



# ***Procedures for Accreditation of Entry-to-Practice Nurse Residency Programs***

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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 accredits entry-to-practice nurse residency programs in accredited healthcare organizations that are located in the United States and its territories or U.S. military installations. Specifically, CCNE accredits two types of entry-to-practice nurse residency programs. The first is employee-based nurse residency programs that hire newly licensed nurses as permanent employees of the healthcare organization. The second is federally funded traineeship nurse residency programs that engage newly licensed nurses for the duration of the residency program without a commitment for continued employment. A healthcare organization may pursue accreditation of one or both types of entry-to-practice nurse residency programs.

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 parent 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 entry-to-practice nurse residency programs 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 baccalaureate and graduate nursing 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.

### Standards for Accreditation

CCNE formulates and adopts accreditation standards for entry-to-practice nurse residency programs, which are described in *Standards for Accreditation of Entry-to-Practice Nurse Residency Programs (amended 2015)*. Entry-to-practice nurse residency programs may achieve CCNE accreditation by demonstrating their compliance with the CCNE standards and key elements. All entry-to-practice nurse residency programs seeking CCNE accreditation 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 baccalaureate and graduate nursing 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.

## **Entry-to-Practice Residency Accreditation Committee**

The Entry-to-Practice Residency Accreditation Committee (EPRAC) is a standing committee of the Commission. The EPRAC serves as the primary review body for entry-to-practice nurse residency programs seeking initial or continued accreditation by CCNE. The EPRAC also is responsible for reviewing continuous improvement progress reports, substantive change notifications, and other reports submitted by entry-to-practice nurse residency programs that hold accreditation by CCNE.

The EPRAC includes at least one member of the CCNE Board and at least three individuals from outside of the Board who have significant expertise in and/or interest in the quality of entry-to-practice nurse residency programs. All committee members are appointed by the Board chair.

For each program seeking initial or continued accreditation, the EPRAC 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 EPRAC 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.

The EPRAC monitors these programs between evaluations for continued compliance with established standards and policies. The EPRAC serves as the primary body to review continuous improvement progress reports, compliance reports, special reports, and other reports submitted by or relative to entry-to-practice nurse residency programs that hold accreditation by CCNE. Upon its review of any report, the EPRAC 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.

The EPRAC also serves as the primary body to monitor continued compliance of programs in relation to substantive change notifications submitted by the programs. Upon review of the substantive change notification, the EPRAC may request additional information. The EPRAC may offer a recommendation to the CCNE Board regarding additional action to be taken. The possible recommendations regarding these reports are outlined elsewhere in this document.

The EPRAC chair is appointed by the Board chair to lead and facilitate EPRAC discussions and the formal business of the committee. The EPRAC chair may serve a maximum of two terms of 3 years each. The EPRAC chair is a member of the Board.

Newly appointed EPRAC 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 EPRAC members. At the beginning of each meeting, the EPRAC chair reviews the roles and responsibilities of committee members and emphasizes 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

An entry-to-practice nurse residency program (employee-based nurse residency program or federally funded traineeship nurse residency program) located in an accredited institution (healthcare organization) 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 residency program accreditation, CCNE evaluates entry-to-practice nurse residency programs separately from NP fellowship/residency programs. The focus of the accreditation review is the employee-based nurse residency program and/or federally funded traineeship nurse residency program, not the larger administrative unit. The following process applies specifically to entry-to-practice nurse residency programs.

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 EPRAC, which makes a confidential recommendation regarding accreditation to the Board.
5. The CCNE Board, taking into consideration the EPRAC 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 accorded 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 residency program.

This 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 residency 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 the Board. These reports must be submitted 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**

CCNE 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.

### **INSTITUTIONAL ACCREDITATION**

Programs pursuing initial CCNE accreditation must be located in a parent institution (healthcare organization) that is accredited by an institutional accrediting agency that is recognized by the Centers for Medicare and Medicaid Services (CMS). Institutional accreditation must be maintained by the healthcare organization in order for its program(s) to seek and maintain CCNE accreditation.

The partnering academic nursing program must reside in an 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 the partnering nurse residency program(s) 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 CMS 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.

### **PROGRAMMATIC ACCREDITATION OF THE PARTNERING ACADEMIC NURSING PROGRAM(S)**

The partnering academic prelicensure nursing program(s) must be accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing). For more information on programmatic accreditation of the academic nursing program, refer to the section on Withdrawal of Accreditation: Academic Nursing Program Loses Programmatic

Accreditation. Accredited and applicant programs have an obligation to be aware of and in compliance with accreditation requirements for the partnering academic nursing program(s). 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 partnering academic nursing program(s) accreditation.

## INITIAL ACCREDITATION

Institutions that seek initial accreditation by CCNE of an employee-based entry-to-practice nurse residency program and/or a federally funded traineeship entry-to-practice nurse residency program, 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 accreditation actions are effective as of the first day of that program's most recent CCNE on-site evaluation. New applicants should schedule accreditation reviews accordingly.

The written application must include:

1. A letter of request co-signed by the a) chief executive officer and b) the chief nursing officer/chief nurse executive of the institution that offers the entry-to-practice nurse residency program. 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 residents, 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 (healthcare organization) is accredited. The institution provides an explanation 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 partnering academic nursing program(s) is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing). Refer to the Programmatic Accreditation of the Partnering Academic Nursing Program(s) section.
4. Payment of the fee for new applicants as indicated in CCNE's fee schedule.
5. A completed CCNE Program Information Form.
6. Documentation that briefly summarizes the ability of the program to meet the established accreditation standards. The program should present this information in 10 pages or less. This documentation must include the following:
  - a. a description of the healthcare organization setting;
  - b. the mission, goals, and expected outcomes of the entry-to-practice nurse residency program;



- c. a description of the entry-to-practice nurse residency program (including any tracks within the program), its curriculum, and the resources available to support the program;
- d. eligibility requirements for enrollment in the entry-to-practice nurse residency program;
- e. a description of how the entry-to-practice nurse residency program is clearly differentiated from any other nurse residency and/or fellowship programs that are offered by the healthcare organization; and
- f. evidence that the entry-to-practice nurse residency program is at least 12 months in length.

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

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**

A healthcare organization that has a CCNE-accredited entry-to-practice nurse residency program (employee-based nurse residency program or federally funded traineeship nurse residency program) and wishes to seek accreditation of a new program (employee-based nurse residency program or federally funded traineeship nurse residency program) must submit to CCNE a letter of intent to request an accreditation review. For CCNE purposes, a new program is the addition of an entry-to-practice nurse residency program (employee-based or federally funded traineeship), when a program of the other type (employee-based or federally funded traineeship) at the same institution is 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. The fee for adding a new program is indicated in CCNE's fee schedule.

## **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 nursing officer/chief nurse executive 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 nursing officer/chief nurse executive 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 nursing officer/chief nurse executive may request that an appointed team member not participate in the evaluation because of a conflict of interest.

A residency program must be operational with residents enrolled for at least 12 months prior to hosting an on-site evaluation. 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 fall on-site evaluations are generally scheduled September through November.

## **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 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 program(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 resident achievements, 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, residents, faculty, and staff--in developing its self-study document.

The self-study document should be no longer than 75 pages of general text, 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 included in 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 no later than 6 weeks prior to the scheduled on-site evaluation. Programs are encouraged to make their CCNE self-study document 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, educators/faculty teaching and residents enrolled in the program(s) under review, and the healthcare organization's nursing leadership, 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 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 Residency Accreditation 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 nursing officer/chief nurse executive 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 actual on-site evaluation should be arranged by the program several months prior to the on-site evaluation. The chief nursing officer 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 nursing officer then submits the final agenda to CCNE and to the evaluation team. The team leader and the chief nursing officer 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 campuses/sites or when an unusually complex organizational structure exists). The chief nursing officer 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 EPRAC and CCNE Board to assess whether the program is in 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 EPRAC and CCNE Board to assess compliance with CCNE accreditation standards; and
3. to review the processes that program representatives 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 nursing officer 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 residents who are enrolled in each program under review for accreditation (if more than one). Consideration also should be given to residents being represented across sites/campuses (if more than one). The chief nursing officer/chief nurse executive may only attend meetings that are specifically designated for program officials. Additionally, educators may not attend sessions that are designed for residents or alumni (even if a current educator 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 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 nursing officer/chief nurse executive 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, staff or 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 an on-site evaluation 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 virtual evaluation, unless extraordinary circumstances warrant a reasonable extension of time. The extension of time may not exceed 12 months. The purpose of the in-person verification visit is to tour and review a variety of resources (e.g., space for program activities, classrooms, simulation facilities, computers, administrative and educator offices, laboratories, 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 the 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 can 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 (e.g. size and complexity) of the program(s) reviewed. All evaluation teams must consist of one or more practicing nurses and one or more educators. 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 practicing nurses who serve on the evaluation team have a baccalaureate or higher degree in nursing, and a graduate degree (in nursing or another field). The practicing nurses are employed by a healthcare organization that offers an entry-to-practice nurse residency program and have experience in administration of or teaching in an entry-to-practice nurse residency program.

The educator who serves on the evaluation team is typically doctorally prepared and has breadth of knowledge about the delivery of nursing care. The educator also has meaningful participation in an entry-to-practice nurse residency program that is offered through a partnership between a healthcare organization and an academic institution.

Normally the team consists of three members, including a team leader. CCNE reserves the right to increase the size of the team whenever appropriate (e.g., when there are multiple campus/sites or when the institution/program has an unusually complex organizational structure). 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 assign 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 nursing officer/chief nurse executive 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 nursing officer/chief nurse executive 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.

## **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 expected program outcomes consistent with its mission; whether it is successful in achieving its expected program outcomes; and whether it conforms to commonly accepted standards.

The 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 learning activities, 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 program. The report reflects only that information obtained as part of the 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 under each key element supports 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 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 nursing officer/chief nurse executive.

## **Program Response**

The chief nursing officer/chief nurse executive 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;
2. offer comments that agree or disagree with the opinions and conclusions stated in the 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 report is submitted to CCNE by the chief nursing officer/chief nurse executive, 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 EPRAC and, subsequently, to the CCNE Board. As the program's response to the team report is considered along with the team report at the EPRAC and Board meetings, CCNE does not require the chief nursing officer/chief nurse executive to attend those meetings; however, program representatives may meet with the EPRAC if desired, and at the institution's expense, although they may not be present during the ARC's deliberations and voting. The chief nursing officer/chief nurse executive should inform CCNE of the program's intent to send representatives to the EPRAC meeting when submitting the program's response to the team report. The chief nursing officer's/chief nurse executive's request to send representatives to the EPRAC meeting must be received by CCNE at least 30 days in advance of the EPRAC meeting.

## **THE ACCREDITATION DECISION-MAKING PROCESS**

### **Review by the Entry-to-Practice Residency Accreditation Committee**

All members of the EPRAC are provided the self-study document, team report, and response to the team report submitted by the chief nursing officer/chief nurse executive. The EPRAC 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 nursing officer and/or other program representative(s) elect to meet with the EPRAC, he/she may provide a verbal statement to the EPRAC regarding the findings identified in the team report. The EPRAC reserves the right to limit the time of the verbal presentation.

The team leader may be invited to participate during the EPRAC'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 EPRAC. The chief nursing officer and/or other program representative(s) is given an opportunity to respond to the team leader's comments.

The EPRAC reviews all materials carefully and formulates a confidential recommendation regarding a proposed action to be taken by the CCNE Board. Neither the chief nursing officer/chief nurse executive nor the team leader may be present during the EPRAC'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 reports 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 EPRAC, the Board considers the proposed accreditation action recommended by the EPRAC. All Board members are provided access to the self-study document, the team report, and the response to the team report submitted by the chief nursing officer. After reviewing all relevant materials, the Board may accept the recommendation of the EPRAC 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 an employee-based nurse residency program or federally funded traineeship nurse residency 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. Initial accreditation may be granted for a time period extending up to 5 years. 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 decisions to the institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public within 30 days of taking the action.

### **Accreditation Denied**

Accreditation is denied by the CCNE Board when the Board determines that an employee-based nurse residency program or a federally funded traineeship nurse residency 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 its residents and prospective residents of this adverse action within 7 business days of notification by CCNE. CCNE will notify the 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 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 its residents and prospective residents of any final adverse action upon appeal within 7 business days of notification by CCNE.

CCNE will make available to 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 employee-based nurse residency program or federally funded traineeship nurse residency 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 its residents and prospective residents of this adverse action within 7 business days of notification by CCNE. CCNE will notify the 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 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 its residents and prospective residents of any final adverse action upon appeal within 7 business days of notification by CCNE.

CCNE will make available to 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 resident protection and the imminent completion of residents 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 Centers for Medicare and Medicaid Services Recognition**

A CCNE-accredited entry-to-practice nurse residency program must be located in an institution (healthcare organization) that is accredited by an institutional accrediting agency that is recognized by the Centers for Medicare and Medicaid Services (CMS). If the institutional accrediting agency of the healthcare organization loses its recognition by CMS, the parent institution must achieve (1) applicant, candidacy, or similar status, with an institutional accrediting agency recognized by CMS within 18 months of the loss of recognition, and (2) accreditation by an institutional accrediting agency recognized by CMS within 36 months of the loss of recognition.

If the parent institution of the CCNE-accredited program fails to achieve (1) and/or (2), CCNE will withdraw accreditation of the program. Actions to withdraw accreditation due to loss of CMS recognition of the accreditor of the parent institution are not subject to appeal. Within 30 days of such an action, CCNE will notify CMS, the institutional accrediting agency, other applicable accrediting agencies, the appropriate state agencies, and the public of said action.

### **Withdrawal of Accreditation: Loss of Institutional Accreditation of the Healthcare Organization**

A CCNE-accredited entry-to-practice nurse residency program must be located in a parent institution (healthcare organization) that is accredited by an institutional accrediting agency recognized by the Centers for Medicare and Medicaid Services (CMS). If the healthcare organization 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 entry-to-practice nurse residency 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 institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action.

### **Withdrawal of Accreditation: Loss of Institutional Accreditation of the Partnering Academic Nursing Program's Parent Institution**

The partnering academic nursing program must reside in an institution that is accredited by an institutional accrediting agency (regional or national) 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 entry-to-practice nurse residency program.

Actions to withdraw accreditation due to loss of institutional accreditation of the partnering academic nursing program's parent institution are not subject to appeal. Within 30 days of such an action, CCNE will notify the institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action.

### **Withdrawal of Accreditation: Loss of Programmatic Accreditation of the Partnering Academic Nursing Program**

The partnering academic prelicensure nursing program(s) must be accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing). If the academic nursing program has such accreditation revoked (including loss of institutional accreditation, and loss of accreditation due to the parent institution accreditor losing U.S. Department of Education recognition), the CCNE Board may withdraw accreditation of the entry-to-practice nurse residency program.

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

### **Withdrawal of Accreditation: Closed Programs**

An employee-based nurse residency program must remain in continuous operation with enrolled residents in order to remain accredited. A federally funded traineeship nurse residency program is considered by CCNE to be a closed program if either it has not enrolled at least one resident over a 1-year period or if the federal funding for the traineeship is withdrawn. 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.

CCNE will withdraw accreditation of any employee-based nurse residency program or federally funded traineeship nurse residency 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 the program's closure, CCNE will notify the 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. An institution that seeks accreditation of its employee-based nurse residency program or federally funded traineeship nurse residency program 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 will be reviewed for accreditation. Within 10 days of receiving written notification from an institution of its accredited program's intent to withdraw from the accreditation process, the Commission will notify the institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action. An institution 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 employee-based nurse residency program or federally funded traineeship nurse residency

program's substantial compliance with the CCNE standards and key elements or its adherence to the CCNE procedures. CCNE notifies the chief nursing officer/chief nurse executive 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" 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 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 inform its residents and prospective residents of any show cause action within 7 business days of notification by CCNE.

## **Adverse Actions**

CCNE may immediately take adverse action when it determines that a program is not in compliance with CCNE's standards and key elements or does not adhere 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 CMS recognition, withdrawal of accreditation due to loss of institutional accreditation of the healthcare organization, withdrawal of accreditation due to loss of institutional accreditation of the partnering academic nursing program's parent institution, withdrawal of accreditation due to loss of programmatic accreditation of the partnering academic nursing program, 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.

## **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 and appropriate state agencies.

The 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 any final 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 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 an employee-based nurse residency program or federally funded traineeship nurse residency program is available upon request to any interested party and posted on the CCNE website.

All final accreditation actions are posted on the CCNE website. CCNE posts a directory of accredited nurse residency programs on the CCNE website, which is updated twice yearly following the accreditation decision-making meetings of the CCNE Board. The accreditation status of the 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 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 any adverse actions it has taken against a program.

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 name of the residency 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. CCNE has approved the use of either of the following statements for disclosure of the accreditation status to the public:

*The (employee-based nurse residency program/federally funded nurse residency program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001, (202) 887-6791.*

*The (employee-based nurse residency program/federally funded nurse residency program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccnaccreditation.org>).*

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 (employee-based nurse residency program/federally funded nurse residency 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.*

*The (employee-based nurse residency program/federally funded nurse residency program) at (institution) is pursuing initial accreditation by the Commission on Collegiate Nursing Education (<http://www.ccnaccreditation.org>). 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 and outcomes.

## **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 accreditation becomes effective and on which it ceases are important because accreditation status sometimes establishes eligibility of a program for participation in certain federal programs. 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.

In granting a term of accreditation, the CCNE Board shows its confidence in the competency and effectiveness of the residency program and in its continuing ability to comply with CCNE standards. At the discretion of the CCNE Board, initial accreditation may be granted for a maximum period of 5 years based upon the results of a comprehensive on-site evaluation. 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.

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 compliance 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 determination by the Board that 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 satisfactorily resolved the cited concern(s), a new action must be made 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 of programs throughout the accreditation period, the Board may require submission of an additional report(s) when extending an accreditation term.

The chief nursing officer/chief nurse executive may request that one 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 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 original 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 of the issues surrounding the complaint. The Board reserves the right to conduct an evaluation of the program whenever, in its judgment, circumstances require such review. This evaluation may have an impact on a previously-granted accreditation term, resulting in a reduced accreditation term.

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 practical 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 nurse residency program 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 nursing officer/chief nurse executive 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 EPRAC and the evaluation team that reviewed the program. The institution may make the accreditation findings available to program representatives, residents, administrative personnel, and other program constituents.

The accreditation action letter comprises the accreditation decision of the Board, identifying 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 standards and key elements with which the program failed to substantially comply and/or b) the CCNE procedures to which the program failed to adhere;
2. the date the action becomes effective;
3. a notice to the institution 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 regarding its obligation to inform residents in the 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**

### **Continuous Improvement Progress Reports**

An accredited residency program submits a continuous improvement progress report (CIPR) for the purpose of demonstrating continued compliance with the accreditation standards 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 program 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 residency program and changes in the institution as a whole that may affect the residency program.

Reporting on changes in the continuous improvement progress report does not absolve the program of its responsibility to submit substantive change notifications as described in the section on Substantive Change Notification.

Guidance on preparing the continuous improvement progress report, page limitations, and a report template are provided on the CCNE website and 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 EPRAC. At the request of the EPRAC, the chief nursing officer may be asked to provide additional information to CCNE.

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

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

If the EPRAC recommends to the Board that the continuous improvement progress report does not demonstrate continued compliance by the program, it will identify the program 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 compliance with the standard for accreditation was demonstrated (See the section on Special Reports if the program does not 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 on or before the deadline that is specified in the action letter.

Compliance reports are reviewed by the EPRAC. At the request of the EPRAC, the chief nursing officer/chief nurse executive may be asked to provide additional information to CCNE.

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

- 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 EPRAC recommends to the Board 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 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 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 compliance within 2 years, CCNE will take immediate adverse action unless the Board, for good cause, extends the period for achieving 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 EPRAC, which will make a confidential recommendation to the Board regarding whether the program has demonstrated 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. Special reports are accepted if the Board concludes, based on the evidence provided, that the program has demonstrated 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 extends the time period for compliance, it may also require a focused or comprehensive on-site evaluation.

In order for the Board to grant an extension of the time period for achieving 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 progress toward 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 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 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 compliance within 2 years, CCNE will take immediate adverse action unless the Board, for good cause, extends the period for achieving compliance.

In order for the Board to grant an extension of the time period for achieving 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 progress toward 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 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 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 (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 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 continuous improvement progress reports, compliance reports, or other reports, the CCNE-accredited program is required to notify CCNE of any substantive change affecting the entry-to-practice nurse residency 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 healthcare organization or program, including acquisition of another institution or program;
- a significant reduction in resources of the healthcare organization or program;
- change in status with a regulatory agency, including cases in which the healthcare organization 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 healthcare organization 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);
- development of a new nurse residency program (e.g., if the healthcare organization has an accredited employee-based nurse residency program and develops a federally funded traineeship nurse residency program, or vice versa) (CCNE's acceptance of a substantive change notification regarding development of a new nurse residency program does not constitute an action to accredit that new program) (see the section on New Programs);
- change in (including suspension or closure of) nurse residency program offerings or options (refer to Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a program);



- the addition of courses that represent a significant change in method or location of delivery from those offered when CCNE last evaluated the program;
- change in criteria for enrollment in the nurse residency program;
- change in program length;
- change of the chief nursing office or residency coordinator;
- significant change in educator and staff composition and size;
- significant change in resident enrollment;
- major curricular revisions; and
- significant change in the partnership between the healthcare organization and the academic nursing program(s).

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. See the section on Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a residency program offering.

The substantive change notification is submitted by the chief nursing officer/chief nurse executive 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. The substantive change notification should not exceed 5 pages, unless otherwise approved in advance with CCNE staff.

The substantive change notification is reviewed by the EPRAC. Upon review of the notification, the EPRAC may act to accept the change or may request additional information. If warranted, the notification is forwarded to the CCNE Board or other appropriate review 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 nursing officer's/chief nurse executive's apprising CCNE of substantive changes in a timely manner. The chief nursing officer/chief nurse executive 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 the Board without first being reviewed by the EPRAC.

## **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 may 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 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 on which the notice of appeal was due but not filed. If a program files a notice of appeal, the appeal process set forth below commences.

During the appeal period, the residency program shall retain 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 resident protection and the imminent completion of residents in the affected program. A decision to grant such a request falls within the sole discretion of the CCNE Board and is not appealable.

## **Standards of Review**

The purpose of the hearing is not to reevaluate anew the residency 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 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 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 residency program under consideration. Membership of the Hearing Committee may not include any member of the CCNE Board, EPRAC, 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 nursing officer/chief nurse executive of the residency 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 nursing officer/chief nurse executive is informed of the individuals appointed. The final composition of the Hearing Committee is confirmed within 15 business days of the chief nursing officer/chief nurse executive'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 nursing officer/chief nurse executive 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 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 these confidential proceedings will be made available to the appellant upon request. 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 transcription, the program will be responsible for paying one half of the total fees assessed to CCNE by the transcription provider. The transcription 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 makes 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 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 will be 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 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 nursing officer/chief nurse executive 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, as appropriate, the EPRAC and the evaluation team that reviewed the program.

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 obligations to inform residents in the program and applicants to the program of the action taken. CCNE also is obliged to inform other parties of adverse actions. These other parties include the state 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. However, in withdrawing its appeal 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 (1) is significant; (2) was unavailable to the program prior to the Board making its adverse action; and (3) 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.

## **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 residency 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 and the EPRAC with respect to making recommendations about or determining accreditation of a residency 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 residency program is being evaluated or current employment in an institution that is located in close proximity to or that is in direct competition with the program 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 or program that CCNE accredits or to any political entity within the nursing profession. CCNE may, at its discretion, remove a volunteer from service when it deems necessary due to a perceived, potential, or actual conflict of interest, or when deemed 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 elected 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 all that 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 residency programs with the standards for accreditation. The public, the nursing profession, residents, and other stakeholders 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 residency 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 in which it is alleged that the CCNE standards and/or procedures 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 employees or residents. 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 residents, program faculty or administrators, staff, 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) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint. The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

Complaints may be directed to the “CCNE Complaints Administrator” and sent to the CCNE office at: 655 K Street, NW, 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 to the chief nursing officer/chief nurse executive 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 nursing officer/chief nurse executive. The program is provided 30 days to respond to the complaint.

The institution either confirms or denies the allegations of the complaint. If the allegations are confirmed, the institution 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 the final disposition to the complainant and the institution 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 comply with CCNE standards and/or procedures, other possible actions may be considered. The following list of actions represents those that may be possible:

- Determine that the complaint is invalid, and notify the complainant and the institution to that effect.
- Request additional information from the program needed to pursue the complaint further.
- Respond to the complainant regarding the resolution of the complaint.
- Make recommendations to the program suggesting or requiring changes in procedures, adherence to laws, or compliance with CCNE standards and/or procedures.
- Require a focused or comprehensive on-site evaluation to the program to assess the matter in further detail.

## **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 seek 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.

## **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, documents, and forms (past and present editions). 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), the program's 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 OTHER AGENCIES**

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

1. The accreditation status of the healthcare organization 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 healthcare organization is subject to an action by a state or other regulatory agency potentially leading to the suspension, revocation, withdrawal, or termination of the institution's legal authority to operate.
3. The healthcare organization 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 healthcare organization has been notified by a state or other regulatory agency of a threatened suspension, revocation, withdrawal, or termination of the institution's legal authority to operate.
5. The healthcare organization is the subject of a probation or equivalent decision by an institutional accrediting agency.

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 residency program.

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

1. An institutional accrediting agency has denied or withdrawn accreditation of the healthcare organization or has placed the healthcare organization on public probationary status.
2. A state or other regulatory agency has suspended, revoked, withdrawn, or terminated the healthcare organization's legal authority to operate.
3. An institutional accrediting agency has denied or withdrawn accreditation of the partnering academic nursing program(s) parent institution or has placed the partnering academic nursing program(s) parent institution on public probationary status.
4. A state or other regulatory agency has suspended, revoked, withdrawn, or terminated the partnering academic nursing program(s) parent institution's legal authority to provide postsecondary education.
5. A state agency, other regulatory authority, or a nursing accrediting agency has suspended, revoked, withdrawn, or terminated the partnering academic nursing program(s) authority to offer prelicensure nursing education programs.

The CCNE Board promptly reviews the accreditation status of a residency program if an institutional accrediting agency takes an adverse action with respect to the healthcare organization or places the healthcare organization on public probationary status.

## **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 nursing officer/chief nurse executive 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 residency program 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 schedule 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 nurse residency program (employee-based nurse residency program or federally funded traineeship nurse residency program) and want to add a new nurse residency program (employee-based nurse residency program or federally funded traineeship nurse residency 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 related to a program appears in a publication, including websites, the CCNE the staff will request the immediate correction of this information. Failure of the institution to correct inaccurate or misleading information in a timely fashion will 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, residents, 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 nursing officer/chief nurse executive, CCNE may schedule concurrent or joint evaluations with other agencies or regulatory bodies. 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 nursing officer/chief nurse executive to take full responsibility in assuring coordination of the joint evaluation. The chief nursing officer/chief nurse executive is responsible for informing the CCNE staff and the CCNE evaluation team if a joint evaluation is being scheduled. The chief nursing officer/chief nurse executive 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.