# Substantive Change: Closure of a Track or Degree/Certificate

## 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:

|  |  |
| --- | --- |
|  | closing a degree and/or certificate, or |
|  | closing a track within 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: Closing a Degree or Certificate Program

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 that is the subject of the program closure notification:

|  |  |
| --- | --- |
|  | 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 that is 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. |

### Section 2: Closing a Track/Concentration

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

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

Identify the track(s)/concentration(s) that are the subject of the closure:

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

Discuss the primary reason for closure of the track(s)/concentration(s):

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

If the track(s)/concentration(s) submitted a prior substantive change notification regarding the suspension of admissions, please append it to the notification.

Affirm that the substantive change includes a copy of the prior substantive change notification:

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | A prior substantive change notification was not submitted |

Identify the date that all remaining students were taught out:

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

Identify if the closure of the track(s)/concentration(s) has resulted in changes to faculty and/or preceptors:

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