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 2020 to 2021) 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:	☐ Practical ☐ Associate Degree ☐ Diploma ☐ Baccalaureate ☐ Direct Entry Masters

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):	

Nursing Program Options

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.

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:

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.

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__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

Program Completion Rate Change Notification

<table>
<tr><td colspan="5">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]</td></tr>
<tr><td colspan="5" align="center">☐ Not applicable</td></tr>
<tr><td rowspan="2">Expected Level of Achievement</td><td rowspan="2">Year</td><td colspan="3" align="center">Program Completion Rate</td></tr>
<tr><td align="center">A</td><td align="center">B</td><td align="center">C</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>☐ Same as above</td><td></td><td></td><td></td><td></td></tr>
<tr><td>☐ Same as above</td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td colspan="4" align="center">☐ Not available</td></tr>
</table>

<table>
<tr><td colspan="5">Program Completion – Disaggregated by Date of Completion
[Replace Letters Below with all dates of completion, e.g. I = August, II = December, III = May]</td></tr>
<tr><td colspan="5" align="center">☐ Not applicable</td></tr>
<tr><td rowspan="2">Expected Level of Achievement</td><td rowspan="2">Year</td><td colspan="3" align="center">Program Completion Rate</td></tr>
<tr><td align="center">A</td><td align="center">D</td><td align="center">M</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>☐ Same as above</td><td></td><td></td><td></td><td></td></tr>
<tr><td>☐ Same as above</td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td colspan="4" align="center">☐ Not available</td></tr>
</table>

<table>
<tr><td colspan="3" align="center">First-time Performance on Licensure/Certification Examination
Aggregated for Entire Program</td></tr>
<tr><td colspan="3" align="center">☐ Not Applicable</td></tr>
<tr><td align="center">Expected Level of Achievement</td><td align="center">Year</td><td align="center">Licensure Examination Pass Rate</td></tr>
<tr><td></td><td align="center">20__</td><td align="center">%</td></tr>
<tr><td>☐ Same as above</td><td align="center">20__</td><td align="center">%</td></tr>
<tr><td>☐ Same as above</td><td align="center">20__</td><td align="center">%</td></tr>
</table>

Performance on Job Placement – Aggregated for Entire Program		
Expected Level of Achievement	Year	Program Completion Rate
	20__	%
☐ Same as above	20__	%
☐ 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	