

Commonwealth of Massachusetts Board of Registration in Nursing

Change in Nursing Program Location/Addition of a Location

Changing the location of a nursing education program or adding a location.

The Board must approve a change in the location of a nursing education program or adding a location before implementation of such change.

Approval requests must be submitted by nursing education programs (programs) in accordance with current Board guidelines a minimum of three months before the planned implementation date for such changes. Board approval is not required for editorial changes, redistribution of content within a course or changes in electives.

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)

<input type="checkbox"/> Hospital-based	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Private	<input type="checkbox"/> Public
<input type="checkbox"/> Vocational/Technical School	

Institutional Accreditation Status

Agency:	
Last Review:	
Outcome:	
Next Review:	

Nursing Education Program Information

Nursing Education Program:	
Address:	
City, State, Zip:	
Nurse Administrator Name and Credentials	
Email:	

Commonwealth of Massachusetts Board of Registration in Nursing

Nursing Program Type:	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Direct Entry Master's <input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Diploma <input type="checkbox"/> Practical
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Nursing Program Accreditation Status

Last Review (Accreditation Cycle and Year):	
Outcome:	<input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Not Accredited <input type="checkbox"/> Continuing Accreditation
	<input type="checkbox"/> Continuing Accreditation with Conditions Follow-Up Report due: _____
	<input type="checkbox"/> Continuing Accreditation with Warning Follow-Up Report/Follow-Up Visit due: _____
	<input type="checkbox"/> Continuing Accreditation for Good Cause Follow-Up Report/Follow-Up Visit due: _____
Next Review (Accreditation Cycle and Year):	

Nursing Program Options

Program Option Name:	
Location Name:	
Delivery Method:	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	<input type="checkbox"/> 0% <input type="checkbox"/> 1–24% <input type="checkbox"/> 25–49% <input type="checkbox"/> 50–100%
Current Student Enrollment	

Program Option Name:	
Location Name:	
Delivery Method:	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	<input type="checkbox"/> 0% <input type="checkbox"/> 1–24% <input type="checkbox"/> 25–49% <input type="checkbox"/> 50–100%
Current Student Enrollment	

Program Option Name:	
Location Name:	
Delivery Method:	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	<input type="checkbox"/> 0% <input type="checkbox"/> 1–24% <input type="checkbox"/> 25–49% <input type="checkbox"/> 50–100%
Current Student Enrollment	

Commonwealth of Massachusetts Board of Registration in Nursing

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

Current Student Enrollment:	
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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.**

Implementation Date

Month/Date/Year:

Rationale for the Change

Provide a brief description summarizing the rationale for the relocation or additional location of the nursing program.

Narrative:

Provide a description of the new location, including address and ownership of property.

Narrative:

Briefly describe the learning resources and technology available at the new location. Are resources comprehensive, current, and accessible to the faculty and students? [244 CMR 6.04(5)(d)]

Narrative:

Describe the fiscal resources for the program at the new location. [244 CMR 6.04(5)(f)]

Narrative:

Describe the physical resources for the nursing program at the new location. [244 CMR 6.04(5)(e)]

Narrative:

Commonwealth of Massachusetts Board of Registration in Nursing

Describe how fiscal, physical, and technological resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery, if applicable.

Narrative:

Provide, *if applicable*, any additional commentary of how the change in the nursing program affects the program's compliance with all regulations at 244 CMR 6.04.

Narrative:

Signature:	
Date	

Commonwealth of Massachusetts Board of Registration in Nursing

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	Year	Licensure Examination Pass Rate
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

Performance on Program Completion – Aggregated for Entire Program		
Expected Level of Achievement	Year	Program Completion Rate
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

Performance on Job Placement – Aggregated for Entire Program		
Expected Level of Achievement	Year	Program Completion Rate
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

Commonwealth of Massachusetts Board of Registration in Nursing

Admission Rates Reported on Annual Reports – Aggregated for Entire Program		
Expected Level of Achievement	Year	Number of Admissions
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

Section D. Required Documentation

(to be included as an Appendix)

- ☐ Photographs of the new space or additional location
- ☐ Copies of notifications to students and/or other constituents
- ☐ Documentation of final approval, acceptance, or notification of the substantive change from the parent institution accrediting agency (if applicable)
- ☐ Documentation of final approval, acceptance, or notification of the substantive change from the nursing program accrediting agency (if applicable)