244 CMR 6.07 Program Changes

Increase in Student Admissions

An increase in student admissions of 20% or more above the most recent three-year admission mean.

Massachusetts Board of Registration in Nursing (Board) regulation 244 CMR 6.07(1) requires the program administrator of a Board-approved nursing education program to notify the Board of program changes (e.g. increases of student admission 20% or more above the most recent three-year mean) prior to implementation.

# 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.

What is the anticipated admission number for the upcoming Academic Year?

What are the admission numbers reported for the most recent three years?

What is the mean of those recent admission numbers?

What is the percentage above the most recent three-year admission mean?

## Provide a brief description of rationale for the increased admission.

Narrative:

Describe any change in the number and qualifications of full- and part-time faculty teaching in the program that were needed with the increase in admissions (244 CMR 6.04(5)(a).

Narrative:

Maximum student-faculty ratio in didactic and lab setting [244 CMR 6.04(5)(c)].

Narrative:

Describe the role of support staff within the nursing education unit and any changes that were needed with the increase [244 CMR 6.04(5)(a)].

Narrative:

Describe any changes in the availability of or need for additional clinical learning sites following the increase in admissions [244 CMR 6.04(5)(c)].

Narrative:

Maximum student-faculty ratio in clinical practice [244 CMR 6.04(5)(c)].

Narrative:

Describe any changes in the availability the learning resources accessible to faculty and students related to the change in admissions. [244 CMR 6.04(5)(d].

Narrative:

Describe any changes of physical resources following the increase in admissions [244 CMR 6.04(5)(e)].

Narrative:

Describe any changes of fiscal resources following the increase in admissions [244 CMR 6.04(5)(f)].

Narrative:

### Provide, if applicable, any additional information of how the change in the nursing program affects the program’s compliance with regulations at 244 CMR 6.04.

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 ofAchievement | Year | Licensure Examination Pass Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

|  |
| --- |
| **Performance on Program Completion – Aggregated for Entire Program** |
| Expected Level ofAchievement | Year | Program Completion 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 |

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

**Section D. Required Documentation**

(to be included as an Appendix)

[ ]  Faculty Profile Table (attached)

[ ]  List of additional clinical learning sites

☐ Documentation of final approval from the governing organization/institution (if applicable)

☐ Documentation of final approval, acceptance, or notification of the substantive change from the Program accrediting agency (if applicable)

☐ Documentation of institutional accreditor approval for distance education (if applicable)

|  |  |
| --- | --- |
| Signature: |  |
| Date |  |

|  |
| --- |
| **Full-time Faculty Profile Table** |
| **Last Name** | **First Name** | **MA RN License** | **Dates of Employment** | **Academic Degrees, Years****(List all degrees)** | **Assigned Nursing Courses (didactic, lab, or clinical)** | **Waivered faculty? If yes, which option?** |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |

|  |
| --- |
| **Part-time Faculty Profile Table** |
| **Last Name** | **First Name** | **MA RN License** | **Dates of Employment** | **Academic Degrees, Years****(List all degrees)** | **Assigned Nursing Courses (didactic, lab, or clinical)** | **Waivered faculty? If yes, which option?** |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
| Click here to enter text. | Click here to enter text. | RN     Date of Expiration      | Date of Hire      End Date if applicable      | Click here to enter text. | Click here to enter text. | [ ] YesWaiver option     [ ]  No |
|  |  |  |  |  |  |  |