# Substantive Change:Development, Change, or Closure of a Consortium

## 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:

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

**Degree Program(s) Affected:**

|  |  |
| --- | --- |
| [ ]  | Baccalaureate |
| [ ]  | 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*.

## Notification

*The program may delete the section that does not apply. The program may not delete questions from within a section.*

### Section 1: Development of a Consortium

Please note that a consortium is considered a separate accredited entity from that of its member institutions. 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](https://www.aacnnursing.org/ccne-accreditation/what-we-do/ccne-accreditation-process) to schedule an on-site evaluation. On-site evaluations are generally scheduled with CCNE a minimum of 12 months in advance.

Identify if the letter of intent already been submitted to CCNE:

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |

Which institutions are members (or will be members) of the consortium?

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

Which degree and/or certificate program(s) are, or will be, part of the consortium:

|  |  |
| --- | --- |
| [ ]  | Baccalaureate |
| [ ]  | Master’s |
| [ ]  | Doctor of Nursing Practice |
| [ ]  | Post-Graduate APRN Certificate |

Describe the structure of the consortium, and indicate which tracks will be offered:

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

Describe the timeline for implementation:

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

Describe how the implementation of the consortium has affected **fiscal resources** (Key Element II-A):

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

Describe how the implementation of the consortium has affected **physical space and facilities** (Key Element II-B):

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

Describe how the implementation of the consortium has affected **clinical site availability** (Key Element II-C):

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

Describe how the implementation of the consortium has affected **faculty resources** (Key Element II-F):

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

### Section 2: Change in the Consortium

Provide an overview of the changes to the consortium:

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

Describe the timeline for implementation:

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

Describe how the changes to the consortium has affected **fiscal resources** (Key Element II-A):

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

Describe how the changes to the consortium has affected **physical space and facilities** (Key Element II-B):

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

Describe how the changes to the consortium has affected **clinical site availability** (Key Element II-C):

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

Describe how the changes to the consortium has affected **faculty resources** (Key Element II-F):

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

### Section 3: Closure of a Consortium

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*](https://www.aacnnursing.org/Portals/42/CCNE/PDF/Procedures.pdf).

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.

Identify the degree/certificate program(s) that are the subject of the closure:

|  |  |
| --- | --- |
| [ ]  | Baccalaureate |
| [ ]  | Master’s |
| [ ]  | Doctor of Nursing Practice |
| [ ]  | Post-Graduate APRN Certificate |

Discuss the primary reason for closure of the program:

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

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):

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

Identify how many students are currently enrolled in the program(s) that is/are closing:

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

Identify how many students are expected to graduate/complete the program between submission of this notification and closure of the program:

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

Discuss whether the program implemented a teach-out plan:

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

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.

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