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: | [ ]  Practical[ ]  Associate Degree [ ]  Diploma [ ]  Baccalaureate [ ]  Direct Entry Masters  |

**Nursing Program Accreditation Status**

|  |  |
| --- | --- |
| Nursing Accreditation Agency: |  |
| 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 CauseFollow-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 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)(d))

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 ofAchievement | Year | Licensure Examination Pass Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

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

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

**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 |  |