# Substantive Change:Change in Status with Institutional and/or Nursing Accrediting Agency

## 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

There has been a change of status with:

|  |  |
| --- | --- |
| [ ]  | a institutional accrediting agency |
| [ ]  | a nursing accrediting agency |

Identify the agency with which there has been a change in status:

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

Provide an overview of the change:

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

Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards:

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

Affirm that the program has included a copy of the action letter or documentation from the accrediting agency with this substantive change:

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

***Note*:** if the change in status is related to a change in student achievement (e.g., licensure or certification pass rates), the program must also submit a separate substantive change notification for a “Change in Student Achievement.”