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: | Associate Degree  Direct Entry Master’s  Diploma  Baccalaureate  Practical |

## 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): |  |

## Existing Nursing Program Options

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| --- | --- |
| 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. 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: | Face-to-Face  Hybrid  Distance Education | |
| Percentage of Nursing Credits Delivered by Distance Education: | 0%  1–24%  25–49%  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 didactic and clinical content relevant to national and local health care needs across the lifespan? [244 CMR 6.04(4)(b)(3)]

Narrative:

### 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)(4)]

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)(3)]

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)(2)]

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:

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\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

|  |  |  |
| --- | --- | --- |
| **Performance on Program Completion – Aggregated for Entire Program** | | |
| Expected Level of  Achievement | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

|  |  |  |
| --- | --- | --- |
| **Performance on Job Placement – Aggregated for Entire Program** | | |
| Expected Level of  Achievement | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

|  |  |  |
| --- | --- | --- |
| **Admission Rates Reported on Annual Reports – Aggregated for Entire Program** | | |
| Expected Level of  Achievement | Year | Number of Admissions |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 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 |  |

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| **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) |
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| **Total Number of Nursing Credits Deleted or Substituted:** | |  | | | |

\*Add additional rows as necessary

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| --- | --- | --- | --- | --- | --- |
| **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) |
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| **Total Number of Credits Added, Revised, or Substituted:** | | |  | | | |

\*Add additional rows as necessary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
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\*Add additional rows as necessary