CROSSWALK TABLE

A Comparison of CCNE's 2018 & 2024 *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*

Note: Yellow highlights emphasize language that is substantially revised or relocated in the 2024 Standards.

2018	2024
<u>STANDARD I:</u> The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.	<u>STANDARD I:</u> The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.
<u>I-A:</u> The mission, goals, and expected program outcomes are: ▪ congruent with those of the parent institution; and ▪ reviewed periodically and revised as appropriate.	<u>I-A:</u> The mission, goals, and expected program outcomes are: ▪ congruent with those of the parent institution; and ▪ reviewed periodically and revised as appropriate.

I-B: The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. *Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:* ▪ The Essentials of Baccalaureate Education for Professional Nursing Practice *[American Association of Colleges of Nursing (AACN), 2008];* ▪ The Essentials of Master's Education in Nursing *(AACN, 2011);* ▪ The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006); and* ▪ Criteria for Evaluation of Nurse Practitioner Programs *[National Task Force on Quality Nurse Practitioner Education (NTF), 2016].* *A program may select additional standards and guidelines that are current and relevant to program offerings.* *A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.* *An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the* Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education *(July 2008).*	**I-B:** The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. *Elaboration: The program identifies the professional nursing standards and guidelines it uses. ==CCNE requires the following components of== The Essentials: Core Competencies for Professional Nursing Practice ==(Essentials) (AACN, 2021);==* ▪ ==*the 10 "Domains for Nursing"* (Essentials, *pp. 10-11);*== ▪ ==*the 8 "Concepts for Nursing Practice"* (Essentials, *pp. 11-14); and*== ▪ ==*the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain,* Essentials, *pp. 27-54).*== ==*A program selects additional standards and guidelines (or components thereof) that are current and relevant to program offerings.*== *A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.* *A program with APRN tracks prepares students for one of the four APRN roles and in at least one population focus, in accordance with the* Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education *(July 2008).*
I-C: The mission, goals, and expected program outcomes reflect the needs and expectations of the community of	**I-C:** The mission, goals, and expected program outcomes reflect the needs and expectations of the community of

interest.	interest.
I-D: The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.	**I-D:** The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.
I-E: Faculty and students participate in program governance.	**I-E:** Faculty and students participate in program governance.

I-F: Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:
  ▪ fair and equitable;
  ▪ published and accessible; and
  ▪ reviewed and revised as necessary to foster program improvement.
 	
Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.
	I-F: Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:
	  ▪ fair and equitable;
	  ▪ published and accessible; and
	  ▪ reviewed and revised as necessary to foster program improvement.
	
	Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, ==*clinical requirements*==*, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.*

I-G: The program defines and reviews formal complaints according to established policies.	**I-G:** The program defines and reviews formal complaints according to established policies.
I-H: Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications. *Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate*	**I-H:** Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications. *Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies,* ==*clinical requirements and placements*==*,*

completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.[1,2] *If a program chooses to publicly disclose its CCNE accreditation status, the program uses <u>either</u> of the following statements:* *"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org)."* *"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."*	*grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which the program prepares students is accurate. For programs with APRN tracks, transcripts or other official documentation specify the APRN role and population focus of the graduate/completer.*[3,4] *If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:* *"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program/post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org)."* *"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program/post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."*
<u>**STANDARD II:**</u> The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.	<u>**STANDARD II:**</u> The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.
<u>**II-A:**</u> Fiscal resources are sufficient to enable the program to	<u>**II-A:**</u> Fiscal resources are sufficient to enable the program to

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[1] *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).
[2] *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016).
[3] See *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).
[4] See *Standards for Quality Nurse Practitioner Education* (National Task Force on Quality Nurse Practitioner Education, 2022).

fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.
II-B: Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.	**II-B:** <mark>Physical resources</mark> enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of <mark>physical resources</mark> is reviewed periodically, and resources are modified as needed. *Elaboration: Physical space and facilities (e.g., faculty and staff workspace, classrooms, laboratories, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The institution is responsible for providing adequate physical resources.* *A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies), and modifications are made as appropriate.*
See Key Element II-B.	**II-C:** <mark>Clinical sites</mark> enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of <mark>clinical sites</mark> is reviewed periodically, and resources are modified as needed. *Elaboration: The program is responsible for providing adequate clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes. The program provides students with information regarding the responsibilities of the program and, if any, the expectations of the student in identifying clinical sites.*

	A defined process is used to determine currency, availability, accessibility, and adequacy of clinical sites, and modifications are made as appropriate.
II-C: Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis. *Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.*	**II-D:** Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis. *Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate, ==whether services are provided directly by the program, institution, or an online program manager (or other third-party vendor).==*
II-D: The chief nurse administrator of the nursing unit: 　▪ is a registered nurse (RN); 　▪ holds a graduate degree in nursing; 　▪ holds a doctoral degree if the nursing unit offers a graduate program in nursing; 　▪ is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and 　▪ provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.	**II-E:** The chief nurse administrator of the nursing unit: 　▪ is a registered nurse (RN); 　▪ holds a graduate degree in nursing; 　▪ holds a doctoral degree if the nursing unit offers a graduate program in nursing; 　▪ is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and 　▪ provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.
II-E Faculty are: 　▪ sufficient in number to accomplish the mission, goals, and expected program outcomes; 　▪ academically prepared for the areas in which they teach; and 　▪ experientially prepared for the areas in which they teach. *Elaboration: The faculty (full-time, part-time, adjunct,*	**II-F:** Faculty are: 　▪ sufficient in number to accomplish the mission, goals, and expected program outcomes; 　▪ academically prepared for the areas in which they teach; and 　▪ experientially prepared for the areas in which they teach. *Elaboration: The faculty (full-time, part-time, adjunct,*

tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies. For nurse practitioner tracks, the recommended faculty-to-student ratio for indirect faculty supervision, which may include clinical coordination, engagement with preceptors and clinical partners, and monitoring and evaluating student progress, is 1:8.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. ==Faculty teaching didactic in the baccalaureate, master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree.==

==Faculty teaching clinical in the master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree. Faculty teaching clinical in the baccalaureate program hold a graduate degree; however, any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree:==
- *==hold a baccalaureate degree in nursing;==*
- *==have significant clinical experience;==*
- *==are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and==*
- *==have purposeful engagement with and formal oversight==*

	by a graduate-prepared faculty member.
	Faculty teaching clinical are experienced in and maintain clinical expertise in the relevant clinical area. Clinical expertise may be maintained through clinical practice or other means. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies.
	Faculty who are nurses hold a current RN or APRN license. Faculty who oversee an APRN track are nationally certified in the same population-focused area of practice in roles for which national certification is available. Exceptions may include a family nurse practitioner with significant experience caring for the adult population who oversees an adult-gerontology primary care nurse practitioner track, an adult acute care nurse practitioner who oversees an adult-gerontology acute care nurse practitioner track, an adult nurse practitioner who oversees an adult-gerontology primary care nurse practitioner track, and a nationally certified psychiatric/mental health clinical nurse specialist who oversees a psychiatric/mental health nurse practitioner track.
II-F: Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.	**II-G:** Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.
II-G: The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	**II-H:** The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

STANDARD III: The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.	**STANDARD III:** The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.
III-A: The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: ▪ are congruent with the program's mission and goals; ▪ are congruent with the roles for which the program is preparing its graduates; and ▪ consider the needs of the program–identified community of interest.	**III-A:** The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: ▪ are congruent with the program's mission and goals; ▪ are congruent with the roles for which the program is preparing its graduates; and ▪ consider the needs of the program–identified community of interest.
III-B: Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). *This key element is not applicable if the baccalaureate degree program is not under review for accreditation.* *Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.*	**III-B:** Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). *This key element is not applicable if the baccalaureate degree program is not under review for accreditation.* *Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines <mark>(or components thereof)</mark> relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills <mark>derived from professional nursing standards and guidelines</mark> are incorporated into the curriculum.* <mark>*The baccalaureate degree program incorporates the following components of* The Essentials: Core Competencies for Professional Nursing Education *(*Essentials*) (AACN, 2021):*</mark>

III-C: Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
 	
 ▪ Master's program curricula incorporate professional standards and guidelines as appropriate.
  a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
  b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
 ▪ Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
 	
 This key element is not applicable if the master's degree program is not under review for accreditation.
 	
 Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into
	III-C: Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
	
	 This key element is not applicable if the master's degree program is not under review for accreditation.
	
	 Elaboration: The master's degree program incorporates professional nursing standards and guidelines (or components thereof) *relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills* derived from professional nursing standards and guidelines *are incorporated into the curricula.*
	
	 The master's degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education *(Essentials) (AACN, 2021):*
	 • *the 10 "Domains for Nursing" (Essentials, pp. 10-11);*
	 • *the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and*
	 • *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*
	
	 A master's degree program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences

the curricula.
 	
Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
    ▪ *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
    ▪ *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
    ▪ *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*
 	
Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.
 	
Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.
	==*beyond baccalaureate-level nursing content.*==
	
	==*The master's degree program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a master's degree program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.*==
	
	APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in master's degree programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
	    ▪ *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
	    ▪ *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
	    ▪ *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*
	
	Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.
	
	Master's degree programs that have a track with a direct care focus that does not prepare APRNs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

III-D: DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- DNP program curricula incorporate professional standards and guidelines as appropriate.
    a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
    b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

III-D: DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines (or components thereof) *relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills* derived from professional nursing standards and guidelines *are incorporated into the curricula.*

The DNP program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials*) (AACN, 2021):*
- *the 10 "Domains for Nursing"* (Essentials, *pp. 10-11);*
- *the 8 "Concepts for Nursing Practice"* (Essentials, *pp. 11-14); and*
- *the 45 "Competencies"* (numbered 1.1 through 10.3 and organized by Domain, *Essentials, pp. 27-54).*

A DNP program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

The DNP program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g.,

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in DNP programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice registered nurses, unless the program deems this necessary.

==*DNP tracks with a direct care focus that do not prepare APRNs (e.g., nurse educator) incorporate graduate-level content addressing the APRN core. Such tracks are not required to*==

	offer this content as three separate courses.
III-E: Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). *This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.* *Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.* *APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:* 　▪ *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;* 　▪ *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and* 　▪ *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and*	**III-E:** Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). *This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.* *Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.* *The post-graduate APRN certificate program incorporates the following components of* The Essentials: Core Competencies for Professional Nursing Education *(Essentials) (AACN, 2021), as applicable to the role and/or population focus for which students are being prepared:* 　▪ *the 10 "Domains for Nursing" (Essentials, pp. 10-11);* 　▪ *the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and* 　▪ *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).* *APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in a post-graduate*

pharmacotherapeutics of all broad categories of agents.
 	
Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.
 	
Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.
	APRN certificate program incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
	   ▪ *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
	   ▪ *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
	   ▪ *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*
	
	Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.
	
	Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

III-F: The curriculum is logically structured to achieve expected student outcomes.
   ▪ Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.
   ▪ Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.
   ▪ DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
   ▪ Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.
	III-F: The curriculum is logically structured and sequenced to achieve expected student outcomes.
	   ▪ Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.
	   ▪ Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.
	   ▪ DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
	   ▪ Post-graduate APRN certificate programs build on a graduate-level nursing foundation.

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice *(AACN, 2008) as well as advanced nursing knowledge.*

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the baccalaureate-level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice *(AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in* The Essentials of Master's Education in Nursing *(AACN, 2011) and, if applicable,* Criteria for Evaluation of

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as well as advanced nursing knowledge.

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate-level knowledge and competencies, even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level knowledge and competencies. If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire master's-level knowledge and competencies.

The program provides a rationale for the sequence of the curriculum for each program.

Nurse Practitioner Programs *(NTF, 2016).* *The program provides a rationale for the sequence of the curriculum for each program.*	

III-G: Teaching-learning practices:
  ▪ support the achievement of expected student outcomes;
  ▪ consider the needs and expectations of the identified community of interest; and
  ▪ expose students to individuals with diverse life experiences, perspectives, and backgrounds.
 	
Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.
 	
Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.
	III-G: Teaching-learning practices:
	  ▪ support the achievement of expected student outcomes; and
	  ▪ consider the needs and expectations of the identified community of interest.
	
	Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, ==service learning==) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.
	
	Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

III-G: Teaching-learning practices:
  ▪ support the achievement of expected student outcomes;
  ▪ consider the needs and expectations of the identified community of interest; and
  ▪ expose students to individuals with diverse life experiences, perspectives, and backgrounds.
	***See Key Element III-I: Third bullet of Key Element III-G in 2018** Standards **moved to Key Element III-I in 2024** Standards.*

III-H: The curriculum includes planned clinical practice experiences that:	**III-H:** The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, ==the program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. For programs that prepare students for certification, clinical practice experiences align with certification requirements, as appropriate. Programs that prepare students for certification incorporate sufficient clinical practice experiences appropriate to the role. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated.==

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences (==i.e., care provided to individuals, families, groups, and/or communities==) designed to advance the knowledge and expertise of students in a clinical area of practice.

==DNP programs require a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Programs preparing students for nurse practitioner certification provide a minimum of 500 direct patient care clinical hours. For nurse practitioner tracks in DNP programs, these 500 hours are included in the minimum 1,000 practice hours.==

III-H: The curriculum includes planned clinical practice experiences that:
    ▪ enable students to integrate new knowledge and demonstrate attainment of program outcomes;
    ▪ foster interprofessional collaborative practice; and
    ▪ are evaluated by faculty.
	See Key Element III-J: Second bullet of Key Element III-H in 2018 Standards moved to Key Element III-J in 2024 Standards.

III-I: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	*See Key Element III-K.*
See Key Element III-G.	**III-I:** The curriculum includes planned experiences that prepare students to provide care to diverse individuals and populations. *Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to provide care to diverse individuals and populations. Such experiences are in a variety of settings appropriate to the role for which students are being prepared. These experiences enable students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.*
III-J: The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	*See Key Element III-L.*
See Key Element III-H.	**III-J:** The curriculum includes planned experiences that foster interprofessional collaborative practice. *Elaboration: The program provides planned didactic,*

	simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice. The program affords opportunities for students to collaborate with a variety of individuals and/or organizations that enable students to develop the necessary communication and negotiation skills to enhance patient outcomes.
See Key Element III-I.	**III-K:** Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.
See Key Element III-J.	**III-L:** The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.
STANDARD IV: The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.	**STANDARD IV:** The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.
IV-A: A systematic process is used to determine program effectiveness.	**IV-A:** A systematic process is used to determine program effectiveness.
IV-B: Program completion rates demonstrate program effectiveness.	**IV-B:** Program completion rates demonstrate program effectiveness.
IV-C: Licensure pass rates demonstrate program effectiveness. *This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.* *Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in <u>any one</u> of the following ways:*	**IV-C:** Nursing licensure pass rates demonstrate program effectiveness. *This key element is not applicable to a program that does not prepare students for licensure examinations or does not yet have individuals who have taken licensure examinations.* *This key element is applicable to a program that prepares students for the NCLEX-RN® or other professional nursing licensure examination.*

▪ *the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);* ▪ *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;* ▪ *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or* ▪ *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.* *For each campus/site and track, identify which of the above options was used to calculate the pass rate.*	*Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in <u>any one</u> of the following ways:* ▪ *the pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);* ▪ *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;* ▪ *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or* ▪ *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.* ==*A program is required to provide these data regardless of the number of test takers.*== *For each campus/site and track, identify which of the above options was used to calculate the pass rate.* ==*The program may exclude test takers who take the licensure examination more than two years after program completion.*==
IV-D: Certification pass rates demonstrate program effectiveness. *This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.* *Elaboration: The master's, DNP, and post-graduate APRN*	**IV-D:** Certification pass rates demonstrate program effectiveness. *This key element is not applicable to a degree or certificate program that does not prepare students for certification examinations or does not yet have individuals who have taken certification examinations.* *Elaboration: The master's, DNP, and post-graduate APRN*

certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in <u>any one</u> of the following ways:
  - *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
  - *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
  - *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
  - *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate

certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those graduates/completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of graduates/completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers. <mark>The pass rate is provided separately for each degree program (master's and DNP) and the post-graduate APRN certificate program.</mark>

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:
  - *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
  - *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
  - *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
  - *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification

data for multiple examinations relating to the same role and population.	*pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.* <mark>The program may exclude test takers who take the certification examination more than two years after program completion.</mark>
IV-E: Employment rates demonstrate program effectiveness. *This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.* *Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.* ▪ *The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.* ▪ *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.* ▪ *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*	**IV-E:** Employment rates demonstrate program effectiveness. *This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.* *Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.* ▪ *The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.* ▪ *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.* ▪ *The employment rate is* <mark>80%</mark> *or higher. However, if the employment rate is less than* <mark>80%,</mark> *the employment rate is* <mark>80%</mark> *or higher when excluding graduates/completers who have elected not to be employed.*
IV-F: Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement. *This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).*	**IV-F:** Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement. *This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).*

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.
   ▪ *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
   ▪ *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
   ▪ *Faculty are engaged in the program improvement process.*
	Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.
	   ▪ *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 80%) inform areas for improvement.*
	   ▪ *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
	   ▪ *Faculty are engaged in the program improvement process.*

IV-G: Aggregate faculty outcomes demonstrate program effectiveness.	**IV-G:** Aggregate faculty outcomes demonstrate program effectiveness.
IV-H: Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	**IV-H:** Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.
IV-I: Program outcomes demonstrate program effectiveness.	**IV-I:** Other program outcomes demonstrate program effectiveness.
IV-J: Program outcome data are used, as appropriate, to foster ongoing program improvement.	**IV-J:** Other program outcome data are used, as appropriate, to foster ongoing program improvement.