##### **2023 Annual Report to the Massachusetts Board of Registration Instructions**

##### Please see the required forms for your program’s 2023 Annual Report (Report) to the Massachusetts Board of Registration in Nursing (Board).

The Report is intended for **pre-licensure** nursing programs. Registered nurses enrolled in a program for the purpose of obtaining a degree (RN to BSN) are not to be included in the Report.

Completion of the Report is required by nursing programs in compliance with regulation 244 CMR 6.05(3)(c), and serves as the program's application to the Board for continuation of program approval. The Report is designed to reflect the nursing program’s compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval during the **2022-2023** academic year. The Report is a legal record that is retained permanently by the Board.

The program administrator must submit an electronically signed Report to the Board no later than **November 6, 2023.** The Board will notify the program administrator and the chief executive officer of the parent institution in writing of the program’s approval status.

**Important:** Massachusetts Board regulation 244 CMR 6.07(3) require the program administrator of a Board-approved nursing education program to notify the Board of all program changes, excluding those at 244 CMR 6.07(1) (a-e) that require Board approval **prior** to implementing. The Program Administrator will use the Board provided forms to report Program changes when submitting the Program’s Annual Report to the Board. Each form will direct the Program to submit the required documentation to demonstrate compliance with 244 CMR 6.04. Program Change Reports can be found on the Board website: <https://www.mass.gov/guides/nursing-education-programs-compliance-guidelines-and-reports>

Please contact the Board with any questions regarding which form to use.

**Prior to submitting the Report to the Board please review the following:**

* + The Report is completed on the forms provided. **Submit as a Word document.**
  + All Admission, Graduate and Enrollment numbers are verified and totaled
  + All Faculty and Preceptor data is complete and accurate
    - Name must be provided as it appears on nursing license
    - Nursing license must be current during the **2022-2023** academic year
  + Each program type (PN, RN, BSN and Direct Entry) submitted individually
    - Each program assigned a NCSBN program code requires an individual Report

##### All program changes are reported

##### The program administrator has electronically signed the Report

* + The Report is electronically submitted to the email address provided

**Reports that are incomplete or not signed by the program administrator will be returned resulting in delays in program approval.**

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).

# 2023 Annual Report to the Massachusetts Board of Registration in Nursing Academic Year 2022-2023

**244 CMR 6.05 (3) (c)**

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

# Section A.

# An individual Report must be submitted for each program type. Please complete ALL of the following sections.

## Parent Institution Information

|  |  |
| --- | --- |
| Parent Institution: |  |
| Address: |  |
| City, State, Zip: |  |
| Chief Executive Officer Name and Credentials: |  |
| CEO Email |  |

**Parent Institution Accreditation Status**

|  |  |
| --- | --- |
| Agency: |  |
| Last Review: |  |
| Outcome: |  |
| Next Review: |  |

## Nursing Education Program Information

|  |  |
| --- | --- |
| Nursing Education Program: |  |
| Address: |  |
| City, State, Zip: |  |
| Nursing Program Administrator Name and Credentials: |  |
| Program Administrator Massachusetts Nursing License Number: |  |
| Program Administrator Email: |  |
| Academic Year Start/End Date |  |
| Number of Weeks in Semester |  |
| Nursing Program Type: |  |
| NCSBN Program Code: |  |
| Program Website: |  |
| Date of Last BORN Site Survey: |  |

**Nursing Program Accreditation Status**

|  |  |
| --- | --- |
| Accreditation Agency |  |
| Last Review  (Accreditation Cycle and Year): |  |
| Outcome: | Initial Accreditation  Candidacy date\_\_\_\_\_\_\_\_\_\_  Continuing Accreditation  Not Accredited |
| Continuing Accreditation with Conditions  Follow-Up Report due: \_\_\_\_\_\_\_\_\_\_\_ |
| Continuing Accreditation with Warning  Follow-Up Report/Follow-Up Visit due: \_\_\_\_\_\_\_\_\_\_\_ |
| Continuing Accreditation for Good Cause  Follow-Up Report/Follow-Up Visit due: \_\_\_\_\_\_\_\_\_\_\_ |
| Next Review  (Accreditation Cycle and Year): | Click here to enter text. |

## Nursing Program Options & Student Data

***Admissions****: Report the number of new students matriculated for the first time and identified as nursing majors admissions for the Program during* ***Academic year 2022-2023****.*

***Graduates:*** *Report the number of students who graduated from the nursing education program during* ***Academic year 2022 - 2023****.*

***Enrollment****: Report the total number of students enrolled during* ***Academic year 2022 - 2023****.*

*Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year for each option.*

***Full-time faculty*** *are those individuals who are dedicated full time to this Program Option.*

|  |  |
| --- | --- |
| Program Option Name: |  |
| Location Name: |  |
| Delivery Method: | Face-to-Face  Hybrid  Distance Education |
| Percentage of Nursing Credits Delivered by Distance Education: | 0%  1–24%  25–49%  50–100% |
| Admissions |  |
| Graduates |  |
| Student Enrollment |  |
| Full-time faculty |  |
| Full-time faculty to student ratio | 1: |
| Part-time faculty |  |

|  |  |
| --- | --- |
| Program Option Name: |  |
| Location Name: |  |
| Delivery Method: | Face-to-Face  Hybrid  Distance Education |
| Percentage of Nursing Credits Delivered by Distance Education: | 0%  1–24%  25–49%  50–100% |
| Admissions |  |
| Graduates |  |
| Student Enrollment |  |
| Full-time faculty |  |
| Full-time faculty to student ratio | 1: |
| Part-time faculty |  |

|  |  |
| --- | --- |
| Program Option Name: |  |
| Location Name: |  |
| Delivery Method: | Face-to-Face  Hybrid  Distance Education |
| Percentage of Nursing Credits Delivered by Distance Education: | 0%  1–24%  25–49%  50–100% |
| Admissions |  |
| Graduates |  |
| Student Enrollment |  |
| Full-time faculty |  |
| Full-time faculty to student ratio | 1: |
| Part-time faculty |  |

## Total Nursing Program Student Data (all program options/cohorts/locations combined)

|  |  |
| --- | --- |
| Admissions |  |
| Graduates |  |
| Student Enrollment |  |
| Full-time faculty to student ratio for all program options | 1: |

# Section B.

*244 CMR 6.04(1) Mission & Governance*

|  |  |
| --- | --- |
| Does the nursing program have written plan for systematic evaluation of all components of the program? | Yes  No |
| Is the systematic evaluation plan used for? | Development of the program  Maintenance of the program  Revision of the program |
| Does the systematic evaluation plan include the following outcomes? | NCLEX performance  Admission rates  Retention and graduation rates  Graduate satisfaction  Employment rates and patterns |
| Does the systematic evaluation plan include the evaluation of the 14 Board required policies? | Admission  Progression  Attendance  Academic Integrity  Use of Social Media  Course Exemption  Advanced Placement  Transfer  Educational Mobility  Withdrawal  Readmission  Graduation  Student Rights and Grievances  Advanced Placement or Transfer of Military  Education, Training or Service for a Military Health  Care Occupation |
| Does the program have a written policy for the maintenance and retirement of school, faculty, and graduate records? | Yes  No |
| Does the program publish its current Board-approval status on **all** official publications? | Yes  No |

*244 CMR 6.04(2) Faculty*

Please refer to the regulations at 244 CMR 6.04(2) when reporting faculty data. All faculty teaching classroom, clinical or lab must hold a Massachusetts nursing license in good standing.

## Total Number of Faculty

***Full-time faculty*** *are those individuals who are dedicated full time to this Program.*

***Part-time faculty*** *are those individuals who are* ***not*** *dedicated full time to this Program*.

|  |  |
| --- | --- |
| Full-time: |  |
| Part-time: |  |

|  |  |
| --- | --- |
| Does the program verify all nursing faculty maintain expertise appropriate to teaching responsibilities? | Yes  No |
| Full-time Faculty **Highest Degree** **in Nursing:** Please do not report all nursing degrees. For each faculty member report only the highest nursing degree held. | Doctorate       Percent of Full-time Faculty        Masters       Percent of Full-time Faculty        Bachelors       Percent of Full-time Faculty |
| Part-time Faculty **Highest Degree** **in Nursing:** Please do not report all nursing degrees. For each faculty member report only the highest nursing degree held. | Doctorate       Percent of Part-time Faculty        Masters       Percent of Part-time Faculty        Bachelors       Percent of Part-time Faculty |

**Faculty Retention Rates**:

|  |  |
| --- | --- |
| Number of full-time nursing faculty employed by the program during academic year 2021-2022 |  |
| Of the full-time faculty employed how many remained employed at the end of academic year 21-22 |  |
| Full-time Faculty Retention Rate |  |

|  |  |
| --- | --- |
| Number of part-time nursing faculty employed by the program for academic year 2021-2022 |  |
| Of the part-time faculty employed during the academic year how many remained employed at the end of academic year 21-22 |  |
| Part-time Faculty Retention Rate |  |

|  |  |
| --- | --- |
| Number of total BSN prepared Faculty |  |
| Number of BSN prepared Faculty hired after 1/6/2023 |  |
| Number of BSN prepared Faculty matriculated in MSN program |  |
| Number of BSN prepared Faculty with Nursing Education certification |  |
| Is a formal mentoring plan in place for all BSN prepared nursing faculty? | Yes  No |

**Full time Faculty: *Full-time faculty*** *are those individuals who are dedicated full time to* ***this Program****.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **MA RN License** | **Dates of Employment** | **Academic Degrees, Years**  **(List all degrees)** | **Assigned Nursing Courses (include Course name, and delineate either didactic, lab, or clinical)** |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. |

**Part time Faculty: *Part-time faculty*** *are those individuals who are* ***not*** *dedicated full time to* ***this Program*.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **MA RN License** | **Dates of Employment** | **Academic Degrees, Years**  **(List all degrees- For BSN prepared include Date of matriculation in graduate nursing program and/or date of certification )** | **Assigned Nursing Courses (include Course name, and delineate either didactic, lab, or clinical)** |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. |

*244 CMR 6.04(3) Students*

Please refer to the regulations at 244 CMR 6.07(b) when reporting student data.

**For Academic Year 2022-2023**

|  |  |
| --- | --- |
| Number of qualified applicants: |  |
| Number of qualified applicants admitted and matriculated: |  |
| Number of qualified applicants reported as admitted and matriculated as reported on last three Annual Reports to the Board: | 2020  2021  2022  MEAN of the last three years:  Change in percent from the most recent three year admission/matriculation mean to the 2023 admission/matriculation number: |
| How many students were dismissed from the program | based on the published progression policy?  for unsafe/unethical behavior?  based on clinical performance? |

|  |  |
| --- | --- |
| Does the program require all candidates for admission to provide satisfactory evidence of secondary school graduation or its equivalent? | Yes  No |
| Does the program require all candidates for admission to provide [immunization requirements specified by the Massachusetts Department of Public Health](https://www.mass.gov/doc/immunization-requirements-for-school-entry-0/download)? | Yes  No |
| Does the program publish current policies which describe the specific nondiscriminatory criteria for the eleven Board required policies? | Admission  Progression  Attendance  Academic Integrity  Use of Social Media  Course Exemption  Advanced Placement  Transfer  Educational Mobility  Withdrawal  Readmission  Graduation  Student Rights and Grievances  Advanced Placement or Transfer of Military  Education, Training or Service for a Military Health  Care Occupation |
| Does the program publish information about the program that includes: | Program and Accreditation status  Number of graduates in each class  Annual NCLEX pass rates for first time test takers  Transfer credit policy  Common Clinical Placement requirements |

*244 CMR 6.04 (4) Curriculum:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Option Name: | | Click here to enter text. | | | | |
| *For each nursing course, please include:*  *1.Type of course*  *2.The course number and title*  *3.Total credit for each course*  *4.Total semester clock hours for each component of each course:*  *5. The established credit to contact hour ratio for each component of each course.*  *6. Total number of weeks in semester.* | | | | | | |
| Type of Course (Science, Art, Humanity, Nursing) | Course Number and Title | | Credit Hours | Clock hours for each component (if applicable)  # Weeks/semester | credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components) | **For clinical hours only**: please delineate the **total time** and **percentage** of the total time spent in:  1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experience  4. Other learning opportunities such as case studies |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Option Name: | | Click here to enter text. | | | |  |
| *For each nursing course, please include:*  *1.Type of course*  *2.The course number and title*  *3.Total credit for each course*  *4.Total semester clock hours for each component of each course:*  *5. The established credit to contact hour ratio for each component of each course.*  *6. Total number of weeks in semester.* | | | | | |  |
| Type of Course (Science, Art, Humanity, Nursing) | Course Number and Title | | Credit Hours | Clock hours for each component (if applicable) | credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components) | **For clinical hours only**: please delineate the **total time** and **percentage** of the total time spent in:  1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experience  4. Other learning opportunities such as case studies |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |
| Click here to enter text. | Click here to enter text. | |  | Didactic       Laboratory       Simulation       Clinical | Didactic       Laboratory       Simulation       Clinical | 1.Direct Patient Care  2. High Fidelity Simulated Experiences  3. Virtual Experiences  4. Other learning opportunities such as case studies; care plans and/or care mapping |

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| --- | --- |
| Does the program provide experiences that promote development of nursing judgement? | Yes  No |
| Does the program provide experiences that develop leadership and management skills? | Yes  No |
| Does the program provide experiences that develop professional role socialization consistent with level of licensure? | Yes  No |
| Does the program provide experiences that demonstrate the ability to delegate, supervise others, and provide leadership? | Yes  No |

*244 CMR 6.04(5) Resources*

|  |  |  |
| --- | --- | --- |
| **Faculty Student Ratios** | **Minimum** | **Maximum** |
| **Didactic** | **1:** | **1:** |
| **Laboratory** | **1:** | **1:** |
| **Clinical** | **1:** | **1:** |

|  |  |
| --- | --- |
| Does the program utilize support personnel in the laboratory for nursing courses? | Yes  No |
| Are written affiliation agreements with cooperating agencies utilized as clinical learning sites current? | Yes  No |
| Do written affiliation agreements with cooperating agencies utilized as clinical learning sites state that the faculty are responsible for evaluation of the student? | Yes  No |
| Do written affiliation agreements with cooperating agencies utilized as clinical state that the cooperating agency retains responsibility for patient safety? | Yes  No |
| Are written agreements reviewed annually by both the program and agency personnel? | Yes  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Preceptor Profile Table** | | | | | | |
| **Last Name** | **First Name** | **RN License (if outside of MA please indicate state)** | **Nursing Academic Degrees, Years**  **(List all nursing degrees)** | **Name of Agency/**  **Title** | **Preceptor: Student Ratio** | **Faculty Clinical Instructor** |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |

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| **Cooperating Agencies in Massachusetts** | | | | | | |
| **Name of Agency** | **Unit** | **Course** | **Type of Clinical Experience** | **Dates** | **Faculty: Student Ratio** | **Faculty Clinical Instructor** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
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| **Cooperating Agencies Outside of Massachusetts** | | | | | | |
| **Name of Agency** | **Unit** | **Course** | **Type of Clinical Experience** | **Dates** | **Faculty: Student Ratio** | **Faculty Clinical Instructor** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. | Click here to enter text. | 1: | Click here to enter text. |
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| --- | --- | --- | --- | --- | --- | --- |
| **Program Graduates** | | | | | | |
| **Last Name** | **First Name** | **Date Started** | **Graduation Date** | **Program Option** | **Length of Time to Complete Program** | **Percent of Time to Complete Program** |
|  | Click here to enter text. |  |  | Click here to enter text. |  |  |
|  | Click here to enter text. |  |  | Click here to enter text. |  |  |
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**`**

# Section C. Outcomes

### Please complete ALL of the following sections for the three (3) most recent years. For expected levels of achievement (ELAs), include a timeline (e.g., 70% of students will complete the program in 150% of the program length).

|  |  |  |
| --- | --- | --- |
| **First-time Performance on Licensure/Certification Examination**  **Aggregated for Entire Program** | | |
| Expected Level of  Achievement from Systematic Evaluation Plan | Year | Licensure Examination Pass Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

|  |  |  |
| --- | --- | --- |
| **Performance on Program Completion – Aggregated for Entire Program** | | |
| Expected Level of  Achievement from Systematic Evaluation Plan | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

|  |  |  |
| --- | --- | --- |
| **Performance on Job Placement – Aggregated for Entire Program** | | |
| Expected Level of  Achievement from Systematic Evaluation Plan | Year | Program Job Placement Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

|  |  |  |
| --- | --- | --- |
| **Admission Rates Reported on Annual Reports – Aggregated for Entire Program** | | |
| Expected Level of  Achievement from Systematic Evaluation Plan | Year | Admissions Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

**Section D. Required Documentation**

(To be included as an Appendix)

**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. (Please list changes)

1.

2.

**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:



Please email completed form to [nursingannualreports@massmail.state.ma.us](mailto:%20nursingannualreports@massmail.state.ma.us)