COMMISSION ON COLLEGIATE NURSING EDUCATION

PROPOSED FOR PUBLIC COMMENT
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Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs

Amended: ~~June 7, 2023~~To Be Determined

Serving the Public Interest Through Quality Accreditation

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INTRODUCTION

The Commission on Collegiate Nursing Education (CCNE) is one of more than 80 educational accrediting agencies that serve the public interest by providing an unbiased assessment of the quality of professional education programs. Conceived by the American Association of Colleges of Nursing (AACN) in 1996, the Commission officially began accrediting operations in 1998. CCNE is an autonomous accrediting arm of AACN contributing to the improvement of the public's health. CCNE accredits baccalaureate and graduate nursing programs, entry-to-practice nurse residency programs, and nurse practitioner (NP) fellowship/residency programs.

CCNE is recognized by the U.S. Department of Education to accredit nursing programs at the baccalaureate, master's, and doctoral levels, including programs offering distance education. As a specialized/professional accrediting agency, CCNE evaluates and makes judgments about the quality of baccalaureate and graduate programs in nursing located in colleges and universities that are accredited by an institutional accrediting agency recognized by the U.S. Department of Education. The institution(s) offering the nursing program(s) must be located or chartered in the United States or its territories.

Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, and clinical nursing doctoral programs that are practice-focused and have the title Doctor of Nursing Practice (DNP). In addition, CCNE accredits post-graduate Advanced Practice Registered Nurse (APRN) certificate programs. CCNE accreditation of a master's degree nursing program or a DNP program does not extend accreditation to a certificate program. Therefore, a post-graduate APRN certificate program and a degree program are separately accredited by CCNE. CCNE recognizes that APRN titling may vary under state statute. A post-graduate APRN certificate program is a post-master's or a post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs, although programs may choose to offer certificate programs in other areas. CCNE endorses the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008).

Intermediate or "stop out" degrees in bridge programs (e.g., ADN-MSN or BSN-DNP) are separately accredited from the higher degree that is awarded as accreditation of the higher degree does not extend to the intermediate or "stop out" degree.

The Commission serves the public interest by assessing and identifying programs that engage in effective educational practices. Accreditation by CCNE is an indication of confidence in the ability of the educational institution to offer a program of quality, deserving of public approbation.

The procedures described in this publication have been established by CCNE both to assist institutions whose baccalaureate and/or graduate programs in nursing are preparing for initial or continued accreditation and to guide the CCNE Board of Commissioners and its committees in the accreditation decision-making process. This publication is designed to be useful to programs seeking initial or continued accreditation. CCNE's procedures for accreditation of entry-to-practice nurse residency programs and NP fellowship/residency programs are published separately.

Programs seeking and maintaining CCNE accreditation acknowledge the requirements of the program and its institution, as well as CCNE, under these procedures. It is the responsibility of the chief nurse administrator to ensure the accuracy and timeliness of all submissions to CCNE.

Standards for Accreditation

CCNE formulates and adopts accreditation standards for nursing programs, which are described in *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (amended 2018). Nursing programs offered at the baccalaureate or graduate level may achieve CCNE accreditation by demonstrating their substantial compliance with the CCNE standards ~~and key elements~~. For each program under review, a determination is made by CCNE about whether a program has met (i.e., that the program substantially complies with the standard) or not met (i.e., that the program fails to substantially comply with the standard) each accreditation standard. For each program under review, at the key element level, a determination is made about whether there are compliance concerns. A standard may be met or not met if there are one or more compliance concerns. Such determinations are based on the severity of the concern(s).

All nursing programs seeking CCNE accreditation, including, but not limited to, programs offered via distance education or through a consortium, are expected to substantially comply with the CCNE standards. This publication is posted on the CCNE website and may be obtained by contacting the CCNE office. The standards for accreditation of entry-to-practice nurse residency programs and NP fellowship/residency programs are published separately.

Board of Commissioners

CCNE is governed by a 13-member Board of Commissioners. The Board is the final authority on all policy and accreditation matters affecting CCNE. The Board adopts standards and procedures for the CCNE accreditation process after appropriate opportunity is provided to the community of interest to comment on proposed revisions that are substantive in nature. The Board has final authority over all accreditation actions.

The Board includes three faculty members at CCNE-affiliated nursing education programs; three chief nurse administrators (e.g., deans) at CCNE-affiliated nursing education programs; three practicing nurses; two public consumers; and two professional consumers who are affiliated with employers of health care professionals, at least one of whom has experience administering a nurse residency/fellowship program.

CCNE Board members attend orientation and training prior to the first meeting at which they serve on the Board. Orientation of new members may include observation of Board or committee meetings, in which case new Board members participate as non-voting observers, subject to the same conflict of interest and confidentiality policies as other Board members. At the beginning of each Board meeting, the chair reviews the roles and responsibilities of Board members and emphasizes the CCNE values as the basis for conducting business.

It is the policy of CCNE to make available to the public the names, academic and professional qualifications, and employer or other relevant organizational affiliations of members of its Board and principal administrative staff.

Accreditation Review Committee

The Accreditation Review Committee (ARC) is a standing committee of the Commission. The ARC serves as the primary review body for baccalaureate and graduate programs in nursing seeking initial or continued accreditation by CCNE. Review panels comprising members of the committee are constituted to facilitate the committee's work.

The ARC includes at least three members of the CCNE Board and at least four individuals from outside of the Board who have significant expertise in and/or interest in the quality of baccalaureate and graduate nursing education. All committee members are appointed by the Board chair.

For each program seeking initial or continued accreditation, the ARC is responsible for reviewing the self-study document, the team report, the program's response to the team report, and any other information designated by CCNE. Upon its review, the ARC offers a confidential recommendation to the CCNE Board regarding the action to be taken. The possible recommendations regarding accreditation actions are outlined elsewhere in this document.

Co-chairs are appointed by the Board chair to lead and facilitate ARC discussions and the formal business of the committee. The ARC co-chairs may serve a maximum of two terms of 3 years each. At least one co-chair of the ARC is a member of the Board. A co-chair is assigned to lead each review panel.

Newly appointed ARC members attend orientation and training prior to the first meeting at which they serve on the committee. Orientation of new members may include observation of committee meetings, in which case new members participate as non-voting observers, subject to the same conflict of interest and confidentiality policies as other ARC members. At the beginning of each meeting, the ARC co-chairs review the roles and responsibilities of committee members and emphasize the CCNE values as the basis for conducting business.

Report Review Committee

The Report Review Committee (RRC) is a standing committee of the Commission. The RRC serves as the primary body to review annual report data, continuous improvement progress reports, compliance reports, special reports, and other reports submitted by or relative to nursing programs that hold accreditation by CCNE. The RRC serves to monitor these programs between evaluations for continued compliance with established standards and policies. Review panels comprising members of the committee are constituted to facilitate the committee's work.

The composition of the RRC includes at least two members of the CCNE Board and at least four individuals from outside of the Board who have significant expertise in and/or interest in the quality of baccalaureate and graduate nursing education. All committee members are appointed by the Board chair.

Upon its review of any report, the RRC offers a recommendation to the CCNE Board regarding the action to be taken. The possible recommendations regarding these reports are outlined elsewhere in this document.

Co-chairs are appointed by the Board chair to lead and facilitate discussions and the formal business of the committee. The RRC co-chairs may serve a maximum of two terms of 3 years each. At least one co-chair of the RRC is a member of the Board. A co-chair is assigned to lead each review panel.

Newly appointed RRC members attend orientation and training prior to the first meeting at which they serve on the committee. Orientation of new members may include observation of committee meetings, in which case new members participate as non-voting observers, subject to the same conflict of interest and confidentiality policies as other RRC members. At the beginning of each meeting, the RRC co-chairs review the roles and responsibilities of committee members and emphasize the CCNE values as the basis for conducting business.

Substantive Change Review Committee

The Substantive Change Review Committee (SCRC) is a standing committee of the Commission. The SCRC serves as the primary body to monitor continued compliance of programs in relation to substantive change notifications submitted by programs. Review panels comprising members of the committee are constituted to facilitate the committee's work.

The composition of the SCRC includes at least two members of the CCNE Board and at least four individuals from outside of the Board who have significant expertise in and/or interest in the quality of baccalaureate and graduate nursing education. All committee members are appointed by the Board chair.

Upon review of the substantive change notification, the SCRC may request additional information. The SCRC may recommend that the CCNE Board require additional reporting, require a focused or comprehensive on-site evaluation, issue a show cause directive, or take an adverse action.

Co-chairs are appointed by the Board chair to lead and facilitate discussions and the formal business of the committee. The SCRC co-chairs may serve a maximum of two terms of 3 years each. At least one co-chair of the SCRC is a member of the Board.

Newly appointed SCRC members attend orientation and training prior to the first meeting at which they serve on the committee. Orientation of new members may include observation of committee meetings, in which case new members participate as non-voting observers, subject to the same conflict of interest and confidentiality policies as other SCRC members. At the beginning of each meeting, the SCRC co-chairs review the roles and responsibilities of committee members and emphasize the CCNE values as the basis for conducting business.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of principles or values. These values are that the Commission will:

1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain openness to the *diverse institutional and individual issues and opinions* of the interested community.
4. Rely on *review and oversight by peers* from the community of interest.
5. Maintain *integrity* through a consistent, fair and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.
11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. Provide *autonomy and procedural fairness* in its deliberations and decision-making processes.

PROCEDURAL OVERVIEW

A baccalaureate degree nursing program, master's degree nursing program, DNP program, or post-graduate APRN certificate program located in an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education may be affiliated with CCNE in one of two ways: as a new applicant program or as a program that holds CCNE accreditation status. Both affiliations are voluntary and are initiated by the institution.

In terms of education program accreditation, CCNE evaluates the baccalaureate degree nursing program, master's degree nursing program, DNP program and/or post-graduate APRN certificate program offered by an institution's nursing unit. DNP programs, for example, may be housed in a graduate school, but would be considered part of the nursing unit. Similarly, post-graduate APRN certificate programs may be housed in a professional development/continuing education unit, but would be considered part of the nursing unit. This nursing unit is the administrative segment within an academic setting in which one or more nursing programs are conducted, and is usually called a college, school, division, or department of nursing. The focus of the accreditation review is the baccalaureate degree program, master's degree program, DNP program, and/or post-graduate APRN certificate program, not the larger administrative unit. In the event that an institution offers and seeks accreditation of two degree programs at the same level (e.g., a Master of Science in Nursing and a Master of Nursing), each degree program will be considered separately for accreditation. During a comprehensive on-site evaluation, CCNE evaluates all areas and tracks in the program(s) under review, including those that are accredited by another accrediting body (e.g., nurse midwifery, nurse anesthesia). A program that withholds any area or track within the program(s) under review may be subject to an adverse action by the CCNE Board.

The accreditation process consists of the following steps:

1. The program conducts a self-study process (self-assessment), which generates a document addressing the program's assessment of how it meets CCNE's accreditation standards. The self-study document that results from this assessment should identify the program's strengths and action plans for improvement.

2. An evaluation team of peers is appointed by the Commission to visit the program to validate the information in the self-study document, and to determine whether the program meets the accreditation standards and whether there are compliance concerns with the key elements. Acting as a fact-finding body, the evaluation team prepares a report for the institution and for CCNE.

3. The program is provided with an opportunity to respond in writing to the team report. Additional and/or updated information to support compliance and continuous quality improvement may be submitted as part of the response.

4. The self-study document, the team report, the program's response, and any other information designated by CCNE are reviewed by the ARC, which makes a confidential recommendation regarding accreditation to the Board.

5. The CCNE Board, taking into consideration the ARC recommendation, decides whether to grant, deny, or withdraw accreditation of the program; or to issue a show cause directive. If accreditation is denied or withdrawn, the institution is afforded an opportunity to appeal the action.

6. The Commission periodically reviews accredited programs between on-site evaluations in order to monitor continued compliance with CCNE standards, as well as progress in improving the quality of the educational program.

The program is responsible for ensuring that no Personal Identifiable Information (PII) is included in the self-study document, the virtual resource room, or other reports or information that is shared with the evaluation team or submitted to CCNE. Examples of PII include but are not limited to driver's license numbers, social security numbers, birth dates, and student identification numbers. Additionally, CCNE staff, on-site evaluators, and other CCNE representatives will not be expected to provide PII, including but not limited to driver's license numbers, social security numbers, birth dates, and student identification numbers, in order to carry out their roles and responsibilities, such as participating in an evaluation or review process or accessing documentation relating to a program under review.

This accreditation process is reinitiated every 10 years or sooner, depending on the success of the program in demonstrating continued compliance and improvements in the quality of the educational program.

The Commission requires accredited programs to engage in a structured process to monitor programs' continued compliance with the accreditation standards between comprehensive on-site evaluations. Programs are required to submit various reports, described in the section on Monitoring Program Performance, as directed by CCNE. These reports must be received by CCNE in a timely manner. Failure to do so may result in the issuance of a show cause directive or an adverse action.

Conduct of Business in English

The Commission conducts its business in English. This includes, but is not limited to, meetings, workshops, trainings, and on-site evaluations. During an on-site evaluation, a program under review for accreditation must, at its own expense, provide professional translation services, if necessary, as all interactions and interviews between the CCNE evaluation team and program constituents are conducted in English. All materials, reports, third-party comments, complaints, and other documents that are submitted to CCNE must be presented in English. This includes, but is not limited to, correspondence with the CCNE staff, the self-study document and any appendices, the program's response to the team report, and materials/resources that are provided for review.

Distance Education

The Commission considers for accreditation those programs offered wholly or in part via distance education. The Commission's definition of distance education conforms to the definition set forth in 34 Code of Federal Regulations (CFR) §600.2, accessible at https://www.govinfo.gov/content/pkg/CFR-2011-title34-vol3/xml/CFR-2011-title34-vol3-sec600-2.xml.

CCNE expects accredited and applicant programs to disclose to students information pertaining to licensure, certification, and employment, as required by applicable state and federal regulations.

INSTITUTIONAL ACCREDITATION

Programs pursuing initial CCNE accreditation must be located in a parent institution that is accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education. Institutional accreditation must be maintained by the parent institution in order for its program to seek and maintain CCNE accreditation. For more information on the loss of institutional accreditation, refer to the sections on Withdrawal of Accreditation: Parent Institution Accreditor Loses U.S. Department of Education Recognition and Withdrawal of Accreditation: Loss of Institutional Accreditation. Accredited and applicant programs have an obligation to be aware of and in compliance with institutional accreditation requirements. Accredited and applicant programs must notify CCNE within 7 business days of any adverse action, including but not limited to, denial or withdrawal of the parent institution's institutional accreditation.

INITIAL ACCREDITATION

Institutions that seek initial accreditation by CCNE of a baccalaureate and/or graduate program in nursing, and institutions that have had accreditation withdrawn by CCNE or that have voluntarily withdrawn from accreditation by CCNE and desire to regain accreditation, must first submit an application for accreditation.

If a significant change is made to a new applicant program or to a new program *after* submitting the self-study document but prior to the decision-making meeting of the Board, the program must submit to CCNE a report detailing this change and how it affects the program's compliance with the accreditation standards. This information will be considered as part of the decision-making process. For examples of what constitutes a significant change, refer to the Substantive Change Notification section.

New Applicants

A program begins the accreditation review process by requesting new applicant status. New applicants for accreditation are eligible for a maximum accreditation term of 5 years. New applicant status signifies an affiliation with CCNE; it is not a status of accreditation. CCNE actions to grant accreditation are effective as of the first day of that program's most recent CCNE on-site evaluation. For more information, refer to the section on Accreditation Term. New applicants should schedule accreditation reviews accordingly.

The written application must include:

1. A letter of request signed by a) the chief executive officer (e.g., president) of the institution in which the program is located, b) the chief academic officer (e.g., provost) of the institution, and c) the chief nurse administrator of the nursing unit. In addition to requesting CCNE to begin the accreditation process, the letter should clearly indicate when the program for which accreditation is being sought began enrolling students, and when the program anticipates hosting the on-site evaluation (e.g., spring or fall review cycle, and the year).

2. Evidence that the parent institution is accredited by an institutional accrediting agency recognized by the U.S. Department of Education. The institution provides an explanation if it holds applicant, candidacy, or similar status with the institutional accrediting agency; or if it is on probation, warning, show cause, or similar status with the institutional accrediting agency. Refer to the Institutional Accreditation section.

3. Evidence that the institution has received approval or authorization from the recognized institutional accrediting agency and state higher education authority, if applicable, to offer the nursing program(s). The institution provides an explanation if such approval or authorization is not necessary for a particular nursing program.

4. Evidence that the nursing program is approved or otherwise authorized by all applicable state boards of nursing. The institution provides an explanation if the program is on probation, warning, show cause, or similar status with the state board of nursing. The institution provides an explanation if such approval or authorization is not necessary for a particular nursing program.

5. Payment of the fee for new applicants as indicated in CCNE's fee schedule.

6. A completed CCNE Program Information Form.

7. A catalog, bulletin, or other publication (print or electronic) for the institution and the program.

8. Documentation that briefly summarizes, in 5 pages or less, the ability of the program to meet the established accreditation standards, ~~. The program should present this information in 5 pages or less. This documentation must~~ includinge~~~~ the following:

   a. a description of the educational setting and the organizational structure of the institution;

   b. a stated program mission, with supporting goals and expected outcomes, related to the institutional mission; and

   c. a description of the curriculum and the resources available to support the program.

A program requesting new applicant status must submit its written application to CCNE. The application is reviewed by CCNE staff, and, if needed, by the CCNE Executive Committee.

A request for new applicant status will be accepted at any time, but new applicants should understand that once a program is accepted as a new applicant, the program must proceed toward accreditation. Specifically, a new applicant must submit a complete self-study document and host an on-site evaluation by CCNE within 2 years of the date of acceptance as a new applicant; failure to do so will result in termination of new applicant status.

For more information about scheduling an on-site evaluation, refer to the section on Scheduling the On-Site Evaluation. Refer to the Disclosure section for information about statements that institutions may make when their programs are pursuing initial accreditation by CCNE.

At any time during new applicant status, but no later than the day prior to the CCNE Board's decision-making meeting at which the program will be reviewed for accreditation, a program may withdraw its application without prejudice, on written notice to CCNE, and no further review activities will be conducted. There is a 6-month waiting period after an application is withdrawn before a program may initiate a new request for applicant status.

New Programs

Institutions that have a CCNE-accredited program and wish to seek accreditation of a new program are required to submit to CCNE a letter of intent to request an accreditation review. For CCNE purposes, a new program is a degree program or a post-graduate APRN certificate program that has not yet been accredited by CCNE, when one or more programs at the same institution are already accredited by CCNE. For more information, refer to the section on Scheduling the On-Site Evaluation.

At any time, but no later than the day prior to the CCNE Board's decision-making meeting at which the program will be reviewed for accreditation, a program may withdraw from the accreditation process without prejudice, on written notice to CCNE, and no further review activities will be conducted. There is a 6-month waiting period after a new program withdraws from the accreditation process before that program may initiate a new request for accreditation review by CCNE.

CCNE actions to grant accreditation are effective as of the first day of that program's most recent CCNE on-site evaluation. For more information, refer to the section on Accreditation Term. The fee for adding a new program is indicated in CCNE's fee schedule.

When a new track is added within a CCNE-accredited degree or certificate program, the program must submit a substantive change notification to CCNE. The addition of a new track to an already accredited degree or certificate program does not require an on-site evaluation, but, at the Board's discretion, may result in such an evaluation. For more information, refer to the section on Substantive Change Notification.

SCHEDULING THE ON-SITE EVALUATION

In order for accreditation of a CCNE-accredited program to be continued, CCNE conducts a reevaluation of the program on a periodic basis. Approximately 12-18 months prior to the time the on-site evaluation is to be scheduled, CCNE advises the chief nurse administrator that arrangements should be made for reevaluation. The program should at that time determine whether it wishes to pursue continued accreditation.

For all programs, the chief nurse administrator selects and confirms preferred dates for the on-site evaluation based on the options presented by CCNE, thereby indicating the intent to pursue initial or continued accreditation. Team appointments are determined by CCNE staff. The chief nurse administrator may request that an appointed team member not participate in the evaluation because of a conflict of interest.

A degree program must have students enrolled for the equivalent of one academic year (e.g., two semesters) prior to hosting an on-site evaluation. CCNE will only consider exceptions to this requirement if the total length of the degree program is less than 18 months *and* the program provides a compelling rationale for needing an earlier on-site evaluation. The Executive Committee will review the request for an earlier evaluation and has the authority to accept or deny the request.

On-site evaluations are generally scheduled with CCNE a minimum of 12 months in advance. CCNE conducts on-site evaluations during spring and fall review cycles. Spring on-site evaluations are generally scheduled January through April. , and fFall on-site evaluations are generally scheduled September through November.

CCNE encourages pPost-graduate APRN certificate programs that are pursuing initial accreditation tomust host an on-site evaluation concurrently with a baccalaureate degree program, master's degree program, and/or DNP program. Doing so has the potential of streamlining activities and saving significant resources for the institution. CCNE will not evaluate a post-graduate APRN certificate program pursuing initial accreditation without simultaneously evaluating at least one of these degree programs. If a chief nurse administrator so desires, an institution may schedule one or more accredited programs for evaluation early (e.g., to present the post-graduate APRN certificate program for initial accreditation with a degree program or to synchronize the evaluation schedules of multiple programs). Alternatively, an institution may schedule the on-site evaluation of a post-graduate APRN certificate program without the concurrent review of one or more degree programs. Refer to the section on Accreditation Term.

THE ACCREDITATION REVIEW PROCESS

Self Study

In seeking initial or continued accreditation, the program is required to conduct a self-study related to program quality and effectiveness and to prepare an analytic document that addresses all accreditation standards and key elements. The self-study document begins with a brief overview or introduction to the institution and programs(s) under review. The self-study document also includes data and other information about the program and demonstrates that this information is analyzed and used in program improvement efforts.

The self-study process affords the program the opportunity to identify its strengths, its performance with respect to student achievement, and areas for improvement, as well as its plans to address continuous improvement. The program solicits input from its community of interest—including, but not limited to, students, faculty, and staff—in developing its self-study document.

CCNE provides guidance on preparing the self-study document, page limitations, and a self-study template on its website, and this information may be obtained by contacting the CCNE office. The self-study document

~~should be no longer than 90 pages of general text for one or two programs and no longer than 100 pages of general text for three or more programs, excluding any pertinent supplementary information.~~ CCNE staff is available to provide guidance to the program about the self-study process. A completed CCNE Program Information Form must be submitted with the self-study document.

As a general guide, the self-study document should be organized to facilitate an assessment of each accreditation standard by the evaluation team. Guidelines for preparing the self-study document are posted on the CCNE website and may be obtained by contacting the CCNE office.

The program must submit the self-study document and any other information requested by CCNE, ensuring that they are received by CCNE no later than 6 weeks prior to the scheduled on-site evaluation. Programs are encouraged to make their CCNE self-study documents available to their community of interest and the public upon request.

Third-Party Comments

CCNE provides the opportunity for program constituents and other interested parties to submit, in writing, comments concerning a program's qualifications for accreditation. At least 2 months before the scheduled on-site evaluation, the program notifies its constituents, including, at a minimum, faculty teaching in and students enrolled in the program(s) under review, that an accreditation review is scheduled; this notification should indicate that written third-party comments will be received by CCNE until 21 days before the scheduled on-site evaluation. The form of such notice is at the discretion of the program, but it must include the name of CCNE and instructions for submitting comments to CCNE. The program submits to CCNE, at the same time it submits the self-study document, evidence that its constituents were informed of the opportunity to submit third-party comments to CCNE, in accordance with CCNE policy.

A program’s failure to comply with this requirement may result in the postponement or suspension of an on-site evaluation until such time that program constituents and other interested parties are given the opportunity to submit comments. CCNE notifies its pertinent constituencies and the public of upcoming accreditation reviews and invites third parties to submit comments to CCNE.

CCNE shares third-party comments only with the evaluation team. CCNE shares third-party comments with the evaluation team prior to the on-site evaluation, but at no time during the review process are these comments shared with the program, the Accreditation Review Committee, or the Board. During its review of the program, the evaluation team considers third-party comments, if any, that relate to the program’s qualifications for accreditation.

Planning for the On-Site Evaluation

CCNE provides guidance to the chief nurse administrator regarding the accreditation process. These guidelines are posted on the CCNE website and may be obtained by contacting the CCNE office. The specific logistics for the on-site evaluation should be arranged by the program several months prior to the on-site evaluation. The chief nurse administrator should propose a draft agenda for the evaluation no later than 8 weeks prior to the review and should share it with the team leader. The chief nurse administrator then submits the final agenda to CCNE and to the evaluation team. The team leader and the chief nurse administrator should discuss the plans for the on-site evaluation, review the agenda, and finalize arrangements for the team.

Comprehensive On-Site Evaluation

The comprehensive on-site evaluation is conducted to assess the program's compliance with CCNE standards. The evaluation typically occurs over a 2.5 to 3-day period. However, CCNE reserves the right to lengthen the

on-site evaluation when appropriate (e.g., when there are multiple tracks or multiple campuses/sites, when an unusually complex organizational structure or a consortium exists). The chief nurse administrator will be consulted regarding dates and arrangements for the evaluation. The evaluation team assigned to review the program gathers data and information that are used by the ARC and CCNE Board to assess whether the program is in substantial compliance with the standards for accreditation. CCNE may elect to conduct subsequent on-site evaluations before granting initial accreditation.

The procedures for conducting on-site evaluations to determine initial accreditation are the same as those used in the reevaluation of accredited programs.

A comprehensive on-site evaluation is conducted to accomplish the following three objectives:

1. to validate the findings, conclusions, and information contained in the self-study document;

2. to collect information to be used by the ARC and CCNE Board to assess compliance with CCNE accreditation standards; and

3. to review the processes that program officials and faculty have established to foster continued self-improvement for the program.

The evaluation team appointed to conduct the on-site evaluation gathers information that supplements and validates information provided in the self-study document.

The chief nurse administrator must ensure that sessions with the team, including all interviews and the exit interview, are not recorded and that *only* members of the designated constituent group participate in the meeting. In addition, it is important that the program arranges for the team to meet with students who are enrolled in each program under review for accreditation. Consideration also should be given to students being represented across tracks and sites/campuses (if more than one). The chief nurse administrator may only attend meetings that are specifically designated for program officials. Additionally, faculty may not attend sessions that are designed for students or alumni (even if a current faculty member is enrolled as a student or is an alumnus). The team reserves the right to request additional meetings with constituents and/or constituent groups in order to carry out its responsibilities. The team additionally reserves the right to select individuals to be interviewed.

The team forms judgments about the institution and program(s) based upon observations and impressions as well as upon information presented in the self-study document. These judgments appear in a written report prepared by the team, which is described later in this publication. The team leader, on behalf of the team, provides a verbal summary of its findings to the chief nurse administrator and his/her invitees, if any, during the exit interview — the final session of the on-site evaluation.

CCNE may cancel or postpone an on-site evaluation due to concerns regarding the team's safety and/or ability to conduct a thorough on-site evaluation (e.g., as a result of natural disaster, public health emergency or pandemic, faculty strike or lockout, threats of war or terrorism, curtailment of transportation).

It is the Board's policy to conduct on-site evaluations. However, the CCNE Board may, at its discretion, approve the conduct of a virtual evaluation. Similar to an on-site evaluation, the virtual evaluation is a comprehensive accreditation review process, and may be conducted for an accredited or an applicant program. The CCNE procedures for on-site evaluations apply to virtual evaluations, as adjusted for the virtual evaluation format. The CCNE Board can make an accreditation decision based on the virtual evaluation.

If CCNE conducts a virtual evaluation, the program must additionally host an in-person verification visit within 2 years of the end of the review cycle in which the virtual evaluation was conducted, unless extraordinary circumstances warrant a reasonable extension of time. (The end of a spring review cycle is June 30. The end of

a fall review cycle is December 31.) The extension of time may not exceed ~~12 months~~2 years. The purpose of the in-person verification visit is to tour and review a variety of resources (e.g., nursing building, classrooms, faculty offices, academic resource space, laboratories, facilities, equipment, and technology) available to the program(s) hosting the virtual evaluation.

All individuals who represent CCNE as in-person verification visitors must have participated in a CCNE training program in which they are oriented to the in-person verification visit process. CCNE staff assigns visitors to conduct the in-person verification visits. Typically, one visitor is assigned to conduct each verification visit. The visitor may be a CCNE Board member, an evaluator, or a senior staff member. In order to guard against conflicts of interest, the chief nurse administrator is provided with the opportunity to reject, for cause, the assigned visitor. Conflicts of interest are addressed in the Conflicts of Interest section.

The results of the in-person verification visit will be documented by the visitor and provided to CCNE. If any concerns relative to a program's compliance with the accreditation standards or procedures are identified as a result of the in-person verification visit, these will be communicated to the CCNE Board for further review.

Evaluation Team and Observers

Team members are selected for the particular perspective they contribute to the evaluation team. Team members make important contributions, individually as experts and collectively as a team of peer evaluators. The composition of a comprehensive evaluation team includes trained CCNE evaluators appointed in accordance with the type and specialty orientation of the program(s) reviewed. All evaluation teams must consist of one or more educators and one or more practicing nurses. All individuals who represent CCNE as evaluators must have participated in a CCNE evaluator training program in which they are oriented to the accreditation review process.

The educator who serves on the evaluation team has depth of knowledge in one or more areas of nursing expertise and is familiar with nursing education and program development. He or she is responsible for helping the team understand the special nature of nursing education and the importance of preparing safe and effective nurses. Educators assist the team in evaluating curricula, faculty roles and qualifications, internal governance, student services, and student and faculty outcomes.

The practicing nurse who serves on the evaluation team a) regularly engages, as his or her primary professional role, in nursing practice; or b) has worked full-time in nursing practice for a minimum of 10 years and maintains currency in practice by providing nursing care at least 200 hours per year. The practicing nurse has knowledge about nursing in general and depth of knowledge in at least one area of nursing practice relevant to the program(s) under review.

The size of the evaluation team is determined in accordance with the type of program(s) under review. Normally the team consists of three to five members. In general, three team members, including the team leader, are appointed to evaluate a single degree or certificate program; four team members, including the team leader, are appointed to evaluate two degree programs with or without a certificate program; and five team members, including the team leader, are appointed to evaluate three degree programs (i.e., baccalaureate, master's, and DNP programs) with or without a certificate program. CCNE reserves the right to increase the size of the team whenever appropriate (e.g., when there are multiple tracks or multiple campus/sites or when the institution/program has an unusually complex organizational structure or consortium structure). When reviewing a post-graduate APRN certificate program in addition to a degree program, an additional team member is not typically required if a graduate degree is also under review; however, at its discretion, CCNE may add an additional team member when it deems appropriate. The program bears the cost of the CCNE on-site evaluation. Refer to the section on On-Site Evaluation Fees for more information.

CCNE staff assigns team leaders and team members to serve on evaluation teams from the list of trained on-site evaluators. In order to guard against conflicts of interest, the chief nurse administrator is provided with the opportunity to reject, for cause, any member of the proposed evaluation team. Conflicts of interest are addressed in the Conflicts of Interest section.

With the consent of CCNE and the team leader, the chief nurse administrator may invite individuals from interested agencies to observe the evaluation at no expense to CCNE. Observers may be included in all evaluation activities except for executive sessions of the team. CCNE may invite individuals to observe the evaluation, as well, at no expense to the program under review.

Evaluation Resource Materials

At least 7 days prior to the CCNE on-site evaluation, the program must provide the team access to evaluation resource materials, commonly referred to as a "virtual resource room." Evaluation resource materials are to be made available in electronic form for review by the team. The program shall notify the team when it has access to the virtual resource room and provide instructions to the team about how to access the information. In general, the information should include any materials referenced in the self-study document that were not included in the appendices, and any other information that provides evidence of compliance with the accreditation standards and their key elements. The resources and documents in the virtual resource room should be organized to facilitate the team's assessment of the program's compliance with each accreditation standard. The information in the virtual resource room shall remain accessible to the team until the on-site evaluation concludes.

During the on-site evaluation, the evaluation team must have access to student files and records. CCNE recognizes that such materials may contain personally identifiable student information that is subject to the Family Educational Rights and Privacy Act (FERPA). However, FERPA and the U.S. Department of Education's related regulations at 34 CFR Part 99 allow disclosure of such information to accrediting organizations carrying out their accrediting functions. Therefore, under FERPA, student files and records that contain personally identifiable information may be provided to CCNE without obtaining prior student consent. These files and records and their contents will be kept confidential.

Preparation of the Team Report

The team report is an objective assessment of the program's compliance with the accreditation standards. It represents the team's findings regarding whether the program has clearly specified education outcomes consistent with its mission and appropriate in light of the degree awarded; whether it is successful in achieving its objectives; and whether its degree requirements conform to commonly accepted standards.

The team report is based upon the team's analysis of institutional documents and other materials provided by the program, as well as an analysis of information garnered during interviews with program constituents, observation of classes, and other activities of the team during the on-site evaluation. All statements, findings and recommendations included in the report are made in good faith with a view toward enhancing the quality of the educational program. The report reflects only that information obtained as part of the educational evaluation process conducted in accordance with CCNE procedures.

For each program under review, the evaluation team makes a written determination in the team report about whether a program has met (i.e., that the program substantially complies with the standard) or not met (i.e., that the program fails to substantially comply with the standard) each accreditation standard. For each program under review, at the key element level, a determination is made about whether there are compliance concerns. A narrative summary is provided for~~under~~ each key element to support~~s~~ the team's findings.

The team leader coordinates the development of the team report and ensures that a draft report has been written before leaving the site. The team does not form a recommendation regarding the accreditation of the program. The team leader is requested to submit the team report to CCNE within 2 weeks of the on-site evaluation. CCNE staff reviews the team report, and the final team report is made available to the chief nurse administrator.

Program Response

The chief nurse administrator is provided a minimum of 15 calendar days to submit the program's written response to the report of the evaluation team. The response to the team report may:

1. offer corrections of errors as they relate to names, positions, data, and other documentable facts; and/or

2. offer comments that agree or disagree with the opinions and conclusions stated in the team report; and/or

3. provide any documentation demonstrating additional progress made toward compliance with the accreditation standards, key elements, or ongoing program improvement.

The program's response to the team report is submitted to CCNE by the chief nurse administrator, as instructed by CCNE. CCNE sends the program's response to the team report to the evaluation team. The team report with the program's response to it is provided to the ARC and, subsequently, to the CCNE Board. As the program's response to the team report is considered along with the team report at the ARC and Board meetings, CCNE does not require the chief nurse administrator to attend those meetings; however, program representatives may meet with the ARC if desired, and at the institution's expense, although they may not be present during the ARC's deliberations and voting. The chief nurse administrator should inform CCNE of the program's intent to send representatives to the ARC meeting when submitting the program's response to the team report. The chief nurse administrator's request to send representatives to the ARC meeting must be received by CCNE at least 30 days in advance of the ARC meeting.

THE ACCREDITATION DECISION-MAKING PROCESS

Review by the Accreditation Review Committee

All members of the ARC are provided the self-study document, team report, and response to the team report submitted by the chief nurse administrator. The ARC may consider additional facts or other information not available to the team at the time of the on-site evaluation as part of the review of the report, as designated by CCNE.

If the chief nurse administrator and/or other program representative(s) elect to meet with the ARC, he/she may provide a verbal statement to the ARC regarding the findings identified in the team report. The ARC reserves the right to limit the time of the verbal presentation.

The team leader may be invited to participate during the ARC's review by, among other things, providing a verbal summary of the team's findings as stated in the team report or elaborating further on those findings, clarifying the team report, and/or answering any questions of the ARC. The chief nurse administrator and/or other program representative(s) is given an opportunity to respond to the team leader's comments.

The ARC reviews all materials carefully and formulates a confidential recommendation regarding a proposed action to be taken by the CCNE Board. Neither the chief nurse administrator nor the team leader may be present during the ARC's deliberations. The proposed accreditation action includes:

1. accreditation status and term of accreditation;

2. identification of any areas where the program is not in compliance with CCNE standards and/or key elements; and

3. a schedule for progress, compliance, or special reports to be submitted and for the conduct of subsequent comprehensive or focused evaluations, if needed.

Action by the Board of Commissioners

At a meeting of the CCNE Board that occurs following the meeting of the ARC, the Board considers the proposed accreditation action recommended by the ARC. All Board members are provided the self-study document, the team report, and the response to the team report submitted by the chief nurse administrator. After reviewing all relevant materials, the Board may accept the recommendation of the ARC or it may choose to take an alternative action that it believes is appropriate.

ACCREDITATION CATEGORIES

Accreditation

Accreditation is granted by the CCNE Board to a degree program or a post-graduate APRN certificate program that demonstrates substantial compliance with the CCNE standards and key elements. Accreditation is an indication of CCNE confidence in the overall integrity of the program, the demonstrated success of the program in achieving program outcomes and engaging in continuous self-improvement, and the ability and wherewithal of the program to continue as an accredited program for the foreseeable future. For baccalaureate, master's, and DNP programs, initial accreditation may be granted for a time period extending up to 5 years. For a post-graduate APRN certificate program that hosts an on-site evaluation by itself (not concurrently with one or more degree programs), initial accreditation may be granted for a time period extending up to 5 years. For a post-graduate APRN certificate program~~s~~ that hosts an on-site evaluation concurrently with one or more degree programs, initial accreditation may be granted for the same time period for which the degree program(s) being evaluated concurrently is eligible. For baccalaureate, master's, DNP, and post-graduate APRN certificate programs, accreditation may be continued for a time period extending up to 10 years based upon demonstrated substantial compliance with the standards for accreditation. A comprehensive on-site evaluation serves as the basis for granting initial or continued accreditation. CCNE will provide notice of its accreditation actions to the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public within 30 days of taking the action.

Accreditation Denied

Accreditation is denied by the CCNE Board when the Board determines that a degree program or a post-graduate APRN certificate program seeking initial accreditation fails to demonstrate substantial compliance with the CCNE standards and key elements and/or fails to adhere materially to CCNE procedures (e.g., by failing to submit reports, pay fees, or adhere to other CCNE procedures). When the Board considers an action to deny accreditation, the Board a) determines that one or more CCNE accreditation standards are not met and/or b) identifies the specific CCNE procedures to which the program has failed to adhere. The program will be notified of an accreditation denied action within 30 days. The program has an obligation to ~~inform~~ notify its students and prospective students/applicants of this adverse action within 7 business days of notification by CCNE. CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agencies of the decision at the same time the program is notified and will issue a public notification within 1 business day of notification to the program.

The institution is afforded the opportunity to seek and fully exhaust the appeal process. At the conclusion of the appeal process, which includes review by a Hearing Committee, if the action to deny accreditation is affirmed, CCNE will notify the program of the decision within 30 days. At the same time the program is notified, CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agencies. Within 1 business day of notification to the program, CCNE will issue a public notification regarding the final decision upon appeal. The program is obligated to ~~inform~~ notify its students and prospective students/applicants of any final adverse action upon appeal within 7 business days of notification by CCNE.

CCNE will make available to the U.S. Department of Education, the appropriate state agencies, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for CCNE's decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment.

Accreditation Withdrawn

Accreditation is withdrawn by the CCNE Board when the Board determines that a CCNE-accredited degree program or a post-graduate APRN certificate program fails to demonstrate substantial compliance with the CCNE standards and key elements and/or fails to adhere materially to CCNE procedures (e.g., by failing to submit reports, pay fees, or adhere to other CCNE procedures). When the Board considers an action to withdraw accreditation, the Board a) determines that one or more CCNE accreditation standards are not met and/or b) identifies the specific CCNE procedures to which the program has failed to adhere. The program will be notified of an accreditation withdrawn action within 30 days. The program has an obligation to ~~inform~~ notify its students and prospective students/applicants of this adverse action within 7 business days of notification by CCNE. CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agencies of the decision at the same time the program is notified and will issue a public notification within 1 business day of notification to the program.

The institution is afforded the opportunity to seek and fully exhaust the appeal process. At the conclusion of the appeal process, which includes review by a Hearing Committee, if the action to withdraw accreditation is affirmed, CCNE will notify the program of the decision within 30 days. At the same time the program is notified, CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agencies. Within 1 business day of notification to the program, CCNE will issue a public notification regarding the final decision upon appeal. The program is obligated to ~~inform~~ notify its students and prospective students/applicants of any final adverse action upon appeal within 7 business days of notification by CCNE.

CCNE will make available to the U.S. Department of Education, the appropriate state agencies, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for CCNE's decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment.

A program whose accreditation is withdrawn by CCNE may request an effective date that is different than the date of the accreditation withdrawn action. Such a request must be in writing, must be received by CCNE within 7 days of receipt of the notice of the accreditation withdrawn action, and must provide a compelling reason for the request, particularly related to student protection and the imminent graduation/completion of students in the affected program. A decision to grant such a request falls within the sole discretion of the CCNE Board and is not appealable.

Withdrawal of Accreditation: Parent Institution Accreditor Loses U.S. Department of Education Recognition

A CCNE-accredited program must be located in a parent institution that is accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education. If the institutional accrediting agency of the parent institution loses its recognition by the U.S. Department of Education, the parent institution must achieve a) applicant, candidacy, or similar status, with an institutional accrediting agency recognized by the U.S. Department of Education within 18 months of the loss of recognition, and b) accreditation by an institutional accrediting agency recognized by the U.S. Department of Education within 36 months of the loss of recognition.

If the parent institution of the CCNE-accredited program fails to achieve a) and/or b), CCNE will withdraw accreditation of the program. Actions to withdraw accreditation due to loss of U.S. Department of Education recognition of the accreditor of the parent institution are not subject to appeal. Within 30 days of such an action, CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action.

Withdrawal of Accreditation: Loss of Institutional Accreditation

A CCNE-accredited program must be located in a parent institution that is accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education. If the parent institution has such institutional accreditation withdrawn, revoked, or terminated (or any similar action resulting in loss of accreditation), the CCNE Board may withdraw accreditation of the degree or post-graduate APRN certificate program.

Actions to withdraw accreditation due to loss of institutional accreditation are not subject to appeal. Within 30 days of such an action, CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action.

Withdrawal of Accreditation: Closed Programs

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 a) it has not enrolled at least one student or does not have at least one completer over a 2-year period, and b) the institution does not have an accredited degree program that offers at least one track (with the same APRN role and population focus) that aligns with a track in the certificate program, and that track in the accredited degree program remains in continuous operation with enrolled students. 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, and does not align with a track in a CCNE-accredited degree program as described above, the program must notify CCNE within 30 days of such occurrence. This notification should be made following the process described in the Substantive Change Notification section, while using the timeframe delineated in this section.

CCNE 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. This is an administrative action to be approved by the CCNE Executive Director. If needed, the Executive Director may refer the matter to the CCNE Board chair or Executive Committee as appropriate. Within 30 days of learning of a program's closure, CCNE will notify the U. S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action.

Voluntary Withdrawal of Accreditation

The pursuit of accreditation is a voluntary process. A~~n institution that seeks continued accreditation of its~~ baccalaureate, master's, DNP, and/or post-graduate APRN certificate program(s) may withdraw from this process at any time, but no later than the day prior to the CCNE Board's decision-making meeting at which the program(s) will be reviewed for continued accreditation. The program is obligated to notify its students and prospective students/applicants of its voluntary withdrawal of accreditation within 7 business days of submitting its written notification to CCNE.

Within 10 days of receiving written notification ~~from an institution~~ of ~~its~~ an accredited program's intent to withdraw from the accreditation process, CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action. A~~n institution~~ program that voluntarily withdraws from accreditation may reapply for accreditation no earlier than 6 months following the withdrawal. If a program allows its accreditation to lapse, this is considered the same as voluntary withdrawal of accreditation and the same notification requirements apply.

Show Cause

The Board may issue a show cause directive when substantive questions and concerns are raised regarding a CCNE-accredited program's substantial compliance with the CCNE standards ~~and key elements~~ or its material adherence to ~~the~~ CCNE procedures. CCNE notifies the chief nurse administrator and the institution's chief executive officer of the show cause directive in writing.

The issuance of a show cause directive is not an adverse action, but a statement of serious concern by the Board. The program must respond to the Board's concerns within a specified time and "show cause" as to why adverse action should not be taken against the program. The Board will consider the program's response at a subsequent meeting, and may act to vacate the show cause, continue the show cause and require additional reporting or a focused on-site evaluation, or take adverse action. Because a show cause directive is not an adverse action, it is not appealable. A program may remain subject to a show cause directive for no longer than 12 months. CCNE notifies the U.S. Department of Education, appropriate state agencies, the appropriate accrediting agencies, and the public of a decision to issue a show cause directive at the same time it notifies the program. The program is obligated to notify ~~inform~~ its students and prospective students/applicants of any show cause action within 7 business days of notification by CCNE and must provide the notification and evidence of dissemination to CCNE within 3 business days. If CCNE finds that the notification is inaccurate, misleading, or incomplete, CCNE will notify the program, and the program will be required to notify students and prospective students/applicants of corrections within 3 business days and to furnish CCNE with evidence of the corrections and dissemination of corrected communications to students and prospective students/applicants (and any other parties that were sent the original or similar inaccurate, misleading, or incomplete notification).

Adverse Actions

CCNE may immediately take adverse action when it determines that a program is not in substantial compliance with CCNE's standards ~~and key elements~~ or does not adhere materially to CCNE procedures. Adverse actions include actions of the CCNE Board to deny or withdraw accreditation (except for withdrawal of accreditation due to parent institution accreditor losing U.S. Department of Education recognition, withdrawal of accreditation due to loss of institutional accreditation, and withdrawal of accreditation due to program closure). Adverse actions are subject to review under the appeal process. The appeal process may be initiated by the parent institution in accordance with the procedures specified in this document.

Consistent with 20 U.S.C. 1099b(e), the parent institution must submit any dispute involving CCNE's final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action. Notification of any submission to, or demand for, arbitration must be submitted to CCNE in writing, and be received by CCNE within 90 days of any final denial, withdrawal, or termination of accreditation.

COMMUNICATION OF ACTIONS TO OTHER AGENCIES

It is the policy of CCNE to share information regarding accreditation actions, including actions to grant or continue accreditation, show cause actions, and adverse actions, with other appropriate accrediting agencies, appropriate state agencies, and the U.S. Department of Education.

The U.S. Department of Education, institutional and other accrediting agencies, appropriate state agencies, and the public are notified in writing within 30 days of any action to grant initial accreditation or continue accreditation, to issue a show cause directive, and any decision to initiate or take final adverse action. In the case of a show cause action or an adverse action, such notification occurs at the same time the program is notified of the action. The public notification is posted on the CCNE website and is included in information distributed by CCNE. Within 1 business day of notifying an institution of a show cause action or an adverse action, CCNE provides written notice of that action to the public on the CCNE website. Within 60 days of any final adverse action, CCNE releases to the U.S. Department of Education and appropriate state agencies, and makes available to the public, a summary of the findings made in connection with the action, as well as the official comment, if any, received from the institution regarding the final action, or evidence that the affected institution was offered the opportunity to provide official comment.

DISCLOSURE

The current published CCNE accreditation status of a baccalaureate or graduate nursing program is available upon request to any interested party and is posted on the CCNE website.

All final accreditation actions are posted on the CCNE website. CCNE posts a directory of accredited nursing programs on the CCNE website, which is updated following the accreditation decision-making meetings of the CCNE Board. The accreditation status of a program, including the term of accreditation and year of the program's next review for accreditation, is included in the directory.

CCNE also, upon request, shares with the U.S. Department of Education, appropriate recognized accrediting agencies, and appropriate state agencies information about the accreditation status of a program; current show cause directives that CCNE has issued to a program; and adverse actions it has taken against a program.

CCNE provides any other information requested by the U.S. Department of Education in accordance with the Secretary's procedures and criteria for the recognition of accrediting agencies. Such information may include, but not be limited to, the name of any accredited program that CCNE believes is failing to meet its Title IV program responsibilities or is engaged in fraud or abuse, along with the reasons for the concern by CCNE, and any proposed change to CCNE standards or procedures that is substantive in nature and/or might alter its scope of recognition by the Department or its compliance with the Secretary's criteria for recognition.

If a program elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. This statement must include either the accrediting agency's full name, address, and telephone number or the accrediting agency's full name and address of the website home page, which identifies CCNE's address and telephone number. CCNE has approved the use of *either* of the following statements for disclosure of the accreditation status to the public:

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.

If a program or institution elects to make a public disclosure that it is pursuing initial accreditation by CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. CCNE has approved the use of either of the following statements for disclosure of status to the public when a program is pursuing initial accreditation by CCNE:

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 pursuing initial accreditation by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org). Applying for accreditation does not guarantee that accreditation will be granted.

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 pursuing initial accreditation by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791. Applying for accreditation does not guarantee that accreditation will be granted.

Any incorrect or misleading information provided by a program about its CCNE accreditation status, including information related to accreditation actions, will be corrected publicly. Similarly, CCNE will publicly correct any inaccurate or misleading information a program discloses about the content of a team report. Further, CCNE may require a program to publicly correct any misleading or inaccurate advertising, marketing materials, published documents, or public claims regarding the program's offerings, outcomes, and accreditation status.

ACCREDITATION TERM

An accreditation term is the period during which the program's accreditation status remains valid as long as certain conditions have been met.

The dates on which an accreditation status becomes effective and on which it ceases are important because accreditation status sometimes establishes eligibility of a program for participation in certain federal programs and/or establishes the qualifications of graduates to pursue certain career opportunities. For all programs that are granted initial accreditation by CCNE and for all programs whose accreditation is continued by CCNE, the CCNE accreditation action is effective as of the first day of that program's most recent CCNE on-site evaluation. The effective date of a CCNE accreditation action will not predate either a) an earlier action by CCNE to deny or withdraw accreditation of the program or b) CCNE's formal acceptance of the program's application to pursue initial accreditation.

In granting a term of accreditation the CCNE Board shows its confidence in the ~~competency~~ quality and effectiveness of the educational program and in its continuing ability to substantially comply with CCNE standards. At the discretion of the CCNE Board, for baccalaureate, master's, and DNP programs, initial accreditation may be granted for a maximum period of 5 years based upon the results of a comprehensive on-

site evaluation. For post-graduate APRN certificate programs, initial accreditation may be granted for up to the same time period for which the degree program being evaluated concurrently is eligible. As indicated in the section on Scheduling the On-Site Evaluation, post-graduate APRN certificate programs must be presented for evaluation at the same time as one or more degree programs (e.g., baccalaureate, master's, and/or DNP program).

At the discretion of the CCNE Board, continued accreditation of a CCNE-accredited program may be granted for a maximum period of 10 years based upon the results of a comprehensive on-site evaluation. If a post-graduate APRN certificate program and a degree program are both pursuing initial accreditation, each program is eligible for a term of up to 5 years. If the post-graduate APRN certificate program seeking initial accreditation is being evaluated at the same time as a CCNE-accredited degree program, each program is eligible for a term of up to 10 years.

The Board may, at its discretion, grant an accreditation term of any length, up to and including the maximum accreditation term. The Board may act to grant an accreditation term that is less than the maximum term for which the program is eligible if, upon its review of the program, it determines that one or more concerns warrant a grant of a lesser term. When an accreditation term is granted for a period less than the maximum possible, the Board may, at its discretion, specify that an extension of the term is possible, pending a future review of the program and determination by the Board that the program has demonstrated substantial compliance with the previously cited concern(s) ~~have been resolved satisfactorily~~. If, upon review of the continuous improvement progress report, compliance report, special report, or any other report requested by the Board in the accreditation action letter, the Board concludes that the program has demonstrated substantial compliance with the previously~~satisfactorily resolved the~~ cited concern(s), a new action must be taken at that time regarding the extension of the accreditation term. Under no circumstances may the revised term of accreditation exceed 10 years for continued accreditation or 5 years for initial accreditation. In order to appropriately monitor programs throughout the accreditation period, the Board may require submission of an additional report(s) when extending an accreditation term.

The chief nurse administrator may request that one or more of an institution's CCNE-accredited programs host an earlier on-site evaluation to coincide with the scheduled review of the institution's other program(s). Such requests must be made in writing and received by CCNE at least 12 months in advance of the next scheduled evaluation. If granted, the program(s) is not absolved of its obligation to submit any required reporting, including, but not limited to, compliance and continuous improvement progress reports. When a program hosts an earlier on-site evaluation, the Board's accreditation decision upon review of that earlier evaluation supersedes the remainder of the previously awarded term of accreditation (e.g., if the program hosts an on-site evaluation 2 years prior to the end of its term of accreditation, once the Board makes its new accreditation decision, the program does not retain the remaining 2 years).

The Board may also elect to modify a program's accreditation term when an institution or program has undergone a substantial change, deterioration in the program has occurred, the program requests an earlier evaluation, or a formal complaint against a program requires an on-site evaluation or review of the issues surrounding the complaint. The Board reserves the right to conduct an evaluation or review of the program whenever, in its judgment, circumstances require such evaluation or review. This evaluation or review may have an impact on a previously-granted accreditation term, resulting in a reduced accreditation term or an immediate adverse action to withdraw accreditation.

It is the Board's policy not to grant extensions of accreditation terms beyond the maximum term. However, a program that is accredited by CCNE may request postponement of its regularly scheduled review, but only for extraordinary reasons. A request for postponement by an accredited program must be made in writing and received by CCNE at least 12 months prior to the expiration of the accreditation term, or as soon as is practicable in the event of a natural disaster or other unforeseen severe circumstances. Any exceptions must

be approved by the CCNE Board and require action by the Board to extend the current accreditation term by a specified period of time.

NOTIFICATION TO THE PARENT INSTITUTION

CCNE notifies institutions of the accreditation action by the CCNE Board pertaining to the nursing program(s) in writing within 30 days of the date on which the Board completes its accreditation deliberations and takes action.

CCNE sends the accreditation action letter to the chief nurse administrator at the institution and to the institution's chief executive officer. The report of the evaluation team and the program's response to the team report are available to the institution in the CCNE Online Community. CCNE also sends the final action letter to the Accreditation Review Committee and the evaluation team that reviewed the program. The institution may make the accreditation findings available to faculty, students, administrative personnel, and other program constituents.

The accreditation action letter comprises the accreditation decision of the Board, identifying any areas in which the program has failed to demonstrate substantial compliance with the CCNE standards ~~and key elements~~ and/or has failed to adhere materially to CCNE procedures.

For adverse actions, the action letter contains the following information:

1. the specific reasons for taking the adverse action, including a) the standard(s) ~~and key elements~~ with which the program failed to substantially comply and/or b) the CCNE procedures to which the program failed to adhere materially;

2. the date the action becomes effective;

3. a notice to the ~~institution~~ program that it may initiate an appeal process and the date by which such a request must be received by CCNE; and

4. a reminder to the ~~institution~~ program regarding its obligation to ~~inform~~ notify students in the nursing program and applicants to the program about the adverse action if no request for an appeal is made.

Notification of adverse actions is confidential, except as specified in the section on Disclosure.

MONITORING PROGRAM PERFORMANCE

Annual Reports

The chief nurse administrator of a program that holds CCNE accreditation is required each year to submit a report to CCNE, providing statistical data and other information about the parent institution, program(s), faculty, and students. The information submitted in the annual report is utilized to update CCNE records to help determine whether the program continues to substantially comply with the CCNE standards ~~and key elements~~. Information collected as part of the annual report includes headcount enrollment data as well as other areas of interest.

Annual reports are reviewed by CCNE staff, and, if particular concerns or problems are identified, the reports are reviewed further by the RRC, which may request additional information from the program. The RRC monitors student headcount enrollment data provided by programs in the AACN annual survey. The following screening criteria are among those used to determine which programs require further review:

- an enrollment of 1-10, and the program reports a 300% or greater increase from the prior year;
- an enrollment of 11-49, and the program reports a 200% or greater increase from the prior year;
- an enrollment of 50-499, and the program reports a 100% or greater increase from the prior year; or
- an enrollment of 500 or more, and the program reports a 50% or greater increase from the prior year.

However, programs are excluded from needing further review if:

- the growth results in a total enrollment of 10 or fewer students; or
- there is an overall enrollment growth of 10 or fewer students.

The RRC monitors program licensure and certification pass rates through a variety of means. This may include but is not limited to NCLEX-RN® and certification pass rate data provided by programs in the AACN annual survey; data and information provided to CCNE by the National Council of State Boards of Nursing (NCSBN), state boards of nursing, and certification agencies; and data and information from other sources (e.g., institution and agency websites). The RRC will use the criteria established in the CCNE standards to determine whether a program must submit additional reporting to CCNE.

The additional information requested of the program is reviewed by the RRC. Upon review of the information, the RRC may find that no further information is needed. If warranted, the RRC forwards the information, along with a confidential recommendation, to the CCNE Board for review and action. That action may include, but is not limited to, additional reporting, a focused or comprehensive on-site evaluation, or the issuance of a show cause directive. Data supplied annually by programs to AACN may be used to fulfill CCNE's annual reporting requirements.

Continuous Improvement Progress Reports

An accredited program submits a continuous improvement progress report (CIPR) for the purpose of demonstrating continued compliance with the CCNE standards and key elements, as well as ongoing program improvement. The accredited program is required to submit one progress report, unless additional progress reports are specifically requested by the Board. The continuous improvement progress report is generally submitted at the mid-point of the accreditation term. If a program is awarded a term of accreditation less than 3 years, the Board, at its discretion, may waive the continuous improvement progress report if there is other reporting that CCNE has required from the program that is designed to address the area(s) of concern.

In the continuous improvement progress report, the program provides data regarding the program's continued compliance with all CCNE standards and key elements, including, but not limited to, financial information, data on headcount enrollment, and data related to student achievement. The program should report on its continuous improvement efforts, including a description of any new initiatives, concerns, or objectives identified for the program since the most recent on-site evaluation, and the institution's efforts toward improving the program based on ongoing self-study.

The report should contain documentation and data about any changes in the nursing program(s) and changes in the institution as a whole that may affect the nursing program(s).

Reporting on changes in the continuous improvement progress report (e.g., the addition, suspension, or closure of a track) does not absolve the program of its responsibility to submit substantive change notifications as described in the section on Substantive Change Notification.

CCNE provides g~~G~~uidance on preparing the continuous improvement progress report, page limitations, and a report template ~~are provided~~ on its website, and this information may be obtained by contacting the CCNE office. Appendices are not required, but may be included with the report, if necessary.

Continuous improvement progress reports are reviewed by the RRC. At the request of the RRC, the chief nurse administrator may be asked to provide additional information to CCNE.

Upon its review of the continuous improvement progress report, the RRC formulates a confidential recommendation to the CCNE Board. The RRC may recommend either of the following:

- That the Board find that the continuous improvement progress report demonstrates that the program continues to substantially comply with all accreditation standards; or

- That the Board find that the continuous improvement progress report does not demonstrate that the program continues to substantially comply with all accreditation standards.

If the RRC recommends that the Board find that the continuous improvement progress report does not demonstrate continued substantial compliance by the program, it will identify the concerns supporting its recommendation and may also recommend that the Board require additional reporting or a focused or comprehensive on-site evaluation, or issue a show cause directive. The Board ultimately may take adverse action based on the information derived from this additional reporting.

Compliance Reports

A compliance report is required in cases in which the Board determines, at the time accreditation is granted or continued, that the program has a compliance concern for one or more key elements although substantial compliance with the standard for accreditation was demonstrated. (See the section on Special Reports if the program does not substantially comply with one or more standards for accreditation.) An accredited program submits a compliance report for the purpose of demonstrating compliance with the previously cited key element(s).

The request for a compliance report will specify the area(s) of concern and the date of expected submission. Compliance reports are normally submitted 1 year, but no later than 15 months, following the Board's determination that the program has a compliance concern for one or more key elements. It is the responsibility of the program to submit the compliance report to CCNE and ensure that it is received on or before the specified deadline ~~that is specified in the action letter~~.

Compliance reports are reviewed by the RRC. At the request of the RRC, the chief nurse administrator may be asked to provide additional information to CCNE.

Upon its review of the compliance report, the RRC formulates a confidential recommendation to the CCNE Board. The RRC may recommend either of the following:

- That the Board find that the compliance report demonstrates that the program complies with the key element(s); or

- That the Board find that the compliance report does not demonstrate that the program complies with the key element(s).

If the RRC recommends that the Board find that the compliance report does not demonstrate compliance by the program, it will identify the concerns supporting its recommendation and may also recommend that the Board require additional reporting or a focused or comprehensive on-site evaluation, or issue a show cause directive. The Board ultimately may take adverse action based on the information derived from this additional reporting.

Special Reports

A special report is required in cases in which the program, at the time accreditation is granted or continued, does not substantially comply with one or more of the standards for accreditation. The request for a special report will specify the area(s) of concern and the date of expected submission. The Board must require that the program satisfactorily address the area(s) of concern and demonstrate substantial compliance with the accreditation standard(s) within 2 years, a period which may be extended only for good cause. If a program fails to do so within the specified period, the Board must take adverse action with regard to the program's accreditation status. If the program does not demonstrate substantial compliance within 2 years, CCNE will take immediate adverse action unless the Board, for good cause, extends the period for ~~achieving~~ demonstrating substantial compliance.

It is the responsibility of the program to submit the special report to CCNE and ensure that it is received on or before the specified deadline. The report will be reviewed by the RRC, which will make a confidential recommendation to the Board regarding whether the program has demonstrated substantial compliance with the identified accreditation standard(s). The report will subsequently be reviewed by the Board~~, which will act either to accept or not accept the special report~~. Based on the information provided, the Board makes a determination:

- That the program has demonstrated that it substantially complies with the standard(s) in question; or
- That the program has not demonstrated that it substantially complies with the standard(s) in question, and
    - that additional reporting is required;
    - that additional reporting is required, and extends the time period by which the program must demonstrate substantial compliance with the standard(s) in question; or
    - takes adverse action (withdraws accreditation).

~~Special reports are accepted if the Board concludes, based on the evidence provided, that the program has demonstrated substantial compliance with the standard(s) in question. If the program has not fully resolved the cited concerns, the Board must act not to accept the special report and must a) take adverse action with regard to the program's accreditation status; or b) extend the time period by which the program must resolve the cited concerns.~~ If the Board makes a determination that the program has not demonstrated that it substantially complies with the standard(s) in question, the Board may additionally ~~extends the time period for compliance, it may also~~ require a focused or comprehensive on-site evaluation and/or issue a show cause directive.

In order for the Board to grant an extension of the time period for a program to demonstrate ~~achieving~~ substantial compliance beyond 2 years, the Board must find good cause exists to grant an extension. Good cause may be found if the program has made ~~substantial~~ considerable progress toward substantial compliance and the quality of the program is not in jeopardy. The Board determines the appropriateness of an extension of time for good cause on a case-~~-~~by-~~-~~case basis, but the extension of time for good cause may not exceed 18 months beyond the 2-year period for ~~achieving~~ demonstrating substantial compliance. If a program does not submit a requested special report, the Board will take adverse action with regard to the program's accreditation status.

Other Reports

The CCNE Board may, at its discretion, request that a program submit a report to provide additional information, clarification, or an update regarding any matter about which the Board has concerns or questions. The program will be notified in writing of the Board's request, together with the reasons for the request, a description of the information and documentation to be submitted, and the date on which the report is due.

If upon review of a compliance report, continuous improvement progress report, substantive change notification, complaint, or other report the Board finds that a standard is not met, the Board must request that a program submit a report requiring that the program satisfactorily address the area(s) of concern and demonstrate substantial compliance with the accreditation standard(s) within 2 years, a period which may be extended only for good cause. If a program fails to do so within the specified period, the Board must take adverse action with regard to the program's accreditation status. If the program does not demonstrate substantial compliance within 2 years, CCNE will take immediate adverse action unless the Board, for good cause, extends the period for ~~achieving~~ demonstrating substantial compliance.

In order for the Board to grant an extension of the time period for ~~achieving~~demonstrating substantial compliance beyond 2 years, the Board must find good cause exists to grant an extension. Good cause may be found if the program has made ~~substantial~~ considerable progress toward substantial compliance and the quality of the program is not in jeopardy. The Board determines the appropriateness of an extension of time for good cause on a case-~~-~~by-~~-~~case basis, but the extension of time for good cause may not exceed 18 months beyond the 2-year period for ~~achieving~~demonstrating substantial compliance. If a program does not submit a requested report, the Board will take adverse action with regard to the program's accreditation status.

Extension of Accreditation Term

When an accreditation term is granted for a period less than the maximum possible, the Board may, at its discretion, specify that an extension of the term is possible, pending a future determination by the Board that cited concerns have been resolved satisfactorily. If, upon review of the continuous improvement progress report, compliance report, special report, or any other report requested by the Board in the accreditation action letter, the Board concludes that the program has satisfactorily resolved the cited concerns, a new action must be taken at that time regarding the extension of the accreditation term. Under no circumstances may the revised term of accreditation exceed the maximum term of accreditation for which the program was eligible. In order to provide for appropriate monitoring of programs throughout the accreditation period, the Board may require submission of an additional report when extending an accreditation term.

Focused On-Site Evaluation

The CCNE Board may require focused on-site evaluations to review specific issues between comprehensive on-site evaluations. The purposes of focused evaluations are:

1. To follow up on unresolved matters from the most recent comprehensive on-site evaluation.

2. To evaluate new concerns or issues that come to light during the review of reports (annual reports, special reports, compliance reports, continuous improvement progress reports, or other), complaints, or as circumstances warrant.

3. To assess substantive changes in the program.

Continued accreditation may be contingent upon the results of a focused on-site evaluation.

Teams for the focused evaluation include two or more individuals and are appointed and configured in accordance with the scope and special purpose of the evaluation. Focused evaluations are usually conducted over a 1-day period; however, a longer evaluation may be necessary, depending on the scope and special purpose of the evaluation. The schedule for the focused evaluation includes opportunities for the team to meet with the appropriate personnel and review programmatic materials relative to the special purpose of the evaluation. The rights, privileges, and responsibilities of institutions during a focused evaluation are the same as those afforded an institution for a comprehensive evaluation. The team report based on a focused on-site evaluation is considered by the CCNE Board.

Substantive Change Notification

Irrespective of required annual reports, continuous improvement progress reports, compliance reports, or other reports, the CCNE-accredited program is required to notify CCNE of any substantive change affecting the nursing program. Substantive changes include, but are not limited to:

- significant change in established mission or goals of the program;
- change in legal status, control, or ownership of the institution or program~~, including acquisition of another institution or program~~;
- a significant reduction in resources of the institution or program;
- the development of a consortium involving two or more institutions to offer one or more nursing programs (or the closure of such);
- the merger of two or more institutions, or the acquisition of one or more institutions, when any of the involved institutions offers a nursing program;
- change in status with a state board of nursing or other regulatory agency, including cases in which the institution or program is placed on warning, probationary, or show cause status;
- change in status with an institutional accrediting agency or nursing accrediting agency, including cases in which the institution or program remains accredited but is placed on warning, probationary, or show cause status (refer to Institutional Accreditation for the reporting timeline if an adverse action is taken);
- change in (including development, suspension, or closure of) program offerings or options, including both degree and post-graduate APRN certificate programs and tracks within those programs (refer to Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a program);
- the addition of a new nursing program (e.g., a master's degree program, a DNP program, or a post-graduate APRN certificate program), when another nursing program (e.g., a baccalaureate degree program) is accredited by CCNE (CCNE's acceptance of a substantive change notification regarding development of a new program does not constitute an action to accredit that new program) (see the section on New Programs);
- ~~the addition of courses that represent a significant~~ change in curriculum delivery modality ~~method or location of delivery~~ from ~~those~~ that offered when CCNE last evaluated the program;
- change in location of curriculum delivery from that offered when CCNE last evaluated the program;
- change of the chief nurse administrator;

- significant change in faculty composition and size;
- ~~significant change in student enrollment;~~
- ~~significant change in teaching affiliations;~~
- major curricular revisions; and
- change in student achievement such that completion rates, pass rates, and/or employment rates fall below CCNE's expectations.

Consistent with the U.S. Secretary of Education's procedures and criteria for the recognition of accrediting agencies, CCNE has identified student achievement expectations for nursing programs within its scope. Refer to the *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*, available on the CCNE website, for CCNE's expectations relative to completion rates, pass rates, and employment rates.

The substantive change notification must be received by CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change, unless otherwise noted. See the section on Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a degree offering.

The substantive change notification is submitted by the chief nurse administrator and must document the nature and scope of the substantive change. The notification also must document how, if at all, the change affects the program's compliance with the accreditation standards. CCNE provides guidance on preparing the substantive change notification, page limitations, and a template on its website, and this information may be obtained by contacting the CCNE office. Appendices may be included with the report, if necessary.~~The substantive change notification should not exceed 10 pages, excluding pertinent supplementary information, unless otherwise approved in advance by CCNE staff.~~

The substantive change notification is reviewed by the SCRC. Upon review of the notification, the SCRC may act to accept the change or may request additional information. If warranted, the notification is forwarded to the CCNE Board or other appropriate committee for review and action. The Board's review of a substantive change notification may result in acceptance of the notification, additional reporting requirements, a focused or comprehensive on-site evaluation, issuance of a show cause directive, or an adverse action.

Continued accreditation of the program is contingent upon the chief nurse administrator apprising CCNE of substantive changes in a timely manner. The chief nurse administrator is encouraged to contact CCNE staff if there is a question about whether a particular change constitutes a substantive change.

Report Review Processing Under Special Circumstances

At CCNE's discretion (e.g., to expedite the review of a report or to coordinate the review of multiple reports submitted by an institution), any report may be reviewed by either the Executive Committee or the Board without first being reviewed by the SCRC or the RRC. Additionally, CCNE may cancel or combine reports to streamline processes and/or to reduce redundancy in reporting.

REVIEW OF ADVERSE ACTIONS

If an adverse action is taken by CCNE, the program receives formal written notification of the adverse action. The basis for the adverse action, the program's right to appeal, and the appeal procedures are stated in the notification of adverse action. The program may appeal the adverse action of the CCNE Board to a Hearing Committee. The notice of appeal must be received in the CCNE office within 10 business days of receipt of the

action letter and must include the basis for the appeal, which must be either that a) CCNE's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action and/or b) the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards, or other established policies and practices, and that procedural error materially prejudiced CCNE's consideration. The purpose of the appeal is not to reevaluate anew the educational program. The program bears the burden of proof on appeal. The program is entitled to be represented by counsel throughout the appeal process.

If the program does not ~~file~~ submit a notice of appeal within the 10-day timeframe, the CCNE Board's adverse action becomes final. The effective date of the adverse action of the Board is the date of the Board action~~on which the notice of appeal was due but was not filed~~. If a program ~~files~~ submits a notice of appeal, the appeal process set forth below commences.

During the appeal period, the educational program retains its existing accreditation status (e.g., new applicant or accredited). Following the appeal process, if the Hearing Committee affirms or amends the adverse action of the CCNE Board, the effective date of the action is no earlier than the date of the Hearing Committee's decision. If the Hearing Committee remands the adverse action to the CCNE Board, the effective date of the accreditation action is no earlier than the Hearing Committee's decision to remand.

A program whose accreditation is withdrawn by CCNE may request an effective date that is different than the date of the accreditation withdrawn action. Such a request must be in writing, must be received by CCNE within 7 days of receipt of the notice of the accreditation withdrawn action, and must provide a compelling reason for the request, particularly related to student protection and the imminent graduation/completion of students in the affected program. A decision to grant such a request falls within the sole discretion of the CCNE Board and is not appealable.

Standard of Review

The purpose of the hearing is not to reevaluate anew the educational program; but rather, to determine whether CCNE's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action, or whether the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards, or other established policies and practices, and that procedural error materially prejudiced CCNE's consideration.

Written Materials and Documents

The program's full written appeal must be received in the CCNE office within 20 business days following its filing of the notice of appeal. If the full written appeal and appeal fee are not received in the CCNE office within 20 business days following the program's filing of the notice of appeal, CCNE will consider the appeal to be abandoned and the adverse action will become final as of that date. The written appeal must set forth the facts and reasons that are the basis of the appeal. The appeal is limited to the record of evidence that was before the CCNE Board at the time the adverse action was taken. At the time the program submits its written appeal, it must submit information that supports the basis of the appeal. Supplementary information may be considered by the committee if it is received in the CCNE office no later than 20 business days prior to the hearing. The Hearing Committee may request that additional materials and documents be submitted after this deadline or after the hearing. However, all supplementary information, like the written appeal itself, must be limited to the record of evidence that was before the CCNE Board at the time the adverse action was taken. The Hearing Committee does not consider new evidence or information provided by the institution that was not in the record reviewed by the CCNE Board at the time the adverse action was taken.

CCNE is provided the opportunity to submit a response to the program's full written appeal and to any supplementary information submitted by the program. CCNE's response must be submitted to the Hearing

Committee and the program and received no later than 15 business days prior to the hearing. The Hearing Committee may request additional materials and documents be submitted after this deadline or after the hearing. However, all responses, materials, and documents must be limited to the record of evidence that was before the CCNE Board at the time the adverse action was taken. The Hearing Committee does not consider new evidence or information provided by CCNE that was not in the record reviewed by the CCNE Board at the time the adverse action was taken.

Hearing Committee

The committee assigned to hear the appeal is appointed by the CCNE Board chair. The Hearing Committee functions as an independent review body for the purpose of reviewing materials and documents and hearing verbal presentations from representatives of the program and representatives of CCNE relative to the adverse action.

The Hearing Committee consists of three to five members, and must include at least one public member, one practicing nurse, and one academic representative. The size and composition of the Hearing Committee must take into consideration the nature of the appeal, and the content and scope of activities of the educational program under consideration. Membership of the Hearing Committee may not include any member of the CCNE Board, committee, advisory group, or evaluation team who was involved in the review of the program leading to the adverse action. The CCNE Board chair designates one member of the committee to act as chair of the Hearing Committee. The practicing nurse and academic representatives of the Hearing Committee must hold a graduate degree in nursing. They also must have at least 10 years of experience in nursing practice and/or nursing education, and must have been trained as a CCNE on-site evaluator. The public member must meet CCNE's definition of public member.

A list of names of potential members of the Hearing Committee is identified by CCNE staff and forwarded to the chief nurse administrator of the educational program under consideration within 20 business days of receipt of the full written appeal. The appellant is provided reasonable opportunity (not to exceed 10 business days) to object to individuals from the list based on conflicts of interest or other bona fide reasons. From those names on the list, the CCNE Board chair appoints the members of the Committee. The decision on whether a conflict of interest or other bona fide reasons exist for excluding a member from the Committee will also be made by the CCNE Board chair. The chief nurse administrator is informed of the individuals appointed. The final composition of the Hearing Committee is confirmed within 15 business days of the chief nurse administrator's response to the list of names.

A CCNE staff member is appointed to act as a technical advisor to the Hearing Committee as it prepares for the hearing. All members of the Hearing Committee are trained by CCNE on their responsibilities prior to the first meeting of the Hearing Committee. Such training includes a review of the CCNE standards, policies, and procedures, as appropriate, given the role of the Hearing Committee. The members of the Hearing Committee are subject to the conflicts of interest policy addressed in the Conflicts of Interest section. All sessions in which the Hearing Committee meets to organize its work are conducted in executive session.

Appeal Hearing: Time and Location

The appeal hearing takes place no later than 75 business days and no sooner than 45 business days following confirmation of appointment of the Hearing Committee. A date and time for the appeal hearing are determined by CCNE staff in consultation with the chief nurse administrator and the chair of the Hearing Committee. At CCNE's discretion, the hearing may be conducted in person or in a virtual format. The location of an in-person hearing and the platform for a virtual hearing will be determined by CCNE staff taking into consideration the need to preserve the confidentiality of the process.

Rights of Participants

At the hearing, the program and CCNE are afforded a full opportunity to make an oral presentation. The committee chair may establish specific time limitations prior to the hearing in an effort to conclude the hearing within a reasonable period of time. The hearing will be recorded by a court reporter and transcribed.

The program is entitled to have representatives, including legal counsel, appear on its behalf. CCNE may have members or representatives, consultants, and legal counsel in attendance at the hearing. The Hearing Committee may request that the CCNE Board chair (or designee) be present at the hearing to respond to questions from the Hearing Committee.

A transcript of the confidential hearing proceedings will be made available to the appellant, upon request by the chief nurse administrator, within 30 days of the conclusion of the hearing. The transcript of the hearing and the Hearing Committee's report to the CCNE Board shall be treated as CCNE's proprietary information and shall not be disclosed to any third party except as required in connection with any subsequent legal proceedings initiated by an institution.

If the program wishes to receive the transcript, the program will be responsible for paying one half of the total fees assessed to CCNE by the transcription provider. The transcript will be provided to the program following execution of an "acceptable use agreement" and payment of the invoice for transcription costs.

General Rules for the Hearing

The chair of the Hearing Committee presides over the hearing, and his/her decisions pertaining to rules of order and procedures are final and not open to debate. After the program and CCNE make their oral presentations, the chair and committee members may ask questions of the program's and CCNE's representatives. The committee may also ask questions of the Board chair (or designee). CCNE is given an opportunity to respond to any remarks made by the program's representatives, and the program is given an opportunity to respond to any remarks made by CCNE's representatives. The program is afforded an opportunity to make a final statement before the hearing concludes.

Statements made during the hearing must be within the contours of the program's written appeal. Reasons that were not raised in the notice of appeal or full written appeal may not be considered. A list of all individuals, including legal counsel, who will provide oral remarks on behalf of the appellant and CCNE must be received by the Hearing Committee at least 15 business days prior to the hearing.

Summary of Findings and Decision

After the hearing, the Hearing Committee deliberates in executive session. Based on its deliberations, the committee develops a written summary of findings and a decision. The Hearing Committee's decision is to affirm the CCNE Board's adverse action; amend, but not reverse, the action; or remand, but not reverse, the action to the CCNE Board to reconsider in light of information garnered during the appeal process. The summary of findings and decision are provided to the institution's chief executive officer and the chief nurse administrator as well as the CCNE Board chair and the CCNE Executive Director no later than 45 days after the hearing. CCNE sends the summary of findings and decision to the CCNE Board and any relevant CCNE committee(s)~~for those actions resulting from a comprehensive accreditation review, to the ARC and the evaluation team that reviewed the program. Alternatively, CCNE sends the summary of findings and decision to the RRC or SCRC, as appropriate~~.

If the Hearing Committee remands the action to the CCNE Board, the Hearing Committee must identify specific issues that the Board must address. The Board must act in a manner consistent with the Hearing Committee's decision and instructions.

Actions of the Board on remand are not subject to further appeal, unless the decision is to maintain the adverse action on new grounds that have not previously been appealed. At the time the institution is notified of the final action after appeal, it is also advised as to its obligation to inform students in the program and prospective students/applicants to the program of the action taken within 7 business days of notification by CCNE. CCNE also is obliged to inform other parties of adverse actions. These other parties include the U.S Department of Education, state and federal agencies, institutional and other appropriate accrediting agencies, and the public.

Withdrawal of Appeal

The program may withdraw its appeal in writing during the appeal process, but no later than the day prior to the hearing. In withdrawing its appeal, however, the program foregoes any right to reassert the appeal at a later date. If the program withdraws its appeal, the appeals fee is nonrefundable. The action of the CCNE Board becomes final upon receipt of a written request to withdraw the appeal.

Appeal of Adverse Actions Based Solely on Failure to Comply with the Financial Requirements of the Standards

In the event of an adverse action based solely on the program's failure to comply with the financial requirements of the standards for accreditation, a program appealing that adverse action follows the appeal process described above with the exception that the program may at any point after the adverse action, but no later than 15 business days before the date of the appeal hearing, seek CCNE's review of financial information that a) is significant; b) was unavailable to the program prior to the Board making its adverse action; and c) bears materially on the financial concerns identified by CCNE. If the CCNE Board determines that the financial information satisfies all three of these criteria, the program will be allowed to present the information to the Hearing Committee for consideration. CCNE's action, however, of whether to consider the new financial information, is not separately appealable by the program.

A program may seek the review of new financial information described in this section only once. Any determination made by CCNE with respect to that review is not appealable by the program.

LITIGATION

Any litigation instituted by any program or institution against CCNE concerning any action taken by CCNE involving the accreditation process or any litigation instituted by CCNE against any program or institution involving the accreditation process, shall be brought in a court in the District of Columbia. District of Columbia law shall be applicable in such litigation.

Each program or institution that participates in the CCNE accreditation process consents to personal jurisdiction of the courts of the District of Columbia. Nothing herein shall restrict the right of a program, an institution, or CCNE to remove such litigation to federal court in the District of Columbia where permitted by law.

No litigation shall be instituted by a program or institution involving an adverse action taken by CCNE unless and until after the CCNE appeal procedure is concluded in accordance with the CCNE appeals process and procedures.

REAPPLICATION FOLLOWING DENIAL OR WITHDRAWAL OF ACCREDITATION

Institutions seeking accreditation of a program that has had accreditation denied or withdrawn are expected to follow the procedures outlined in the sections on New Applicants and New Programs, as appropriate. CCNE will not consider a reapplication from an institution offering a program that has had its accreditation denied or withdrawn for a period of 6 months from the time a final action is determined by CCNE.

CONFIDENTIALITY

All representatives of CCNE are required to maintain the confidentiality of written and orally presented information received or produced as a result of the accreditation process, including, but not limited, to materials, reports, letters and other documents prepared by the institution, CCNE, or other individuals and agencies relative to the evaluation, accreditation, or follow-up and ongoing review of a baccalaureate or graduate nursing program. Exceptions to this are that CCNE may disclose such information a) pursuant to legal process (including, without limitation, subpoenas and U.S. Department of Education recognition), and b) to others with the permission of the accredited entity. In addition, the public disclosure of certain information, including the results of accreditation actions and adverse actions, is noted in the Disclosure section.

All proceedings of the CCNE Board, committees, and advisory groups with respect to making recommendations about or determining accreditation of a program occur in executive session.

CONFLICTS OF INTEREST

CCNE strives to avoid conflicts of interest in all aspects of its activities. CCNE considers conflicts of interest to include, but not be limited to, when a representative of CCNE, including a member of the Board of Commissioners, committee member, evaluator, staff, or consultant, has current or former employment by the institution whose program is being evaluated, current employment in an institution that is located in close proximity to or that is in direct competition with the institution whose program is being evaluated, or attended the institution whose program is being evaluated.

CCNE also considers it a conflict of interest when a CCNE representative, including members of the Board of Commissioners, committee members (including, but not limited to, Hearing Committee members), evaluators, staff, and consultants, has a pecuniary or personal interest (or the appearance of same) in a program, or because of a present organizational, institutional, or program association, he/she has divided loyalties or conflicts pertaining to the program. In such an instance, the CCNE representative shall not participate in any decision-making related to the program at issue. This restriction is not intended to prevent participation in decision-making in matters that have no direct or substantial impact on the organization, institution, or program with which the CCNE representative is associated.

No current member of the Board of Commissioners may serve as a consultant to a program within CCNE's scope of accreditation review. In addition, if a member of the Board has served as a consultant to a program under review by CCNE in the past 10 years, he/she shall not participate in any decision-making related to that program. Any CCNE volunteer (e.g., committee member or evaluator) who consults with programs within CCNE's scope of accreditation review is required to disclose to such programs in writing that he/she is not representing CCNE when consulting.

All individuals involved in any aspect of CCNE activities are expected to recognize relationships in which they may have an actual or potential conflict of interest and to recuse themselves from deliberations concerning institutions, organizations, and programs when such conflicts exist. Further, all CCNE representatives, including members of the Board of Commissioners, committee members, evaluators, staff, and consultants, must exercise their independent judgment freely without undue pressure or perceived alliance to any organization,

program that CCNE accredits, or political entity within the nursing profession. CCNE may, at its discretion, remove a volunteer from service when it deems it necessary due to a perceived, potential, or actual conflict of interest, or when it deems it necessary to protect the best interests of CCNE.

Individuals serving as CCNE evaluators are permitted to serve as members of the AACN Board of Directors. On-site evaluators who are elected or appointed to the decision-making body of another national nursing accrediting organization (or its parent organization) must notify CCNE within 30 days of being elected or appointed. For the term of their appointment, these individuals will be considered inactive as evaluators so as to avoid any conflict of interest.

Individuals serving as CCNE evaluators are permitted to serve as evaluators for other accrediting organizations except for those that are considered to be in direct competition with CCNE. Any CCNE evaluator who serves as an evaluator for an accrediting organization considered to be in direct competition with CCNE must notify CCNE, in writing, and will be made inactive. On-site evaluators who are selected or appointed to serve as an evaluator for a competing accrediting organization must notify CCNE within 30 days of being selected or appointed. For the term of their appointment, these individuals will be considered inactive as evaluators.

A program that is scheduled for evaluation by CCNE is responsible for identifying conflicts of interest and for requesting that a certain evaluator(s) be replaced. The CCNE staff will do what is reasonably fair in replacing individuals, provided a clear conflict of interest, as described above, is identified by the program.
If a conflict of interest arises, the matter will be forwarded to the CCNE Executive Director who will gather information, solicit advice as appropriate, and attempt to resolve the matter to the satisfaction of all concerned, consistent with the published policies and procedures of CCNE and with consideration of standard practice within the postsecondary accreditation community. Should the Executive Director be unable to achieve resolution, he/she will refer the matter to the CCNE Board chair or Executive Committee as appropriate. The chair or the Executive Committee will seek resolution through procedures developed to address the specifics of each case. These procedures will avoid conflicts of interest or the appearance of same.

REVIEW OF FORMAL COMPLAINTS

CCNE is concerned with the continued compliance of nursing programs with the standards for accreditation. The public, the nursing profession, students, educators, and others are thus assured of the quality of the programs that have been granted CCNE accreditation. A fair and professional process for reviewing complaints directed toward accredited programs has been established to provide further assurance of the integrity of the policies and systems employed by institutions and program officials in the conduct of nursing programs.

Limitations

CCNE cannot act as a judicial board in resolving disputes among individual parties. Viable complaints are only those that relate to a specific area(s) in which ~~it is alleged that~~ noncompliance with the CCNE standards and/or procedures is alleged~~have not been followed~~. If a complaint is justified, CCNE may intervene to the extent of determining whether the standards have been met and/or procedures have been followed.

CCNE cannot, under any circumstances, intrude upon or interfere with the decisions of an institution to evaluate individual students or faculty. However, CCNE may review published policies and the implementation of stated policies that affect such decisions. If necessary, CCNE may conduct its own fact-finding investigation in order to determine whether policies are consistent with applicable standards and procedures.

Potential Complainants

A complaint regarding an accredited program may be submitted by anyone, including students, faculty, staff, administrators, nurses, patients, employees, or the public.

Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) provides to CCNE his/her full name, phone number, and email address, b) illustrates the full nature of the complaint in writing, describing any alleged noncompliance with ~~how~~ CCNE standards and/or procedures ~~have been violated~~, ~~and b~~c) indicates his/her willingness to allow CCNE to provide the complaint to ~~notify~~ the program ~~and the parent institution of the exact nature of the complaint, including~~, and d) indicates his/her willingness to allow CCNE to ~~the~~ identify~~ty~~ ~~of~~ the ~~originator of the~~ complainant by name to the program. The complaint will be provided to the chief nurse administrator of the program. Therefore, it is the complainant's responsibility to omit or redact any information from the written complaint that he/she does not want CCNE to provide to the program. The Board may take whatever action it deems appropriate regarding verbal complaints, duplicative complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given written consent for the complaint to be provided to the program~~to being identified~~.

Complaints may be directed to the "CCNE Complaints Administrator" and sent to the CCNE office at: 655 K Street NW, Suite 750, Washington, DC 20001.

Procedures for Reviewing Complaints

Within 21 days of receipt of the written complaint, the complaint is reviewed by CCNE staff, who may consult with the CCNE Board chair. If upon review, the complaint is determined to relate to substantive issues pertaining to CCNE standards and/or procedures, the complaint is acknowledged, and the process continues. If additional information is required, the complainant is requested to submit said information, and the process continues when the additional information is received. If the complaint is determined to be incomplete due to failure of the complainant to submit requested information or if the complaint does not address substantive issues pertaining to CCNE standards and/or procedures, the complainant is so notified, and the process terminates.

No later than 15 days after reviewing the complaint, CCNE staff ~~transmits~~ provide the complaint, and instructions for responding to it, to the chief nurse administrator ~~the nature and scope of the substantive complaint, along with the identity of the originator of the complaint~~. ~~If feasible and appropriate, a copy of the letter of complaint is transmitted to the chief nurse administrator.~~ The program is provided 30 days to respond to the complaint.

The ~~institution~~ program either confirms or denies the allegations of the complaint. If the allegations are confirmed, the ~~institution~~ program advises CCNE of specific measures taken to ameliorate problems. If the allegations are denied, a response to the specific allegations is submitted to CCNE, including any and all applicable supporting documentation.

All responses and documentation pursuant to the complaint are considered by the CCNE Board at a subsequent meeting, within 3 months of receipt of the program's written response to the complaint. The Board formulates an action if necessary and ~~transmits~~ provides the final disposition to the complainant and the ~~institution~~ program no later than 45 days following the meeting.

Actions

While the ultimate result of the CCNE Board review of a complaint may be an adverse action against the program due to failure to substantially comply with CCNE standards and/or to adhere materially to CCNE procedures, other possible actions may be considered. The following ~~list of~~ actions may be taken by the Board~~represents those that may be possible~~:

- ~~D~~determine that the complaint is invalid, and notify the complainant and the ~~institution~~ program to that effect;~~.~~
- ~~R~~request additional information from the program needed to pursue the complaint further;~~.~~
- ~~Respond to the complainant regarding the resolution of the complaint.~~
- ~~M~~make recommendations to the program suggesting or requiring changes in procedures, adherence to laws, or compliance with CCNE standards and/or procedures;~~.~~
- require a follow-up report from the program to assess the matter in further detail;
- ~~R~~require a focused or comprehensive on-site evaluation to the program to assess the matter in further detail;~~.~~ and/or
- respond to the complainant regarding the resolution of the complaint.

Other Complaints

Complaints about CCNE's performance related to its own procedures, policies, or standards may be forwarded to the CCNE office. Complaints must be in writing, must be specific and must be signed by the complainant. CCNE staff seeks to achieve an equitable, fair and timely resolution of the matter. If staff efforts are unsuccessful, the complaint is referred to the CCNE Executive Committee at its next regular meeting. The Executive Committee reviews the complaint and conducts any necessary investigation. The Executive Committee may take any action it deems necessary and appropriate to resolve the complaint, including recommending revisions to CCNE's standards and/or procedures or dismissing the complaint. If a member of the Executive Committee is the subject of a complaint, he/she will not be permitted to participate in the review of the complaint. The decision of the Executive Committee is communicated to the complainant in writing within 30 days of the committee meeting.

If the complainant is not satisfied with the resolution determined by the Executive Committee, CCNE provides the complainant with the name and address of the appropriate unit in the U.S. Department of Education and of any other recognition bodies to which the Commission subscribes.

MAINTENANCE OF RECORDS

The CCNE staff utilizes a filing system, which combines the archiving and retrieval of data and information from hard copies and computer files. Staff maintains copies of all final publications, including CCNE standards and procedures. Staff also maintains up-to-date documents and materials related to new applicant and accredited programs.

CCNE maintains records pertaining to a) its most recent comprehensive accreditation review of each program, including on-site evaluation team reports (including evaluations occurring in a virtual format), program responses to team reports, program monitoring reports, any reports of special reviews conducted by CCNE

between regular reviews, and ~~a copy of~~ the program's most recent self-study document; and b) all decision letters issued by CCNE regarding the accreditation of any program.

REGARD FOR DECISIONS OF INSTITUTIONAL ACCREDITING AGENCIES AND STATES

CCNE may postpone an action granting initial accreditation or continued accreditation of a nursing program if any of the following conditions are present:

1. The accreditation status of the parent institution is subject to an action by an institutional accrediting agency potentially leading to the suspension, revocation, withdrawal, or termination of the institution's accreditation status.

2. The parent institution is subject to an action by a state agency potentially leading to the suspension, revocation, withdrawal, or termination of the institution's legal authority to provide postsecondary education or to offer the baccalaureate or graduate nursing degree or post-graduate APRN certificate.

3. The parent institution has been notified by the institutional accrediting agency of a threatened loss of accreditation, and the due process procedures have not been completed.

4. The parent institution has been notified by a state agency of a threatened suspension, revocation or termination of the institution's legal authority to provide postsecondary education or to offer the baccalaureate or graduate nursing degree or post-graduate APRN certificate, and the due process procedures have not been completed.

5. The parent institution is the subject of a probation or equivalent decision by an institutional accrediting agency.

6. The awarding of degrees or certificates has not been approved by the institution or governmental authority.

For conditions 1 and 3, CCNE would not be precluded from proceeding on a course of action comparable to and concurrent with that of the institutional accrediting agency.

For conditions 1 through 5, CCNE may still grant initial accreditation or continued accreditation of the nursing program. If CCNE grants or continues a program’s accreditation when one of these conditions exists, it will provide the U.S. Department of Education within 30 days of its action a thorough and reasonable explanation, consistent with CCNE’s standards, why the action of the other accrediting agency or the state agency does not preclude CCNE’s action.

In granting initial accreditation or continued accreditation of a nursing program, CCNE seriously considers whether either of the following conditions exists:

1. An institutional accrediting agency has denied or withdrawn accreditation of the parent institution or has placed the institution on public probationary status.

2. A state agency has suspended, revoked or terminated the parent institution's legal authority to provide postsecondary education.

The CCNE Board promptly reviews the accreditation status of a nursing program if an institutional accrediting agency or state agency takes an adverse action with respect to the parent institution or places the institution on public probationary status. If, after this review, the Board elects to not take a similar adverse action with

respect to the accreditation status of the nursing program, the Board provides the U.S. Department of Education a thorough explanation for its action.

EVALUATION OF REVIEW PROCESS

The effectiveness of the on-site evaluation process is routinely reviewed by the CCNE Board based upon input from the evaluation teams and program officials and on an assessment of evaluator performance. The Executive Committee of the Board reviews the surveys, and appropriate action is taken should feedback need to be given to specific evaluators. The Executive Committee may suggest that evaluators who demonstrate repeated ineffectiveness be removed from the list of evaluators.

Evaluation Team Assessment

After completion of an on-site evaluation, each member of the evaluation team is asked to complete a survey evaluating CCNE's accreditation review process. Survey results are summarized and reviewed regularly by CCNE, and are used in revision of CCNE standards and procedures, in preparation for evaluator training programs, and in the appointment of evaluation teams.

Program Assessment

After a program review is complete and notification of the final action is transmitted, the chief nurse administrator is asked to complete a survey that addresses various aspects of the accreditation review process, including information about the validity of the accreditation standards and the effectiveness of the individuals who served on the evaluation team. Survey results are summarized and reviewed regularly by CCNE, and are used in revision of CCNE standards and procedures, in preparation for evaluator training programs, and in the appointment of evaluation teams.

ACCREDITATION FEES

CCNE reserves the right to develop and adjust fees for accreditation as necessary. CCNE is committed to conducting an evaluation and accreditation process that is efficient, cost-effective and cost-accountable. Modifications in the CCNE fee schedules are posted to the CCNE website at least 6 months in advance of the effective date for implementation. The fee schedules are posted on the CCNE website and are available upon request. The fee schedules for nursing education programs, entry-to-practice nurse residency programs, and NP fellowship/residency programs are published separately. CCNE may cancel the on-site evaluation of a program that is delinquent in paying fees to CCNE. CCNE also reserves the right to deny accreditation to or withdraw accreditation of any program that, after due notice, fails to pay its fees. Fees paid to CCNE are nonrefundable.

Annual Fee

Programs that hold CCNE accreditation status are assessed an annual fee for their affiliation with the Commission. The purpose of this assessment is to partially offset CCNE costs related to monitoring continued compliance of the program with the CCNE standards.

Application Fee

Programs seeking initial accreditation by CCNE are required to pay an application fee. The fee is to be paid when the program submits its application for accreditation.

New Program Fee

Institutions that already have a CCNE-accredited program and want to add a new degree or post-graduate APRN certificate program are required to pay a fee when the program submits to CCNE its letter of intent to seek accreditation for the new program.

On-Site Evaluation Fee

Programs are assessed a flat fee for hosting the on-site evaluation. This fee is based on the number of individuals comprising the evaluation team, excluding any observers. The on-site evaluation fee is intended to cover team travel, lodging, and other expenses associated with the on-site evaluation.

Appeals Fee

When a program appeals an adverse action by the Board, it must submit a fee with its written appeal. ~~The fee is intended to cover the costs of the appeal process.~~

REIMBURSEMENT OF ON-SITE EVALUATORS

Each on-site evaluator must submit a reimbursement form, with receipts, to the CCNE office for travel and other expenses incurred in connection with the on-site evaluation. CCNE will reimburse each evaluator directly. The Commission requests that evaluators send their requests for reimbursement to CCNE no later than 3 weeks after the on-site evaluation.

PERIODIC REVIEW OF INFORMATION IN PUBLICATIONS

If inaccurate or misleading information relating to a program appear in a publication, including websites, the CCNE staff will request the immediate correction of this information. Failure of the institution to correct inaccurate or misleading information in a timely fashion may result in a review of the accreditation status of the program. In the case of failure by program officials to correct inaccurate or misleading information, CCNE may issue a show cause directive or take adverse action and will take the necessary steps to publish and disseminate correct information about accreditation status.

SYSTEMATIC REVIEW OF STANDARDS FOR ACCREDITATION

CCNE has in place a systematic, planned, and ongoing program of review to determine the effectiveness and appropriateness of the standards used in the accreditation process. The accreditation standards are reviewed every 5 years or sooner, if needed (i.e., 5 years from the time of completion of the previous review). The Standards Committee assists in coordinating the review of the standards.
The systematic review of the standards incorporates the following three major features:

1. Notification about the opportunity for CCNE constituents and other interested parties to validate the current standards and provide input about any problems in the interpretation or application of the standards or any gaps that might exist.
2. Broad-based surveys about the standards that solicit input by relevant constituencies to include academics (faculty and administrators), practicing nurses, students, graduates, leaders of nursing organizations, employers of nurses, and representatives of licensing and accrediting agencies.

3. Periodic review of the standards in a practical, manageable, and consistent way to facilitate sound decision making that results in the validation of the standards.

The first aspect of the systematic review of the standards provides the opportunity for any interested party to provide input about the standards at any time. Information regarding how to submit comments to CCNE is sent to constituents and is posted on the CCNE website. All comments must be submitted to CCNE in writing; the name, affiliation, and contact information of the individual submitting the comments must be identified.

The second aspect of the review process involves the solicitation of input about the standards through constituent surveying processes. As part of the process, CCNE solicits information through a web-based survey designed to probe participants' understanding and interpretation of the standards, as well as to evaluate each standard for its validity and relevance to the quality of a nursing program. Each standard and key element, as well as the standards as a whole, are reviewed through this survey process. CCNE additionally solicits input about the standards from on-site evaluators and nursing program officials following each on-site evaluation. This allows for valuable input from individuals who recently experienced the on-site evaluation and, thus, are familiar with the accreditation process.

The third aspect of the process formalizes the systematic review and analysis of the information collected, as discussed above. If CCNE determines at any point during the review process that it needs to make changes to the standards, CCNE will initiate action within 12 months to address the relevant issues. Such action may include convening the Standards Committee for the purpose of reviewing the standards and recommending changes to the Board. Final action must be taken by the Board within 18 months from the time the Standards Committee is convened.

Before adopting any substantive changes to the standards, CCNE will provide notice to its constituents and other interested parties of the proposed changes. Constituents will be given at least 21 days to comment on the proposed revisions. Any comments submitted by constituents in a timely manner will be considered by the Standards Committee and/or the Board before final action is taken with respect to the standards.

JOINT EVALUATIONS WITH OTHER AGENCIES

When feasible and at the request of the chief nurse administrator, CCNE may schedule concurrent or joint evaluations with other accrediting agencies or with state boards of nursing. CCNE cooperates in arranging joint evaluations on an individual basis and recognizes that each agency may specify different standards and procedures. In general, in order for a joint evaluation to be accomplished, the program is asked to satisfy each agency's standards and procedures in a manner that is acceptable to CCNE and the other agency. CCNE expects the chief nurse administrator to take full responsibility in assuring coordination of the joint evaluation. The chief nurse administrator is responsible for informing the CCNE staff and the CCNE evaluation team if a joint evaluation is being scheduled. The chief nurse administrator also is responsible for developing an evaluation agenda that will facilitate the combined effort. Guidance for planning and scheduling a joint evaluation is available upon request.