# Substantive Change:Change in Student Achievement (Completion, Licensure, Certification, Employment)

## 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 section(s) that do not apply. The program may not delete questions from within a section.*

### Section 1: Completion Rates

Completion rates for the baccalaureate, master’s, post-graduate APRN certificate, or DNP program are less than 70% in the expected time period, as defined by the program.

Which program(s) had completion rates less than 70%?

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

Is the completion rate less than 70% **after** excluding students who meet criteria permitted by Key Element IV-B, such as family obligations, relocation, financial barriers, decisions to change major, or to transfer to another institution of higher education?

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

Provide a detailed explanation of the reason the completion rate was less than 70%:

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

Describe the action plan for improving the completion rates:

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

### Section 2: Licensure Pass Rates

As a reminder, programs can demonstrate compliance with the CCNE expectation if:

* the pass rate is 80% or higher for first-time and/or successful repeat test takers for the most recent calendar year (January 1 through December 31); or
* the pass rate is 80% or higher for first-time and/or successful repeat test takers when the annual pass rates for the three most recent calendar years are averaged.
* The program may exclude test takers who take the licensure examination more than two years after program completion.

Complete the following table for each track and/or site that had a licensure pass rate less than 80%. Record the campus/site and track’s licensure pass rate for the three past calendar years. (The table may be adapted to include as many tracks/sites as necessary.)

|  |  |  |
| --- | --- | --- |
| Track and/or Site: | Calendar Year | Provide the pass rate by year. Identify the method of calculation used (from the options above) and the number of test-takers. |
|  | 20      | Pass rate:      Number of test takers:      Number of test takers excluded who took the licensure examination more than two years after program completion (if applicable):      Method of calculation:      Other Information (*optional*):       |
| 20      | Pass rate:      Number of test takers:      Number of test takers excluded who took the licensure examination more than two years after program completion (if applicable):      Method of calculation:       Other Information (*optional*):       |
| 20      | Pass rate:      Number of test takers:      Number of test takers excluded who took the licensure examination more than two years after program completion (if applicable):      Method of calculation:       Other Information (*optional*):       |

Provide a detailed explanation of the licensure pass rates:

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

Describe the action plan for improving the licensure pass rates:

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

Has the program been placed on warning, probationary, provisional, or any other similar status with the Board of Nursing?

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

If yes, attach a copy of the most recent action letter from the state Board of Nursing in PDF format.

### Section 3: Certification Pass Rates

As a reminder, programs can demonstrate compliance with the CCNE expectation if:

* the pass rate is 80% or higher for first-time and/or successful repeat test takers for the most recent calendar year (January 1 through December 31); or
* the pass rate is 80% or higher for first-time and/or successful repeat test takers when the annual pass rates for the three most recent calendar years are averaged.

The program may combine certification pass rate data for multiple examinations relating to the same role and population. The program may exclude test takers who take the certification examination more than two years after program completion.

Which program(s) had certification pass rates less than 80%?

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

Complete the following table for each program and certification exam that had a certification pass rate less than 80%. Record the pass rates for the three past calendar years. (The table may be adapted to include as many certification exams as necessary.)

|  |
| --- |
| Certification Pass Rate Data |
| Certification Exam Specialty Area | Certification Organization | Calendar Year | Provide the pass rate by year. Identify the method of calculation used (from the options above) and the number of test-takers. |
|  |  | 20      | Pass rate:      Number of test takers:      Number of test takers excluded who took the certification examination more than two years after program completion (if applicable):      Method of calculation:      Other Information (*optional*):       |
| 20      | Pass rate:      Number of test takers:      Number of test takers excluded who took the certification examination more than two years after program completion (if applicable):      Method of calculation:       Other Information (*optional*):       |
| 20      | Pass rate:      Number of test takers:      Number of test takers excluded who took the certification examination more than two years after program completion (if applicable):      Method of calculation:       Other Information (*optional*):       |

Provide a detailed explanation of the certification pass rates:

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

Describe the action plan for improving the certification pass rates:

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

### Section 4: Employment

Which program(s) had employment rates less than 80%?

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

Provide a detailed explanation of the reason the employment rate was less than 80%. As a reminder, the program may consider employment in any profession, including nursing.

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

Describe the action plan for improving the employment rates:

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