



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Professions Licensure  
239 Causeway Street, Suite 500, Boston, MA 02114  
**Board of Registration in Nursing**

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[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

To: Administrator, Board-approved Nursing Education Program  
From: Massachusetts Board of Registration in Nursing  
Date: September 6, 2016  
Re: **2016 Annual Report** to the Board of Registration in Nursing for  
Academic Year 2015 – 2016

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Enclosed you will find the required forms for your program's 2016 Annual Report to the Massachusetts Board of Registration in Nursing (Board).

Please ensure reporting of all pre-licensure students. Registered nurses enrolled in a program for the purpose of obtaining a degree (e.g. BSN) are not to be included in the report.

The report, required in compliance with regulation 244 CMR 6.05(3)(b), serves as your application to the Board for continuation of your program's Initial or Full Approval status. The report is designed to reflect program compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval during the **2015-2016** academic year [**September 1, 2015-August 31, 2016**]. It is a legal record that is retained permanently by the Board.

The report form will also be available from the Board's website at: <http://www.mass.gov/dph/boards/rn>, (click on "Nursing Education"). Return a signed copy of the completed report to the Board office by **November 1, 2016**. To receive written confirmation of the Board's receipt of your completed Annual Report, please use U.S. Postal Service Registered Mail. The Board will notify you and the executive officer of your parent institution in writing of the program's 244 CMR 6.05(3)(b) approval status.

**Important;**

Massachusetts Board of Registration in Nursing (Board) regulation 244 CMR 6.07(3) requires the program administrator of a Board-approved nursing education program to notify the Board of all program changes (e.g. admission of 10 or more additional students; change in the overall length of the program; change in physical facilities/location), excluding those at 244 CMR 6.07(1) (b)<sup>[i]</sup> and (1) (c), when submitting the program's Annual Report to the Board.

A table which records nursing education program admissions from **2011- 2015** has been provided on pgs. 20 and 21 of this report.

## **General Points**

1. Submit only requested information and data.
2. Ensure that all reported information is accurate. Any question or section that does not apply to your program should be entered as "N/A" - do not leave blanks.
3. When completing the form, please ensure that submitted tables are labeled correctly for the current **2015-2016** report.
4. Demonstrate sufficient clinical placements were available for the number of students admitted and enrolled during the **2015-2016** academic year using the *Cooperating Agencies* "Faculty to student ratio" data.
5. Complete the "Preceptors" form only if your program includes precepted learning activities (ref: *Board Guidelines for Clinical Education Experiences*). All areas related to the preceptor's RN license and educational preparation must be completed.
6. Include an electronic copy of the current institution catalog/bulletin and Nursing Student handbook in a PDF format. Hard copies are no longer required.
7. Attach the curriculum plan(s) in effect during the **2015-2016** academic years. Plan(s) must identify all courses, allocation of clock hours to each course, and the distribution of hours to class, laboratory, and clinical. Plan(s) must identify semester/term and year in which each course is provided.
8. Please carefully review the attached *Guideline for Submitting 244 CMR 6.07(3) Program Changes* for detailed information on what to report. Attach a notice of program changes, as directed, that were made during the **2015-2016** academic year that did not require Board approval prior to implementation (e.g. increase in number of admissions; increase in program length; addition of new format), as required at 244 CMR 6.07(3).
9. Program information including address, telephone number, web address, and the names of the chief executive officer and nurse administrator, maintained by the Board for official Board notifications and corresponded.
10. Please do not hesitate to contact the Board with questions you may have.

## **Prior to mailing your report to the Board please make certain:**

- ☐ All Admission, Graduate and Enrollment numbers are verified and totaled;
- ☐ All Faculty and Preceptor data is complete and accurate including names provided match the nurses name as it appears on the RN license; and that faculty and preceptor licenses were current during the **2015-2016** academic year;
- ☐ Submit one hard copy and one electronic of the report along with the current parent institution catalog and Nursing Program handbook on a removable storage device;
- ☐ The interest in nursing survey is enclosed;
- ☐ A report demonstrating compliance with Board regulation 244 CMR 6.07(3), prepared in accordance with the *Guideline for Submitting 244 CMR 6.07(3) Program Changes*, has been provided, if appropriate;
- ☐ Cooperating Agency data demonstrates sufficient clinical placements were available;
- ☐ Separate reports are to be provided for each type of program offered, (i.e. PN, RN, BSN and Direct Entry Masters); and
- ☐ The nurse administrator of the program has signed the report. *Reports signed by anyone other than the nursing program administrator, as recognized by the Board, will be returned for the appropriate signature.*

## Massachusetts Board of Registration in Nursing

### Guideline for Submitting 244 CMR 6.07(3) Program Changes

#### Guideline Purpose:

Massachusetts Board of Registration in Nursing (Board) regulation 244 CMR 6.07(3) requires the program administrator of a Board-approved nursing education program to notify the Board of all program changes (e.g. admission of 10 or more additional students; change in the overall length of the program; change in physical facilities/location), excluding those at 244 CMR 6.07(1)(b)<sup>1</sup> and (1)(c), when submitting the program's Annual Report to the Board.

This guideline is designed to inform nursing education program administrators of the appropriate information and documentation required to notify the Board of program changes and to demonstrate that the program continues to comply with relevant regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval as a result of the program change. The Board may conduct an on-site survey to verify compliance.

#### Required Information and Documentation

1. Narrative description of the change including its effective date, evidence-based rationale and goals.
2. Citation of all relevant regulations (see table below for regulations relevant to program changes commonly reported to the Board) followed by a narrative description addressing how the program has maintained, or will maintain, compliance with these regulations. The Board's regulations are available on the Board's website at [www.mass.gov/dph/boards/reg](http://www.mass.gov/dph/boards/reg). Program administrators should consult with the Board's Nursing Education Coordinators for regulations relevant to other types of program changes.

Program Change	Relevant Regulations
Change in overall length of program	244 CMR 6.04(4): Curriculum
Curriculum revisions excluding those at 244 CMR 6.07(1)(b) and (1)(c)	244 CMR 6.04(4): Curriculum
Admission of 10 or more additional students	244 CMR 6.04(5): Resources <sup>2</sup>
Change in physical facilities/location	244 CMR 6.04(5): Resources

3. The program's plan for the systematic evaluation of the change including the measurement of program outcomes<sup>3</sup>.
4. Paginate the report.

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<sup>1</sup> 244 CMR 6.07(1): The Board shall approve the following program changes before implementation of such change: (b) a change in the program's philosophy, goals and/or outcomes; and (c) a change in the sequence of the majority of courses offered or a change in the overall program content designed to achieve educational outcomes which may alter the program.

<sup>2</sup> Documentation should address, but may not be limited to, the allocation of resources appropriate to supporting the increased number of students including the program's plan for the recruitment, hiring, and orientation of additional full-time, part-time, and/or adjunct faculty; five-year budget; support personnel; office space; library resources; supplies and equipment; classrooms; skills laboratory; technology; and names of cooperating clinical affiliations including evidence of their intent to affiliate with the program.

<sup>3</sup> Outcomes means the measurable performance indicators including, but not limited to, NCLEX performance; admission, retention and graduation rates; graduate satisfaction; and employment rates and patterns [ref: 244 CMR 6.01].

**BOARD OF REGISTRATION IN NURSING**  
**244 CMR 6.01**

**Definition of Terms**

**Accreditation:**

Institutional Accreditation means the formal recognition or acceptance of the parent institution by a regional or professional accrediting agency.

Program Accreditation means the formal recognition or acceptance of the nursing education program by a specialized professional accrediting agency recognized as such by the United States Department of Education.

Administrator means the Registered Nurse designated the administrative authority and responsibility for the nursing education program.

Approval Status means the written legal recognition by the Board that a nursing education program is authorized to operate.

Chief Executive Officer means the individual designated the administrative authority and responsibility for the parent institution.

CMR means Code of Massachusetts Regulations.

Cooperating Agency means an agency or facility which provides services or clinical resources, or both, which contribute to the achievement of the clinical objectives of the nursing education program.

Curriculum means a planned sequence of course offerings and learning experiences which comprise the nursing education program.

Distance Education means instruction offered by any means where the student and faculty are in separate locations. Teaching maybe synchronous or asynchronous and shall facilitate and evaluate learning in compliance with BON approval status and regulations. \*This would include on-line format. (Adapted from the Commission of Regulation and Post Secondary Education, 2013 in NCSNB 2014 Annual Meeting report).

Faculty means the person or body of persons employed within a nursing education program having the responsibility for the development, implementation and evaluation of the program of learning including its services, policies and procedures, student evaluation and curriculum.

M.G.L. means Massachusetts General Laws.

Parent Institution means the organization which has the legal authority to operate a nursing education program.

Survey means a review of a nursing education program by the Board to determine the program s compliance with 244 CMR 6.04

A copy of 244 CMR 6.00: *Approval of Nursing Education Programs and the General Conduct Thereof* is available at [www.state.ma.us/dpl/boards/rn](http://www.state.ma.us/dpl/boards/rn) (see Rules and Regulations).

**2016 Annual Report to the Board of Registration in Nursing  
Academic Year 2015-2016  
244 CMR 6.05 (3) (b)**

**NURSING EDUCATION PROGRAMS PREPARING GRADUATES FOR  
REGISTERED NURSE AND PRACTICAL NURSE LICENSURE**

*General Information*

**1. Nursing Education Program**

a. Program Type:

- ☐ PN Community College  
☐ PN Vocational Secondary

- ☐ RN Diploma  
☐ RN Associate Degree  
☐ RN Baccalaureate Degree  
☐ RN Direct Entry Masters

b. Legal Name of the Nursing Education Program:

\_\_\_\_\_

c. i. Program Administrator of record: Name, Credentials and Title:

\_\_\_\_\_

ii. Program Administrator designee for the purpose of completing certification of graduation form (if different from above). Name, Credentials and Title;

\_\_\_\_\_

d. Address of the Nursing Education Administrator/Program:

\_\_\_\_\_

e. Telephone: \_\_\_\_\_

f. E-mail: \_\_\_\_\_

g. Fax Number: \_\_\_\_\_

h. Program Web site: \_\_\_\_\_

i. Year established: \_\_\_\_\_

j. Date of last full, *on-site* BORN survey: \_\_\_\_\_

k. Accreditation: ACEN: ☐ Yes ☐ No Last visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Next visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_

CCNE: ☐ Yes ☐ No Last visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Next visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_

l. Date of ACEN/CCNE review in lieu of Born on- site Survey \_\_\_\_\_  
\_\_\_\_\_

m. Is the Nursing Education Program offered at other sites, other than the one listed above?

If yes: \_\_\_\_\_

## 2. Governing Body

a. Legal Name of the Parent Institution:

\_\_\_\_\_

b. Chief Executive Officer Name (CEO), Credentials and Title:

\_\_\_\_\_

c. Address of the CEO/Parent Institution:

\_\_\_\_\_

\_\_\_\_\_

d. CEO Telephone: \_\_\_\_\_

e. CEO Email: \_\_\_\_\_

f. CEO Fax Number: \_\_\_\_\_

g. Parent Institution Web site: \_\_\_\_\_

h. Parent Institution Accreditation:

JCAHCO: ☐ Yes ☐ No

NEASC: ☐ Yes ☐ No

Other: ☐ Yes ☐ No Specify \_\_\_\_\_

### 3. Program Formats Offered

Check all program formats offered by your program. You may check more than one format if your program offers the program in more than one format. If your institution offers the program in a format other than those listed, please check the "other format" box and specify the format offered.

The program is offered as a/an:

a. ☐ Daytime program: ☐ Full time ☐ Part time  
Location: \_\_\_\_\_

b. ☐ Evening program ☐ Full time ☐ Part time  
Location: \_\_\_\_\_

c. ☐ Combination of evening and weekend's ☐ Full time ☐ Part time  
Location: \_\_\_\_\_

d. ☐ Other format (please specify/describe):

\_\_\_\_\_

## BOARD OF REGISTRATION IN NURSING

### Student Numbers

In **Column 1: Admissions** of the table below, report the number of new students matriculated for the first time and identified as nursing majors admissions between **September 1, 2015 to August 31, 2016**.

In **Column 2: Graduates** of the table below, report the number of students who graduated from the nursing education program between **September 1, 2015 to August 31, 2016**.

In **Column 3: Enrollment** of the table below, report the total number of students enrolled between **September 1, 2015 to August 31, 2016**. Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year.

		1	2	3
		<b>ADMISSIONS</b>	<b>GRADUATES</b>	<b>ENROLLMENT</b>
		September 1, 2015 through August 31, 2016	September 1, 2015 through August 31, 2016	September 1, 2015 through August 31, 2016
<u>Day Program</u>	Full-time			
	Part-time			
	Subtotal			
<u>Evening Program</u>	Full-time			
	Part-time			
	Subtotal			
<u>Combination Program</u>	Full-time			
	Part-time			
	Subtotal			
<u>Other Format</u>	Full-time			
	Part-time			
	Subtotal			
<b>TOTAL</b>				



# BOARD OF REGISTRATION IN NURSING

## Graduates

Students Granted Diplomas during the Year Ending August 31, 2016

	Full Name of Graduate	Length of Time in Program	Date Started	Date Graduated
1.				
2.				
	Subtotal: _____			

Total Last Page: \_\_\_\_\_

**BOARD OF REGISTRATION IN NURSING**  
**2015-2016 Curriculum (RN Programs)**  
**244 CMR 6.04 (4) (a) and (b)**

**Please identify course offerings and credit hours:**

	<b>Course Number</b>	<b>Course Title</b>	<b>Credit hours</b>
<b>Sciences</b>			
<b>II. Arts</b>			
<b>III. Humanities</b>			
<b>IV. *Nursing</b>  <i>including Foundations of the Profession</i>			
<b>TOTAL</b>			

# BOARD OF REGISTRATION IN NURSING

## 2015-2016 Curriculum (PN Programs) 244 CMR 6.04 (4) (a) and (b)

Please identify clock hours and credit hours when applicable:

	Course Number	Course Title	Theory	Skills Lab	Clinical	Credit Hours	TOTAL
<b>I. Sciences</b>							
<b>II. Arts</b>							
<b>III. Humanities</b>							
<b>IV. Nursing</b> <i>including Foundations of the Profession</i>							
<b>NURSING TOTAL</b>							
<b>PROGRAM TOTAL</b>							

## BOARD OF REGISTRATION IN NURSING

### **2015-2016 Curriculum Plan ( All Programs RN and PN) for Method of Delivery in Nursing Course**

#### **244 CMR 6.04 (4) (b) 2**

Please identify methods of delivery of Nursing Courses including the Foundations of the Profession. Indicate whether any of the **Nursing** courses are offered in a Face to Face (live), Blend (combined live/on-line format), or Distance [Ref: Definition of Terms]. Check all methods of delivery that apply. Record clinical delivery methods in a percent (%) of Traditional, Simulation, and Virtual Clinical. Virtual clinical involves using web-based, multiplayer, 3D virtual worlds for training

Nursing Course Number	Course Title	Didactic Record as a % of			Clinical Record as a % of		
		Face to Face	Blend	Distance	Traditional	Simulation	Virtual

## BOARD OF REGISTRATION IN NURSING

### 2015-2016 Cooperating Agency located within the Commonwealth of Massachusetts 244 CMR 6.04 (1)(e), (2)(b)5, (3)(b), (4)(a), (4)(b)2, 3, 5, and (5)(b), (c), and (f)

Identify each agency, located in Massachusetts, used for one or more experience(s) by all or part of any class. Identify clinical service(s) used, the course, period of use in weeks/year, average number of students assigned at one time and the type of experience provided. Demonstrate sufficient clinical placements were available for the number of students admitted and enrolled during the 2015-2016 academic year using the "Faculty to student ratio" data.

Name and Address of Cooperative Agency	Title of course	Period of use	Faculty to student ratio (not to exceed 1:10)	Type of clinical experience

**BOARD OF REGISTRATION IN NURSING**  
**2015-2016 Cooperating Agency Located outside of Massachusetts**  
**244 CMR 6.04 (1)(e), (2)(b)5, (3)(b), (4)(a), (4)(b)2, 3, 5, and (5)(b), (c), and (f)**

Identify each agency, located in a state other than Massachusetts, used for one or more experience(s) by all or part of any class. Identify clinical service(s) used, the course, period of use in weeks/year, average number of students assigned at one time and the type of experience provided. Demonstrate sufficient clinical placements were available for the number of students admitted and enrolled during the 2015-2016 academic year using the "Faculty to student ratio" data.

<b>Name and Address of Cooperative Agency</b>	<b>State</b>	<b>Title of course</b>	<b>Period of use</b>	<b>Faculty to student ratio (not to exceed 1:10)</b>	<b>Type of clinical experience</b>

**BOARD OF REGISTRATION IN NURSING**  
**2015-2016 Cooperating Agency - Preceptors**  
**244 CMR 6.04 (1)(e), (2)(b)5, (3)(b), (4)(a), (4)(b)2, 3, 5, and (5)(b), (c), and (f)**

Identify each preceptor used for one or more experience by any student. Identify preceptor's Massachusetts license number, month and year of graduation from a baccalaureate and/or master nursing program, name of cooperative agency used, position title of preceptor, nursing course and number of students assigned at one time.

Name	RN License Number	* Date of Expiration	Education Preparation			Cooperating Agency			
			Year	Degree**	Educational Institution	Name of Agency	Position Title	Nursing Course	Precept or: Student Ratio

\* ***Must demonstrate that the license was current during the 2015-2016 academic year.***

\* \* ***Identify Baccalaureate and/or Masters academic credentials.***

**BOARD OF REGISTRATION IN NURSING**  
**2015-2016 FACULTY: NON-WAIVERED**  
**244 CMR 6.04 (2) and (5) a**

Name	RN License Number	* Date of Expiration	Date of Initial Appointment	Appointment			Educational Preparation			
				Present Title/ Rank	Full - time	Part-time	Year	Degree **	Major and Certification Held	Educational Institution

\* **Must demonstrate that the license was current during the 2015-2016 academic year.**

\* \* *Identify undergraduate and graduate academic credentials and specify if the major is in nursing or other discipline.*

**Subtotal: Full-time Faculty** \_\_\_\_\_ **Part-time Faculty** \_\_\_\_\_  
**Total Last Page: Full-time Faculty** \_\_\_\_\_ **Part-time Faculty** \_\_\_\_\_



**BOARD OF REGISTRATION IN NURSING**  
**2015-2016 WAIVERED FACULTY**  
**244 CMR 6.04 (2) and (5) a**

Name	RN License Number	* Date of Expiration	Date of Initial Appointment	Appointment			Year	Educational Preparation			Waiver
				Present Title/ Rank	Full - time	Part-time		Degree **	Major and Certification Held	Educational Institution	Waiver Option (1, 2, or 3)

\* **Must demonstrate that the license was current during the 2015-2016 academic year.**

\* \* *Identify undergraduate and graduate academic credentials and specify if the major is in nursing or other discipline.*

## BOARD OF REGISTRATION IN NURSING

### Notification of a 6.07 Board Approval of Specific Nursing Education Program Changes

**Check one:**

- ☐ I have no program changes to report in compliance with 6.07(3).
- ☐ I am submitting the attached program changes in compliance with 6.07(3) requiring Board notification of program changes when submitting the Annual Report.

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**Person preparing report:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**As program administrator, I certify under the pains and penalties of perjury, that this program complies with those requirements specified in state regulations, 244 CMR 6.00, respective to program type.** If the nursing education program is not in compliance with state regulations, cite the regulations with which the program does not comply, and advise the Board of Registration in Nursing of the program's plan for corrective action, including timeframes.

\_\_\_\_\_  
Print name of nurse administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of nurse administrator

\_\_\_\_\_  
Date

Approved NEC 6/24/98

Revised BRN 1/9/02, 8/21/08, 8/19/09. 8/15/2014, 8/28/2014, 8/11/2015, 8/30/2016

**BOARD OF REGISTRATION IN NURSING**  
**“Interest in Nursing” Survey of Approved Nursing Education Programs**  
**Fall 2016**

**Nursing Education Program Name:** \_\_\_\_\_

**Program Type:**

☐ PN      ☐ RN/AD      ☐ RN/Diploma      ☐ RN/BS      ☐ RN/Direct-entry MSN

For the class entering fall **2016**

1. How many applications did you receive? \_\_\_\_\_
2. How many qualified applicants did you review? \_\_\_\_\_
3. How many qualified applicants did you accept? \_\_\_\_\_
4. How many qualified applicants committed (paid fee or registered) to attending your program in fall 2016? \_\_\_\_\_
5. How many qualified applicants enrolled and started classes in fall 2016? \_\_\_\_\_
6. How many of the above are LPNs? \_\_\_\_\_
7. Do you have a waiting list for qualified applicants who would start the program at a later date? Yes ☐ No ☐
8. If yes, how many qualified applicants are on the list? \_\_\_\_\_
9. Were you unable to admit qualified applicants? Yes ☐ No ☐
10. If yes, how many qualified students were you unable to admit? \_\_\_\_\_
11. If yes, what was the primary reason?  
☐ Physical Space (i.e. classroom, lab, etc.)      ☐ Faculty  
☐ At program capacity/enrollment cap      ☐ Clinical placements  
☐ Other: \_\_\_\_\_

**2016-2017 Academic Year Graduation Dates**

Graduation date: \_\_\_\_\_ Number of expected graduates: \_\_\_\_\_

## Annual Admission numbers by program

	15	14	13	12	11
<b><u>Practical Nurse Programs</u></b>	<b>Admissions</b>	<b>Admissions</b>	<b>Admissions</b>	<b>Admissions</b>	<b>Admissions</b>
Assabet Valley Reg. Voc. School	58	60	56	46	41
Bay Path Regional (est. 2009)	33	28	25	25	24
Berkshire Community College	29	32	31	30	30
Blackstone Valley Regional (est. 2009)	27	24	23	30	28
Blue Hill Reg. Tech. School	61	56	40	56	56
Bristol-Plymouth Reg. Voc. School	38	58	38	69	42
Bunker Hill Comm. College ( est. 2013)	21	18	13		
Diman Reg. Voc. Tech. School	61	66	65	56	88
Greater Lowell Voc. School	80	80	80	80	80
Greenfield Community College	39	32	33	39	35
Holyoke CC (W.J. Dean prior to 00)	20	12	18	23	22
Massachusetts Bay Comm. College	21	69	80	75	74
McCann RVTS (est. 2006)	20	20	20	22	19
Medical Professional Institute (est. 2007)	178	138	104	65	101
Mildred Elley	22	10			
Montachusett RVTS	44	40	39	42	41
Mount Wachusett Community College	59	41	52	56	58
North Shore CC	37	41	30	32	32
Northern Essex Comm. College	30	30	38	42	42
Quincy College	96	66	81	88	141
Quinsigamond (Worcester Tech. Prior to 99)	71	73	75	74	75
Roxbury Community College - PN	15	22	24	24	29
Shawsheen Valley Tech. High	52	84	64	55	38
Southeastern Reg. Voc. Tech.	39	73	40	72	40
Tri-County Vocational (est. 2005)	30	46	31	45	44
Upper Cape Cod R.V.T.S.	54	77	59	60	61
<b><u>Registered Nurse Programs</u></b>					
<b><u>ADN Programs</u></b>	<b>15</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>11</b>
<b><u>Admissions</u></b>	<b>Admissions</b>	<b>Admissions</b>	<b>Admissions</b>	<b>Admissions</b>	<b>Admissions</b>
Bay State College (est. 2010)	28	34	32	32	32
Becker College	60	56	96	92	94
Berkshire College	56	56	56	57	57
Bristol Community College	113	102	110	85	71
Bunker Hill Community College	110	124	127	130	148
Cape Cod Community College	105	115	101	71	111
Greenfield Community College	47	48	49	47	48
Holyoke Community College	55	47	41	52	52
Laboure College	270	323	179	235	169
Lawrence Memorial/Regis College	180	126	130	139	134
Massachusetts Bay Community College	21	55	82	128	68
Massasoit Community College	102	146	75	105	108

Middlesex Community College	94	93	99	96	105
Mt. Wachusett Community College	132	139	131	138	162
Northern Essex Community College	54	54	53	32	32
North Shore Community College	67	64	67	69	67
Quincy College	155	129	92	182	134
Quinsigamond Community College	126	139	141	141	149
Roxbury Community College	84	71	71	65	66
Springfield Tech. Community College	86	90	90	107	111
<b>BSN Programs</b>	<b>15 Admissions</b>	<b>14 Admissions</b>	<b>13 Admissions</b>	<b>12 Admissions</b>	<b>11 Admissions</b>
American International College	99	102	154	124	138
Anna Maria College (est. 2011)	38	69	57	43	13
Becker College (est. 2012)	25	22	22	22	
Boston College	92	111	112	107	138
College of Our Lady of the Elms	100	88	87	74	67
Curry College	137	139	164	177	140
Endicott College	60	61	40	36	40
Fitchburg State University	85	93	91	76	80
Mass College of Pharmacy (est. 2006)	206	223	224	226	181
MGH Institute of Health Prof (est. 2006)	190	205	165	172	98
Northeastern University	147	42	58	91	94
Regis College	86	83	114	70	39
Salem State University	171	153	186	159	143
Simmons College	236	286	282	244	208
University of Massachusetts Amherst	96	87	90	135	72
University of Massachusetts Boston	173	164	189	189	214
University of Massachusetts Dartmouth	97	98	120	120	120
University of Massachusetts Lowell	106	163	114	130	107
Westfield State University (est. 2010)	36	30	30	28	32
Worcester State University	84	116	76	79	77
<b>Diploma Programs</b>	<b>15 Admissions</b>	<b>14 Admissions</b>	<b>13 Admissions</b>	<b>12 Admissions</b>	<b>11 Admissions</b>
Brockton Hospital Nursing Program	105	124	127	130	130
<b>MSN Program</b>	<b>15 Admissions</b>	<b>14 Admissions</b>	<b>13 Admissions</b>	<b>12 Admissions</b>	<b>11 Admissions</b>
Boston College	37	43	40	42	40
MGH Institute of Health Professions	105	106	102	118	87
Northeastern University	98	159	220	35	24
Regis College	57	56	60	59	100
Salem State College	0	17	14	6	12
Simmons College	52	53	32	37	49
University of Mass/Worcester	32	30	32	32	32