

# SUBSTANTIVE CHANGE NOTIFICATION TEMPLATE

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Serving the Public Interest Through Quality Accreditation

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## SUBSTANTIVE CHANGE POLICY

Programs are required to notify CCNE of any substantive change affecting the nursing program, irrespective of required annual reports, continuous improvement progress reports, special reports, compliance reports, or other report submissions. The policy regarding substantive change notifications can be found on pages 25-26 in the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs*.

Substantive changes include, but are not limited to:

- significant change in established mission or goals of the program;
- change in legal status, control, or ownership of the institution or program, including acquisition of another institution or program;
- a significant reduction in resources of the institution or program;
- change in status with a state board of nursing or other regulatory agency, including cases in which the institution or program is placed on warning, probationary, or show cause status;
- change in status with an institutional accrediting agency or nursing accrediting agency, including cases in which the institution or program is placed on warning, probationary, or show cause status (refer to Institutional Accreditation for the reporting timeline if an adverse action is taken);
- change in (including development, suspension, or closure of) program offerings or options, including both degree and post-graduate APRN certificate programs and tracks within those programs (refer to Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a program);
- the addition of a new nursing program (e.g., a master's degree program, a DNP program, or a
  postgraduate APRN certificate program), when another nursing program (e.g., a baccalaureate degree
  program) is accredited by CCNE (CCNE's acceptance of a substantive change notification regarding
  development of a new program does not constitute an action to accredit that new program) (see the
  section on New Programs);
- the addition of courses that represent a significant change in method or location of delivery from those offered when CCNE last evaluated the program;
- change of the chief nurse administrator;
- significant change in faculty composition and size;
- significant change in student enrollment;
- significant change in teaching affiliations;
- major curricular revisions; and
- change in student achievement such that completion rates, pass rates, and/or employment rates fall below CCNE's expectations.

## SUBMISSION INSTRUCTIONS

This document offers guidelines on the recommended content for substantive change notifications.

### Submission Length

The substantive change notification should not exceed 10 pages, excluding pertinent supplementary information, unless otherwise approved in advance by CCNE staff. The page limit does not include the cover sheet.

### **Due Dates**

All notifications, with the exception of program closures, must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change.

Notifications regarding program closure must be submitted no earlier than 90 days, but no later than 30 days after the closure.

## **Submitting Multiple Notifications**

If the institution needs to notify CCNE of multiple changes, they may be submitted as one document as long as clear section headings are used to demarcate each substantive change notification. If the institution is submitting multiple substantive changes, it may use up to 10 pages per change.

## Method of Submission

All notifications must be emailed as a PDF document to ccnesubchange@ccneaccreditation.org, along with the required cover sheet.

## Questions

Please contact LaKisha Dillingham, Accreditation Manager, at ldillingham@ccneaccreditation.org or 202-887-6791, ext. 272, if you have any questions regarding substantive change notifications.

## SUBSTANTIVE CHANGE COVER SHEET

## **GENERAL INFORMATION**

Submission Date: \_\_\_\_

Name of Institution: \_\_\_\_

#### Summary of Substantive Change:

In one to two sentences, please describe the substantive change being addressed in the notification (if submitting multiple changes, please list each change separately):

#### Insert text here.

#### Degree Program(s) Affected:

Baccalaureate

 $\square$ 

Master's

**Doctor of Nursing Practice** 

Post-Graduate APRN Certificate

## ENROLLMENTS AND CAMPUS LOCATIONS

Regardless of which program(s) are affected by the substantive change, please identify all baccalaureate, master's, Doctor of Nursing Practice, and post-graduate APRN certificate tracks offered by the nursing unit. For each track, list current enrollment data. The institution may add or delete rows in the following tables as necessary.

#### Baccalaureate Program

The institution does not offer a baccalaureate degree program in nursing.

Only include nursing students (not pre-nursing students).

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Generic/Traditional/Pre-licensure			
RN-BSN/Post-licensure			
Second Career/Fast Track/Accelerated			
Other (specify):			

#### Master's Program

The institution does not offer a master's degree program in nursing.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name:			
Track Name:			
Track Name:			

## Doctor of Nursing Practice Program

The institution does not offer a Doctor of Nursing Practice program.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name:			
Track Name:			
Track Name:			

## Post-Graduate APRN Certificate

The institution does not offer a post-graduate APRN certificate program.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name:			
Track Name:			
Track Name:			

Please note: This cover sheet cannot be used for the submission of self-study documents or continuous improvement progress reports.

## CHANGE IN PROGRAM MISSION OR GOALS

- 1. Provide an overview of the change.
- 2. Demonstrate compliance with Key Element I-A.
- 3. Discuss how the program will address potential impact on <u>all</u> existing CCNE-accredited nursing degree and/or certificate program(s), with particular attention to Key Elements II-A, II-B, II-C, and II-E.

## CHANGE IN LEGAL STATUS, CONTROL, OR OWNERSHIP

- 1. Provide an overview of the change.
- 2. Provide evidence that:
  - a. the parent institution is accredited by an institutional accrediting agency recognized by the U.S. Department of Education; and
  - b. that the nursing degree program is approved by the state board of nursing, if applicable.
- 3. Discuss how the program will address potential impact on <u>all</u> existing CCNE accredited nursing degree and/or certificate program(s), with particular attention to Key Elements II-A, II-B, II-C, and II-E.

## **REDUCTION IN RESOURCES**

All key elements refer to the 2018 Standards.

- 1. Provide an overview of the change.
- 2. Demonstrate compliance with Key Elements II-A, II-B, II-C, and II-E.

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# CHANGE IN STATUS WITH BOARD OF NURSING OR REGULATORY AGENCY

- 1. Provide an overview of the change.
- 2. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.
- 3. Provide a copy of the most recent action letter from the state board of nursing or other regulatory agency. Attach the letter in PDF format along with the notification.
- 4. If the change in status is related to a change in student achievement, the section pertaining to "Change in Student Achievement" should also be completed.

# CHANGE IN STATUS WITH INSTITUTIONAL AND/OR NURSING ACCREDITING AGENCY

- 1. Provide an overview of the change.
- 2. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.
- 3. Provide a copy of the most recent action letter from the institutional and/or nursing accrediting agency. Attach the letter in PDF format along with the notification.

## ADDITION OF A NEW TRACK OR PROGRAM

All key elements refer to the 2018 Standards.

## Development of a New Track/Concentration

- 1. Provide an overview of the change.
- 2. Provide the timeline for implementation.
- 3. Discuss expectations (i.e., enrollments, program length, graduation).
- 4. Demonstrate compliance with Key Elements II-A, II-B, II-C, and II-E.
- 5. Document approvals from other regulatory bodies (institutional, state, regional, etc.).
- 6. Provide an overview of the curriculum by addressing all key elements in Standard III applicable to the track/concentration.
- 7. Discuss the methods of delivery and location.

#### Development of a Program (Degree/Post-Graduate APRN Certificate)

- 1. Provide an overview of the change.
- 2. Discuss the timeline for implementation.
- 3. Discuss how the program will address potential impact on all existing CCNE-accredited nursing degree and/or certificate program(s), with particular attention to Key Elements II-A, II-B, II-C, and II-E.

Please note that substantive change notifications do not constitute an accreditation action. An accreditation action can only be taken by the Board, following a comprehensive on-site evaluation.

Programs must submit a letter of intent to schedule an on-site evaluation. On-site evaluations are generally scheduled with CCNE a minimum of 12 months in advance.

## SUSPENSION OF A TRACK OR PROGRAM

All key elements refer to the 2018 Standards.

#### Suspension of Admissions for a Track/Concentration

- 1. Provide a rationale for the suspension of admissions.
- 2. Provide the effective date of suspension of admissions.
- 3. Discuss the teach out plan for students currently enrolled (if any) in the suspended track/concentration. The teach out plan should address:
  - a. the number of students currently being taught out and the anticipated completion date,
  - b. if there will be any changes to curriculum or the plan of study (Standard III), and
  - c. if there will be any changes to faculty and/or preceptors (Key Elements II-E and II-F).

Please note that once students have been fully taught out, a separate substantive change notification must be submitted regarding the closure of the track/concentration.

#### Suspension of a Program (Degree/Post-Graduate APRN Certificate)

- 1. Provide a rationale for the suspension of admissions.
- 2. Provide the effective date of suspension of admissions.
- 3. Discuss the teach out plan for students currently enrolled (if any) in the suspended degree/certificate program. The teach out plan should address:
  - a. the number of students currently being taught out and the anticipated completion date,
  - b. if there will be any changes to curriculum or the plan of study (Standard III), and
  - c. if there will be any changes to faculty and/or preceptors (Key Elements II-E and II-F).

Please note that once students have been fully taught out, a separate notification must be submitted regarding the closure of the degree/certificate program.

## CLOSURE OF A TRACK OR PROGRAM

All key elements refer to the 2018 Standards.

#### Closure of a Track/Concentration

If the closure of track(s)/concentration(s) will lead to the closure of the degree and/or certificate program, please refer to the section below.

- 1. Identify the track(s)/concentration(s) that are the subject of the closure.
- 2. Discuss the primary reason for closure of the track(s)/concentration(s).
- 3. If the track(s)/concentration(s) submitted a prior substantive change notification regarding the suspension of admissions, please append it to the notification.
  - a. If a substantive change notification regarding the suspension of admissions was <u>not</u> submitted, this notification should additionally address the date that the students were taught out,
  - b. if there were any changes to curriculum or the plan of study (Standard III), and
  - c. if there were any changes to faculty and/or preceptors (Key Elements II-E and II-F).
- 4. Identify the **specific date** (month, date, and year) of track(s)/concentration(s) closure.

#### Closure of a Program (Degree/Post-Graduate APRN Certificate)

The policy regarding withdrawal of accreditation due to closure or termination can be found on page 14 in the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs*.

A degree program must remain in continuous operation with enrolled students in order to remain accredited. A program must notify CCNE of its intent to close a program no earlier than 90 days prior to and no later than 30 days prior to the closure of the program. A post-graduate APRN certificate program is considered by CCNE to be a closed program if it has not enrolled at least one student or does not have at least one completer over a 2-year period. If a post-graduate APRN certificate program has not enrolled at least one student or does not have at least one completer over a 2-year period, the program must notify CCNE within 30 days of such occurrence.

The CCNE Board will withdraw accreditation of any degree program or post-graduate APRN certificate program that is closed or otherwise terminated. Accreditation will be withdrawn effective at the time of closure of the program. Actions to withdraw accreditation of closed programs are not subject to appeal. Within 30 days of learning of a program's closure, CCNE staff will notify the U. S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public of said action.

- 1. Identify the degree/certificate program that is the subject of the program closure notification.
- 2. Discuss the primary reason for closure of the program.
- 3. Identify the **specific date** (month, date, and year) of program closure (e.g., the date on which the last students will have their degrees conferred or be awarded a certificate).
- 4. Identify how many students are currently enrolled in the program that is closing.
- 5. Identify how many students are expected to graduate/complete the program between submission of this notification and closure of the program.
- 6. Discuss whether the program implemented a teach-out plan. If so, please append it to the notification.

7. Identify whether the chief nurse administrator will remain employed at the institution after program closure. If no, please provide the contact information of the individual should CCNE have any questions related to the nursing program.

## METHOD OR LOCATION CHANGE

- 1. Provide an overview of the change in method or location. (If the curriculum offered is different than that offered when CCNE last evaluated the program, a separate substantive change notification must be submitted for major curriculum revisions.)
- 2. Demonstrate compliance with Key Elements II-A, II-B, II-C, II-E, and, if preceptors are used, II-F.

## CHANGE IN CHIEF NURSE ADMINISTRATOR

- 1. Please complete the cover sheet, which is required for all notification submissions.
- 2. Demonstrate compliance with Key Element II-D.
- 3. Please provide full contact information (name with credentials, address, phone number, fax number, and email).
- 4. Provide a copy of the chief nurse administrator's current CV. Attach the CV in PDF format along with the notification.

## CHANGE IN FACULTY COMPOSITION AND/OR NUMBER

- 1. Provide an overview of the change.
- 2. Demonstrate compliance with Key Elements II-A and II-E.
- 3. Discuss how the change in faculty composition will impact all existing CCNE-accredited nursing degree and/or certificate program(s).

## CHANGE IN STUDENT ENROLLMENT

- 1. Address the scope and nature of the change in student enrollment (e.g., program/track development, increase in admissions, etc.).
- 2. Demonstrate compliance with Key Elements II-A, II-B, II-C, and II-E.
- 3. Discuss how the change in student enrollment will impact all existing CCNE-accredited nursing degree and/or certificate program(s).

## CHANGE IN TEACHING AFFILIATIONS

- 1. Provide an overview of the change.
- 2. Discuss how the change in teaching affiliations will affect <u>all</u> existing CCNE-accredited nursing degree and/or certificate program(s), with particular attention to Key Elements II-A, II-B, II-C, and II-E.

# MAJOR CURRICULAR REVISION(S)

- 1. Provide an overview of the change, including course descriptions.
- 2. Address all key elements in Standard III applicable to the curricular revision.
- 3. Provide the timeline for implementation.

# CHANGE IN STUDENT ACHIEVEMENT (COMPLETION, LICENSURE, CERTIFICATION, EMPLOYMENT)

All key elements refer to the 2018 Standards.

## **Program Completion Rates**

Completion rates for the baccalaureate, master's, post-graduate APRN certificate, or DNP program are less than 70% in the expected time period, as defined by the program.

- 1. Provide a detailed explanation for program completion rates of less than 70%.
- 2. Provide an action plan for improving the completion rates.

As a reminder, programs can demonstrate compliance with the CCNE expectation if:

- the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher,
- the completion rate is 70% or higher over the three most recent calendar years,
- the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or
- the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

## Licensure and/or Certification Pass Rates

Pass rates (NCLEX-RN or certification examination) are less than 80%.

As a reminder, programs can demonstrate compliance with the CCNE expectation if:

- the pass rate is 80% or higher for all takers (first-time <u>and/or</u> successful repeat) for the most recent calendar year,
- the pass rate is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or
- the pass rate is 80% or higher for all takers (first-time <u>and</u> successful repeat) when the annual pass rates for the three most recent calendar years are averaged.
- 1. Provide a detailed explanation of the licensure and/or certification pass rates of less than 80%.
- 2. Provide an action plan for improving the rates.
- 3. Provide the current status with the state board of nursing if applicable.
- 4. If the program is on warning, probationary, provisional, or any other similar status with the board of nursing, a copy of the most recent action letter from the state board of nursing must be submitted to CCNE with the substantive change. Attach the letter in PDF format.

## **Employment Rates**

Employment rates for the baccalaureate, master's, or DNP program and/or post-graduate certificate completion are less than 70%.

- 1. Provide a detailed explanation of the job placement/employment rates of less than 70%. As a reminder, the program may consider employment in any profession, including nursing.
- 2. Provide an action plan for improving the rates.

## OTHER TYPE OF SUBSTANTIVE CHANGE

- 1. Provide an overview of the change.
- 2. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.
- 3. Attach any relevant documentation in PDF format along with the notification.