This template addresses the 2018 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs.
# Table of Contents

Substantive Change Policy .................................................................................................................. i
Submission Instructions ........................................................................................................................ ii
Substantive Change Program Information Form .................................................................................. iii
Change in Program Mission or Goals .................................................................................................. 1
Change in Legal Status, Control, or Ownership ................................................................................ 2
Reduction in Resources .......................................................................................................................... 3
Change in Status with Board of Nursing or Regulatory Agency ...................................................... 4
Change in Status with Institutional and/or Nursing Accrediting Agency ........................................ 5
Change in Program Tracks/Concentrations ......................................................................................... 6
Addition or Closure of a Nursing Program (Degree/Certificate) ..................................................... 7
Method or Location Change ............................................................................................................... 9
Change in Chief Nurse Administrator ............................................................................................... 10
Change in Faculty Composition and/or Size ...................................................................................... 11
Change in Student Enrollment ............................................................................................................ 12
Change in Teaching Affiliations .......................................................................................................... 13
Major Curricular Revision(s) ............................................................................................................. 14
Change in Student Achievement ....................................................................................................... 15
Other Type of Substantive Change ...................................................................................................... 16
Substantive Change Policy

Programs are required to notify CCNE of any substantive change affecting the nursing program, irrespective of annual reports, continuous improvement progress reports, special reports, compliance reports, or other report submissions. The policy regarding substantive change notifications can be found on pages 21-22 in the CCNE Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs.

Substantive changes include, but are not limited to:

- a change in established mission or goals of the program;
- a change in legal status, control, or ownership of the institution or program, including acquisition of another institution or program;
- a significant reduction in resources of the institution or program;
- a change in status with a state board of nursing or other regulatory agency, including cases in which the institution or program is placed on warning, probationary, or show cause status;
- a change in status with an institutional accrediting agency or nursing accrediting agency, including cases in which the institution or program is placed on warning, probationary, or show cause status;
- a change in (including development, suspension, or closure of) program tracks or concentrations (see the section on Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a program);
- the addition or closure of a nursing program (e.g., a master’s degree program, a DNP program, or a post-graduate APRN certificate 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;
- a change of the chief nurse administrator;
- a significant change in faculty composition and size;
- a significant change in student enrollment;
- a significant change in teaching affiliations;
- major curricular revisions;
- a change in student achievement such that completion rates, pass rates, and/or employment rates fall below CCNE’s expectations; and
- other types of substantive changes.
Submission Instructions

This document offers guidelines on the recommended content for substantive change notifications.

Page Length
The notification should be no longer than five pages in length, excluding the Program Information Form and appendices (if applicable).

Due Dates
All notifications, with the exception of program closures, must be submitted to 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.

Notifications regarding program closure must be submitted no earlier than 90 days, but no later than 30 days after the closure.

Submitting Multiple Notifications
If the institution needs to notify CCNE of multiple changes, they may be submitted as one combined document as long as clear section headings are used to demarcate the notifications. If the institution is submitting multiple substantive changes, it may use up to five pages per change.

Method of Submission
All notifications must be emailed as a PDF document to ccnesubchange@ccneaccreditation.org.

Questions
Please contact Lina Trullinger, Associate Director, at ltrullinger@ccneaccreditation.org or 202-887-6791, ext. 245, if you have any questions regarding substantive change notifications.
Substantive Change Cover Sheet

Regardless of which program(s) are affected by the substantive change, please identify all baccalaureate, master’s, Doctor of Nursing Practice, and post-graduate APRN certificate tracks offered by the nursing unit. For each track, list current enrollment data. The institution may add or delete rows in the following tables as necessary.

### Baccalaureate Program

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

*Only include nursing students (not pre-nursing students).*

<table>
<thead>
<tr>
<th>Track(s)</th>
<th>Year Track Became Operational</th>
<th># Students Enrolled</th>
<th>Locations/Campuses Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic/Traditional/Pre-licensure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN-BSN/Post-licensure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Career/Fast Track/Accelerated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Master’s Program

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

<table>
<thead>
<tr>
<th>Track(s)</th>
<th>Year Track Became Operational</th>
<th># Students Enrolled</th>
<th>Locations/Campuses Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Doctor of Nursing Practice Program

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

<table>
<thead>
<tr>
<th>Track(s)</th>
<th>Year Track Became Operational</th>
<th># Students Enrolled</th>
<th>Locations/Campuses Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Post-Graduate APRN Certificate

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

<table>
<thead>
<tr>
<th>Track(s)</th>
<th>Year Track Became Operational</th>
<th># Students Enrolled</th>
<th>Locations/Campuses Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please note: This cover sheet cannot be used for the submission of self-study documents or continuous improvement progress reports.*
Change in Program Mission or Goals

1. Provide an overview of the change.
3. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards.
4. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources.
Change in Legal Status, Control, or Ownership

1. Provide an overview of the change.

2. Provide evidence that:
   a. the parent institution is accredited by an institutional accrediting agency recognized by the U.S. Department of Education; and
   b. that the nursing degree program is approved by the state board of nursing, if applicable.

3. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.

4. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources.
Reduction in Resources

1. Provide an overview of the change.
3. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards, with specific regard to budgetary, physical, and faculty resources.
Change in Status with Board of Nursing or Regulatory Agency

1. Provide an overview of the change.

2. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards.

3. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and/or faculty resources.

4. Provide a copy of the most recent action letter from the state board of nursing or other accrediting entity. Attach the letter in PDF format along with the notification.
Change in Status with Institutional and/or Nursing Accrediting Agency

5. Provide an overview of the change.

6. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.

7. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and/or faculty resources.

8. Provide a copy of the most recent action letter from the state board of nursing or other accrediting entity. Attach the letter in PDF format along with the notification.
Change in Program Tracks/Concentrations

Development of a New Track or Concentration

1. Provide an overview of the change.
2. Discuss the timeline for implementation.
3. Discuss expectations (e.g., enrollments, program length, graduation).
5. Provide evidence of approvals from other regulatory bodies (institutional, state, regional, etc.).
6. Provide an overview of the curriculum (include evidence that has been developed using appropriate professional nursing standards and guidelines).
7. Discuss the methods of delivery and location.
8. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.
9. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources. The program should also address impact on the availability of clinical site placements if applicable.

Suspension of Admissions or Track/Concentration Closure

If the program is closing the only track offered within a degree or certificate program, please refer to the information regarding program closure on the following page.

1. Provide a rationale for the suspension of admissions or program closure.
2. Provide the effective date of suspension of admissions or program closure. (For the closing of degree programs, please refer to the policy on Termination of Accreditation: Closed Programs in the CCNE Procedures.)
3. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.
4. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources.
Addition or Closure of a Nursing Program (Degree/Certificate)

Addition of a Nursing Program (Degree/Certificate)

If the degree and/or certificate program offers more than one track, the program must provide the following information for each track.

The chief nurse administrator is planning to seek CCNE accreditation:

1. Provide an overview of the change.
2. Discuss the timeline for implementation.
3. Discuss expectations (e.g., enrollments, program length, graduation).
5. Provide evidence of approvals from other regulatory bodies (institutional, state, regional, etc.).
6. Provide an overview of the curriculum (include evidence that is has been developed using appropriate professional nursing standards and guidelines).
7. Discuss the methods of delivery and location.
8. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards.
9. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources. The program should also address impact on the availability of clinical site placements if applicable.

Please note that programs must also submit a letter of intent to schedule an on-site evaluation. On-site evaluations are generally scheduled with CCNE a minimum of 12 months in advance.

The chief nurse administrator is not planning to seek CCNE accreditation:

1. Provide an overview of the change.
2. Discuss the timeline for implementation.
3. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards.
4. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources. The program should also address impact on the availability of clinical site placements if applicable.
Closure of a Nursing Program (Degree/Certificate)

The policy regarding withdrawal of accreditation due to closure or termination can be found on page 14 in the CCNE Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs.

A degree program must remain in continuous operation with enrolled students in order to remain accredited. 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. A post-graduate APRN certificate program is considered by CCNE to be a closed program if it has not enrolled at least one student or does not have at least one completer over a 2-year period. If a post-graduate APRN certificate program has not enrolled at least one student or does not have at least one completer over a 2-year period, the program must notify CCNE within 30 days of such occurrence.

The CCNE Board will withdraw accreditation of any degree program or post-graduate APRN certificate 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. Within 30 days of learning of a program’s closure, CCNE staff will notify the U. S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public of said action.

1. Identify the degree/certificate program that is the subject of the program closure notification.
2. Discuss the primary reason for closure of the program.
3. Identify the specific date (month, date, and year) of program closure (e.g., the date on which the last students will have their degrees conferred or be awarded a certificate).
4. Identify how many students are currently enrolled in the program that is closing.
5. Identify how many students are expected to graduate/complete the program between submission of this notification and closure of the program.
6. Discuss whether the program implemented a teach-out plan. If so, please append it to the notification.
7. Identify whether the chief nurse administrator will remain employed at the institution after program closure. If no, please provide the contact information of the individual should CCNE have any questions related to the nursing program.
Method or Location Change

1. Provide an overview of the change in method or location. (If the curriculum offered is different than that offered when CCNE last evaluated the program, a separate substantive change notification must be submitted for major curriculum revisions.)


3. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards.

4. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources.
Change in Chief Nurse Administrator

1. Demonstrate compliance with Key Element II-D (CCNE *Standards*, 2018).
2. Please provide full contact information (name with credentials, address, phone number, fax number, and email).
3. Provide a copy of the chief nurse administrator’s current CV. Attach the CV in PDF format along with the notification.
Change in Faculty Composition and/or Size

1. Provide an overview of the change.
2. Demonstrate compliance with Key Elements II-E and II-F if applicable (CCNE Standards, 2018).
3. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards.
4. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources.
Change in Student Enrollment

Increase in Enrollment:
For clarification about what CCNE considers a substantive increase in enrollment size, please contact CCNE staff.

1. Address the scope and nature of the increase in student enrollment (e.g., program/track development, increase in admissions, etc.).
3. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.
4. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources. The program should also address impact on the availability of clinical site placements if applicable.

Decrease in Enrollment:
1. Address the scope and nature of the decline in or suspension of student enrollment (e.g., program/track closure or suspension of admissions).
2. Document how, if at all, the change affects the program's compliance with CCNE accreditation standards.
3. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources.
Change in Teaching Affiliations

1. Provide an overview of the change.
2. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards.
3. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources.
**Major Curricular Revision(s)**

1. Provide an overview of the curriculum, discussing the changes made. Include evidence that the curriculum has been developed using appropriate professional nursing standards and guidelines.

2. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards.

3. Discuss how the program will address potential impact on all existing CCNE accredited nursing degree and/or certificate program(s), with respect to budgetary, physical, and faculty resources.
Change in Student Achievement

Program Completion Rates
Completion rates for the baccalaureate, master’s, post-graduate APRN certificate, or DNP program are less than 70% in the expected time period, as defined by the program.

1. Provide a detailed explanation for program completion rates of less than 70%.
2. Provide an action plan for improving the completion rates.

Licensure and/or Certification Pass Rates
Pass rates (NCLEX-RN or certification examination) are less than 80%.

As a reminder, programs can demonstrate compliance with the CCNE expectation if:

- the pass rate is 80% or higher for all takers (first-time and/or repeat) for the most recent calendar year,
- the pass rate is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or
- the pass rate is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

1. Provide a detailed explanation of the licensure and/or certification pass rates.
2. Provide an action plan for improving the rates.
3. Provide the current status with the state board of nursing if applicable.
4. If the program is on warning, probationary, provisional, or any other similar status with the board of nursing, a copy of the most recent action letter from the state board of nursing must be submitted to CCNE with the substantive change. Attach the letter in PDF format along with the notification.

Employment Rates
Employment rates for the baccalaureate, master’s, or DNP program following degree or certificate completion are less than 70%.

1. Provide a detailed explanation of the job placement/employment rates.
2. Provide an action plan for improving the rates.
Other Type of Substantive Change

1. Provide an overview of the change.
2. Document how, if at all, the change affects the program’s compliance with CCNE accreditation standards, including possible impacts to budgetary, physical, and faculty resources.
3. Attach any relevant documentation in PDF format along with the notification.