



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
250 Washington Street, 3rd Floor, Boston, MA 02108
(617) 973-0800
www.mass.gov/dph/boards/rn

Nursing Education Program: _____

Date of on-site survey: _____ Reviewer: _____

Course Outline Checklist

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Course Number and title: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Placement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Time, including clock hours allocated to class, laboratory, and clinical. |
| <input type="checkbox"/> | <input type="checkbox"/> | Teaching faculty. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pre/Co-requisites. |
| <input type="checkbox"/> | <input type="checkbox"/> | Description. |
| <input type="checkbox"/> | <input type="checkbox"/> | Objectives/Outcomes |
| <input type="checkbox"/> | <input type="checkbox"/> | Teaching-Learning Methods |
| <input type="checkbox"/> | <input type="checkbox"/> | Methods of evaluation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Grading criteria for assignment and grading criteria for course |
| <input type="checkbox"/> | <input type="checkbox"/> | Required and suggested learning resources. |
| <input type="checkbox"/> | <input type="checkbox"/> | Topical outline. |
| <input type="checkbox"/> | <input type="checkbox"/> | Unit content. |
| <input type="checkbox"/> | <input type="checkbox"/> | Bibliography. |