

Commonwealth of Massachusetts Board of Registration in Nursing

Change in Parent Institution Accreditation Status

A negative or adverse action by the parent institution accrediting agency must be reported immediately.

Pursuant to Board Regulation, 244 CMR 6.04 (1)(a), the Program should be affiliated with a parent institution that has and maintains its accreditation.

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:	
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:	
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.**

Effective Date of Change in Status

Month/Date/Year:

Institutional Deficiencies that Triggered the Change in Status

Provide a brief description of why the institutional accreditor changed the parent institution's accreditation status. Please note any standards, policies, and or procedures cited by the accreditor.

Narrative:

Describe the parent institution's response to the negative or adverse action, including actions for improvement, and the nursing education program's participation in responding (as applicable).

Narrative:

Description of how the change in accreditation status and/or action by the parent institution's accrediting agency affects the program's compliance with all regulations at 244 CMR 6.04.

Narrative:

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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)

- ☐ Copies of all official documentation regarding the negative/adverse status notification
- ☐ Copies of all official documentation regarding the resolution of the negative/adverse status
- ☐ Copies of all ongoing correspondence with the institutional accrediting agency related to the change in approval status
- ☐ A copy of the nursing program's action plan for improvement (if the negative or adverse action is related to outcomes)
- ☐ Copies of notification sent to students and/or other constituents (as appropriate)

Signature:	
Date	