

Commonwealth of Massachusetts Board of Registration in Nursing

Program Completion Rate

The program's overall (aggregated for the program as a whole) annual program completion rate over two (2) consecutive academic years (e.g., from 2023 to 2024) falls 25% or more below the program's established expected level of achievement (ELA); or the annual program completion rate in a single year falls below 70%

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):	
Outcome:	<input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Not Accredited <input type="checkbox"/> Continuing Accreditation

Program Completion Rate Change Notification

	<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	

Program Completion Rate Change Notification

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.

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

Effective Date

Month/Date/Year:

Factors that Contributed to the Completion Rate

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

Narrative:

Program Completion Rate Change Notification

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

Narrative:

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

Narrative:

Describe preceptor roles and responsibilities, including academic and experiential
qualification requirements (244 CMR 6.04(2)(c)).

Narrative:

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

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__	%

Program Completion Rate Change Notification

Program Completion – Disaggregated by Location				
[Replace letters in columns below with names of all locations , e.g. I = Location 1; II = Location 2; III = Location 3]				
<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 type="checkbox"/> Not available		

Program Completion – Disaggregated by Date of Completion				
[Replace Letters Below with all dates of completion , e.g. I = August, II = December, III = 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		

First-time Performance on Licensure/Certification Examination Aggregated for Entire Program		
<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__	%

Program Completion 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 Completion 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	