

Overview of Substantive Changes to CCNE's *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (2024)

- Added language in Standard I regarding policies and publications related to clinical requirements and placements (Standard I, Key Elements I-F and I-H).
- Changes in Standards I and III regarding required professional nursing standards and guidelines, including:
 - Removal of references to the “old” AACN *Essentials*, and incorporation of three components (the 10 “Domains for Nursing,” the 8 “Concepts for Nursing Practice,” and the 45 “Competencies”) from *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).
 - Removal of references to the 2016 *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF)], an updated footnote reference to the 2022 *Standards for Quality Nurse Practitioner Education* (NTF), and a note about its endorsement by 18 organizations in the Glossary definition for “Professional Nursing Standards and Guidelines.”
 - Modified language regarding incorporation of program-selected, current, and relevant professional nursing standards and guidelines (or components thereof) into the curriculum (Standard I: Key Element I-B; and Standard III: Key Elements III-B, III-C, III-D, and III-E).
- Creation of two distinct key elements in Standard II related to physical resources and clinical sites; these were previously combined in one key element (Standard II, Key Elements II-B and II-C).
- Clarification of requirements for academic and experiential preparation of faculty teaching didactic in baccalaureate and graduate nursing programs (Standard II, Key Element II-F).
- Clarification of requirements for academic and experiential preparation of faculty teaching clinical in baccalaureate and graduate nursing programs, as well as four requirements if faculty teaching clinical in the baccalaureate program do not have a graduate degree (Standard II, Key Element II-F).
- Added language regarding a recommended 1:8 faculty-to-student ratio for indirect faculty supervision in nurse practitioner tracks (Standard II, Key Element II-F).
- Added language regarding appropriate “exceptions” related to certification and qualifications of faculty who oversee APRN tracks (Standard II, Key Element II-F).
- Added language to Supporting Documentation requiring “Evidence that faculty who oversee an advanced practice track have national certification and/or advanced practice clinical expertise in the same population-focused area of practice as the track” (Standard II).
- New language regarding expectations for DNP programs with nurse educator tracks plus clarification that DNP programs that have a direct care focus—but are not APRN education programs—incorporate graduate-level content addressing the APRN core (Standard III, Key Element III-D).
- Separation of key elements in Standard III related to teaching-learning practices and preparation of students to provide care to diverse individuals and populations (Standard III, Key Elements III-G and III-I).
- Separation of key elements in Standard III related to clinical practice experiences and planned experiences that foster interprofessional collaborative practice (Standard III, Key Elements III-H and III-J).

- For programs offering tracks with a direct care focus, clarification that the program provides direct care experiences (i.e., care provided to individuals, families, groups, and/or communities) designed to advance the knowledge and expertise of students in a clinical area of practice (Standard III, Key Element III-H).
- Specified minimum number of practice hours for students in DNP programs and minimum direct patient care clinical hours for students in nurse practitioner tracks (master's and DNP) (Standard III, Key Element III-H). Specifically:
 - DNP programs require a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program; this is not a new CCNE expectation.
 - Programs preparing individuals for nurse practitioner certification provide a minimum of 500 direct patient care clinical hours (included in the 1,000 practice hours noted above); this is not a new CCNE expectation.
- Added content about expectations for clinical practice experiences and requirements for programs that prepare students for certification (Standard III, Key Element III-H).
- Clarification that the key element is applicable to programs that prepare individuals for the NCLEX-RN® or other nursing licensure examination (Standard IV, Key Element IV-C).
- Added flexibility allowing a program to exclude test takers who took the licensure examination more than two years after program completion (Standard IV, Key Element IV-C).
- Added flexibility allowing a program to exclude test takers who took the certification examination more than two years after program completion (Standard IV, Key Element IV-D).
- An increase in CCNE's expected level of achievement for employment rates from 70% to 80% (Standard IV, Key Element IV-E).
- Clarification and consistent application of the terms "program" and "track" throughout the *Standards*.

