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: | [ ]  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 CauseFollow-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)(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 ofAchievement | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

|  |
| --- |
| **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] |
| [ ]  Not applicable |
| **Expected Level of****Achievement** | **Year** | **Program Completion Rate** |
| **A** | **B** | **C** |
|  |  |  |  |  |
|  |  |  |  |  |
| [ ]  Same as above |
|  |  |  |  |  |
| [ ]  Same as above |
|  |  | [ ]  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] |
| [ ]  Not applicable |
| **Expected Level of****Achievement** | **Year** | **Program Completion Rate** |
| **A** | **D** | **M** |
|  |  |  |  |  |
|  |  |  |  |  |
| [ ]  Same as above |
|  |  |  |  |  |
| [ ]  Same as above |
|  |  | [ ]  Not available |

|  |
| --- |
| **First-time Performance on Licensure/Certification Examination** **Aggregated for Entire Program** |
| ☐ Not Applicable  |
| Expected Level ofAchievement | Year | Licensure Examination Pass Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

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

# 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 |  |