Commonwealth of Massachusetts
Board of Registration in Nursing

244 CMR 6.07(1) Program Changes: Increased 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 Nursing of a planned increase in student admissions of 20% or more above the most recent three-year admission mean.

Section A.
Please complete ALL 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.

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

Narrative:

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

Narrative:

What is the percentage of increase in admissions from last year's annual report to the Board?

Narrative:

Provide a brief description of rationale for the increased admission.

Narrative:

What was the total number of student enrollment (all students in each cohort/program option/location) for the previous academic year?

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(2)(b).

Narrative:

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

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)(b).

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 of Achievement	Year	Licensure Examination Pass Rate
	20__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

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__	%

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__	%

Admission Rates Reported on Annual Reports – Aggregated for Entire Program		
Expected Level of Achievement	Year	Number of Admissions
	20__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver 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.	☐ Yes Waiver option ☐ No