Commonwealth of Massachusetts
Board of Registration in Nursing

Distance Education for Didactic Component of Curriculum

Approval of a change in the number of credit hours or the number of clock hours of the nursing curriculum delivered via distance education is required.

The Board must approve a change in distance education for didactic component of a nursing education program 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, redistribution of content within a course or changes in electives.

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

Majority of Courses Distance Education

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	

Majority of Courses Distance Education

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. Curriculum Change Information

Provide a brief narrative for each question/prompt. **This section should not exceed 50 pages.**

Planned Implementation Date
Month/Date/Year:

Rationale for the Change
Provide a brief description of why the program faculty decided to implement a new delivery method.

Narrative:

Current/Existing Delivery	
Delivery Method:	☐ Face-to-Face ☐ Hybrid ☐ Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	☐ 0% ☐ 1–24% ☐ 25–49% ☐ 50–100%
Number of Nursing Credits Offered Via Distance Education:	
Length of Academic Term (in weeks; *e.g., 15 weeks*):	
Total Credits/Hours:	
Nursing Credits:	
General Education/Prerequisites:	
Proposed Distance Education Delivery	
Delivery Method:	☐ Hybrid ☐ Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	☐ 0% ☐ 1–24% ☐ 25–49% ☐ 50–100%
Number of Nursing Credits Offered Via Distance Education:	
Length of Academic Term (in weeks; *e.g., 15 weeks*):	
Total Credits/Hours:	
Nursing Credits:	
General Education/Prerequisites:	

Majority of Courses Distance Education

Describe the delivery method to be implemented for the didactic components (e.g., lecture).

Narrative:

How does distance education fit within the mission and philosophy of the program and the parent institution? [244 CMR 6.04(1)(d)]

Narrative:

Describe the faculty's preparation and/or expertise in distance education pedagogy. [244 CMR 6.04(2)(b)]

Narrative:

What methods are used for verifying student identification for those students enrolled in distance modalities?

Narrative:

Describe the faculty involvement in developing the distance education curriculum. [244 CMR 6.04(4)(a)]

Narrative:

Describe how faculty-to-student and student-to-student interactions are facilitated in each course.

Narrative:

Identify any changes from the currently approved curriculum in length of time, credit hours, or clock hours for the total program of study, the nursing courses, and/or the general education courses. [244 CMR 6.04(4)].

Narrative:

Are there any changes to the amount of time required to complete the program requirements? [244 CMR 6.04(4)(b)(1)]

Narrative:

Describe the credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components) [244 CMR 6.04(4)].

Narrative:

Has there been a significant change in the total number of didactic or clinical/practice hours? If so, describe and include a rationale.

Narrative:

For Registered Nursing Programs: Total number of credit hours [244 CMR 6.04(4)(b)(1)]

Narrative:

For Practical Nursing Programs: Total number of hours of theory, laboratory and clinical practice. Number of hours allocated to nursing courses and clinical experiences. [244 CMR 6.04(4)(b)(1)]

Narrative:

Describe the teach-out plan for the previous curriculum, if applicable.

Narrative:

Describe any changes, if any, to the learning resources and technology accessible to faculty and students. [244 CMR 6.04(5)(d)]

Narrative:

Will clinical learning experiences been impacted by the change? If so, describe.

Narrative:

Provide, *if applicable*, any additional commentary of how the change in the nursing program affects the program's compliance with 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__	%
☐ 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__	%

Admission Rates Reported on Annual Reports – Aggregated for Entire Program		
Expected Level of Achievement	Year	Number of Admissions

Majority of Courses Distance Education

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

Section D. Required Documentation
(to be included as an Appendix)

☐ Distance Education Worksheet (included on next page)

☐ Faculty Profile Table

☐ Documentation of final approval from the parent institution

☐ Documentation of final approval, acceptance, or notification of the substantive change from the parent institution accrediting agency (if applicable)

☐ Documentation of final approval, acceptance, or notification of the substantive change from the nursing program accrediting agency (if applicable)

Signature:	
Date	

*Add additional rows as necessary

Distance Education Curriculum Table

Nursing Course Delivery Method					
Previous Curriculum			**New/Revised Curriculum**		
Delivery Method (Face-to-Face, Hybrid, or Distance Education)	Course Prefix, Number, and Title	Number of Credits	Delivery Method (Face-to-Face, Hybrid, or Distance Education)	Course Prefix, Number, and Title	Number of Credits

Faculty Profile Table

Full-time Faculty Profile Table					
Last Name	**First Name**	**MA RN License**	**Dates of Employment**	**Academic Degrees, Years (List all degrees)**	**Assigned Nursing Courses (didactic, lab, or clinical)**
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.

Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.

Part-time Faculty Profile Table					
Last Name	First Name	MA RN License	Dates of Employment	Academic Degrees, Years (List all degrees)	Assigned Nursing Courses (didactic, lab, or clinical)
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.

Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.