nursing Education
St. Luke's College
2720 Stone Park Blvd.
Sioux City, IA 51104

Dear Ms. Kolar:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission at its meeting on February 25-26, 2010. The Board of Commissioners granted the associate nursing program continuing accreditation with the condition that your program submit a Follow-Up Report in 2 years. If the Follow-Up Report is accepted by the Commission, the next evaluation visit will be scheduled for Fall 2017.

Deliberations centered on the Self-Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following evidence of non-compliance as well as areas needing development:

**Evidence of Non-Compliance by Accreditation Standard and Criterion**

**Standard 2 Faculty and Staff, Criteria 2.1 and 2.6**

- All full-time faculty are not credentialed with a minimum of a master's with a major in nursing. (4 of the 14 full-time faculty members do not hold a master's degree in nursing.)
- The number and utilization of non-nurse faculty and staff are not sufficient to achieve the program goals and outcomes.




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**Areas Needing Development by Accreditation Standard**

**Standard 3 Students**

- Review and refine public documents (paper and electronic) to ensure that they are current, accurate, complete, and consistent, including the correct credit hour ratio.

**Standard 6 Outcomes**

- Consistently document the use of data to inform program decision-making.
- Implement strategies to increase employer and graduate survey return rates.

A Follow-Up Report requires the nursing education unit to demonstrate paper compliance with a specific Accreditation Standard or Standards. The Follow-Up Report for the associate program is to address Standard 2 Faculty and Staff. The report is to be submitted to NLNAC in the Spring 2012 Cycle by February 15, 2012. At the time of its review of the Follow-Up Report, the Commission will either affirm the time of the next evaluation visit or remove the nursing program from the list of accredited programs. We recommend contacting a member of the NLNAC professional staff after reviewing the enclosed.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. By choosing to have accreditation by NLNAC, your nursing program demonstrates a continued interest in having the program measured against the highest national standards of quality in nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the professional staff.

Sincerely,

Sharon Tanner

Sharon J. Tanner, EdD, RN
Chief Executive Officer

cc: Anna Moore, Program Evaluator
Pamela Brown, Program Evaluator
Deborah Clark, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

# STATE OF IOWA

CHESTER J. CULVER
Governor
PATTY JUDGE
Lt. Governor

BOARD OF NURSING
Lorinda K. Inman, R.N., M.S.N.
Executive Director

June 14, 2010

Michael Stiles, MA
Chancellor
St. Luke's College
2720 Stone Park Blvd
Sioux City, Iowa 51104

Dear Mr. Stiles:

On June 9, 2010, the Iowa Board of Nursing reviewed St. Luke's College Nursing Education Program Report.

The Board voted to grant full approval to the program for a period of six years as defined in the 655 IAC 2.3(152). A copy of the final Nursing Education Program Report and response to the recommendations are enclosed.

Thank you for your participation in the Iowa Board of Nursing program approval process. Please feel free to contact me at 515-281-4828 if you have questions.

Sincerely,

Kathleen R. Weinberg

Kathleen R. Weinberg, RN, MSN
Associate Director Practice/Education

kw

Encs.

cc: Jodi Kolar

JRCERT
Excellence in Education

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312.704.5300 • (Fax) 312.704.5304
www.jrcert.org

July 22, 2009

Michael D. Stiles
Chancellor
St. Luke's College
2720 Stone Park Boulevard
Sioux City, IA 51104

**RE: Program #4958**
**Previous Accreditation Status: 8 Years**
**Most Recent Site Visit: 02/09**
**Agenda: R-A6**

Dear Chancellor Stiles:

The Joint Review Committee on Education in Radiologic Technology (JRCERT) appreciated the opportunity to evaluate the associate degree radiography program sponsored by St. Luke's College. The JRCERT is the only agency recognized by the U.S. Department of Education for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. Specialized accreditation awarded by the JRCERT offers institutions significant value by providing peer evaluation and by assuring the public of quality professional education in the radiologic sciences.

The continuing accreditation status of the program was considered by the Joint Review Committee on Education in Radiologic Technology. The program was evaluated according to the **Standards for an Accredited Educational Program in Radiologic Sciences (2002)**. The JRCERT awards:

**ACCREDITATION FOR A PERIOD OF EIGHT YEARS.**

The maximum duration that may be awarded by the Joint Review Committee on Education in Radiologic Technology in this category is eight years.

An interim report will be required. The projected date for submission of the interim report is the First Quarter of 2013. The JRCERT will provide program officials adequate notice of the due date for submission of the interim report. Based on the interim report, the JRCERT will determine if the accreditation award of 8 years will be maintained or reduced and the continuing accreditation process expedited.

If the accreditation award is maintained, the next site visit is tentatively scheduled for the First Quarter of 2017.

The program is advised that consistent with JRCERT Policy 11.600, the JRCERT reserves the right to conduct unannounced site visits of accredited programs. The sponsoring institution would be responsible for the expenses of any on-site evaluation.

The attachment to the program director's copy of this letter identifies the clinical total capacity, as provided by the program, for the institutions recognized as clinical education settings. It is the responsibility of the program to provide a copy of this letter to appropriate personnel at the clinical education settings.

The Joint Review Committee on Education in Radiologic Technology Directors and staff congratulate you and the program faculty for achieving the maximum award of accreditation from the JRCERT and wish you continuing success in your efforts to provide a quality educational program. If we can be of further assistance, do not hesitate to contact us.

Sincerely,

Denise E. Moore, M.S., R.T.(R)
Chair

DEM/JSB/am

copy: Program Director: Dan T. Jensen, Ph.D., R.T.(R)(CV)(QM)
Site Visitor: Rosanne Y. Annas, M.A.Ed., R.T.(R)
Accreditation Services Coordinator

CoARC

Commission on Accreditation for Respiratory Care

# CERTIFICATE OF ACCREDITATION

Date of Issue: November 12, 2009

This Certificate of Accreditation is hereby issued by the Commission on Accreditation for Respiratory Care (CoARC), in accordance with the Accreditation Standards for the Profession of Respiratory Care and CoARC Accreditation Policies and Procedures.

**St. Luke's College**
**Respiratory Care Program**
**Sioux City, IA**
**AS Degree**
**CoARC ID#: 200492**

This Certificate of Accreditation is valid until **5/31/2016**. The program will be notified of the next comprehensive evaluation approximately two (2) years prior to the date above.

Shelley Mishoe
CoARC Chair

CoARC Executive Director

NAACLS
National Accrediting Agency
for Clinical Laboratory Sciences
A NON-PROFIT ORGANIZATION

April 15, 2009

Peter Thoreen, MPA, FACHE
President/CEO
St. Luke's Regional Med Center
2720 Stone Park Boulevard
Sioux City, IA 51104

Dear President Thoreen:

Enclosed is the NAACLS Board of Directors official approval award concerning your Phlebotomy program from the April 2, 2009 meeting.

The Board of Directors award is based on the initial approval review process that included submission of a self-study report on August 1, 2008.

Approval for your program will continue until April 30, 2013. As a result, your program will commence the continuing approval process with submission of the Self-Study Report on August 1, 2012. We provide this information to assist you in your program's administrative and financial planning.

This letter and the accompanying award represent formal approval by NAACLS. The NAACLS Certificate of Approval will be forwarded to the Program Director.

Sincerely,

Cheryl Caskey, MA, CLS(NCA), SI(NCA)
President, NAACLS Board of Directors

cc: Pamela G. Briese, MS, MT(ASCP)SC, Program Director
Michael Stiles, MA, Chancellor, St. Luke's College

5600 N. River Road, Suite 720, Rosemont, IL 60018
Tele: 773.714.8880 Fax: 773.714.8886 Email: naaclsinfo@naacls.org www.naacls.org

NAACLS

National Accrediting Agency
for Clinical Laboratory Sciences

*A NON-PROFIT ORGANIZATION*

September 24, 2007

Peter Thoreen, MPA, FACHE
President/CEO
**St. Luke's Regional Med Center**
2720 Stone Park Boulevard
Sioux City, IA 51104

Dear President Thoreen:

Enclosed is the NAACLS Board of Directors' official accreditation award for your Clinical Laboratory Scientist/Medical Technologist program from the September 21, 2007 meeting.

The Board of Directors' award is based on the continuing accreditation review process that included a site visit of your program on March 15-16, 2007.

Accreditation for your program will continue until October 31, 2014. As a result, your program will commence renewal of accreditation with submission of the Self-Study Report on October 25, 2013 and the scheduling of a site visit during Spring 2014. We provide this information to assist you in your program's administrative and financial planning.

This letter and the accompanying award represent formal accreditation by NAACLS. The NAACLS Certificate of Accreditation will be forwarded to the Program Director.

Sincerely,

Shauna C. Anderson

Shauna C. Anderson, PhD, MT(ASCP)C, CLS(NCA)
President, NAACLS Board of Directors

cc: Pamela G. Briese, MS, MT(ASCP)SC, Program Director
Michael Stiles, MA, Chancellor, St. Luke's College

8410 W. Bryn Mawr Avenue, Suite 670, Chicago, IL 60631-3415
Tele: 773.714.8880 Fax: 773.714.8886 Email: naaclsinfo@naacls.org www.naacls.org

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MAY 23 2005

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Fax 404/320-0849 • Website: www.acpe.edu • Email: acpe@acpe.edu

ASSOCIATION FOR
CLINICAL
PASTORAL
EDUCATION, INC.

**Teresa E. Snorton, D.Min.**
Executive Director

**Deryck Durston, M.Div, S.T.M.**
Associate Director

April 2005

The Rev. Dr. Steven H. Pohlman
St. Luke's Regional Medical Center
2920 Stone Park Blvd
Sioux City, IA 51104-3734

Dear Rev. Dr. Pohlman:

The Accreditation Commission of the Association for Clinical Pastoral Education, meeting April 2005, reviewed your application for Continued Accredited Membership. I am happy to inform you that the Commission, on behalf of the ACPE, granted Continued Accredited Membership to *St. Luke's Regional Medical Center to* offer programs of CPE.

Congratulations on maintaining your status of Accredited Membership. Thank you for the service you have already provided and will be providing students through conducting your CPE program. Please express the Accreditation Commission's congratulations to your Professional Consultation Committee and all those who participated in the self study process. We know they worked long and hard in this endeavor. We deeply appreciate their ongoing services, which make CPE possible in your center.

Enclosed is a copy of the Commission Action Report on your center.

If you have any questions about any part of your accreditation process, I encourage you to discuss them with your regional Accreditation Chairperson, your Commission Presenter, or me. My phone number is (304) 526-4860. The Rev. Deryck Durston, Associate Director of ACPE and your Regional Director will also be happy to help you in any way they can.

Sincerely yours,

David C Johnson

David C. Johnson
Chair, Accreditation Commission

Enclosure: Report of Accreditation Commission
Evaluation Form, Part II

cc: Mr. Peter Thoreen, CEO
Mr. Michael Stiles, Chancellor, St. Luke's College
Rev. Nancy Ruth Wigdahl, Regional Accreditation Chair

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St. Francis Hospital
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artschmidt@fhshealth.org

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jhemen@att.net

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Baltimore, MD 21287-0005
pteague1@jhmi.edu

**ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.**
**ACCREDITATION COMMISSION**

## REPORT OF COMMISSION ACTION

**Date: April 2005**

**CENTER:** **St. Luke's Regional Medical Center**

**ADDRESS:** 2720 Stone Park Blvd
Sioux City, IA 51104

**CPE SUPERVISOR(S):** **Steven H. Pohlman**

**CHIEF EXECUTIVE OFFICER:** Peter Thoreen

**TYPE OF ACCREDITATION REQUEST:** **Continued Accredited Membership - CPE**

**PRESENTER:** Jim Harper

---

**COMMISSION ACTION:**

**Grant Continued Accredited Membership to offer programs of Level I, Level II CPE with no notations.**

**RESPONSE TO NOTATIONS DUE IN THE NATIONAL OFFICE:** n/a

**VOTE OF COMMISSION:** ___10 – 0 - 1___

**NEXT ANNUAL REPORTS TO REGIONAL COMMITTEE: 1/15/2006**
**FIVE - YEAR PAPER REVIEW TO BE SUBMITTED: 2009**
**NEXT FULL ACCREDITATION REVIEW DATE: 2014**

**COMMISSION MEMBERS:**

Mary Gerrior, Sue Asher, Richard Haines, Eugene Robinson, Rhonda Gilligan-Gillespie, Nancy Ruth Wigdahl (abstained), James Harper, Karrie Oertli, Michele Merchant, Blair Johanson, Todd Walter, Michele Greene, John Peterson, David Johnson

James Harper
Presenter, Accreditation Commission

David C. Johnson
Chair, Accreditation Commission

July 14, 1995
Corp. No.:000000000
Ref. No.: 131942

# IOWA
# SECRETARY OF STATE

ST. LUKE'S COLLEGE OF NURSING AND HEALTH SCIENCES
2720 STONE PARK BLVD.
P.O. BOX 2000
SIOUX CITY, IOWA 51104

CERTIFICATE OF REGISTRATION

Name ST. LUKE'S COLLEGE OF NURSING AND HEALTH SCIENCES
Date 07/10/1995

I, PAUL D. PATE, secretary of state of the state of Iowa, certify that the institution named on this certificate has filed an application for registration of a postsecondary education institution and is hereby registered on the date printed above.

Paul D. Pate

SECRETARY OF STATE

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MICHAEL A. MAURO
Secretary of State
State of Iowa

# FICTITIOUS NAME RESOLUTION

DMC 2007 $5.00 FI 22 539587

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

57020

I, Keith Petrie, certify that I am the [secretary - ch. 490 and 504], ~~[manager or L.L.C. member - ch. 490A], [general partner - ch. 488], [presiding officer of the board of directors or other association officer - ch. 499], or [officer - ch. 501A]~~ of Northwest Iowa Hospital Corporation,
(name of business entity)

a business entity subject to the provisions of:

- [ ] Iowa Business Corporation Act (profit corporation - *Iowa Code* ch. 490)
- [x] Revised Nonprofit Corporation Act (nonprofit corporation - *Iowa Code* ch. 504)
- [ ] Iowa Limited Liability Company Act (*Iowa Code* ch. 490A)
- [ ] Iowa Uniform Limited Partnership Act (*Iowa Code* ch. 488)
- [ ] Cooperative Associations (*Iowa Code* ch. 499)
- [ ] Cooperative Associations (*Iowa Code* ch. 501A)

and I also certify that:
the following is a true and correct copy of a resolution adopted on the 18th day of April 2007.

Signature: Keith Petrie
Keith Petrie, Secretary
(Type or print name & title)

2007 JUN 11 AM 10:42

**RESOLVED**, that the business entity adopts the name:
St. Luke's College,
under which it may operate in Iowa, that the secretary (ch. 490 and 504), ~~manager or L.L.C. member (ch. 490A), general partner (ch. 488), presiding officer of the board of directors or other association officer (ch. 499), or officer (ch. 501A)~~ of the business entity is authorized to certify a copy of this resolution and is directed to deliver the copy of the resolution to the Secretary of State of Iowa for filing.

**NOTES:**
1. The filing fee is $5.00.
2. Make checks payable to Secretary of State.

**SECRETARY OF STATE**
Business Services Division
Lucas Building, 1st Floor
Des Moines, Iowa 50319
Phone: (515) 281-5204
FAX: (515) 281-7142 or (515) 242-5953
Website: www.sos.state.ia.us

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rev. 02/06

3326

(2)

**RESOLUTION**
**OF**
**BOARD OF DIRECTORS**
**OF**
**NORTHWEST IOWA HOSPITAL CORPORATION**

RESOLVED, that Northwest Iowa Hospital Corporation adopts the name St. Luke's College, under which it may operate in Iowa, that the Secretary of the corporation is authorized to certify a copy of this resolution and is directed to deliver the copy of the resolution to the Secretary of State of Iowa for filing.

2007 APR 11 AM 10:42

I, Keith Petrie, hereby certify that I am the Secretary of Northwest Iowa Hospital Corporation, and I also certify that the foregoing resolution was adopted by the Board of Directors on the 18th day of April, 2007.

Keith Petrie

Keith Petrie, Secretary

FILED
IOWA
SECRETARY OF STATE
6-11-07
10:42 AM
W529961

## Search Databases

Addresses Agents Filings Names Officers Stock Summary Search Again

### Summary

Searched: **st. luke's college**

Print Certificate of Existence

| Corp No. | Legal Name | Status |
|---|---|---|
| 57020 | NORTHWEST IOWA HOSPITAL CORPORATION | Active |
| **Type** | **State of Inc.** | **Modified** |
| Legal | IA | No |
| **Expiration Date** | **Effective Date** | **Filing Date** |
| PERPETUAL | 4/30/1974 | 4/30/1974 |
| **Chapter** | | |
| CODE 504 REVISED DOMESTIC NON-PROFIT | | |

### Names (viewing 3 of 16)

| Type | Status | Modified | Name |
|---|---|---|---|
| Legal | Active | No | NORTHWEST IOWA HOSPITAL CORPORATION |
| Fictitious name | Active | No | THE BIRTH CENTER AT ST. LUKE'S |
| Fictitious name | Active | No | THE BIRTH CENTER AT ST. LUKE'S |

### Registered Agent or Reserving Party

| | |
|---|---|
| Full Name | PETER W THOREEN |
| Address | 2720 STONE PARK BLVD |
| Address 2 | |
| City, ST, Zip | SIOUX CITY, IA, 51104 |

### Home Office

| | |
|---|---|
| Full Name | |
| Address | 2720 STONE PARK BLVD. |
| Address 2 | P.O. BOX 2000 |
| City, ST, Zip | SIOUX CITY, IA, 51104 |