

# Commonwealth of Massachusetts Board of Registration in Nursing

## NCLEX PASS RATES

*The program's overall annual NCLEX pass rate fell below 80% .*

### 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):	

## Low NCLEX Pass Rate Change Notification

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:	
-----------------------------	--

**Current Total Number of Faculty**

Full-time:	
Part-time:	

**Section B.**

Provide a brief narrative for each question/prompt. **This section should not exceed 25 pages.**

**Factors that Contributed to the low NCLEX Pass Rate**

Provide a brief description of the factors that the program faculty determined to have had contributed to the change in the program's NCLEX pass rates.

Narrative:

## Low NCLEX Pass Rate Change Notification

Describe how the faculty maintain expertise appropriate to teaching responsibilities.  
(244 CMR 6.04(2)(b)5)

Narrative:

Provide the faculty-to-student ratios didactic/lectures, laboratory, and clinical settings  
(244 CMR 6.04(5)(a)-(b)).

Narrative:

Describe preceptor roles and responsibilities, including academic and experiential  
qualification requirements (244 CMR 6.04(5)).

Narrative:

Describe the learning resources accessible to faculty and students. (244 CMR  
6.04(5)(c))

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. Program 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).

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__	%

## Low NCLEX Pass Rate Change Notification

<b>Program Completion – Disaggregated by Location</b>				
[Replace letters in columns below with names of <b>all locations</b> , e.g. A = Blue Campus; B = Red Campus; C = Green Campus]				
<input type="checkbox"/> Not applicable				
Expected Level of Achievement	Year	Program Completion Rate		
		A	B	C
<input type="checkbox"/> Same as above				
<input type="checkbox"/> Same as above				
		<input checked="" type="checkbox"/> Not available		

<b>Program Completion – Disaggregated by Date of Completion</b>				
[Replace Letters Below with <b>all dates of completion</b> , e.g. A = August, D = December, M = May]				
<input type="checkbox"/> Not applicable				
Expected Level of Achievement	Year	Program Completion Rate		
		A	D	M
<input type="checkbox"/> Same as above				
<input type="checkbox"/> Same as above				
		<input type="checkbox"/> Not available		

<b>First-time Performance on Licensure Examination Aggregated for Entire Program</b>		
<input type="checkbox"/> Not Applicable		
Expected Level of Achievement	Year	Licensure Examination Pass Rate
	20__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

# Low NCLEX Pass Rate Change Notification

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__	%

## Section D. Required Documentation

(to be included as an Appendix)

- ☐ Improvement Plan for Addressing Program NCLEX Pass Rates (including plans for monitoring)
- ☐ Copy of Program's Systematic Evaluation Plan
- ☐ Copies of all correspondence/reports, if any, required by nursing accreditation agency (if applicable)

Signature:	
Date	