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)**

|  |
| --- |
| [ ]  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: |  |
| Nurse 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.**

## 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:

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: | [ ]  Face-to-Face [ ]  Hybrid [ ]  Distance Education |
| Percentage of Nursing Credits Delivered by Distance Education:  | [ ]  0% [ ]  1–24% [ ]  25–49% [ ]  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:

### 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:

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:

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:

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 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\_\_ | % |

**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 |  |