Accreditation Workshop for Nurse Residency Programs
June 10-11, 2019

Sponsored by the Commission on Collegiate Nursing Education (CCNE) – a nationally recognized accrediting agency for baccalaureate, graduate, and residency nursing programs, the Accreditation Workshop for Nurse Residency Programs is designed to provide important information and guidance to entry-to-practice nurse residency program officials and faculty who are eager to learn about or are engaged in the CCNE accreditation process.

What types of residency programs does CCNE accredit?
At present, CCNE accredits entry-to-practice nurse residency programs serving all newly licensed RNs (including associate-prepared nurses) in all care settings. This workshop is designed for programs serving the entire spectrum of newly licensed RNs and settings. CCNE is developing a process to accredit nurse practitioner residency/fellowship programs; however, this workshop will not focus on those programs. Once launched, CCNE will offer a similar workshop for nurse practitioner residency/fellowship programs.

Who should attend?
The workshop is designed for three main audiences:
• Representatives of programs seeking information about the CCNE accreditation process.
• Administrators of nurse residency programs scheduled to host a CCNE on-site evaluation or submit a report to CCNE in the next 1-3 years.
• New administrators leading nurse residency programs currently accredited by CCNE.

What topics will be covered?
• In-depth review of the CCNE accreditation process, including the initial application, timeline, on-site evaluation, and interim reporting.
• Interpretation of the accreditation standards and key elements.
• Engagement in the self-study process and writing the self-study document.
• Identification of evidence to support compliance with the standards.
• Preparation for an on-site evaluation.

When will it be held?
Monday, June 10, 2019 and Tuesday, June 11, 2019
The workshop will be from 9:00 am - 4:00 pm on Monday and 9:00 am - 3:00 pm on Tuesday. Breakfast and “check-in” for registrants begins Monday morning at 8:15 am.

Where?
The workshop will be held at the Association of American Medical Colleges (AAMC) Learning Center, 655 K Street, NW, Washington, DC 20001.

Please note: Registrants are responsible for securing their own hotel accommodations.

You may wish to check room rates and availability at the following nearby hotels, which are within walking distance of the Association of American Medical Colleges building:
• Hampton Inn Washington-Downtown-Convention Center, 901 6th St NW, Washington, DC 20001 (202-842-2500)
• Homewood Suites by Hilton Washington, DC, 465 New York Avenue NW, Washington, DC 20001 (202-628-4663)
What is the registration fee?
The workshop registration fee is $175 per person, which includes breakfast, lunch, and materials. The fee is non-refundable.

What is the registration process?
Complete the attached registration form and return with payment to CCNE by May 17, 2019. Letters confirming registration/receipts for the workshop will be sent to all participants.

Who are the workshop faculty?
- Ms. JoAnn DelMonte, Vice President, Professional Development & Practice, University of Colorado Health
- Dr. Donna Glynn, Associate Dean, School of Nursing, Regis College
- Mr. Benjamin Murray, Director of Accreditation Services, Commission on Collegiate Nursing Education
- Ms. Robyn Setter, Education Specialist, The University of Kansas Hospital

Questions?
Contact Renée Kalan, CCNE Accreditation Coordinator, at 202-887-6791 x230 or rkalan@ccneaccreditation.org, for general questions about the workshop.

Contact Anika Schoonhoven, CCNE Administrative Assistant, at 202-887-6791 x256 or aschoonhoven@ccneaccreditation.org, with questions regarding registration.
Accreditation Workshop for Nurse Residency Programs
Commission on Collegiate Nursing Education
Workshop Dates: June 10-11, 2019

REGISTRATION FORM

Registration Deadline - May 17, 2019

Please print or type information.

REGISTRANT(S)

FIRST REGISTRANT

Name: ________________________________________________________________

Title: _________________________________________________________________

Nursing Unit: __________________________________________________________

Institution: ____________________________________________________________

Address: ______________________________________________________________

City: ___________________________ State: ______________ Zip: ___________

Phone: ________________________ Fax: _________________________________

E-mail: ______________________________

SECOND REGISTRANT (OPTIONAL)

Name: ________________________________________________________________

Title: _________________________________________________________________

Nursing Unit: __________________________________________________________

Institution: ____________________________________________________________

Address: ______________________________________________________________

City: ___________________________ State: ______________ Zip: ___________

Phone: ________________________ Fax: _________________________________

E-mail: ______________________________

Method of Payment

The registration fee is $175 per person. If paying by check, payment must accompany the registration form and must be mailed to: Commission on Collegiate Nursing Education, PO Box 418682, Boston, MA 02241-8682. If paying by credit card (Visa, MasterCard, or American Express), the registration form may be faxed to CCNE at 202-887-8476. Forms can be copied. Registrations with incomplete or inaccurate information will be returned to registrant.

If paying by check, please complete the following:

   Check Total Amount Enclosed: ___________________________
(Make checks payable to “CCNE”)

or
If paying by credit card, please complete the following:

___ Visa  ___ MasterCard  ___ American Express  Total Amount Charged: ________________

Name of Cardholder: ____________________________ Billing Zip Code: ______________

Account Number: ____________________________ Expiration Date: ______________

3 digit verification code on back of credit card: ______________ (Visa/MasterCard)
4 digit verification code on front of credit card: ______________ (American Express)

Signature of Cardholder: ____________________________