

Commonwealth of Massachusetts Board of Registration in Nursing

Change in Nursing Program Location/Addition of a Location/ Addition of an Option/Increase in Admission of 10 or More Additional Students.

Changing the location of a nursing education program, 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	

Program Change New Program Option

Email:	
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

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:	

Program Change New Program Option

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	

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:

Program Change New Program Option

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:

Section C. Curriculum Information

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

Implementation Date

Month/Date/Year:

Rationale for New Option

Discuss the rationale for the implementation of the new program option.

Narrative:

Description of the Proposed New Program Option

Program Option 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%
Length of Academic Term (in weeks; e.g., 15 weeks):				
Total Credits/Hours:				
Nursing Credits:				
General Education/Prerequisites:				

Describe any changes made to the curriculum in order to create the new program option.

Narrative:

Are the curriculum revisions a significant departure in nursing content from the currently approved program option(s)? If so describe.

Narrative:

Identify any changes from the currently approved curriculum in length of time, credit hours, or clock hours for the total program of study, the nursing courses, and/or the general education courses (244 CMR 6.04(4)).

Narrative:

Describe the 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) (244 CMR 6.04(4)).

Narrative:

Which professional nursing standards, guidelines, and competencies were used to develop/revise the curriculum? How does this differ from the previous curriculum? (244 CMR 6.04(4)(b)3)

Narrative:

Does the curriculum include content relevant to national and local health care needs across the lifespan (244 CMR 6.04(4)(b)3)?

Narrative:

Program Change New Program Option

How does the curriculum and instructional processes reflect current standards of practice? (244 CMR 6.04(4)(b)3)

Narrative:

For Registered Nursing Programs: Total number of credit hours (244 CMR 6.04(4)(b)4)

Narrative:

For Practical Nursing Programs: Total number of hours of theory, laboratory and clinical practice. Number of hours allocated to nursing courses and clinical experiences. (244 CMR 6.04(4)(b)4)

Narrative:

Describe any changes to the end-of-program or course student learning outcomes (244 CMR 6.04(4)(b)5)

Narrative:

How are the end-of-program SLOs used to organize the curriculum and guide the evaluation of student achievement expected at defined points in the program? (244 CMR 6.04(4)(b)5)

Narrative:

Describe how the evaluation methodologies reflect established professional and practice competencies and measure the achievement of the end-of-program SLOs. (244 CMR 6.04(4)(b)5)

Narrative:

Describe the faculty's involvement in decision-making related to the curriculum for the new program option. (244 CMR 6.04(4)).

Narrative:

Describe the anticipated enrollment for the new program option.

Narrative:

Program Change New Program Option

Describe any changes to the admission criteria for the new program option.

Narrative:

Describe how the change in the nursing program affects the program's compliance with regulations at 244 CMR 6.04(4) and (5). (if applicable)

Narrative:

Section D. Increase in Admissions

Provide a brief description of rationale for the increased admission.

Narrative:

What was the total number of student enrollment (all students in each cohort/program option/location) for the previous academic year?

Narrative:

What is the percentage of increase in admissions from last year's annual report to the Board?

Narrative:

Describe any change in the number and qualifications of full- and part-time faculty teaching in the program that were needed with the increase in admissions (244 CMR 6.04(5)(a)).

Narrative:

Maximum student-faculty ratio in didactic and lab setting (244 CMR 6.04(5)(a)).

Narrative:

Program Change New Program Option

Describe the role of support staff within the nursing education unit and any changes that were needed with the increase (244 CMR 6.04(5)(a).

Narrative:

Describe any changes in the availability of or need for additional clinical learning sites following the increase in admissions (244 CMR 6.04(5)(b).

Narrative:

Maximum student-faculty ratio in clinical practice (244 CMR 6.04(5)(b).

Narrative:

Describe any changes in the availability the learning resources accessible to faculty and students related to the change in admissions. (244 CMR 6.04(5)(c).

Narrative:

Describe any changes of physical resources following the increase in admissions (244 CMR 6.04(5)(d).

Narrative:

Describe any changes of physical resources following the increase in admissions(244 CMR 6.04(5)(d).

Narrative:

Program Change New Program Option

Describe any changes of fiscal resources following the increase in admissions (244 CMR 6.04(5)(d)).

Narrative:

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

Narrative:

Section E. 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__	%

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__	%
	20__	%

Section F. 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
- ☐ Curriculum Revision Worksheet (included on next page)
- ☐ Previous and current course and program SLOs
- ☐ Current and new (if applicable) course descriptions
- ☐ Documentation of final approval from the parent institution
- ☐ 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)

Signature:	
Date	

**Commonwealth of Massachusetts
Board of Registration in Nursing**