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)**

|  |
| --- |
| 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: |  |
| Nursing Program 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 Cause  Follow-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 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:

### 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)(a)

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)(b)

Narrative:

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

Narrative:

### Discuss any changes to Program or Parent Institution Policies for the following 11 Board required policies (244 CMR 6.04(3)(b): admission, progression, attendance, course exemption, advanced placement, transfer, educational mobility, withdrawal, re-admission, 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:

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

Narrative:

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)(d)

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)(e)

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\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

|  |  |  |
| --- | --- | --- |
| **Performance on Program Completion – Aggregated for Entire Program** | | |
| Expected Level of  Achievement | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

|  |  |  |
| --- | --- | --- |
| **Performance on Job Placement – Aggregated for Entire Program** | | |
| Expected Level of  Achievement | 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 of  Achievement | Year | Number of Admissions |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

**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 |  |