Change in Nursing Program Accreditation Status

# *A negative or adverse action by the nursing program accrediting agency must be report immediately.*

**Pursuant to Board Regulation**, 244 CMR 6.04 (1)(b), The program shall obtain and maintain program accreditation

# Section A.

### Please complete ALL of the following sections.

## Parent Institution Information

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

**Parent Institution Information (check all that apply)**

|  |
| --- |
| [ ]  Hospital-based [ ]  Non-Profit [ ]  Private [ ]  Public [ ]  Vocational/Technical School |

**Institutional Accreditation Status**

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

## Nursing Education Program Information

|  |  |
| --- | --- |
| Nursing Education Program: |  |
| Address: |  |
| City, State, Zip: |  |
| Nursing Administrator Name and Credentials  |  |
| Email:  |  |
| Nursing Program Type: | [ ]  Associate Degree [ ]  Direct Entry Master’s [ ]  Diploma[ ]  Baccalaureate [ ]  Practical |

**Nursing Program Accreditation Status**

|  |  |
| --- | --- |
| Last Review (Accreditation Cycle and Year): |  |
| Outcome: | [ ]  Initial Accreditation [ ]  Not Accredited[ ]  Continuing Accreditation  |
| [ ]  Continuing Accreditation with Conditions Follow-Up Report due: \_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Continuing Accreditation with Warning Follow-Up Report/Follow-Up Visit due: \_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Continuing Accreditation for Good CauseFollow-Up Report/Follow-Up Visit due: \_\_\_\_\_\_\_\_\_\_\_ |
| Next Review (Accreditation Cycle and Year): |  |

## Nursing Program Options

|  |  |
| --- | --- |
| 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% |
| Current Student Enrollment  |  |

|  |  |
| --- | --- |
| 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% |
| Current Student Enrollment  |  |

|  |  |
| --- | --- |
| 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% |
| Current Student Enrollment  |  |

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

|  |  |
| --- | --- |
| Current Student Enrollment: |  |

## Current Total Number of Faculty

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

# Section B.

### Provide a brief narrative for each question/prompt. **This section should not exceed 10 pages.**

## Effective Date of Change in Status

Month/Date/Year:

## Program Deficiencies that Triggered the Change in Status

### Provide a brief description of why the nursing program accreditor changed the program’s accreditation status. Please note any standards, policies, and or procedures cited by the accreditor.

Narrative:

### Describe the nursing program’s response to the negative or adverse action, including actions for improvement.

Narrative:

### Description of how the change in accreditation status and/or action by the parent institution’s accrediting agency affects the program’s compliance with all regulations at 244 CMR 6.04.

Narrative:

**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 ofAchievement | Year | Licensure Examination Pass Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

|  |
| --- |
| **Performance on Program Completion – Aggregated for Entire Program** |
| Expected Level ofAchievement | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

|  |
| --- |
| **Performance on Job Placement – Aggregated for Entire Program** |
| Expected Level ofAchievement | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

|  |
| --- |
| **Admission Rates Reported on Annual Reports – Aggregated for Entire Program** |
| Expected Level ofAchievement | Year | Number of Admissions |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

**Section D. Required Documentation**

 (to be included as an Appendix)

[ ]  Copies of all official documentation regarding the negative/adverse status notification

[ ]  Copies of all official documentation regarding the resolution of the negative/adverse status

[ ]  Copies of all ongoing correspondence with the nursing program accrediting agency related to the change in approval status

☐ A copy of the nursing program’s action plan for improvement

☐ Copies of notification sent to students and/or other constituents (as appropriate)

|  |  |
| --- | --- |
| Signature: |  |
| Date |  |