# Substantive Change: Major Curricular Revision(s)

## 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

Identify the degree/certificate program that the curricular revision(s) are within:

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

Identify the track(s)/concentration(s) where the curriculum has been revised:

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

Provide an overview of the change, including a plan of study that clearly identifies clinical hours:

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

Provide the timeline for when students will begin the revised curriculum:

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

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

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

Describe how the revised curriculum 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 revised curriculum 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 revised curriculum 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 how the revised curriculum has affected planned clinical practice experiences, and identify the number of clinical hours required (Key Element III-H):

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

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

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

Describe how the revised curriculum 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. |