

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure

**Board of Registration in Nursing
2018 Board Annual Report**

Please see the required forms for your program's **2018** Annual Report to the Massachusetts Board of Registration in Nursing (Board).

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 **2017-2018** academic year [**September 1, 2017 - August 31, 2018**]. 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"). Submit an electronically signed copy of the completed report to the Board office by **November 1, 2018**. The Board will notify both the program administrator and the chief executive officer of the 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) and (1) (c), when submitting the program's Annual Report to the Board.

General Points

1. Submit requested information and data using the PDF document and the provided Excel workbook.
2. When completing the form, please ensure that all submitted work pages are labeled correctly with the Program name for the current **2017-2018** report.
3. Complete the "Preceptors" form only if your program includes preceptor learning activities (ref: *Board Guidelines for Clinical Education Experiences*). All areas related to the preceptor's RN license and educational preparation must be completed.
4. 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 **2017-2018** 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).

5. 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.
6. Please do not hesitate to contact the Board with questions you may have.

Prior to submitting the Annual Report to the Board please review the following information:

- ☐ 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 **2017-2018** academic year;
- ☐ Submit an electronic of the report using the email address provided;
- ☐ Data request for the interest in nursing survey is now included with in the report.
- ☐ 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;
- ☐ Separate reports are to be provided for each type of program offered, (i.e. PN, RN, BSN and Direct Entry Masters) as identified by the separate NCSBN program codes.
- ☐ The nurse administrator of the program has provided an electronic signature at the end of 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)¹ 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. 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 ²
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 outcomes².
4. Paginate the report.

¹ 244 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.

² 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 may be 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).

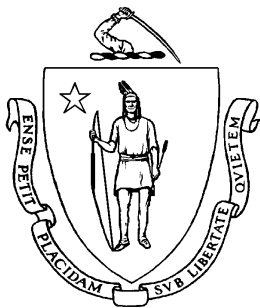
Faculty means the person or body of persons employed within a nursing education program having the responsibility for the development, implementation and evaluation of the program of learning including its services, policies and procedures, student evaluation and curriculum.

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 (see Rules and Regulations).



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
Tel: 617-973-0800 TTY : 617-973-0988
www.mass.gov/dph/boards

**2018 Annual Report to the Massachusetts Board of Registration in Nursing
Academic Year 2017-2018
244 CMR 6.05 (3) (b)**

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

6.04(1) Mission & Governance

General Information - Nursing Education Program

Program Type

- ☐ PN Community College
- ☐ PN Vocational Secondary
- ☐ RN Diploma
- ☐ RN Associate Degree
- ☐ RN Baccalaureate Degree
- ☐ RN Direct Entry Masters

Legal Name of Nursing Education Program: _____

NCSBN Program Code: _____

Program Administrator Name, Credentials & Title: _____

Program Administrator Massachusetts RN License #: _____

Primary Address of Nursing Education Program:

Telephone Number: _____ Fax Number: _____

Email: _____ Program Website: _____

Year Established: _____ Date of last on-site BORN Survey: _____

Date of Last Waiver of a Board Survey: _____

Program Accreditation:

☐ ACEN ☐ CCNE ☐ Program is not currently accredited

Current Accreditation Status: _____

Date of Last Visit: _____ Date of Next Visit: _____

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

☐ Yes

☐ No

If yes: _____

Parent Institution

Legal Name of Parent Institution: _____

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

Date of Initial Appointment: _____

Address of the CEO/Parent Institution:

CEO Telephone Number: _____

CEO Fax Number: _____ CEO Email: _____

Parent Institution Website: _____

Link to College Catalog: _____

Link to Nursing Program Handbook: _____

Parent Institution Accreditation:

☐ The Joint Commission ☐ NEASC

Other - Specify: _____

The program has a written plan for systematic evaluation of all components of the program that includes the measurement of the outcomes of the program and is used for the development of maintenance and revision of the program.

☐ Yes

☐ No

The written plan for systematic evaluation includes the following outcomes:

☐ NCLEX performance

☐ Admission

☐ Retention and graduation rates

☐ Graduate satisfaction

☐ Employment rates and patterns

The program publishes its current approval status on all official publications?

☐ Yes

☐ No

6.04(2) Faculty

Program administrator verifies faculty (full and part-time) maintain expertise appropriate to **teaching responsibilities**.

☐ Yes

☐ No

Total Number of Full-Time Faculty: _____

Total Highest Degree in Nursing (Full-Time Faculty):

Doctorate in Nursing: _____
_____ %

Masters in Nursing: _____
_____ %

Bachelors in Nursing: _____
_____ %

Total Number of Part-Time Faculty: _____

Total Highest Degree in Nursing (Part-Time Faculty):

Doctorate in Nursing: _____
_____ %

Masters in Nursing: _____
_____ %

Bachelors in Nursing: _____
_____ %

For RN Programs Only:

Total Number of Waivered Faculty: _____ % of Total Faculty

Total Number of Waiver Option 1: _____
_____ % of Waivers

Total Number of Waiver Option 2: _____
_____ % of Waivers

Total Number of Waiver Option 3: _____
_____ % of Waivers

A formal mentoring plan is in place for all faculty on waiver option 3:

☐ Yes

☐ No

Faculty Retention

Number of Full-time Nursing Faculty Employed by the Program on September 1, 2017 _____

Number of the same Full-time Nursing Faculty Employed by the Program on August 31, 2018 _____

Full-time Faculty Retention Rate _____

Number of Part-time Nursing Faculty Employed by the Program on September 1, 2017 _____

Number of the same Part-time Nursing Faculty Employed by the Program on August 31, 2018 _____

Part-time Faculty Retention Rate _____



ATTACHMENT

244 CMR 6.04 (2) and (5) - Faculty Summary

Please provide a complete list of full and part-time faculty by completing the first two tabs in the excel file included with this document.

Total Number of Full- and Part-Time Faculty Per Program Option

i.e. full-time day program, part-time evening program

Option #	Location and Description (FT Day, PT Eve etc.)	Number of Students	Number of Full-Time Faculty	Number of Part-Time Faculty	FT Faculty: Student Ratio
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

6.04(3) Students

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, 2017 to August 31, 2018.

In Column 2: Graduates of the table below, report the number of students who graduated from the nursing education program between September 1, 2017 to August 31, 2018.

In Column 3: Enrollment of the table below, report the total number of students enrolled between September 1, 2017 to August 31, 2018. Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year.

Program Option:

1

	Admissions Sept. 1, 2017 – Aug 31, 2018	Graduates Sept. 1, 2017 – Aug 31, 2018	Enrollment Sept. 1, 2017 – Aug 31, 2018
Full-time	_____	_____	_____
Part-time	_____	_____	_____
Subtotal	_____	_____	_____

Program Option:

2

	Admissions	Graduates	Enrollment
Full-time	_____	_____	_____
Part-time	_____	_____	_____
Subtotal	_____	_____	_____

Program Option:

3

	Admissions	Graduates	Enrollment
Full-time	_____	_____	_____
Part-time	_____	_____	_____
Subtotal	_____	_____	_____

Totals for All
Options

	Admissions	Graduates	Enrollment
Full-time	_____	_____	_____
Part-time	_____	_____	_____

Total Part-Time Students: _____

Total Full-Time Students: _____



ATTACHMENT

2018 Annual Report Addendum to the Massachusetts Board of Nursing

Please complete the excel file included with this document.

Total number of qualified applicants: _____ Total number of qualified applicants accepted: _____

Total number of qualified applicants not accepted: _____

Total number of qualified applicants admitted: _____

Change in percent of number admitted from 2017 annual report: _____

How many students were dismissed from the program following the progression policy?

How many students were dismissed from the program for unsafe / unethical behavior?

How many students were dismissed from the program for unsafe/unethical clinical performance?

The program requires all candidates for admission to provide satisfactory evidence of secondary graduation or its equivalent

☐ Yes

☐ No

The program requires all candidates for admission to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health

☐ Yes

☐ No

The program publishes current policies which describe the specific nondiscriminatory criteria for:

Admission ☐ Yes ☐ No

Progression ☐ Yes ☐ No

Attendance ☐ Yes ☐ No

Course Exemption ☐ Yes ☐ No

Advanced Placement ☐ Yes ☐ No

Transfer ☐ Yes ☐ No

Educational Mobility ☐ Yes ☐ No

Withdrawal ☐ Yes ☐ No

Re-admission ☐ Yes ☐ No

Graduation ☐ Yes ☐ No

Student Rights and Grievances ☐ Yes ☐ No

6.04(4) Curriculum



ATTACHMENT

2017-2018 Curriculum (RN and PN Programs)

Please provide nursing curriculum courses, credit hours and other information using the excel file included with this document.

6.04(5) Resources

**ATTACHMENT****2017-2018 Cooperating Agencies & 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)

Please provide a complete list of cooperating agencies located inside and outside the Commonwealth of Massachusetts and preceptors by completing the excel file included with this document.

Faculty Student Ratios:

	Max	Min
Classroom	_____	_____
Lab	_____	_____
Clinical	_____	_____

Total FT Faculty to Student Ratio

Total Number of FT Faculty: _____

Total Number of Students Enrolled in Program: _____

FT Faculty to Student Ratio: _____

Does the program utilize support personnel in the laboratory for nursing courses?

☐ Yes☐ No

The Program Administrator verifies written agreements with cooperating agencies utilized as clinical learning sites are current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency.

☐ Yes☐ No**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.

Submission Checklist

- ☐ **Yes** ☐ **No** I have completed the attached excel file providing all requested information for FT and PT faculty, graduates, curriculum, and cooperating agencies.
- ☐ **Yes** ☐ **No** I have verified that contact information for the CEO and Program are current.
- ☐ **Yes** ☐ **No** I have verified that all faculty (FT , PT and Preceptors) held current MA RN License in good standing.
- ☐ **Yes** ☐ **No** I have verified that all waived faculty are correctly identified by option, and option #3 are assigned mentors.
- ☐ **Yes** ☐ **No** The numbers of admitted, enrolled and graduated students submitted in the report have been verified and calculations entered accurately.
- ☐ **Yes** ☐ **No** All clinical agencies have been added including agencies that are used outside of MA
- ☐ **Yes** ☐ **No** All clock and credit hours have been verified.

Person Preparing Report

Last Name

First Name

Title

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.

Last Name

First Name

Title

Signed: _____

Date: _____

Please email completed form and excel file to nursingannualreports@massmail.state.ma.us