

Commonwealth of Massachusetts Board of Registration in Nursing

Change in Ownership of Parent Institution

*Changing the ownership, legal status, or form of control of the parent institution, including merger(s). **Notification must be received a minimum of 6 months prior to implementation.***

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:	
Nursing Program Administrator Name and Credentials:	
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):	
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Change in Ownership, Legal Status, or Form of Control

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	

Change in Ownership, Legal Status, or Form of Control

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 50 pages.**

Effective Date

Month/Date/Year:

Rationale for Change

Provide a brief summary describing the parent institution's decision related to changing its ownership, legal status, or form of control, including a description of the internal approval process.

Narrative:

Change in Ownership, Legal Status, or Form of Control

Will the name of the parent institution organization or nursing education unit changed as a result of the change? If so, specify the changes.

Narrative:

Discuss congruency between the mission and philosophy of the nursing education program with the values, mission, and goals of the parent institution following the change. (244 CMR 6.04(1)(d))

Narrative:

Describe the participation of the nurse administrator, nursing faculty, and nursing students in governance activities as well as the opportunities that will exist for administrator, faculty, and student representation in governance activities following the change. (244 CMR 6.04(1)(f))

Narrative:

Will the program administrator's authority and/or responsibilities for the nursing education program change? If so, explain. (244 CMR 6.04(1)(e))

Narrative:

Discuss any changes to Program or Parent Institution Policies for the following 14 Board required policies (244 CMR 6.04(3)(b)): admission; progression; attendance; academic integrity; use of social media; course exemption; advanced placement; transfer; advanced placement or transfer of military education, training or service for a military health care occupation; educational mobility; withdrawal; readmission; graduation; and student rights and grievances.

Narrative:

Discuss any changes to the number of full-time faculty. Is the number of full-time faculty sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved following the change. (244 CMR 6.04(5)(a))

Narrative:

Change in Ownership, Legal Status, or Form of Control

Discuss any changes the number and qualifications of support staff within the nursing program following the change. (244 CMR 6.04(5)(a))

Narrative:

Will the physical resources for the nursing program change? Explain how the physical resources are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes. (244 CMR 6.04(5)(e))

Narrative:

Will the fiscal resources for the nursing program change? Explain how the fiscal resources for the program will sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes. (244 CMR 6.04(5)(f))

Narrative:

Provide, *if applicable*, any additional commentary of how the change in the nursing program affects the program's compliance with 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 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
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Change in Ownership, Legal Status, or Form of Control

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)

- ☐ Legal documentation for transfer
- ☐ Copies of revised and previous organizational charts inclusive of nursing program with effective date indicated
- ☐ Copies of notifications sent to the students (as appropriate)
- ☐ Documentation of final approval, acceptance, or notification of the change in ownership from the institutional accrediting agency
- ☐ Documentation of final approval, acceptance, or notification of the substantive change from the U.S. Department of Education
- ☐ Documentation of final approval, acceptance, or notification of the change in ownership from the program accreditor (if applicable)

Signature:	
Date	