

# Commonwealth of Massachusetts Board of Registration in Nursing

## 244 CMR 6.11 Closure of a Nursing Program

**Pursuant to regulation 244 CMR 6.11:** Procedure for Discontinuance or Termination of an Approved Nursing Education Program (1) A parent institution shall submit to the Board written notification of its intent to discontinue or terminate a program. Notification must be received six months prior to closure.

### 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

### 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.**

**Effective Date:**

(Date that the nursing program will no longer have students enrolled)

Month/Date/Year:

**Rationale for Program Closure**

Provide a brief summary describing the parent institution's decision to close the nursing program.

Narrative:

Describe the internal approval process related to the closure of the nursing program.

Narrative:

Describe the faculty involvement in decision-making related to the closure of the nursing program.

Narrative:

Summarize the teach-out plan. Include any plan for transferring students to other programs

Narrative:

Summarize the plan for custody of all graduate records, including the location of all records and the title of the official responsible for maintaining and issuing the records.

Narrative:

## Section C. Required Documentation

(to be included as an Appendix)

- ☐ Teach-Out Plan
- ☐ Graduate record maintenance and retention plan
- ☐ Copies of notifications sent to the students and/or other constituents
- ☐ Documentation of final approval, acceptance, or notification of the change from the institutional accrediting agency
- ☐ Documentation of final approval, acceptance, or notification of the change from the nursing accrediting agency (if applicable)
- ☐ Documentation of final approval, acceptance, or notification of the substantive change from the U.S. Department of Education

Signature:	
Date:	