# Substantive Change:Addition of a New Track or Degree/Program

## 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

Indicate whether the institution is:

|  |  |
| --- | --- |
| [ ]  | adding a new degree and/or certificate, or |
| [ ]  | adding a new track or concentration to a CCNE-accredited degree and/or certificate |

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

### Section 1: Adding a New Degree or Certificate Program

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](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 |

Identify the new degree/certificate program:

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

Provide an overview of the change:

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

Describe the timeline for implementation:

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

Describe how the implementation of the new degree/certificate program has affected **fiscal resources** (Key Element II-A):

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

Describe how the implementation of the new degree/certificate program has affected **physical space and facilities** (Key Element II-B):

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

Describe how the implementation of the new degree/certificate program has affected **clinical site availability** (Key Element II-C):

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

Describe how the implementation of the new degree/certificate program has affected **faculty resources** (Key Element II-F):

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

### Section 2: Adding a New Track/Concentration

Identify the degree/certificate program(s) that the track/concentration is within:

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

Provide an overview of the change:

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

Has this new track been approved by the Board of Nursing?

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |
| [ ]  | Not applicable |
| [ ]  | Other: |
| Insert text here. |

Has this new track been approved by the institutional accreditor?

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |
| [ ]  | Not applicable |
| [ ]  | Other: |
| Insert text here. |

Affirm that the program has included a copy of the program/plan of study for the new track with course descriptions with this substantive change:

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

Describe the timeline for implementation:

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

Describe how many students are projected to enroll in the track:

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

Describe the program length for the track, and when the first students are anticipated to graduate:

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

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

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

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

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

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

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

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

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

Describe how the curriculum for the track has been developed, implemented, and revised to reflect relevant professional nursing standards and guidelines:

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

Describe how the curriculum for the track reflects clear expected student outcomes that are congruent with the mission and goals; the roles for which the program is preparing its graduates; and consider the needs of the community of interest (Key Element III-A):

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

Describe how the curriculum for the track has been logically structured and sequenced to achieve expected student outcomes (Key Element III-F):

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

Describe how teaching-learning practices for the track support the achievement of expected student outcomes, and consider the needs and expectations of the community of interest (Key Element III-G):

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

Describe planned clinical practice experiences for the track, and identify the number of clinical hours required (Key Element III-H):

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

Describe how the track includes planned experiences that prepare students to provide care to diverse individuals and populations (Key Element III-I):

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

Describe how the track includes planned experiences that foster interprofessional collaborative practice (Key Element III-J):

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

Describe how individual student performance is evaluated by the faculty (Key Element III-K):

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

Discuss the methods of delivery (e.g. face-to-face, hybrid, or online) and location(s):

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