

Commonwealth of Massachusetts Board of Registration in Nursing

Change in Program's Mission, Philosophy, Goals and/or Outcomes

Changing the established mission, philosophy, goals and/or outcomes (this does not include editorial)

Pursuant to Board Regulation, 244 CMR 6.07(1)

The Board must approve **a change in the program's mission philosophy, goals and/or outcomes** 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.

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 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"/> Practical <input type="checkbox"/> Associate Degree

	<input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Direct Entry Masters
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Nursing Program Accreditation Status

Nursing Accreditation Agency:	
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	

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 nursing program's decision to change its existing philosophy, goals and/or outcomes, including a description of the internal approval process.

Narrative:

Has the name of the parent institution or nursing program as a result of the change? If so, specify the changes.

Narrative:

Discuss congruency between the mission and philosophy of the nursing program with the mission, philosophy and objectives of the parent institution with the proposed change. (244 CMR 6.04(1)(a))

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		
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 revised and previous organizational charts inclusive of nursing program with effective date indicated
- ☐ Copies of notifications sent to the students and/or other constituents (as appropriate)
- ☐ Documentation of final approval, acceptance, or notification of the substantive change 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 substantive change from the nursing program accrediting agency (if applicable)

Signature:	
Date	