

# Commonwealth of Massachusetts Board of Registration in Nursing

## 244 CMR 6.07(3) Program Changes New Program Option

*Adding a nursing program option within a nursing program i.e., evening, weekend, online options.*

The Board must approve a new program option 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. Copy and paste to add additional rows to tables, as necessary.

#### Parent Institution Information

Date:	
Parent Institution:	
Address:	
City, State, Zip:	
Chief Executive Officer Name and Credentials:	
Email:	

#### Institutional Accreditation Status

Agency:	
Last Review:	
Outcome:	
Next Review:	

#### Program Information

Nursing Education Program:	
Address:	
City, State, Zip:	
Nurse Administrator Name and Credentials:	
Email:	
Nursing Program Type:	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Direct Entry Master's <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Diploma <input type="checkbox"/> Practical

Program Change New Program Option

### 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):	

### Existing 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. Curriculum Change Information**

Provide a brief narrative for each question/prompt. **This section should not exceed 10 pages.**

**Implementation Date**

Month/Date/Year:

**Rationale for New Option**

Discuss the rationale for the implementation of the new program option.

Narrative:

### Description of the Proposed New Program Option

Program Option 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%
Length of Academic Term (in weeks; e.g., 15 weeks):				
Total Credits/Hours:				
Nursing Credits:				
General Education/Prerequisites:				

Describe any changes made to the curriculum in order to create the new program option.

Narrative:

Are the curriculum revisions a significant departure in nursing content from the currently approved program option(s)? If so describe.

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:

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:

Which professional nursing standards, guidelines, and competencies were used to develop/revise the curriculum? How does this differ from the previous curriculum? (244 CMR 6.04(4)(b)3)

Narrative:

Does the curriculum include content relevant to national and local health care needs across the lifespan (244 CMR 6.04(4)(b)3)?

Narrative:

## Program Change New Program Option

How does the curriculum and instructional processes reflect current standards of practice? (244 CMR 6.04(4)(b)3)

Narrative:

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

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)4)

Narrative:

Describe any changes to the end-of-program or course student learning outcomes (244 CMR 6.04(4)(b)5)

Narrative:

How are the end-of-program SLOs used to organize the curriculum and guide the evaluation of student achievement expected at defined points in the program? (244 CMR 6.04(4)(b)5)

Narrative:

Describe how the evaluation methodologies reflect established professional and practice competencies and measure the achievement of the end-of-program SLOs. (244 CMR 6.04(4)(b)5)

Narrative:

Describe the faculty's involvement in decision-making related to the curriculum for the new program option. (244 CMR 6.04(4)).

Narrative:

Describe the anticipated enrollment for the new program option.

Narrative:

## Program Change New Program Option

Describe any changes to the admission criteria for the new program option.

Narrative:

Describe how the change in the nursing program affects the program's compliance with regulations at 244 CMR 6.04(4) and (5). (if applicable)

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__	%
<input type="checkbox"/> Same as above	20__	%
<input type="checkbox"/> Same as above	20__	%

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__	%

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__	%



Admission Rates Reported on Annual Reports – Aggregated for Entire Program		
Expected Level of Achievement	Year	Number of Admissions
	20__	%
<input type="checkbox"/> Same as above	20__	%
	20__	%

## Section D. Required Documentation

(to be included as an Appendix)

- ☐ Curriculum Revision Worksheet (included on next page)
- ☐ Previous and current course and program SLOs
- ☐ Current and new (if applicable) course descriptions
- ☐ 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	

## Massachusetts Board of Nursing Curriculum Revision Worksheet

Previous Curriculum Content			
Total number of credits required for program completion:			
Total number of nursing credits:			
Total number of general education/prerequisites:			
Nursing Credits			
Indicate "X" if this course was deleted, significantly modified, or substituted in the new curriculum	Course Prefix, Number, and Title	Number of Credits	Course Topics/Content (provide a brief description)
<b>Total Number of Nursing Credits Deleted or Substituted:</b>			

\*Add additional rows as necessary

## Massachusetts Board of Nursing Curriculum Revision Worksheet

New/Revised Curriculum Content			
Total number of credits required for program completion:			
Total number of nursing credits:			
Total number of general education/prerequisites:			
Nursing Credits			
Indicate "X" if this course is a new addition, a significantly modified course from the previous curriculum, or a substitution of a course from the previous curriculum	Course Prefix, Number, and Title	Number of Credits	Course Topics/Content (provide a brief description)
<b>Total Number of Credits Added, Revised, or Substituted:</b>			

\*Add additional rows as necessary

## Massachusetts Board of Nursing Curriculum Revision Worksheet

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

\*Add additional rows as necessary