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. |

**NP Fellowship/Residency Program(s) Affected** (add additional rows if needed)**:**

|  |
| --- |
| Insert text here. |

Enrollments and Fellowship/Residency locations

Please identify and provide data for the CCNE-accredited NP fellowship/residency program, inclusive of all tracks, below. In addition, identify and provide data for any other NP fellowship/residency programs offered by the institution, regardless of which program(s) are affected by the substantive change. The institution may add or delete rows in the following tables as necessary.

**NP Fellowship/Residency Program Information**:

**Length of Program** (add additional rows If needed):

|  |  |  |
| --- | --- | --- |
| *Program Name* | *Year Program Became Operational* | **Length of Program in Months** |
|       |       |       |
|       |       |       |

**Fellow/Resident Data** (provide up to 3 years of data per program, add additional rows if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| *Program Name* | *Program Year* | **# Fellows/Residents Enrolled** | **# Completed Program** |
| (Name of Program 1) |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| (Name of Program 2) |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Describe the organizational relationship between the individual programs identified above, including, but not limited to, administrative control and leadership:**

**Additional Sites:**

Identify any additional sites where the NP fellowship/residency program is offered, the distance from the main location, and the average number of fellows/residents currently enrolled at each location.

|  |  |  |
| --- | --- | --- |
| **Site***(City, State)* | **Distance From Main Location** *(in miles)* | **# Fellows/Residents Enrolled** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

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