244 CM 6.11 Closing a Nursing Program

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: | 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 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 |  |

## 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.

## 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

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|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |