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.

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

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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	

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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.**

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__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

Performance on Program Completion – Aggregated for Entire Program		
Expected Level of Achievement	Year	Program Completion Rate
	20__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

Performance on Job Placement – Aggregated for Entire Program		
Expected Level of Achievement	Year	Program Completion Rate
	20__	%
☐ Same as above	20__	%
☐ 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__	%
☐ Same as above	20__	%
☐ 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	