

# 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:	

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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:	

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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				

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## 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)(c))

Narrative:

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

Narrative:

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

Narrative:

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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	

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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	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__	%

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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)