Program Information Form

Baccalaureate & Graduate Nursing Programs

**General Information**

Official Name of Institution:

Type of Institution **(check one):** public private, secular private, religious proprietary

Institution’s Carnegie Classification:

Chief Executive Officer of Institution (Full Name and Title):

Chief Executive Officer of Institution’s email address:

Official Name of Nursing Unit:

Chief Nurse Administrator (Full Name, Title, and Credentials):

Address:

City:       State:       Zip Code:

Phone:       Fax:

Email address:

Website of nursing unit:

Website of institution’s catalog (if available electronically):

Website of nursing student handbook (if available electronically):

**Check here** to verify that the chief nurse administrator, identified above, has approved and confirmed the accuracy of the contents of this completed form as of      . (Date)

**Check here** to verify that the institution’s profile information in the CCNE Online Community ([www.ccnecommunity.org](http://www.ccnecommunity.org)) is accurate, up to date, and identifies all programs/tracks offered by the nursing unit as of      . (Date) ***This is not applicable to chief nurse administrators of new applicant programs who will be granted access to the CCNE Online Community upon CCNE’s approval of the application.***

**Accreditation and Approval**

**Institutional Accreditation**

|  |  |
| --- | --- |
| **Institutional Accreditor**  *(identify agency name)* | **Current Status**  *(e.g., full accreditation, probation, warning, show cause, conditional, provisional)* |
|  |  |

If the current accreditation status of the institution is probation, warning, show cause, conditional, provisional, or other equivalent status, please attach a copy of the institutional accrediting agency’s most recent accreditation action letter to this form. Also provide (below) an explanation of the institution’s current accreditation status and how the nursing unit is impacted and/or implicated, if at all:

**Specialized Accreditation**

|  |  |  |
| --- | --- | --- |
| Specialized Accreditor | **Last Review**  *(year or N/A)* | **Current Status**  *(e.g., full accreditation, probation, warning, show cause, conditional, provisional, N/A)* |
| Council on Accreditation of Nurse Anesthesia Educational Programs | Master’s Degree Program    Doctoral Degree Program    Post-Graduate Nurse Anesthesia Certificate Program | Master’s Degree Program    Doctoral Degree Program    Post-Graduate Nurse Anesthesia Certificate Program |
| Accreditation Commission for Midwifery Education | Master’s Degree Program    Doctoral Degree Program    Post-Graduate Nurse-Midwifery Certificate Program | Master’s Degree Program    Doctoral Degree Program    Post-Graduate Nurse-Midwifery Certificate Program |
| Commission on Collegiate Nursing Education | Baccalaureate Degree  Program    Master’s Degree Program    Doctor of Nursing Practice Program    Post-Graduate APRN Certificate Program | Baccalaureate Degree  Program    Master’s Degree Program    Doctor of Nursing Practice Program    Post-Graduate APRN  Certificate Program |
| Accreditation Commission for Education in Nursing (ACEN, formerly NLNAC) | Baccalaureate Degree  Program    Master’s Degree Program    Doctor of Nursing Practice Program    Post-Master’s Certificate Program | Baccalaureate Degree  Program    Master’s Degree Program    Doctor of Nursing Practice Program    Post-Master’s Certificate Program |
| National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) | Baccalaureate Degree  Program    Master’s Degree Program    Doctor of Nursing Practice Program    Post-Master’s Certificate Program | Baccalaureate Degree  Program    Master’s Degree Program    Doctor of Nursing Practice Program    Post-Master’s Certificate Program |

If the current accreditation status of a nursing program is probation, warning, show cause, conditional, provisional, or other equivalent status, please attach a copy of the accrediting agency’s most recent accreditation action letter to this form. Also provide (below) an explanation of the program’s current accreditation status and what specific deficiencies were noted:

**State Board of Nursing Approval**

Name of applicable state board of nursing:

|  |  |  |
| --- | --- | --- |
| **Nursing Program** | **Last Review**  *(year or N/A)* | **Current Status**  *(e.g., full approval/ recognition/accreditation, probation, warning, show cause, conditional, provisional, N/A)* |
| Baccalaureate Degree Program |  |  |
| Master’s Degree Program |  |  |
| Doctor of Nursing Practice Program |  |  |
| Post-Graduate APRN Certificate Program |  |  |

If the current approval/recognition/accreditation status of a nursing program is probation, warning, show cause, conditional, provisional, or other equivalent status, please attach a copy of the board of nursing’s most recent action to this form. Also provide (below) a brief explanation of the current status of the program with regard to the state board of nursing and what specific deficiencies were noted:

**Campuses/Sites**

Identify all campuses/sites where a nursing degree/certificate program is offered (within the United States and/or internationally), the distance from the main campus (unless outside the United States), the number of nursing students currently enrolled at each location, and the nursing programs offered at each location.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Campus/Site**  *(City, State/Country)* | **Is this the main campus?** *(Y/N)* | **Distance from Main Campus**  *(in miles)* | **# of Students Currently**  **Enrolled** | **Program(s) Offered**  *(check all that apply)* |
|  |  |  |  | Baccalaureate Degree Program  Master’s Degree Program  Doctor of Nursing Practice Program  Post-Graduate APRN Certificate Program |
|  |  |  |  | Baccalaureate Degree Program  Master’s Degree Program  Doctor of Nursing Practice Program  Post-Graduate APRN Certificate Program |
|  |  |  |  | Baccalaureate Degree Program  Master’s Degree Program  Doctor of Nursing Practice Program  Post-Graduate APRN Certificate Program |
|  |  |  |  | Baccalaureate Degree Program  Master’s Degree Program  Doctor of Nursing Practice Program  Post-Graduate APRN Certificate Program |
|  |  |  |  | Baccalaureate Degree Program  Master’s Degree Program  Doctor of Nursing Practice Program  Post-Graduate APRN Certificate Program |

Please provide a brief description of any nursing degree/certificate program that is offered at a campus/site located outside of the United States:

Nursing Programs Offered (Student Data)

Regardless of whether the program is under review, please identify all baccalaureate, master’s, Doctor of Nursing Practice, and post-graduate APRN certificate program tracks offered by the nursing unit. For each track in each degree/certificate program, list current student enrollment data. For the baccalaureate program, include only nursing students (not pre-nursing students).

The institution may add or delete rows in the following tables as necessary.

**Baccalaureate Degree Program**

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| --- | --- |
|  | The institution does not offer a baccalaureate degree program in nursing. |

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| --- | --- | --- | --- | --- | --- | --- |
| **Degree Awarded** *(e.g., BSN, BS, BA, BAS)* | **Track(s)** | **Year Track Became Operational** | **Campuses/Sites Offered**  *(City, State/Country)* | **# Students Currently Enrolled** | **Does this track have graduates?** *(Y/N)* | **Offered (partly or entirely) via distance education?** *(Y/N)* |
|  | Track Name: |  |  |  |  |  |
|  | Track Name: |  |  |  |  |  |
|  | Track Name: |  |  |  |  |  |

**Master’s Degree Program**

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| --- | --- |
|  | The institution does not offer a master’s degree program in nursing. |

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| --- | --- | --- | --- | --- | --- | --- |
| **Degree Awarded** *(e.g., MSN, MA, MS, MN)* | **Track(s)** | **Year Track Became Operational** | **Campuses/Sites Offered**  *(City, State/Country)* | **# Students Currently Enrolled** | **Does this track have graduates?** *(Y/N)* | **Offered (partly or entirely) via distance education?** *(Y/N)* |
|  | Track Name: |  |  |  |  |  |
|  | Track Name: |  |  |  |  |  |
|  | Track Name: |  |  |  |  |  |

**Doctor of Nursing Practice Program**

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|  | The institution does not offer a Doctor of Nursing Practice program. |

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| **Track(s)**  *Please specify whether post-baccalaureate or post-master’s* | **Year Track Became Operational** | **Campuses/Sites Offered**  *(City, State/Country)* | **# Students Currently Enrolled** | **Does this track have graduates?** *(Y/N)* | **Offered (partly or entirely) via distance education?** *(Y/N)* |
| Track Name: |  |  |  |  |  |
| Track Name: |  |  |  |  |  |
| Track Name: |  |  |  |  |  |

**Post-Graduate APRN Certificate Program (i.e., preparing nurse practitioners, clinical nurse specialists, nurse-midwives, or nurse anesthetists)**

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| --- | --- |
|  | The institution does not offer a post-graduate APRN certificate program. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Track(s)** | **Year Track Became Operational** | **Campuses/Sites Offered**  *(City, State/Country)* | **# Students Currently Enrolled** | **Is this also a track in the master’s program?** *(Y/N)* | **Is this also a track in the DNP program?** *(Y/N)* | **Does this track have completers?** *(Y/N)* | **Offered (partly or entirely) via distance education?** *(Y/N)* |
| Track Name: |  |  |  |  |  |  |  |
| Track Name: |  |  |  |  |  |  |  |
| Track Name: |  |  |  |  |  |  |  |

Identify any post-graduate certificate programs that are offered by the nursing unit that do not prepare APRNs, e.g., a certificate in nursing education or nursing administration (note that such certificate programs are not within CCNE’s scope of accreditation):

Identify any doctoral degree programs (other than the Doctor of Nursing Practice program) offered by the nursing unit, e.g., PhD or DNSc (note that research doctorates are not within CCNE’s scope of accreditation):

Identify any joint degree programs in nursing offered with any other unit at the institution (e.g., MSN/MBA, MSN/MPH, MSN/MSW):

Amended December 2024