# Crosswalk Table

Commission on Collegiate Nursing Education’s (CCNE) *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (2013) & National Task Force on Quality Nurse Practitioner Education’s (NTF) *Criteria for Evaluation of Nurse Practitioner Programs* (2012)

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<th>CCNE Standards</th>
<th>NTF Criteria</th>
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<td><strong>STANDARD I:</strong> The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program’s mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.</td>
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| **I-A:** The mission, goals, and expected program outcomes are:  
  • congruent with those of the parent institution; and  
  • consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. |  |
| **I-B:** The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:  
  • professional nursing standards and guidelines; and  
  • the needs and expectations of the community of interest. |  |
| **I-C:** Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations. |  |
| **I-D:** Faculty and students participate in program governance. | **II.A:** Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.  
  **II.B:** Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by NP faculty.  
  **III.A:** NP faculty members provide ongoing input into the development, evaluation, and revision of the NP |
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<td><strong>I-E:</strong> Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.</td>
<td><strong>III.C.2:</strong> Official documentation must state the NP role and population focus of educational preparation.</td>
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| **I-F:** Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:  
  - fair and equitable;  
  - published and accessible; and  
  - reviewed and revised as necessary to foster program improvement. |   |

**STANDARD II:** The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

| **II-A:** Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed. | **IV.A:** Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.  
**IV.A.2:** Facilities and physical resources support the implementation of the NP program/track. |
| **II-B:** Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs. | **IV.A:** Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track. |
| **II-C:** The chief nurse administrator:  
  - is a registered nurse (RN);  
  - holds a graduate degree in nursing;  
  - holds a doctoral degree if the nursing unit offers a graduate program in nursing;  
  - is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;  
  - is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and  
  - provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes. |   |
| **II-D:** Faculty are:  
  - sufficient in number to accomplish the mission, goals, and expected program outcomes;  
  - academically prepared for the areas in which they teach; and  
  - experientially prepared for the areas in which they teach. | **I.A:** The director/coordinator of the NP program is nationally certified as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.  
**I.B:** The faculty member who provides direct oversight for the nurse practitioner educational component or track is   |
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| nationally certified in the same population-focused area of practice.  
**IV.A.1:** Faculty resources support the teaching of the didactic components of the NP program/track.  
**IV.B.1:** A sufficient number of faculty members is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.  
**V.A.1:** NP programs/tracks have sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.  
**V.A.2:** NP program faculty members who teach the clinical components of the program/track maintain current licensure and national certification.  
**V.B:** Non-NP faculty members have expertise in the area in which they are teaching.  |
| II-E: Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.  |
| **IV.B.3:** NP faculty may share the clinical teaching of students with qualified preceptors.  
**IV.B.3.a:** A preceptor must have authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.  
**IV.B.3.b:** A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.  
**IV.B.3.c:** Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.  |
| II-F: The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.  |
| **I.C:** Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.  
**V.A.3:** NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty members.  |
**STANDARD III**: The curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

| III-A: | The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates. |
| III-B: | Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). |
| III-B.1: | The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). |
| III-B.2: | Master’s program curricula incorporate professional standards and guidelines as appropriate. |
| III-B.2a: | All master’s degree programs incorporate The Essentials of Master’s Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. |
| III-B.2b: | All master’s degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012). |
| III-B.3: | Graduate-entry program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate |

| III.C.1: | The NP educational program must prepare the graduate to sit for a national NP certification that corresponds with the role and population focus of the NP program. |
| III.F: | Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours. |
| III.B: | The curriculum is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies. |
program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
  a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
  b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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

III-D: Teaching-learning practices and environments support the achievement of expected student outcomes.

III-E: The curriculum includes planned clinical practice experiences that:
- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

III-E: The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours must be distributed in a way that represents the population needs served by the graduate.

III-F: Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours overall.
### III-F: The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

- Care clinical hours.

### III-G: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

- VI.A.3: Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.
- VI.A.4: Evaluate students’ attainment of competencies throughout that program.
- VI.A.5: Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.

### III-H: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

- VI.A.1: Evaluate courses at regularly scheduled intervals.
- VI.A.6: Evaluate clinical sites at regularly scheduled intervals.
- VI.A.7: Evaluate preceptors at regularly scheduled intervals.

### STANDARD IV: The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

- IV.A: A systematic process is used to determine program effectiveness.
- VI.A: There is an evaluation plan for the NP program/track.
- VI.C: There is an evaluation plan to measure outcomes of graduates.

### IV-B: Program completion rates demonstrate program effectiveness.

### IV-C: Licensure and certification pass rates demonstrate program effectiveness.

### IV-D: Employment rates demonstrate program effectiveness.

### IV-E: Program outcomes demonstrate program effectiveness.

### IV-F: Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

- VI.A.2: Evaluate NP program faculty competence at regularly scheduled intervals.

### IV-G: The program defines and reviews formal complaints according to established policies.

### IV-H: Data analysis is used to foster ongoing program improvement.