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Note: While the information regarding style and report development can be utilized for the Candidacy Presentation, additional information regarding this process appears outside of this document (See ACEN [Candidacy webpage](#)).

Introduction/Overview

The ACEN Standards are agreed-upon expectations to measure educational quality, while the Criteria are statements identifying the elements that need to be examined to evaluate the Standards. The 2023 Standards and Criteria apply to each program type accredited by the ACEN (i.e., practical, associate, diploma, baccalaureate, masters/post-master's certificate, and clinical doctorate/DNP Specialist certificate), although it is important to note there are a few unique characteristics identified with some Criteria for specific program types.

ACEN-accredited programs or those seeking to be ACEN-accredited are required to submit reports in the form of Candidacy Presentations ([See Candidacy website](#)), Self-Study Reports, Follow-Up Reports, and Focused Visit Reports. Reports, and site visits when applicable, are the program's opportunity to document its compliance with the Standards and Criteria. The ACEN accreditation process is a peer review process, and the report is a critical point of reference for peer evaluators and the ACEN staff throughout the accreditation process. The ACEN accredits programs in the U.S. and its Territories as well as internationally, and this guide is applicable to all.

The ACEN Staff review reports to determine whether a program meets the threshold for Candidacy and to identify strategies the program can use to better describe its compliance with the Standards and Criteria for peer evaluators. Peer evaluators are assigned to review programs for initial or continuing accreditation. The peer reviews may be based on the report, an onsite visit, or a virtual visit (or any combination thereof). Peer evaluators who review the report include those participating in an onsite review of the program (if applicable), those serving on the Evaluation Review Panel, and the Board of Commissioners. Onsite peer evaluators are responsible for verifying, clarifying, and amplifying information provided by the program and using their professional judgement to make recommendations about a program's compliance with the Standards and Criteria.

This guide can be used by program faculty and administrators to facilitate preparation and writing of any type of report for the ACEN, and it includes information regarding preparations for site visits if applicable; an international supplement that addresses difference regarding international site visits is available on the ACEN website. This section provides an overview of each report type, including the format, visit preparations, and the review process. A Report Writing Guide section follows and provides a review of the Standards and Criteria and includes sample focused questions, examples of potential supporting evidence for each Criterion in all Standards; for some Criteria, there are recommended tables provided for displaying important program information. Finally, this guide includes instructions for submitting the report, including use of the ACEN Document Repository.

The ACEN Directors are available to answer questions you may have regarding the Candidacy Presentation, Self-Study Reports, Follow-Up Reports, Focused Visit Reports, or the accreditation process. To speak with a Director, please call the ACEN office at (404) 975-5000 or visit the ACEN website at www.acenursing.org.

Note: Terms that are written in **purple** are defined in the **ACEN Glossary**.

Report Types: Visit Agenda Items and Review Processes

Self-Study Report for Initial or Continuing Accreditation Site Visits

The Self-Study Report (SSR) is prepared and submitted for an initial or continuing accreditation site visit. The Self-Study Report provides a written summary and description of the program's compliance with all Standards and Criteria. The Self-Study Report is required to initiate the peer review process and provides peer evaluators with an overview of the program as well as the program's assessment of its compliance with the Standards and Criteria in preparation for the onsite review.

Self-Study Report Components:

1. Introduction/Program Demographic Information
2. Program Overview, including a brief history of the program and a succinct summary of any major changes since the last ACEN accreditation visit and Board of Commissioners' decision (e.g., new leadership; curriculum revisions).
3. Report narrative addressing the program's compliance with **ALL** Standards and Criteria (see focused questions for guidance).
4. Evidence to support the report narrative (see examples of supporting evidence for guidance).

Agenda Items for Initial/Continuing Accreditation Site Visits:

The length of an Initial/Continuing Accreditation Site Visit is typically three days but can vary depending on program size, complexity, and location. You may use the Site Visit Agenda Template for creating the draft agenda for the visit. The nurse administrator should coordinate with the Team Chair to develop an agenda that efficiently utilizes time and resources based on the days of the scheduled visit. Below is a list of agenda items and interviews that must be included for all Initial and Continuing Accreditation Site Visits, including *suggested* timeframes:

- Nurse Administrator Meetings
 - Welcome Meeting (60 minutes; morning of 1st visit day)
 - Beginning/end of each day of the visit (30 minutes)
 - Final Meeting to review findings/recommendation (30–60 minutes on last visit day)
- Faculty/Staff that assist with program administration (if applicable) (30–60 minutes)
- Governing Organization Administration (60 minutes)
 - e.g., Chief Executive Officer and/or the Provost/Vice President of Academic Affairs/Chief Academic Officer; Academic Dean(s), Finance Officer
- Student Services and Faculty Support Personnel (60 minutes)
 - e.g., administrative assistants/secretary, counselors, admissions officer, IT support, financial aid officer, librarian, human resources representative
- Students (90 minutes)
 - **All** students should be *invited* to participate, including students from all options/locations
- Nursing faculty (2 hours; ideally on afternoon of 1st visit day or morning of 2nd visit day)
 - **All** full- and part-time faculty should be *invited* to participate
- Clinical Representatives (60 minutes)
 - Representatives from clinical sites should be *invited* to participate (e.g., managers, educators/liasons, staff nurses, preceptors, graduates of the program, members serving on the program's Advisory Committee)

- Public Meeting (30–60 minutes)
 - The Public Meeting should NOT include employees of the governing organization or any current students
 - The Public Meeting should be advertised well in advance of the site visit. See: Guidelines for the Solicitation of Written and Oral Third-Party Comments)
- Observe classroom/laboratory activities (30 minutes each); may be pre-recorded from current academic term
- Tour of educational facilities including virtual or in-person review/tour of library/learning resource center (30–60 minutes)
- Document Review/Work Time (e.g., team conference(s); review of records/confidential documents; report writing time)
- Optional Formal Exit Meeting on final day of the visit (30 minutes)
 - Only questions regarding the process are permitted during the formal Exit Meeting
 - Participants in the formal Exit Meeting (if any) are identified/invited by the nurse administrator (no press/media allowed)
- NOTE: The agenda should also take into consideration and allow for meals, rest breaks, and travel time between meetings/buildings/locations.
- NOTE: Audio or video recording during any meeting is not permitted.

Review Process for Initial/Continuing Accreditation Visits:

Onsite peer evaluators will verify, clarify, and amplify what is written in the Self-Study Report and will write a Site Visit Report (SVR) resulting in a recommendation regarding the program's compliance with the Standards and Criteria. Upon receipt of the final Site Visit Report (approximately 8 weeks after the conclusion of the visit), the program faculty will have an opportunity to submit a response to the findings, including any errors of fact, additional information, or changes since the time of the site visit. The Self-Study Report, the Site Visit Report, and the program's response will be reviewed by the Evaluation Review Panel (ERP). The ERP also makes a recommendation about the program's compliance with the Standards and Criteria to the Board of Commissioners (BOC). The onsite peer evaluator and Evaluation Review Panel's recommendations regarding compliance with the Accreditation Standards, along with the Self-Study Report and Site Visit Report, are forwarded to the Board of Commissioners for review and action. Decision options for the Board of Commissioners are based on ACEN Policy #4. The dates for the Evaluation Review Panel and Board of Commissioners meetings are available on the ACEN website.

Follow-Up Report for Conditions, Warning, or Good Cause

A Follow-Up Report (FUR) provides a written summary and description of the program's compliance with all Criteria in only the Standard(s) with which the program was found to be in non-compliance by the Board of Commissioners (BOC). Consistent with ACEN Policy #4, a Follow-Up Report is submitted based on a timeline determined by the BOC. **Some** programs that received Continuing Accreditation with Conditions and **all** programs with Continuing Accreditation with Warning or Continuing Accreditation for Good Cause status will also have an onsite visit from a team of peer evaluators. The peer evaluator(s) will review the program's compliance with the Standards found in non-compliance at the time of the last accreditation decision by the BOC. Peer evaluator(s) will not intentionally review other Standards and Criteria during the Follow-Up visit. However, if evidence of non-compliance with any additional Standards and/or Criteria is identified during the Follow-Up visit, the peer evaluator(s) must include these findings in the Follow-Up Site Visit Report.

The Follow-Up Report provides peer evaluators the program's assessment of its current compliance with the Standards previously identified as non-compliant by the Board of Commissioners. Peer evaluators (including site visitors if applicable) will **not** have access to any previous documents (e.g., SSRs or SVRs); therefore, it is essential that the Follow-Up Report clearly describe the issues leading to the finding of non-compliance, what has changed since non-compliance was identified, and what progress has been made in the intervening time to address the identified Standard(s) of non-compliance.

Follow-Up Report Components:

1. Introduction/Program Demographic Information
2. Program Overview
 - a. Brief history of the program, including a summary for the reason for the Follow-Up Report.
 - b. A summary of any major changes since the ACEN Board of Commissioners' decision (e.g., new leadership; curriculum revisions)
 - c. A list of the Standards and Criteria with which the program was found to be in non-compliance at the time of the last review (refer to the Board of Commissioners' accreditation decision letter).
3. Report narrative addressing the Standard(s) previously found in non-compliance (see focused questions for guidance).
 - a. All Criteria in the previously non-compliant Standard must be included. For example, if Standard 5 Outcomes was previously found in non-compliance, the FUR would include Criteria 5.1, 5.2, 5.3, and 5.4 and all sub-criteria, even if the non-compliance was specific to 5.3 at the time of the last BOC accreditation decision.
 - b. The report narrative should include an emphasis on the Criteria with which the program was found to be in non-compliance and should provide specific examples of what was previously identified as non-compliance and what changes/progress have been made to address the identified issue(s).
4. Evidence to support the report narrative (see examples of supporting evidence for guidance).
5. Complete a "Request for Good Cause" attestation **if** the program has not reached the maximum monitoring time per Policy #4.

Agenda Items for Follow-Up Visits (if applicable):

The length of a Follow-Up Visit is variable and typically ranges from 1–3 days. The nurse administrator may use the Site Visit Agenda Template for creating the draft agenda for the Follow-Up Visit; however, not all items in the agenda template may be necessary. The nurse administrator should coordinate with the Team Chair to develop an agenda that efficiently utilizes time and resources based on the days of the scheduled visit, the Standard(s) of non-compliance, and the required agenda items.

Below is a list of Agenda items that must be included for all Follow-Up Visits, including suggested timeframes. Table I includes *additional* agenda items based on the Standard(s) being reviewed as part of the Follow-Up Visit.

Required Agenda Items for all Follow-Up Visits:

- Nurse Administrator
 - Welcome Meeting (60 minutes; morning of 1st visit day)
 - Beginning/end of each day of the visit (30 minutes)
 - Final Meeting to review findings/recommendation (30–60 minutes on last visit day)
- Governing Organization Administration (60 minutes)
 - e.g., Chief Executive Officer and/or the Provost/Vice President of Academic Affairs/Chief Academic Officer; Academic Dean(s), Finance Officer, Human Resources representative
- Students (60 minutes)
 - **All** students should be *invited* to participate, including students from all options/locations
- Nursing faculty including Faculty/Staff that assist with program administration as applicable (2 hours)
 - **All** full- and part-time faculty should be *invited* to participate
- Public Meeting (30 minutes)
 - The Public Meeting should NOT include employees of the governing organization or current nursing students
 - The Public Meeting should be advertised well in advance of the site visit. See: Guidelines for the Solicitation of Written and Oral Third-Party Comments)
- Document Review/Work Time (e.g., team conference(s); review of records/confidential documents; report writing time)
- Optional Formal Exit Meeting on final day of the visit (30 minutes)
 - Only questions regarding the process are permitted during the Exit Meeting
 - Participants (if any) are identified/invited by the nurse administrator (no press/media allowed)
- NOTE: The agenda should also take into consideration and allow for meals, rest breaks, and travel time between meetings/buildings/locations.
- NOTE: Audio or video recording during any meeting is not permitted.

Table 1: *Additional* Agenda Items based on Standard(s) being reviewed

Standard 1	Review of Nurse Administrator Records Review of records for any Faculty/Staff that assist with program administration (as applicable) Tour of educational facilities/additional locations (as applicable)
Standard 2	Review of Faculty Records maintained by the nursing program and personnel records needed for Criteria 2.1, 2.2, 2.3, and 2.8 Review of Preceptor Records/Documents/Contracts (as applicable) Meeting with faculty support personnel (e.g., IT support, human resources representative, Center of Teaching Excellence representative)
Standard 3	Review of Student Records maintained by the nursing program Meeting with student support personnel (e.g., counselors, admissions officer, IT Support, financial aid officers, librarian, human resources representative) Virtual or in-person review/tour of library/learning resource center
Standard 4	Classroom/Laboratory Observation(s); may be pre-recorded from current academic term Meeting with Clinical Representatives Review of Clinical Contracts/MOUs Review Samples of Student Work
Standard 5	No additional agenda items

Review Process for Follow-Up Reports/Visits:

If there is a scheduled Follow-Up Visit, the onsite peer evaluators will verify, clarify, and amplify what is written in the Follow-Up Report and will write a Follow-Up Site Visit Report resulting in a recommendation regarding the program's compliance with the Standards and Criteria reviewed. Upon receipt of the final Follow-Up Site Visit Report (if applicable; approximately 8 weeks after the conclusion of the visit), the program faculty will have an opportunity to submit a response to the findings including any errors of fact, additional information, or changes since the time of the site visit.

The Follow-Up Report, the Follow-Up Site Visit Report (if applicable), and the program's response are reviewed by the Evaluation Review Panel (ERP). The ERP makes a recommendation to the Board of Commissioners whether the nursing program has demonstrated compliance with the Accreditation Standards with which the program was previously found to be in non-compliance. The onsite peer evaluators (if applicable) and the Evaluation Review Panel's recommendations regarding compliance with the Accreditation Standards are forwarded to the Board of Commissioners for review and action. Decision options for the Board of Commissioners are based on ACEN Policy #4. The dates for the Evaluation Review Panel and Board of Commissioners meetings are available on the ACEN website.

Focused Visit Report/Visits (after Substantive Changes)

The Focused Visit Report (FVR) is written and submitted in preparation for a focused visit authorized by the ACEN Board of Commissioners (BOC) in response to a substantive change within the program (Refer to ACEN Policy #19).

Please note: Focused Visits occur after submission of a substantive change; these are **not** the same as Follow-Up Reports/Visits that are required after a program has been found in non-compliance.

Focused Visit Report Components:

The Focused Visit Report provides a written summary and description of the program's compliance with **required** Standards and *specified* Criteria relative to the type of substantive change. The Focused Visit Report provides peer evaluators with the program's assessment of its compliance with required Standards and specified Criteria in preparation for the onsite review.

If a program has a Focused Visit authorized by the BOC, an ACEN Director will reach out to you to discuss report instructions including which Standards and Criteria must be included in the Focused Visit Report.

Required Agenda Items for all Focused Visits:

If a program has a Focused Visit authorized by the BOC, an ACEN Director will reach out to you with scheduling details for the agenda.

Combined or Coordinated Visits with Other Agencies (e.g., State Board of Nursing)

Combined Visits

Although Follow-up and Focused visits typically occur independently, it is possible they could be *combined* with a regular continuing site visit. For example:

- A continuing accreditation visit is *combined* with a follow-up visit
- A continuing accreditation visit is *combined* with a focused visit

The goal of combining visits is to increase efficiency and decrease faculty workload. The faculty will prepare a Self-Study Report that addresses all Standards and Criteria for the continuing accreditation visit with an additional emphasis on the non-compliant Standard(s) for the follow-up or the type of substantive change necessitating the focused visit.

Coordinated Visits

Although most visits only include the ACEN site visit team, occasionally, an initial or continuing accreditation visit or sometimes with a Follow-up visit will be *coordinated* with other accreditation and/or regulatory agencies. For example:

- An Initial Accreditation Visit is *coordinated* with another accrediting agency
- A Focused Visit is *coordinated* with a state board of nursing

Again, the goal of coordinating visits is to increase efficiency and decrease faculty workload. To arrange a coordinated visit, the nurse administrator initiates the process by informing the ACEN and collaborating with the Team Chair to arrange the ACEN agenda. For a coordinated site visit, the program prepares materials separately for each agency's team. The two teams share an agenda and conduct a site visit that meets each agency's requirements. The ACEN peer evaluators and the other representative may participate jointly in such activities as conferences with faculty, students, and other groups. However, other activities of the ACEN peer evaluators and the other agencies will be carried out separately, as the purposes of ACEN accreditation differ from those of other accrediting/approval-granting/state regulatory agencies. For example, the ACEN team will meet privately with the nurse administrator at least twice per day. Although the visit is coordinated, the work and recommendations of the teams are separate and independent.

The ACEN site visit team is not required to meet with the representatives of the other agency's team prior to the visit, during the visit, and/or after the visit. The nurse administrator is the liaison between the ACEN team and the agency's team. If the ACEN team receives written communication from the agency, the ACEN team chair may respond, copy the nurse administrator on the response, and emphasize:

- The team's support for coordinated visits;
- The nurse administrator has to invite the entity to join the visit and attend any meetings on the ACEN agenda;
- The ACEN team will meet privately with the nurse administrator twice per day; and
- At the conclusion of the site visit, the site visit team writes a report that documents the team's findings and recommendations which will be based on their review of the evidence and the Standards, Criteria, Glossary, and Policies.

For any questions regarding a combined or coordinated visit, please contact an ACEN Director by calling 404-975-5000.

Style & Report Development

Style Guide

Though the style and format of a report is up to the faculty, there are a few items that should be considered:

- All reports to the ACEN must be written in English.
- Page Restrictions for report narrative:
 - Self-Study Reports typically do not exceed 200 pages for a single program and 300 pages for multiple programs
 - Follow-Up Reports and Focused visit reports are typically less than 100 pages.
- Margins/Font/Spacing
 - 1-inch margins
 - Minimum of an 11-point font size for report narrative sections; a 10-point font size may be used in tables.
- Double or 1.5 spacing should be used for ease of readability.
- Page numbers should be included when referencing evidence in manuals, handbooks, catalogs, and/or lengthy documents, so it is easy for your peers to confirm the evidence provided.
- Hyperlinks within the report or to publicly accessible sites may be included. However, ensure all hyperlinks are functioning prior to submission and are accessible to external reviewers (no intranet links or links to documents in the repository).
- Tables should be titled, numbered, and referenced in the report narrative; columns or rows should be clearly labeled as appropriate. Tables included in the report narrative should be a single page or less; longer tables may be uploaded into the ACEN repository as supporting evidence and the information referenced and summarized in the report narrative.

Report Development: Introduction/Program Demographic Information

The program demographic information is a minimum data set that provide basic context for the program, such as the name, address, program type, program options, etc. Any report submitted to the ACEN should begin with these demographic details:

Governing Organization

Name:

Street Address:

Mailing Address: *(if applicable)*

Chief Executive Officer

Name and Credentials:

Job Title:

Telephone:

Email:

Governing Organization Accreditation

Name of Accrediting Agency:

Current Accreditation Status:

Nursing Education Unit

Name of Program(s):

Program Type(s) (Include only those programs addressed in the report):

Street Address:

Mailing Address: (if applicable)

Nurse Administrator

Name and Credentials:

Job Title:

Telephone:

Email:

Regulatory Agency Status (add all applicable agencies)

Name of Regulatory Agency:

Current Status with Regulatory Agency:

ACEN Accreditation

Year(s) Nursing Program(s) Established:

Date of Initial Accreditation or Date Candidacy Achieved:

Date of Last Review: (if applicable)

Current ACEN Accreditation Status:

ACEN Accreditation Standards and Criteria used for this report:

Enrollment

Students:	Nursing Student Enrollment:
[Name of Option/Location]:	
[Name of Option/Location]:	
[Name of Option/Location]:	
[Name of Option/Location]:	
Total Number:	
<i>Add additional rows as needed.</i>	

Academic Term

Type of Academic Term:	<input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Semester <input type="checkbox"/> Other:
Number of Weeks in an Academic Term:	

Program Locations, Program Options, and Methods of Delivery

Additional Locations	Program Options (e.g., full-time; part-time; advanced placement; evening/weekend) offered at this location	Method of Delivery for each option (e.g., fully face-to-face, fully online, or hybrid)	Frequency of Admission (e.g., every Fall/Spring)
Name/Address: Location Classification: <input type="checkbox"/> Branch Campus <input type="checkbox"/> Off-Campus Instructional Site			
Name/Address: Location Classification: <input type="checkbox"/> Branch Campus <input type="checkbox"/> Off-Campus Instructional Site			
Name/Address: Location Classification: <input type="checkbox"/> Branch Campus <input type="checkbox"/> Off-Campus Instructional Site			

Add more lines as needed

Distance Education

Identify the nursing course(s) that use [distance education](#):

No nursing courses use distance education.

All nursing courses use distance education.

Only the following nursing courses use distance education:

Course name/number	Course Credits/Contact Hours

Report Development: Guiding Focused Questions/Examples of Supporting Evidence

When writing a report for the ACEN, the faculty must use the current Standards and Criteria. Additionally, graduate programs (i.e., master's/PMC and Clinical Doctorate/DNP Specialist certificate) offering APRN program options must also adhere to current requirements of the specialty/certification organizations as they apply to the current Standards and Criteria (See the Graduate Crosswalk).

All reports should be based on intentional reflection and evaluation of a program's compliance with all, or selected, Standards and Criteria. Further, reports should represent the combined efforts of the governing organization administrators, nursing program administrators, faculty, staff, students, and other individuals concerned with the nursing program. Broad participation in the writing of reports for the ACEN leads to an understanding of the total program. A report should provide the reader with a clear understanding of the structure and function of the nursing education program as it relates to the Standards and Criteria and should include a concise description of the extent to which the program is in compliance with the Standards and Criteria.

To assist faculty in writing the report narrative, this guide includes the focused questions designed to illustrate the essential components of each Criterion; these can be used to guide the faculty as they think about and evaluate the program's compliance with each Criterion. The focused questions in this guide should not be the only lens through which the Criteria are evaluated and explored as they are not all-inclusive; program leaders and nursing faculty need to consider their situation and program and write the report accordingly. However, the focused questions do provide some guidance for ensuring that the critical aspects of each Criterion are considered when program faculty evaluate the program's compliance with the Standards and Criteria. Focused questions can also be shared with program stakeholders to assist in their preparation for interviews during an ACEN accreditation visit.

The goal of any report submitted to the ACEN is to demonstrate the extent to which the program is in compliance with the Standards and Criteria. Reports are reviewed by peer evaluators who are unfamiliar with the program; therefore, it is essential that nursing faculty write in a clear and concise manner and that all aspects of each Criterion are addressed in the report.

When writing any report for the ACEN, faculty must use the **ACEN Glossary** to ensure consistent and appropriate use of the terminology in the report. Where appropriate, nursing faculty are also encouraged to use tables to summarize program information and/or data.

Nurse administrators and faculty who desire additional guidance on how to write reports for the ACEN are encouraged to use the resources available on the ACEN website and are invited to participate in a Self-Study Forum and other Professional Development activities for additional guidance and clarification.

Supporting evidence should be maintained by programs as an objective means of documenting and/or recording a program's compliance with the Standards and Criteria. Supporting evidence should be identified by the program as those documents or pieces of evidence that are a *credible representative sample* of the best evidence that demonstrates the program is in compliance with each Criterion. Documents used as supporting evidence should be maintained as electronic (searchable) documents. In

addition to the supporting evidence maintained by the program, the peer evaluators may include interviews with appropriate stakeholders (e.g., students and faculty), and/or direct observations (e.g., tours and classroom observations) as part of the supporting evidence they identify and verify during a site visit.

The examples of supporting evidence included in these guidelines are based on evidentiary sources that are commonly used and, unless otherwise noted, they are not all-inclusive or required documentation. When peer evaluators complete a review of a program, the emphasis is on a “snapshot” in time. This means that peer evaluators primarily focus on what is verifiable at the time of the review. However, during the peer review process, peer evaluators may identify situations where they will need to evaluate historical/trended data in order to make a professional judgment about a program’s compliance with the Standards and Criteria. Please note that three years of the most recent data are required for some Criteria (e.g., budgets, examination pass rate data). In these instances, which are noted in the guidelines for each Criteria below, accredited programs are encouraged to maintain three years of the most recent data or more frequently as required by the governing organization or nursing program policy. Programs seeking initial accreditation should ideally have three years of evidence when available but should minimally have data from the point Candidate status was achieved. Additionally, it is generally appropriate to maintain a minimum of three years of meeting minutes. For other evidence, faculty should use their professional judgement as well as considering governing organization and state agency requirements.

Standard I Administrative Capacity and Resources

The mission and/or **philosophy** of the nursing program reflects the governing organization's **mission, goals, and/or values**. The governing organization and nursing program have administrative capacity and resources that support effective delivery of the program and facilitate the achievement of the **end-of-program student learning outcomes** and **program outcomes** for each **nursing program type**, and additionally for graduate programs the **role-specific nursing competencies**.

Criterion 1.1

The **mission, goals and/or values** of the governing organization are evident in the mission, goals, values, and/or **philosophy** of the nursing program.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What are the mission, goals, and/or values of the governing organization?</i>• <i>What are the mission, goals, values, and/or philosophy of the nursing program?</i>• <i>How do the mission, goals, values, and/or philosophy of the nursing program support the governing organization in fulfilling its mission and/or goals?</i>• <i>How do the governing organization mission, goals, and/or values support the nursing program fulfilling its mission and/or goals?</i>• <i>Does the program use any form of distance education (ACEN Policy #15), as defined in the ACEN Glossary, for nursing courses? If distance education (as defined by the ACEN) is used by the nursing program, is its use congruent with the mission of the governing organization and the mission/philosophy of the nursing program?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Catalogs• Handbooks (Student/Faculty)• Websites• Meeting Minutes• Position Statements• Mission/Goals/Values/Philosophy Statements• Table illustrating alignment between the mission/goals/values/philosophy of the nursing program and mission/goals/values of the governing organization• Interviews with governing organization and program administrators and interviews with faculty

Criterion 1.2

- a. The **nurse administrator** and nursing faculty have formal representation in governing organization and nursing program governance activities.
- b. Students have opportunities to participate in governance activities for the governing organization and the nursing program.

FOCUSED QUESTIONS
<p>a. <i>What is the governance structure of the governing organization and nursing program at each location? What is the role of the nurse administrator in governance of the nursing program and the governing organization?</i></p> <p><i>What is the role of nursing faculty in governance of the nursing program and the governing organization?</i></p> <p><i>On what governance committees (governing organization and nursing program) do nursing faculty and the nurse administrator serve?</i></p> <p>b. <i>What opportunities do students have to participate in governance activities within the nursing program and the governing organization?</i></p> <p><i>Within these opportunities, what is the role of students in governance activities within the nursing program and the governing organization?</i></p>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Handbooks (Faculty/Student)• Organizational Charts (Governing Organization/Nursing Program)• Committee Assignments/Participation Lists/Workgroups (faculty/student governance activities)• Meeting Minutes (three most recent years)• Interviews with governing organization and program administration, faculty, and students

Criterion 1.3

Communities of interest have opportunities to provide input into nursing program processes and/or decision-making.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>Who are the communities of interest for the nursing program?</i>• <i>How do the communities of interest provide input into program processes and decision-making?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Advisory Committee/Council/Board Membership list(s)• Meeting Minutes (three most recent years)• Websites• Course/Program Evaluations (students, communities of interest, other stakeholders)• Interviews with clinical agency representatives, students, and the public

Criterion 1.4

The **nurse administrator** is a nurse who:

- a. holds **educational qualifications** as required by the:
 - **governing organization** and
 - **regulatory agencies**;
- b. holds nursing licensure, and certification as applicable, consistent with the assigned roles and responsibilities; and
- c. is **experientially qualified** for the assigned roles and responsibilities.

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>Who is the nurse administrator, as defined in the ACEN Glossary, for the nursing program? What are the governing organization's educational qualification requirements for the nurse administrator? What are the regulatory agencies' educational qualifications for the nurse administrator's position? Does the nurse administrator meet these requirements? Have exceptions or waivers been granted if the nurse administrator does not meet the educational qualification requirements?</i>b. <i>What licensure and/or certification does the nurse administrator currently hold?</i>c. <i>What are the roles and responsibilities for the nurse administrator? How is the nurse administrator experientially qualified for the role responsibilities?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Job/Position Description• State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education/Health)• Transcripts/Verification of Credentials (Note: May be unofficial or official in accordance with governing organization policy.)• Qualifications Exceptions/Waivers, if applicable• Licensure/Certification documentation• Curriculum Vitae (CV)• Professional Development Records• Interviews with the nurse administrator and governing organization administrators

Criterion 1.5

The **nurse administrator**:

- a. is oriented and **mentored** in the assigned roles and responsibilities;
- b. develops and maintains expertise in the assigned responsibilities, including administration and leadership of the nursing program; and
- c. has sufficient time for the assigned roles and responsibilities.

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>How is/was the nurse administrator oriented to the role? How is/was the nurse administrator mentored in the role?</i>b. <i>How has/is the nurse administrator developing and/or maintaining expertise in the assigned responsibilities, including administration and leadership?</i>c. <i>What is/are the workload distribution/assignments of the nurse administrator position? Is/Are the workload distribution/assignments similar to that/those of other individuals in similar positions within the governing organization?</i>

<p><i>Does the role include release time? Oversight of other departments/programs?</i></p> <p><i>Does the nurse administrator have a teaching load? If so, what percentage, and is this comparable to other individuals in similar positions within the governing organization?</i></p> <p><i>Does the nurse administrator have enough time for all assigned roles/responsibilities?</i></p>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • Personnel File (e.g., performance evaluations, orientation records, mentoring records) • Curriculum Vitae (CV) • Professional Development Records • Workload Distribution/calculations/policies • Job/Position Descriptions • Faculty/Governing Organization Handbooks/Manuals • State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Health or Education) • Interviews with governing organization and program administrators and interviews with faculty

Criterion 1.6

The **nurse administrator** has the authority to:

- a. administer and lead the nursing program;
- b. prepare the nursing program budget with faculty input; and
- c. administer **fiscal resources** allocated to the nursing program.

FOCUSED QUESTIONS
<p>a. <i>What authority and responsibility for development and administration of the program does the nurse administrator have?</i></p> <p><i>Is the authority and responsibility for development and administration of the program held by the nurse administrator consistent with the level of authority and responsibility held by individuals in similar positions within the governing organization?</i></p> <p><i>Does the authority and responsibility for administration of the program meet any state or national (for international programs) regulations regarding the role of the nurse administrator?</i></p> <p>b. <i>What is the nurse administrator’s authority for the program’s budget preparation?</i></p> <p><i>How do nursing faculty provide input into the budgetary process?</i></p> <p>c. <i>What is the nurse administrator’s role and process for administering fiscal resources to the program?</i></p>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • Organizational Charts (Governing Organization/Nursing Program) • Job/Position Description • Budget Policy/Process • Faculty/Governing Organization Handbooks/Manuals • State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Health or Education) related to nurse administrator role, if applicable • Interviews with governing organization and program administrators and interviews with faculty

Criterion 1.7

When present, faculty and/or **staff** who assist or support nursing program administration:

- a. hold the **educational qualifications** as required by the:
 - **governing organization** and
 - **regulatory agencies**;
- b. are **experientially qualified** for their assigned roles and responsibilities;
- c. are **sufficient** in number; and
- d. have sufficient time for their assigned roles and responsibilities.

FOCUSED QUESTIONS		
<p>a. Does the program use faculty and/or staff to assist/support administration (at all locations) and/or coordinate and/or lead program options/tracks? If you, who are the faculty and/or staff who assist? If yes, what are the governing organizations' educational qualification requirements for these positions? What are the regulatory agencies educational qualification requirements for these positions? Are the individuals current in these roles hold the educational qualifications required?</p> <p>b. If applicable, what are the roles and responsibilities for each of these positions and how does completion of these job duties support the nursing program? How are the individuals in these positions experientially qualified for the role responsibilities?</p> <p>c. How many staff are dedicated to the nursing program and how many are shared between programs or with other departments? Are the positions described full-time and/or part-time? Is the support provided sufficient to the program?</p> <p>d. What is/are the workload distribution/assignments for these positions? Is/Are the workload distribution/assignments similar to that/those of other individuals in similar positions within the governing organization? If faculty are in these roles, do the roles include release time?</p>		
EXAMPLES OF SUPPORTING EVIDENCE		
<ul style="list-style-type: none"> • Job/Position Descriptions • State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education or Health) • Faculty/Governing Organization Handbooks/Manuals • Transcripts (Note: May be unofficial or official in accordance with governing organization policy.) • Curriculum Vitae (CV) and Résumés • Interviews with program administration, program staff, faculty, and students 		
RECOMMENDED TABLE		
Role Title	Staff Number/Status	Summary of Educational and Experiential Qualifications for Position
<i>Add additional rows as necessary.</i>		
	[Number here] <input type="checkbox"/> FT <input type="checkbox"/> PT	
	[Number here] <input type="checkbox"/> FT <input type="checkbox"/> PT	
	[Number here] <input type="checkbox"/> FT <input type="checkbox"/> PT	

Criterion 1.8

The nursing program has sufficient and sustainable **fiscal resources** to support the program at all locations and for all **delivery methods**.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What are the sources of funding for the governing organization?</i>• <i>What are the sources of funding for the nursing program (e.g., tuition, fees, and/or grants)?</i>• <i>Have the sources and/or amount of funding changed over time?</i>• <i>What is the governing organization and/or nursing program doing to ensure sufficiency of funding for maintenance of the program?</i>• <i>What is the budget of the nursing program?</i>• <i>Is more than one nursing program offered by the nursing program (e.g., practical and associate, baccalaureate and master's)? How is the budget managed for each nursing program offered?</i>• <i>Is the nursing program offered at more than one location? If so, how is the nursing budget distributed across locations or are there separate budgets for each location? Are budgets comparable?</i>• <i>Is the nursing program budget sufficient to ensure achievement of the end-of-program student learning outcomes and program outcomes for all program options and all methods of delivery (e.g., face-to-face, hybrid, distance education)?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Budget Data: three years of actual budgets for governing organization and nursing program, inclusive of all locations where the nursing program is offered (or from the time Candidacy was achieved)• Comparative Budgets: Governing Organization/Nursing Program• All Funding Sources for the governing organization and nursing program• Interviews with governing organization and program administrators and interviews with faculty

Criterion 1.9

The nursing program has sufficient and sustainable **physical resources** to support the program at all locations and for all **delivery methods**.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What delivery methods are used for nursing courses? (e.g., face-to-face, hybrid, distance education)</i>• <i>What physical resources (e.g., equipment, classrooms, laboratories, offices, and common spaces) are available for the faculty, staff, and students of the nursing program at all locations that the nursing program and all program options are offered?</i>• <i>Are these physical resources dedicated to the nursing program or shared with other programs?</i>• <i>How do these physical resources at all locations meet the needs of the faculty, staff, and students in all program options and all methods of delivery (e.g., face-to-face, hybrid, distance education)?</i>• <i>What private meeting spaces are available at all locations if faculty have shared offices? Where are these spaces located and how many are available?</i>• <i>When are physical resources (computer and skills laboratories) at all locations accessible to students in all program options outside of scheduled class times?</i> <i>How are physical resources for all program options comparable for all locations?</i>

EXAMPLES OF SUPPORTING EVIDENCE

- Space Diagrams (Inclusive of all Locations)
- Tables/lists of resources
- Tours/observations of Physical Space (Inclusive of all Locations)
- Classrooms
- Offices
- Laboratories (Skills, Simulation, and Computer)
- Hours of Operation/Access
- Interviews with program administration, faculty, and students

Standard 2 Faculty

Faculty are **educationally and experientially qualified** for their assigned roles and responsibilities, maintain expertise, and are regularly evaluated to support the achievement of the **end-of-program student learning outcomes** and **program outcomes** for each **nursing program type**, and additionally for graduate programs the **role-specific nursing competencies**.

Criterion 2.1

Full-time faculty are nurses who:

- a. hold the **educational qualifications** as required by the:
 - **governing organization** and
 - **regulatory agencies**;
- b. hold nursing licensure, and certification as applicable, consistent with their assigned roles and responsibilities;
- c. are **experientially qualified** for their assigned roles and responsibilities; and
- d. are **sufficient** in number.

FOCUSED QUESTIONS

- a. *What are the governing organization's educational qualification requirements for full-time faculty? What are the regulatory agencies' educational qualifications for full-time faculty? Does each full-time faculty member meet these requirements? Have exceptions or waivers been granted if a full-time faculty member does not meet the educational qualification requirements? If the program uses distance education, how do the full-time faculty meet state qualifications based on student location? Do the full-time faculty in graduate programs meet the requirements of specialty/certification agencies for the specialty?*
- b. *Does each full-time faculty member hold current licensure? Certification?*
- c. *What are the roles and responsibilities for full-time faculty? How are the full-time faculty experientially qualified for the role responsibilities?*
- d. *What is the workload policy for full-time nursing faculty? What is the distribution of teaching and non-teaching workload expectations? What are the non-teaching workload expectations? (e.g., teaching, advisement, administration, committee activity, service, practice, research, and other scholarly activities)? How many full-time faculty teach in the program? If applicable, describe by program option and/or location. What is the ratio of full-time faculty to the total number of nursing students enrolled in all the nursing courses required for a nursing program or programs? How many faculty have required or voluntary overload and what is the amount of required and/or voluntary overload for each faculty member? Is overload teaching mandatory/compensated? How frequently are full-time faculty in overload? How are full-time faculty teaching assignments determined? What are the full-time faculty-to-student ratios in the classroom, laboratory, simulation, online, and clinical/practicum setting? Are these ratios the same for all locations, if applicable? Are there faculty-to-student ratio requirements mandated by the state or national agency (for international programs) mandated (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education, Ministry of Health) or other agency or specialty groups (e.g., NTF Standards)? Does the program meet these expectations/requirements? Do the faculty have adequate time to implement a variety of teaching/learning strategies, develop and review the curriculum, and assess the end-of-program student learning outcomes and program outcomes?*

REQUIRED EVIDENCE
<ul style="list-style-type: none"> • Faculty Profile Table
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • Faculty Job/Position Descriptions • State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education/Health) • Faculty Records (See Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review) • Transcripts (Note: May be unofficial or official in accordance with governing organization policy.) • Curriculum Vitae (CV) • Licensure documentation • Professional Development Records • Qualifications Exceptions/Waivers, if applicable • Student Enrollment Data (full- and part-time) • Workload Policy/Workload Distributions (e.g., teaching, advising) • Teaching Assignments • Faculty-to-Student Ratios in Classroom, Laboratory, Simulation, Online, and in Clinical • Program/Governing Organization Handbooks/Bylaws • Interviews with nurse administration, faculty, students, and human resources personnel

Criterion 2.2

Part-time faculty are nurses who:

- a. hold the **educational qualifications** as required by the:
 - **governing organization** and
 - **regulatory agencies**;
- b. hold nursing licensure, and certification as applicable, consistent with their assigned roles and responsibilities;
- c. are **experientially qualified** for their assigned roles and responsibilities; and
- d. are **sufficient** in number.

FOCUSED QUESTIONS
<ol style="list-style-type: none"> a. <i>What are the governing organization’s educational qualification requirements for part-time faculty? What are the regulatory agencies’ educational qualifications for part-time faculty? Does each part-time faculty member meet these requirements? Have exceptions or waivers been granted if a part-time faculty member does not meet the educational qualification requirements? If the program uses distance education, how do the part-time faculty meet state qualifications based on student location? Do the part-time faculty in graduate programs meet the requirements of specialty/certification agencies for the specialty?</i> b. <i>Does each part-time faculty member hold current licensure? Certification?</i> c. <i>What are the roles and responsibilities for part-time faculty? How are the part-time faculty experientially qualified for the role responsibilities?</i> d. <i>What is the workload policy for part-time nursing faculty? Are there non-teaching workload expectations? (e.g., teaching, advisement, administration, committee activity, service, practice, research,</i>

and other scholarly activities)?

How many part-time faculty teach in the program? If applicable, describe by program option and/or location.

How many faculty have required or voluntary overload and what is the amount of required and/or voluntary overload for each faculty member? Is overload teaching mandatory/compensated?

How are part-time faculty teaching assignments determined?

REQUIRED EVIDENCE

- **Faculty Profile Table** with Qualification and Professional Development addenda for each part-time faculty member teaching during the cycle the visit occurs.

EXAMPLES OF SUPPORTING EVIDENCE

- Faculty Job/Position Descriptions
- State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education/Health)
- Teaching Assignments
- Faculty Records (See Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review)
- Transcripts (**Note:** May be unofficial or official in accordance with governing organization policy.)
- Curriculum Vitae (CV)
- Licensure documentation
- Professional Development Records
- Qualifications Exceptions/Waivers, if applicable
- Workload Policy/Workload Distributions (e.g., teaching, advising)
- Teaching Assignments
- Faculty-to-Student Ratios in Classroom, Laboratory, Simulation, Online, and in Clinical
- Program/Governing Organization Handbooks/Bylaws
- Interviews with nurse administration, faculty, students, and human resources personnel

Criterion 2.3

Non-nurse faculty who teach nursing courses:

- a. hold the **educational qualifications** as required by the:
 - **governing organization** and
 - **regulatory agencies**; and
- b. are **experientially qualified** for their assigned roles and responsibilities.

FOCUSED QUESTIONS

- a. Does the program have any non-nurse faculty who teach nursing course? If so, who are they?
What are the governing organization's educational qualification requirements for non-nurse faculty?
What are the regulatory agencies' educational qualifications for non-nurse faculty?
Does each non-nurse faculty member meet these requirements? Have exceptions or waivers been granted if a part-time faculty member does not meet the educational qualification requirements?
If the program uses distance education, how do the non-nurse faculty meet state qualifications based on student location?
- b. What are the roles and responsibilities for non-nurse faculty? How are the non-nurse faculty experientially qualified for the role responsibilities? How are non-nurse faculty teaching assignments determined? How are non-nurse faculty qualified to teach their assigned nursing courses?

EXAMPLES OF SUPPORTING EVIDENCE

- Faculty Job/Position Descriptions
- State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, Higher Education, Ministry of Education/Health)
- Teaching Assignments
- Transcripts (**Note:** May be unofficial or official in accordance with governing organization policy.)
- Curriculum Vitae (CV)
- Licensure documentation, if applicable
- Professional Development Records
- Qualifications Exceptions/Waivers, if applicable
- Interviews with nurse administration, faculty, and human resources personnel

Criterion 2.4

Policies for nursing faculty are comprehensive and consistent with those of the governing organization; justification is provided for any policy differences.

FOCUSED QUESTIONS

- *What faculty policies are in place? Are these the same for each location?*
- *Are the policies for nursing faculty the same at each location as the policies for non-nurse faculty within the governing organization? If applicable, are policy differences justifiable?*

EXAMPLES OF SUPPORTING EVIDENCE

- Policy and Procedure Manuals (Governing Organization/Nursing Program)
- Faculty Handbooks (Governing Organization/Nursing Program)
- Governing Organization and Nursing Faculty Bylaws
- Collective bargaining agreement/union contracts
- Interviews with governing organization and program administrators and interviews with faculty

Criterion 2.5

- a. **Full-time faculty** are oriented and **mentored** in their assigned responsibilities.
- b. **Part-time faculty** are oriented and **mentored** in their assigned responsibilities.

FOCUSED QUESTIONS

- a. *How are full-time faculty oriented to the governing organization, the nursing program, and their assigned areas of responsibility? How are full-time faculty mentored in their areas of responsibility?*
- b. *How are part-time faculty oriented to the governing organization, the nursing program, and their assigned areas of responsibility? How are part-time faculty mentored in their areas of responsibility?*

EXAMPLES OF SUPPORTING EVIDENCE

- Governing Organization/Program Orientation/Mentoring Policies and Procedures
- Workload Assignments
- Governing Organization/Program Orientation Records/Checklists
- Formal and/or Informal Mentoring Program/Records
- Interviews with program administrators and faculty

Criterion 2.6

Full-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):

- a. **evidence-based teaching/instructional strategies** that are relevant for all **methods of delivery**;
- b. standards of clinical practice;
- c. **assessment and evaluation methods**; and
- d. principles of **diversity, equity, and/or inclusion**.

FOCUSED QUESTIONS
<p>a. <i>Does full-time faculty teaching performance reflect evidence-based teaching/instructional strategies for all methods of delivery (e.g., face-to-face, hybrid, distance education)? How do full-time faculty develop and maintain their teaching expertise, including all methods of delivery (e.g., classroom technologies, learning management system, simulation equipment, electronic medical records)? What support services for instructional and distance technologies are available for faculty at all locations (full-time and part-time)? How are the support services accessed? When can support services be accessed?</i></p> <p>b. <i>How do full-time faculty maintain their clinical practice expertise and knowledge of current clinical practice standards? For graduate programs, how do faculty maintain their APRN certifications in compliance with the specialty groups as required (e.g., NTF Standards)?</i></p> <p>c. <i>How do full-time faculty develop and maintain their expertise in assessment and evaluation?</i></p> <p>d. <i>How do full-time faculty develop and maintain their expertise in the principles of diversity, equity, and/or inclusion?</i></p>
REQUIRED EVIDENCE
<ul style="list-style-type: none">• Faculty Profile Table
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Professional Development Records (Teaching and Nursing Practice)• Faculty Records (See Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review)• Tenure/Reappointment Records• Instructional Support Service Documentation• Distance Technology Support Documentation• Interviews with faculty

Criterion 2.7

Part-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):

- a. **evidence-based teaching/instructional strategies** that are relevant for all **methods of delivery**;
- b. standards of clinical practice;
- c. **assessment and evaluation methods**; and
- d. principles of **diversity, equity, and/or inclusion**.

FOCUSED QUESTIONS
<p>a. <i>Does part-time faculty teaching performance reflect evidence-based teaching/instructional strategies for all methods of delivery (e.g., face-to-face, hybrid, distance education)?</i> <i>How do part-time faculty develop and maintain their teaching expertise, including all methods of delivery (e.g., classroom technologies, learning management system, simulation equipment, electronic medical records)?</i> <i>What support services for instructional and distance technologies are available for faculty at all locations (full-time and part-time)? How are the support services accessed? When can support services be accessed?</i></p> <p>b. <i>How do part-time faculty maintain their clinical practice expertise and knowledge of current clinical practice standards?</i> <i>For graduate programs, how do faculty maintain their APRN certifications in compliance with the specialty groups as required (e.g., NTF Standards)?</i></p> <p>c. <i>How do part-time faculty develop and maintain expertise in assessment and evaluation?</i></p> <p>d. <i>How do part-time faculty develop and maintain expertise in diversity, equity, and/or inclusion principles?</i></p>
REQUIRED EVIDENCE
<ul style="list-style-type: none"> ● Faculty Profile Table
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> ● Professional Development Records (Teaching and Nursing Practice) ● Faculty Records (See Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review) ● Tenure/Reappointment Records ● Instructional Support Service Documentation ● Distance Technology Support Documentation ● Interviews with faculty

Criterion 2.8

- a. **Full-time faculty** performance is regularly evaluated for effectiveness in their assigned responsibilities.
- b. **Part-time faculty** performance is regularly evaluated for effectiveness in their assigned responsibilities.

FOCUSED QUESTIONS
<p>a. <i>What is the governing organization and/or program policy/procedure for evaluation of full-time faculty?</i> <i>What aspects of faculty performance are included in the evaluation process for faculty?</i> <i>How does the evaluation process evaluate effectiveness in their assigned areas of responsibility?</i></p> <p>b. <i>What is the governing organization and/or program policy/procedure for evaluation of part-time faculty?</i> <i>What aspects of faculty performance are included in the evaluation process for faculty?</i> <i>How does the evaluation process evaluate effectiveness in their assigned areas of responsibility?</i></p>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> ● Faculty performance evaluation Policies and Procedures ● Performance Evaluation Documentation/Forms ● Faculty Job/Position descriptions ● Contracts (e.g., employment, collective bargaining/union agreement, HR Manual) ● Interviews with administrators and faculty

Criterion 2.9

Preceptors, when used:

- a. hold the **educational qualifications** as applicable by the:
 - nursing program and
 - regulatory agencies**;
- b. hold licensure, and certification as applicable, consistent with their assigned roles and responsibilities;
- c. are **experientially qualified** for their assigned roles and responsibilities,
- d. are oriented, **mentored**, and monitored; and
- e. have clearly documented responsibilities, which may include input into student evaluation.

FOCUSED QUESTIONS

- a. *Does the program use preceptors for any clinical/practicum or practice learning experiences in the curriculum as defined in the ACEN Glossary?
Are there any nursing program's educational qualification requirements for preceptors? If so, what are they?
Are there any regulatory agency educational qualification requirements for preceptors? If so, what are they?
Does each preceptor meet these requirements?*
- b. *Does each part-time faculty member hold current licensure? Certification?*
- c. *How are preceptors identified and selected? How are preceptor qualifications verified? How are student placements with preceptors supported and facilitated by the program to ensure timely program completion? How are the preceptors experientially qualified for the role responsibilities? Do the preceptors in graduate programs with APRN options meet requirements of specialty/certification agencies?*
- d. *How are preceptors oriented? How are preceptors mentored? How are preceptors monitored?*
- e. *What are the roles and responsibilities of the preceptors? What are the roles and responsibilities of faculty working with preceptors?*

EXAMPLES OF SUPPORTING EVIDENCE

- Policy and Procedures State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education, Ministry of Health)
- Other Agencies Requirements or Specialty groups (e.g., NTF Standards, clinical/practicum agency)
- Handbooks/Manuals
- Identification/Selection Criteria
- Contracts/Agreements; Role Responsibilities
- Curriculum Vitae (CV)
- Licensure/Certification
- Orientation Materials; Documentation of Meetings/Communications with Preceptors
- Interviews with faculty, students, and preceptors

Standard 3 Students

Student policies and services support the achievement of the **end-of-program student learning outcomes** and **program outcomes** for each **nursing program type**, and additionally for graduate programs the **role-specific nursing competencies**.

Criterion 3.1

The nursing program's current ACEN accreditation status and the ACEN contact information is accurate and readily accessible to the **public**.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What is the program's current ACEN accreditation status or Candidate status? Where is this information available to the public? (ACEN Policy #34)</i>• <i>Where is ACEN contact information available to the public? Is the contact information current, and correct? (ACEN Policy #9)</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Website location and/or page number in handbooks/manual/catalog that include ACEN Accreditation Status (for continuing accreditation) or ACEN Candidate Status (for initial accreditation)• Website location and/or page number in handbooks/manual/catalog that include ACEN Contact Information

Criterion 3.2

The following nursing program or governing organization policies are publicly accessible, current, **non-discriminatory**, and implemented as published; justification is provided when nursing policies differ from the governing organization:

- a. **admissions;**
- b. **progression;**
- c. **graduation;**
- d. **formal complaints and grievances** procedures; and
- e. **technology requirements.**

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>Where are governing organization and nursing program policies located? Are policies current? How can students at each location and/or the public access nursing student policies? What is the admission policy for the program (GPA, entrance examination, background checks, health requirements)? Does the policy for nursing students differ from the policies for non-nursing students? If so, how? What is the justification for differences? Are admission policies for graduate programs with APRN program options consistent with specialty guidelines/requirements? Is the admission policy non-discriminatory? How do the faculty ensure the admission policy is implemented as written?</i>b. <i>What progression policies (e.g., grading, program advancement) are used by the program? Do these policies for nursing students differ from the policies for non-nursing students? If so, how? What is the justification for differences? Are progression policies consistent with best practices in nursing education? Is the progression policy non-discriminatory? How do the faculty ensure the progression policy is implemented as written?</i>

- c. What is the governing organization graduation policies (e.g., credit hours, GPA)? Does the policy for nursing students from the policies for non-nursing students? If so, how? What is the justification for differences?
For graduate programs with APRN program options, does the official graduation documentation clearly state the role and population focus of the nurse practitioner program?
- d. What is the definition of a formal complaint or grievance within the governing organization and/or nursing program?
What is the formal complaint or grievance policy of the governing organization?
What is the formal complaint or grievance policy of the program?
Is the formal complaint or grievance policy non-discriminatory? How do the faculty and program administrators ensure the formal complaint or grievance policy is implemented as written?
- e. How are students at each location informed about any technology requirements? Are the technology requirements for nursing students the same as those for non-nursing students? If not, why not?
Does the program utilize any distance education as defined in the ACEN Glossary? If so, what are the technology requirements specific to distance education? What are the policies specific to distance education? How are students informed about any policies specific to distance education? What processes are in place to verify the identity of students taking courses by distance education? Are there additional fees for this identification process?

EXAMPLES OF SUPPORTING EVIDENCE

- Recruitment/Program Materials (electronic copy and/or hard copy)
- Website location and/or page number in handbooks/manual/catalog where students would find:
 - policies/procedures/requirements (e.g., admissions, progression, graduation)
 - process/procedure for formal complaints and/or grievances
 - technology requirements for the nursing program
 - policies regarding distance education, if utilized (e.g., verification of student identity (Processes and Costs))
- Identification of documents that demonstrate how student policies are implemented as published, which may include student records/spreadsheets/advising documents (peer evaluators will review a random sample of 10% of records representing all program options, locations, and/or levels- See Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review)
- Interviews with governing organization and program administrators, faculty, and students

Criterion 3.3

Governing organization or nursing program records for resolution of **formal complaints or formal grievances** include evidence of:

- a. due process; and
- b. timely resolution in accordance with the governing organization or nursing program polices or procedures.

FOCUSED QUESTIONS

- a. How many formal complaints or formal grievances has the program received since the last ACEN program review (or when Candidacy was achieved)?
What types of formal complaints or formal grievances were received?
How many of the formal complaints or formal grievances have been resolved?
- b. Was the policy followed for each formal complaint or formal grievance?
- c. Was resolution timely for each formal complaint or formal grievance filed?

EXAMPLES OF SUPPORTING EVIDENCE

- Formal program complaint and/or grievance records (since the last ACEN site visit, or when Candidacy was achieved)
- Interviews with program administrators and students

Criterion 3.4

Student records maintained by the nursing program are kept secure and are in compliance with applicable policies/procedures of the **governing organization** and **regulatory agencies**.

FOCUSED QUESTIONS

- *What student records are maintained by the nursing program?*
- *What are the nursing program’s policies for maintenance of student records?*
- *What are the state or national (for international programs) guidelines for maintenance of nursing program student records?*
- *What are the federal or national (for international programs) guidelines for maintenance of nursing program student records?*
- *How and where are nursing student records maintained by the program? Who has access to these records?*
- *What measures are taken to protect the security/access of student records maintained by the nursing program?*
- *How are students’ records managed if there are multiple locations?*

EXAMPLES OF SUPPORTING EVIDENCE

- Policies and Procedures for record retention within the nursing program
- State or National (for international programs) Guidelines and Regulations regarding nursing student records, if applicable
- Federal Guidelines and Regulations regarding nursing student records, if applicable

Criterion 3.5

Changes in nursing program policies/procedures are clearly and consistently communicated to students in an effective and timely manner.

FOCUSED QUESTIONS

- *How are students notified of changes in the program, policies, and/or procedures?*
- *How are students provided effective and timely notification of changes in the program, policies, and/or procedures?*
- *Have there been any recent changes in the program, policies, and/or procedures? If so, how were these changes clearly communicated to students?*

EXAMPLES OF SUPPORTING EVIDENCE

- Attestations, public announcements, copies of emails, screen shots demonstrating how changes in policies/procedures or program information (e.g., clinical/practicum schedules, admission/progression criteria) was communicated to students, if applicable.
- Interviews with students and faculty

Criterion 3.6

Student support services are commensurate with the needs of nursing students, regardless of location, **methods of delivery**, or **program option**.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What student services are available for nursing students at all locations where the nursing program is offered?</i> <i>Are the student services comparable at all locations where the nursing program is offered?</i> <i>Do all students have access to similar resources, regardless of the program's method of delivery? How?</i> <i>What are the hours of operation/access for student services at all locations where the nursing program is offered?</i>• <i>What library or learning resource center resources are available to nursing students? How do students access these resources (e.g., on-site, online, both)?</i>• <i>Are the available support services congruent with the level of student need based on the nursing program type?</i>• <i>Do nursing students at all locations where the nursing program is offered have access to the same services as non-nursing students?</i>• <i>Do nursing students at all locations where the nursing program is offered have access to additional services not available to non-nursing students? If so, what are the services and why are these services provided?</i>• <i>How do students access services at all locations where the nursing program is offered?</i>• <i>What are the hours of operation/access for student services at all locations where the nursing program is offered?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Website location and/or page number in handbooks/manual/catalog where students would find information regarding student services• Lists/Descriptions of Services Available to Students (including online library or learning resources)• Student surveys regarding satisfaction with available services• Interviews with student services personnel and students

Criterion 3.7

- a. **Learning and technology resources** for nursing students are selected by the faculty and relevant to the educational level at which students are prepared.
- b. Students are oriented to and receive support for **learning and technology resources**.
- c. **Learning and technology resources** are current and accessible.

FOCUSED QUESTIONS
<p>a. <i>What student-centered learning and/or technology resources are used by students during the program for all program options and locations?</i> <i>How are these learning and technology resources sufficient to meet the learning needs of students in all program options at all locations? How are these resources identified and selected at all locations?</i> <i>What is the role of nursing faculty in the identification and selection of these resources?</i></p> <p>b. <i>How are students at each location oriented to learning and technology resources used in the didactic component (e.g., learning management system), laboratory/simulation laboratory component, and clinical/practicum component (e.g., electronic medical record) of the nursing courses?</i> <i>Is support available to students at each location? If so, what type of support is available?</i> <i>When is support available to students at each location? How do students access support at each location?</i></p> <p>c. <i>Are learning and technology resources current and up-to-date (including library resources)? What is the process to ensure that the resources are current and up to date at all locations?</i> <i>How do students access the learning and technology resources (e.g., onsite/online library resources) at all locations? When can students access the learning resources and technology at all locations?</i> <i>Are these resources sufficient learning and technological resources to meet the needs of students for all locations, options, and methods of delivery (e.g., face-to-face, hybrid, distance education)?</i></p>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• List of Learning and Technology Resources Available to Nursing Students• Meeting Minutes (three most recent years)• Orientation Agenda/Attendance Records• Clinical Agency Orientation Packets/Agenda• Learning Management System (LMS) content/support• Policies and Procedures (e.g., library acquisitions; culling/selection/deselection)• Hours of Operation/Access• Website location and/or page number in handbooks/manual/catalog where students would find information regarding support for learning and technology resources• Virtual or in-person review/tour of library/learning resource center• Interviews with faculty and students

Criterion 3.8

Students are informed of their responsibilities regarding any financial assistance.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>How and when are students informed of their responsibilities regarding financial assistance?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Website location and/or page number in handbooks/manual/catalog where students would find information regarding financial aid services and their responsibilities related to financial assistance.• Interviews with financial aid personnel and students

Criterion 3.9

Compliance with the Higher Education Reauthorization Act, Title IV eligibility and certification requirements is maintained, including having a:

- a. plan to improve the federal loan **default rate** (as applicable); and
- b. written, comprehensive federal student loan repayment program addressing student loan information, counseling, and monitoring.

Note: International programs should describe any systems and/or processes related to student loans, student loan repayment, and student responsibilities for their institutions.

FOCUSED QUESTIONS

- a. *Does the governing organization participate in any federal financial aid program (e.g., loans, grants)? If so, what types? Does the governing organization participate in Title IV funding? What is the federal loan default rate for the governing organization? If rate is 15% or higher in the last reportable year, what is the institutional plan to address it? What are the results of recent financial and/or compliance audits as related to Title IV? Is Title IV eligibility maintained and current? For international programs, does the governing organization participate in any national or local financial aid programs? Please describe.*
- b. *Is there a written, comprehensive student loan repayment program? Where is student loan repayment program information available? How do students access student loan repayment program information? Does the student loan repayment program information include counseling and monitoring (e.g., continuing student eligibility for federal student loans)?*

EXAMPLES OF SUPPORTING EVIDENCE

- Website location and/or page number in handbooks/manual/catalog where students would find information regarding financial aid
- Policies and Procedures (Specific to Title IV)
- Written Student Loan Repayment Program (electronic copy and/or hard copy), including:
 - Student Loan Information
 - Student Loan Counseling
 - Student Loan Monitoring
- Current and Historical Loan Default Rate (3 years)
- Title IV Financial Audits
- Title IV Compliance Audits
- Action plans/reports for addressing high* default rate
- Interviews with financial aid personnel

*The ACEN Board of Commissioners (BOC) has identified a “high” default rate as 15% or greater.

RECOMMENDED TABLE

Default Rate Table, *if applicable*

Year	Three-Year Default Rate
20XX	XX%
20XX	XX%
20XX	XX%

Criterion 3.10

Federal financial aid record maintenance complies with federal guidelines.

FOCUSED QUESTIONS

- *How are student financial aid records maintained? Is this in compliance with federal or national (for international programs) guidelines? What are the federal or national (for international programs) requirements for financial aid record maintenance?*
- *Who has access to financial aid records? What measures are taken to protect the security/access of financial aid records?*

EXAMPLES OF SUPPORTING EVIDENCE

- Policies and Procedures for maintenance of Financial Aid Records
- Federal or National (for international programs) Guidelines for maintenance of Financial Aid Records
- Interviews with financial aid personnel

Standard 4 Curriculum

The curriculum supports the achievement of the **end-of-program student learning outcomes** for each **nursing program type**, and additionally for graduate programs, the **role-specific nursing competencies**; and is consistent with safe practice in contemporary healthcare environments.

Criterion 4.1

The nursing curriculum has one set of **end-of-program student learning outcomes** that:

- are based on **contemporary professional nursing standards, guidelines, and/or competencies**; and
- apply to all **program options** and reflect the educational level at which students are being prepared.

Additionally, for Graduate Programs:

- integrate **role-specific nursing competencies** applicable to each **program option**.

FOCUSED QUESTIONS
<p>a. <i>What are the program's end-of-program student learning outcomes? Where and how are students informed about the end-of-program student learning outcomes? – What professional nursing standards, guidelines, and/or competencies were used to develop the curriculum? Are the end-of-program student learning outcomes consistent with contemporary practice? How does the program ensure continued currency? Is consistent terminology used when referring to the end-of-program student learning outcomes?</i></p> <p>b. <i>What program options are offered by the program? (e.g., pre- or post-licensure, LPN-to-RN; Nurse Educator, Family Nurse Practitioner)? Are the end-of-program student learning outcomes the same for all program options? Note: End-of-program student learning outcomes must be appropriate and distinct for each program type (e.g., Clinical Doctorate, Master's, BSN, Associate, Diploma, practical).</i></p> <p><i>Additionally, for Graduate Programs:</i></p> <p>c. <i>For graduate programs options and consistent with the specialty organizations, what are the role-specific nursing competencies for each program option? What role-specific nursing standards were used to develop the curriculum for each program option/track? How are these aligned with the end-of-program student learning outcomes for the overall graduate program? Note: End-of-program student learning outcomes must be the same for all program options/track; role-specific nursing competencies must be appropriate and distinct for each program option. Which program options have certification examinations? How are the requirements related to content and/or practicum experiences met? How are students notified of the specific requirements for each certification examination?</i></p>
REQUIRED EVIDENCE
<ul style="list-style-type: none">• Current syllabi for all nursing courses.
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Website location and/or page number in handbooks/manual/catalog where students would find the end-of-program student learning outcomes listed• Interviews with faculty

Additionally, for Graduate Programs:

- Website location and/or page number in handbooks/manual/catalog where students would find the role-specific nursing competencies for all program options
- Website location and/or page number in handbooks/manual/catalog where students would find the certification examination requirements for all program options

Criterion 4.2

Course student learning outcomes are organized to demonstrate progression to facilitate the students' achievement of:

- a. the **end-of-program student learning outcomes**.

Additionally, for Graduate Programs:

- b. the **role-specific nursing competencies**.

FOCUSED QUESTIONS
<p>a. <i>How are the course student learning outcomes linked to the end-of-program student learning outcomes? Do course outcomes consistently progress (e.g., simple-to-complex) throughout the program of study for all program options?</i></p> <p>Additionally, for Graduate Programs:</p> <p>b. <i>How are the course student learning outcomes linked to the role-specific nursing competencies for all program options?</i></p>
REQUIRED EVIDENCE
<ul style="list-style-type: none">• Current syllabi for all nursing courses.
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Program of Study for all program options in academic terms• Curricular Mapping documents• System or statewide curriculum documents/policies• Interviews with faculty

Criterion 4.3

Learning activities are varied, appropriate for the **method of delivery**, and incorporate **learning and technology resources** to facilitate the students' achievement of **course student learning outcomes**.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What are some examples of learning activities in the program?</i>• <i>How are learning activities selected?</i>• <i>How are the learning activities linked to the course student learning outcomes?</i>• <i>What types of learning and technology resource are used in the program?</i>• <i>How do the learning activities contribute to student learning and attainment of the course student learning outcomes?</i>• <i>How are the learning activities appropriate for the methods of delivery used by the program or program option (e.g., face-to-face, hybrid, distance education)?</i>• <i>If distance education is utilized, how are interactions regular and substantive?</i>

REQUIRED EVIDENCE
<ul style="list-style-type: none"> • Current syllabi for all nursing courses.
<u>EXAMPLES</u> OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • System or statewide curriculum documents/policies • Description of how learning and technology resources are used in the curriculum • Samples of student work/course assignments • Interviews with faculty and students

Criterion 4.4

The nursing curriculum is:

- a. developed by the faculty and regularly reviewed for currency; and
- b. implemented as published.

FOCUSED QUESTIONS
<ol style="list-style-type: none"> a. <i>What is the role of faculty in the development of the nursing curriculum for all program options? When and how do the faculty review curriculum? What faculty review processes/practices ensure curricular currency?</i> b. <i>Where is the program of study published? Is the nursing curriculum implemented as published?</i>
REQUIRED EVIDENCE
<ul style="list-style-type: none"> • Current syllabi for all nursing courses.
<u>EXAMPLES</u> OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • Meeting minutes (three most recent years) • System or statewide curriculum documents/policies • Program of Study for all program options • Interviews with faculty and students

Criterion 4.5

The nursing **program of study** includes:

Undergraduate Programs:

- a. General education courses/concepts that enhance nursing knowledge and practice for the educational level at which students are being prepared.
- b. Nursing courses that facilitate student achievement of **course student learning outcomes** and **end-of-program student learning outcomes**.

Graduate Programs:

- a. Core/foundational courses that support the program and enhance practice for the educational level at which students are being prepared.
- b. Nursing courses that facilitate student achievement of **course student learning outcomes**, **end-of-program student learning outcomes**, and **role-specific nursing competencies**.

FOCUSED QUESTIONS

Undergraduate Programs:

- a. What general education courses are required for completion of the program of study for all program options? Why were these general education courses included?
How does each general education course contribute to the acquisition of nursing knowledge?
How does each general education course contribute to the development of nursing practice?
How does the program of study and course sequencing of nursing courses contribute to student learning and attainment of the course and end-of-program student learning outcomes?

Graduate Programs:

- a. What core/foundational courses are required for completion of the program of study for all program options? Why were these courses included?
How does each core/foundational course contribute to the acquisition of nursing knowledge?
How does each core/foundational course contribute to the development of nursing practice?
Do the core/foundational courses and nursing courses meet the requirements of certification agencies?
- b. How does the program of study and course sequencing of nursing courses contribute to student learning and attainment of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies?

EXAMPLES OF SUPPORTING EVIDENCE

- Program of Study for all program options, including prerequisite and/or required non-nursing courses
- Current syllabi for all nursing courses.
- Website location and/or page number in handbooks/manual/catalog where students would find the Program of Study

Criterion 4.6

Course credits and/or clock hours for all nursing courses in the **program of study**, including ratios for contact hours, comply with requirements of the:

- a. **governing organization** and
- b. **regulatory agencies**.

Additionally for Graduate Programs:

- c. certifying agencies, as applicable.

FOCUSED QUESTIONS

- a. How many total (inclusive of all prerequisite and general education courses) credit and/or clock hours are required to complete the program of study for all program options? What is the length of an academic term for the program for all program options? What credit-to-contact hour ratio(s) are used by the program in all program options for didactic, skills/laboratory, and clinical/practicum or practice learning experiences?
What are the governing organization's policies regarding the awarding of credit and/or clock hours for didactic, skills laboratory, simulation laboratory, and clinical/practicum? Are the nursing courses consistent with these policies?
- b. Does the program have the minimum credit/quarter/clock hours required by a state or national (for international programs) regulatory agency? Do the state or national (for international programs)

regulatory agencies (e.g., BON or State Higher Education Regulatory Agency, Ministry of Education) have any policies related to nursing program length? If so, is the program in compliance with these policies? If not, does the program have state or national (for international programs) authorization for the program length? Are the nursing courses consistent with these policies?

Additionally, for Graduate Programs:

- c. Does the program offer options that require certification? If so, what are the certification requirements for didactic, skills laboratory, simulation laboratory, and clinical/practicum? Are the nursing courses consistent with these policies? How do faculty conduct a gap analysis to verify inclusion of all required core/foundational courses for PMC and/or DNP Specialist certificate students?

NOTE, DIPLOMA PRE-LICENSURE REGISTERED NURSING PROGRAMS ONLY: In the absence of requirements by a governing organization’s accrediting agency or regulatory agencies, the maximum number of credit hours is 90, including no more than 50 credit hours of nursing courses. The 90 credit hours must include all credit hours of general education courses or equivalent clock hours.

Required Evidence

- Current syllabi for all nursing courses.

EXAMPLES OF SUPPORTING EVIDENCE

- Website location and/or page number in handbooks/manual/catalog of Governing Organization Policies and Procedures for awarding credits and/or clock hours
- State or National (for international programs) Rules and Regulations for awarding credit or contact hours (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education)
- Waivers/authorizations for program length exceeding guidelines or regulations
- Credit/contact-hour worksheets/tables for didactic, laboratory, simulation, and clinical experiences
- Schedules/calendars (Didactic, Laboratory, Practice Learning Experiences)
- Lab/clinical hour verification forms (e.g., Precepted Practice Learning Experiences)

Additionally, for Graduate Programs:

- Certification requirements

RECOMMENDED TABLE

Credit-to-Contact-Hour Ratios Table

Academic Setting	Credit-to-Contact-Hour Ratio/Equivalency
Didactic:	
Laboratory:	
Simulation:	
Clinical:	

Criterion 4.7

Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all **learning environments**, including, but not limited to:

- a. **diversity, equity, inclusion**, and/or social determinants of health;
- b. **evidence-based practice**, research, and **scholarship**;
- c. **information literacy**;
- d. **interprofessional collaboration** and delegation; and
- e. **professional identify** and scope of practice.

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>How is diversity, equity, inclusion, and/or social determinants of health incorporated throughout the curriculum consistent with the role of the nurse at the program's educational level? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum?</i>b. <i>How is evidence-based practice, research, and scholarship incorporated throughout the curriculum? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum?</i>c. <i>How is information literacy incorporated throughout the curriculum? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum?</i>d. <i>How is interprofessional collaboration and delegation incorporated throughout the curriculum? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum? What direct interactions with the interprofessional team occur in all program options?</i>e. <i>How is professional identity and scope of practice incorporated throughout the curriculum? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum?</i>
REQUIRED EVIDENCE
<ul style="list-style-type: none">• Current syllabi for all nursing courses.
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Samples of student work/course assignments• Interviews with faculty and students

Criterion 4.8

As applicable, **skills and/or simulation laboratory learning environments and experiences**:

- a. reflect **evidence-based nursing practice**;
- b. include healthcare technology; and
- c. meet **regulatory agencies** requirements for skills laboratory and/or simulation, as applicable.

For Undergraduate Programs:

- d. Reflect the educational level at which students are being prepared to facilitate the achievement of the **course student learning outcomes** and **end-of-program student learning outcomes**.

For Graduate Programs:

- d. Reflect the educational level at which students are being prepared to facilitate the achievement of the **course student learning outcomes**, **end-of-program student learning outcomes**, and **role-specific nursing competencies**.

FOCUSED QUESTIONS

- a. *What learning environments and experiences are used during the program of study, inclusive of all program options?
How many total contact hours of skills laboratory and/or simulation are included in the program of study for each program option?
How are the experiences reflective of evidence-based nursing practice?*
- b. *What types of healthcare technology are available in these environments or during these experiences?*
- c. *Are there any state or national (for international programs) regulations related to the use of simulation in lieu of clinical/practicum time? If so, what are these regulations, and is the program compliant?*

For Undergraduate Programs:

- d. *How are the experiences appropriate for the level of education offered?
How do the environments and experiences support achievement of the course and end-of-program student learning outcomes?*

For Graduate Programs:

- d. *How are the experiences appropriate for the level of education offered?
How do the environments and experiences support achievement of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies?*

EXAMPLES OF SUPPORTING EVIDENCE

- List of learning environments (e.g., laboratory settings), including available healthcare technology
- Tours of skills and/or simulation laboratory learning environments
- State or National (for international programs) Regulations related to laboratory and/or simulation experiences
- Course by course breakdown of the number of required skills and/or simulation laboratory learning experiences
- Interviews with faculty and students

RECOMMENDED TABLE

Laboratory and Simulation Hours Table

Program Option	Total Number of Required Simulation Hours (Contact)	Total Number of Required Laboratory Hours (Contact)

Add more lines as needed

Criterion 4.9

Clinical/practicum learning environments and experiences:

- a. have current written agreements that specify expectations for all parties for the protection of the student;
- b. reflect **evidence-based nursing practice**; and
- c. meet **regulatory agencies** requirements for clinical/practicum learning environments, as applicable.

For Undergraduate Programs:

- d. Reflect the educational level at which students are being prepared to facilitate the achievement of the **course student learning outcomes** and **end-of-program student learning outcomes**.

For Graduate Programs:

- d. Reflect the educational level at which students are being prepared to facilitate the achievement of the **course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies**.

FOCUSED QUESTIONS

- a. *What types of direct, hands-on planned clinical/practicum experiences with patients across the lifespan, including interactions with the patient's family/friends and the interdisciplinary team are required for completion of the program of study, inclusive of all program options?
How many total contact hours of clinical/practicum hours are included in the program of study for each program option?
What is the process for securing clinical/practicum practice agency agreements?
What is the process for securing preceptor agreements, including when students are expected to contribute to finding a preceptor?
Are there written agreements for all clinical/practicum practice agencies and/or preceptors currently in use, including when students are expected to contribute to finding a preceptor? Are the written agreements current?
Do the written agreements specify expectations for all parties, including when students are expected to contribute to finding a preceptor? If so, what are some of the expectations and how were the expectations determined?
How do the written agreements ensure the protection of students?*
- b. *How are the experiences reflective of evidence-based nursing practice?*
- c. *Are there any state or national (for international programs) regulations related to the use of simulation in lieu of clinical/practicum time? If so, what are these regulations, and is the program compliant?*

For Undergraduate Programs:

- d. *How are the experiences appropriate for the level of education offered? How do the clinical/practicum environments and learning experiences support achievement of the end-of-program student learning outcomes in each program option?*

For Graduate Programs:

- d. *How are the clinical/practicum experiences appropriate for the level of education offered? How do the clinical/practicum environments and learning experiences support achievement of the course student*

learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies for each specialty program option (as applicable)?

For graduate programs with an APRN program option(s), do students complete the minimum number of direct patient care clinical hours to meet certification requirements? How is the program transitioning to the new requirements for additional/minimum supervised direct patient care hours?

For **post-master's certificate** options, how are previous practicum hours verified/documented?

Describe the gap analysis process when adding a new population foci.

For **clinical doctorate programs**, how many practicum hours are required? How are practicum hours verified and logged to ensure the non-APRN students attain at least 500 direct and/or indirect hours? For post-master's program APRN options, how are clinical hours from prior master's programs verified to ensure a minimum of 1,000 practicum hours after the baccalaureate degree?

For APRN students how are the required 1,000 direct and/or indirect hours verified and logged?

Note: As a practice profession, all nursing programs and program options in the program of study are expected to include clinical/practicum practice, as defined in the ACEN Glossary. Although the ACEN does not have specific requirements regarding the number of hours, types, or clinical/practicum settings for each program and/or program option, the ACEN holds the program leaders accountable for ensuring that students complete clinical/practicum or practice learning experiences that are consistent with post-graduation expectations (e.g., licensure, certification, and safe practice), the degree/certificate/diploma awarded, and students being able to achieve the end-of-program student learning outcomes.

Note: For precepted clinical/practicum learning experiences, the ACEN holds the program leaders accountable for directly arranging for students or assisting students to arrange clinical/practicum experiences that are consistent with post-graduation expectations (e.g., licensure, certification, and safe practice), the degree/certificate/diploma awarded, and students being able to achieve the end-of-program student learning outcomes. For graduate programs to also attain the role-specific nursing competencies.

EXAMPLES OF SUPPORTING EVIDENCE

- List of Clinical/Practicum Agencies currently in use
- Clinical Affiliation Agreements currently in use
- Preceptor Agreements
- State or National (for international programs) regulations related to clinical/practicum learning experiences
- Current syllabi for all nursing courses
- Clinical site selection criteria
- Faculty and/or student evaluations of the clinical sites
- Interviews with faculty, students, and clinical agency representatives

RECOMMENDED TABLE

Clinical/Practicum Hours Table

Program Option	Total Number of Required Clinical/Practicum Hours (Contact)

Add more lines as needed

Criterion 4.10

Formative and summative student evaluation methods:

- a. are utilized throughout the curriculum in all **learning environments**;
- b. are varied and appropriate for all **methods of delivery**; and
- c. align with the progression of **course student learning outcomes**.

FOCUSED QUESTIONS
<p>a. <i>What formative and summative methods of evaluation are used to evaluate students' performance throughout the program in didactic, laboratory, and clinical/practicum? How were/are methods of evaluation of students' performance developed or selected?</i></p> <p>b. <i>What delivery formats are used for nursing courses throughout the program of study, inclusive of all program options? How are the formative and summative methods of evaluation appropriate for each delivery method in all program options? How do faculty ensure that program testing policies are consistent with best educational practice?</i></p> <p>c. <i>How are the formative and summative methods of evaluation aligned with course student learning outcomes? How do evaluation methodologies progress (e.g., simple-to-complex) throughout the curriculum?</i></p>
REQUIRED EVIDENCE
<ul style="list-style-type: none">• Current syllabi for all nursing courses.
<u>EXAMPLES</u> OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Grading rubrics• Samples of student work/course assignments• Test mapping documents• Skills/simulation laboratory evaluation tools/checklists• Clinical/practicum evaluation tools• Meeting minutes (three most recent years)• Interviews with faculty and students

Standard 5 Outcomes

Nursing program assessment demonstrates the extent of student learning at or near the end of the program as well as program outcome achievement using a **systematic plan for evaluation (SPE)**.

The faculty create and implement a written SPE* for each **nursing program type** to determine the extent of the achievement of each **end-of-program student learning outcome** and **program outcome**, and additionally for graduate programs the **role-specific nursing competencies**, to inform program decision-making to maintain or improve student and program performance.

**Programs seeking initial accreditation are required to have data from the time that the nursing program achieves candidacy with the ACEN.*

Criterion 5.1

The systematic plan for evaluation describes the process for regular **summative nursing program-level assessment** of student learning outcome achievement. The faculty will:

- a. use a variety of appropriate **direct outcome assessment methods** to ensure comprehensive summative assessment for each end-of-program student learning outcome;
- b. establish a specific, measurable **expected level of achievement** outcome statement for each summative assessment method;
- c. collect aggregate assessment data at regular intervals (determined by the faculty) to ensure sufficiency of data to inform decision-making and **disaggregate** the data to promote meaningful analysis; provide justification for data that are not disaggregated;
- d. analyze assessment data (aggregate and/or disaggregate) at regular intervals (determined by the faculty) and when necessary, implement actions based on the analysis to maintain and/or improve end-of-program student learning outcome achievement;
- e. maintain documentation for the three most recent years of the assessment data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' end-of-program student learning outcome achievement; and
- f. share the analysis of the end-of-program student learning outcome data with **communities of interest**.

Additionally for Graduate Programs:

- g. The systematic plan for evaluation describes the process for regular summative nursing program-level assessment for **role-specific nursing competencies** for each program option, which may be aligned with the end-of-program student learning outcomes or assessed separately.

FOCUSED QUESTIONS

Programs Seeking Initial Accreditation:

New programs without graduates will not have end-of-program student learning outcomes data at the time of the initial accreditation visit; however, the Systematic Plan of Evaluation must be developed and available for peer evaluators at the time of the initial accreditation visit. Narrative should address the following:

- a. *Have the faculty developed a written SPE that includes a plan (assessment methods, ELAs, data collection intervals, assessment intervals) for evaluating end-of-program student learning outcome data?*

- b. What is the plan for the sharing of the analysis of the end-of-program student learning outcome data with communities of interest once the program has graduates?

Note: Programs seeking initial accreditation that have had graduates should address items a-f(g) but are only required to have data from the time that candidacy with the ACEN was achieved.

Programs seeking Continuing Accreditation:

- a. How did the faculty develop the written systematic plan of evaluation? Is the plan for assessment (assessment methods, ELAs, data collection frequency and analysis frequency) documented in the SPE? How/when is this plan used by the faculty for program level assessment?
What direct assessment methods are used by the faculty to assess the extent of students' summative achievement of each end-of-program student learning outcome?
How are the assessment methods aligned with the concepts and competencies in the end-of-program student learning outcome statements?
Are all concepts/competencies in each outcome statement assessed?
Note: The appropriateness of an assessment method is based on whether its application yields data, which when analyzed assist faculty in determining whether the outcome being evaluated has or has not been met. The nursing program should select assessment method(s) appropriate to the concepts/competencies in the EPSLO/RSNC being evaluated.
- b. Does each assessment method have a specific, measurable expected level of achievement? Are the ELAs specific to each assessment method selected? What are some example ELA statements from the Systematic Plan of Evaluation?
- c. What is the schedule for data collection? How does the faculty ensure sufficiency of the data? What data is disaggregated and why? If data are not disaggregated, what is the rationale? Are the data collected providing meaningful and sufficient information for decision-making?
- d. What is the schedule for analysis of the data for each end-of-program student learning outcome? Are there examples of actions taken based on the data analysis?
Note: Although assessment of student achievement of the end-of-program student learning outcomes may be performed every academic term or every academic year, faculty may elect to analyze the data only when sufficient data have been collected (e.g., every 2-5 years).
- e. Is the data, analysis (and actions if needed) documented in the SPE? If not, where is this information located?
- f. How and when is the analysis of the data shared with communities of interest?

Additionally for graduate programs:

- g. Are the role-specific nursing competencies for graduate programs assessed separately or aligned with the end-of-program student learning outcomes?
- If aligned, how did the faculty determine this alignment? How do faculty ensure that the alignment provides comprehensive assessment of each role-specific nursing competency?
 - If separate, how do the faculty use the Systematic Plan of Evaluation to assess each role-specific nursing competency for all program options/tracks? What are some examples from the Systematic Plan of Evaluation relative to assessment methods, data collection, assessment intervals, analysis, and actions? What are some examples of how the analysis and assessment of data are used for program decision-making?

Additionally, for graduate programs with APRN program options:

Does the Systematic Plan of Evaluation include the plan to assess alumni surveys to demonstrate compliance with the APRN Specialty requirements (e.g., NTF Standards)?

REQUIRED EVIDENCE
<ul style="list-style-type: none"> • Systematic Plan of Evaluation
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • Tools/rubrics/assignments/projects used for summative program assessment • Raw data collection/reports • Meeting minutes/reports (if analysis/actions are not recorded in the SPE) • Interviews with faculty

Criterion 5.2

The written **systematic plan for evaluation** describes the process for annual assessment of the nursing **program completion rate**. Faculty will:

- a. calculate the on-time program completion rate for each **program option** from the first nursing course through completion of the courses required for conferral of a certificate, diploma, or degree;
- b. establish a specific, measurable **expected level of achievement** outcome statement for on-time program completion for each program option and provide a rationale for each expected level of achievement;
- c. collect aggregate program completion rate data annually and **disaggregate** the data to promote meaningful analysis; provide justification for data that are not disaggregated;
- d. analyze program completion rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve program completion rate;
- e. maintain documentation for the three most recent years of the data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students’ success in completing the program; and
- f. share the analysis of the program completion rate data with **communities of interest**.

FOCUSED QUESTIONS
<p><u>Programs Seeking Initial Accreditation:</u></p> <p><i>New programs without graduates will not have program completion data at the time of the initial accreditation visit; however, the Systematic Plan of Evaluation must be developed and available for peer evaluators at the time of the initial accreditation visit. Narrative should address the following:</i></p> <ol style="list-style-type: none"> a. <i>Have the faculty developed a written SPE that includes a plan (assessment methods, an ELA with rationale, data collection intervals, assessment intervals) for evaluating program completion data?</i> b. <i>What is the plan for the sharing of the analysis of the program completion data with communities of interest once the program has graduates?</i> <p>Note: <i>Programs seeking initial accreditation that have had graduates should address items a-f but are only required to have data from the time that candidacy with the ACEN was achieved.</i></p> <p><u>Programs seeking Continuing Accreditation:</u></p> <ol style="list-style-type: none"> a. <i>How are program completion data calculated for each program option? Does the program calculate program completion based on all students enrolled in the first nursing course in alignment with the ACEN definition for program completion? Is on-time completion rate used? Are additional timeframes used (e.g., 150%; ultimate)? If so, which?</i> b. <i>Is the expected level of achievement for each program option and location the same? If not, what is the expected level of achievement for each? How was the expected level of achievement determined? Was the expected level of achievement</i>

determined by faculty?

What is the rationale for the expected level of achievement?

Note: An ELA should be high enough to be genuine and encourage continuous improvement, but not so high as to be idealistic and unachievable. Program leaders and faculty are encouraged to set a realistic “stretch ELA” for student achievement without fear of penalty. Whether or not the ELA is met, the program is expected to analyze the data to assist with making decisions related to student performance.

c. When are program completion rate data collected?

What are the aggregate program completion rates for the most recent 3 years?

Are program completion rate data disaggregated? If not, what is the faculty’s rationale for not disaggregating the data?

d. When are program completion rate data analyzed? Are there examples of how the faculty analysis of data were used for program decision-making?

e. Does the program have three years of program completion data? Is the data located in the SPE? Is the data, analysis (and actions if needed) documented in the SPE? If not, where is this information located?

f. How is the analysis of the data shared with communities of interest?

NOTE: Graduates’ annualized, aggregated program completion rate data from (minimally) the most recent cohort(s) must be published in at least one publicly accessible publication in accordance with ACEN Policy #29. Publicly accessible means in an open manner observable by or in a place accessible to the public. Common publicly accessible publications include a nursing program/governing organization website, catalog, handbook, etc.

GUIDANCE – EXPECTED LEVEL OF ACHIEVEMENT

- Program Completion Rate: [XX]% of all students who begin in the [first nursing course in program or program option] will complete the program on-time in [X] terms.
- The outcome statement should:
 - Include ALL students who begin the nursing program
 - State the first nursing course in the program
 - Identify the number of terms for on-time completion of the nursing portion of the program of study
- Faculty **may** elect to collect additional program completion data (e.g., 150% completion timeframe, ultimate completion rate).
- Some programs have additional program options, which may be shorter or longer than the traditional option offered (e.g., full-time vs. part-time options; LPN-to-RN option; RN-to-BSN option; or PMC option). If applicable, an ELA for each available program option, reflecting the appropriate first nursing course and number of terms for on-time completion should be developed.

REQUIRED EVIDENCE

- **Systematic Plan of Evaluation**

EXAMPLES OF SUPPORTING EVIDENCE

- Raw data collection/reports
- Meeting minutes/reports (if analysis/actions are not recorded in the SPE)
- Interviews with faculty

RECOMMENDED TABLES

Program Length Table for Calculations

Program Option	Total Number of Academic Terms to Complete Program/Option (including pre-requisites)	Number of Academic Terms for Nursing Coursework

Aggregated Program Completion Table

Program Completion – Aggregated for the Entire Program			
Year	Total number of students starting in the first nursing course	Total Number of on-time graduates	Program Completion Rate
20XX	N=	N=	XX%
20XX	N=	N=	XX%
20XX	N=	N=	XX%

Disaggregated Program Completion Table (if applicable)

Program Completion Rate – Disaggregated by XXX (e.g., options, locations, cohorts)				
Year	Program Option/Cohort/ Location X	Program Option/Cohort/ Location X	Program Option/Cohort/ Location X	Program Option/Cohort/ Location X
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)

Add more columns or another table, if needed

Criterion 5.3

The written **systematic plan for evaluation** describes the process for annual assessment of the **licensure and/or certification examination pass rate** (when required for practice). Faculty will:

- a. examine aggregate examination pass rate data (licensure and/or certification) secured from regulatory and/or certifying agencies. The most recent annual pass rate **OR** the mean pass rate for three most recent years must meet at least one of the following based on the total number of test-takers:
 - 80% or greater for all first-time test-takers; or
 - 80% or greater for all first-time test-takers and repeaters; or
 - at or above the national/territorial mean based on the **nursing program type**.
- b. **disaggregate** the pass rate data to promote meaningful analysis; provide justification for data that are not disaggregated;
- c. analyze program licensure and/or certification examination pass rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve students' examination pass rate success;
- d. maintain documentation for the three most recent years of the aggregated and/or disaggregated data, the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in passing the licensure and/or certification examination; and
- e. share the analysis of the licensure and/or certification examination pass rate data with **communities of interest**.

Note: Programs in jurisdictions that do not use the National Council Licensure Examination (NCLEX) for licensure, should describe the process, including examinations for licensure/registration in their locale and provide any reports demonstrating the program graduate's performance or initial success in that process.

FOCUSED QUESTIONS

Does the program offer a pre-licensure (i.e., practical or registered nurse) program option or a program option with an associated certification examination required for practice (e.g., nurse practitioner)? If so:

For Programs Seeking Initial Accreditation:

New programs without graduates will not have licensure and/or certification data at the time of the initial accreditation visit; however, the Systematic Plan of Evaluation must be developed and available for peer evaluators at the time of the initial accreditation visit. Narrative should address the following:

- a. *Have the faculty developed a written SPE that includes a plan (assessment methods, data collection intervals, assessment intervals) for evaluating licensure and/or certification data?*
- b. *What is the plan for the sharing of the analysis of the licensure and/or certification data with communities of interest once the program has graduates?*

Note: *Programs seeking initial accreditation that have had graduates should address items a-f but are only required to have data from the time that candidacy with the ACEN was achieved.*

For Programs seeking Continuing Accreditation:

- a. *Has the program achieved the benchmark for licensure/certification pass rate? Is the most recent annual pass rate OR the mean pass rate for three most recent years:*
 - *80% or greater for all first-time test-takers? or*
 - *80% or greater for all first-time test-takers and repeaters? or*

- at or above the national/territory mean **based on the nursing program type?** (For US-based programs, use “First-time, US-educated” NCLEX pass rate, by program type)
 - (NOTE: the program’s three year mean pass rate should be based on the total test-takers [“n”] and not an average of the averages- See *Pass Rate Guidance*).
- b. Are the pass rate data disaggregated? If not, what is the faculty’s rationale for not disaggregating the data?
- c. When are the pass rate data analyzed? Are there examples of how the faculty analysis of data were used to maintain and/or improve the pass rate?
- d. Does the program have three years of pass rate data? Is the data, analysis (and actions if needed) documented in the SPE? If not, where is this information located?
- e. How is the analysis of the data shared with communities of interest?
- NOTE:** Graduates’ annualized, aggregated success on the licensure and/or certification examination from (minimally) the most recent cohort(s) must be published in at least one publicly accessible publication in accordance with ACEN Policy #29. Publicly accessible means in an open manner observable by or in a place accessible to the public. Common publicly accessible publications include a nursing program/governing organization website, catalog, handbook, etc.

REQUIRED EVIDENCE

- **Systematic Plan of Evaluation**

EXAMPLES OF SUPPORTING EVIDENCE

- Examination Results Reports from the official regulatory and/or certifying agencies
- Meeting Minutes/Reports/Action Plans (if analysis/actions are not recorded in the SPE)
- Interviews with faculty

RECOMMENDED TABLES

Aggregate Data Tables - [Click here to See Recommended Aggregate Data Table Options](#)

Disaggregated Licensure and/or Certification Examination Table (if needed)

Performance on Licensure or Certification Examination – Disaggregated				
Year	Examination Pass Rate			
	Program Option/Cohort/ Location X	Program Option/Cohort/ Location X	Program Option/Cohort/ Location X	Program Option/Cohort/ Location X
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)

(Add more columns or another table, if needed for any other disaggregated data)

Criterion 5.4

The written **systematic plan for evaluation** describes the process for annual assessment of the **job placement rate**. Faculty will:

- a. use appropriate assessment methods to request job placement data from all graduates based on the role for which graduates are prepared. For students who hold licensure/certification as a registered or advanced practice nurse upon admission to the nursing program, assessment may include, but is not limited to, professional/personal growth, career advancement, and/or a new role specialty with the degree/certificate achievement;
- b. establish a specific, measurable **expected level of achievement** outcome statement for job placement in the role for which graduate are prepared and provide a rationale for the expected level of achievement;
- c. collect sufficient aggregate post-graduation job placement rate data annually including the response rate and **disaggregate** the data to promote meaningful analysis; provide justification for data that are not disaggregated;
- d. analyze sufficiency of job placement rate data annually and when necessary, implement actions to maintain and/or improve data sufficiency;
- e. analyze aggregate job placement rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve the job placement rate;
- f. maintain documentation for the three most recent years of the data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in obtaining a job in a role for which the program prepared them; and
- g. share the analysis of the job placement rate data with the **communities of interest**.

FOCUSED QUESTIONS

Programs Seeking Initial Accreditation:

New programs without graduates will not have job placement data at the time of the initial accreditation visit; however, the Systematic Plan of Evaluation must be developed and available for peer evaluators at the time of the initial accreditation visit. Narrative should address the following:

- a. *Have the faculty developed a written SPE that includes a plan (assessment methods, ELA with rationale, data collection intervals, assessment intervals) for evaluating job placement data?*
- b. *What is the plan for the sharing of the analysis of the job placement data with communities of interest once the program has graduates?*

Note: *Programs seeking initial accreditation that have had graduates should address items a-f but are only required to have data from the time that candidacy with the ACEN was achieved.*

Programs seeking Continuing Accreditation:

- a. *What methods does the faculty use to collect job placement data in a role for which the program prepared the graduate?*
 - *For prelicensure programs, do the data confirm employment as a practical or registered nurse?*
 - *For graduate programs with options leading to a required practice certification, do the data confirm employment in the specialty area?*
 - *For post-licensure (PN/RN-BSN) program options and graduate program options without a required practice certification, what meaningful assessment data is collected?*
- b. *What is the expected level of achievement for job placement? Was it determined by faculty? What is the rationale for expected level of achievement for job placement?*

Note: An ELA should be high enough to be genuine and encourage continuous improvement, but not so high as to be idealistic and unachievable. Program leaders and faculty are encouraged to set a realistic “stretch ELA” for student achievement without fear of penalty. Whether or not the ELA is met, the program is expected to analyze the data to assist with making decisions related to student performance.

- c. *How and when is the job placement rate collected? Are the job placement data disaggregated? If not, what is the faculty’s rationale for not disaggregating the data?*
- d. *What is the graduate response rate (i.e., number of graduates contacted/responded divided by the total number of graduates)?*
Are there sufficient data to inform program decision-making? If not, what have the faculty done to improve the response rate?
- e. *When are the job placement data analyzed? Are there examples of how the faculty analysis of data were used to maintain and/or improve the job placement rate?*
- f. *Does the program have three years of job placement data? Is the data, analysis (and actions if needed) documented in the SPE? If not, where is this information located?*
- g. *How is the analysis of the data shared with communities of interest?*

NOTE: *Graduates annualized, aggregated job placement rate data MAY be published in accordance with ACEN Policy #29. Publicly accessible means in an open manner observable by or in a place accessible to the public. Common publicly accessible publications include a nursing program/governing organization website, catalog, handbook, etc.*

GUIDANCE – EXPECTED LEVEL OF ACHIEVEMENT

- **Job Placement ELA Examples:**
 - [XX]% of graduates will report employment as a [PN; RN; NP; CRNA] within [X months] of graduation.
 - [XX]% of graduates will report employment as a [Nurse Educator; Nurse Leader/Manager] within [X months] of graduation.
 - [XX]% of RN-BSN option graduates will report [career advancement; enrollment in a graduate program] within [X months] of graduation.
- **The outcome statement should:**
 - Include all graduates reporting employment and not just those seeking employment or those who passed the licensing/certification examination.
 - State the level of employment (e.g., registered nurse; practical nurse) for which a nursing program prepared the graduate.
 - Identify a timeframe for employment, such as “9 months” or “1 year.”
- **Additionally, calculating the job placement rate has been a challenge.**
 - Programs should attempt to contact all graduates.
 - Divide the number of graduates successfully contacted by the number reporting having secured employment in a position for which the nursing program prepared them.
 - As an example, if a program had 100 graduates, successfully contacted 80 of them (80% response/contact rate), and 79 reported employment in a position for which the nursing program prepared them, the applicable job placement rate would be 98.75% (79/80).
 - For programs with a high percentage of graduates continuing their education at another degree level instead securing employment, consider having a separate outcome addressing academic progression. Academic progression is a positive outcome, so account for this success as well.

REQUIRED EVIDENCE

- **Systematic Plan of Evaluation**

EXAMPLES OF SUPPORTING EVIDENCE

- Raw data collection/reports
- Survey samples
- Meeting minutes/reports/action plans (if analysis/actions are not recorded in the SPE)
- Interviews with faculty

RECOMMENDED TABLE

Aggregated Job Placement Table

Job Placement Rates – Aggregated for the Entire Program		
Year	Response Rate (Number responding/number graduating)	Job Placement Rate (Number employed/number responding)
20XX	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)

Disaggregated Job Placement Table (if applicable)

Job Placement Rate – Disaggregated by XXX (e.g., options, cohorts)				
Year	Program Option/Cohort	Program Option/Cohort	Program Option/Cohort	Program Option/Cohort
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)

Add more columns or another table, if needed

Other Program Outcomes

Faculty may elect to include other selected **program outcomes** in the **systematic plan for evaluation**. The governing organization, state or national (for international programs) board of nursing, or professional guidelines may also have requirements for the program’s systematic plan of evaluation, which should also be included if applicable.

Submitting an Accreditation Report

All ACEN reports and supporting evidence must be uploaded in the [ACEN Document Repository](#) six weeks prior to the visit; printing paper copies of the program's report is no longer required. **Follow-Up Reports** that do not include a site visit must be uploaded by the due date identified on the letter from the Board of Commissioners. The report and supporting evidence should be maintained in a Microsoft Word document or searchable PDF whenever possible (avoid scanned documents).

Organizing the Report and Supporting Evidence in the ACEN Repository

The program's username and password for the Document Repository will be provided directly to the nurse administrator with other details related to the visit, such as the visit dates. Each program will have access to a folder titled "**01_Written Report and Supporting Evidence**" to upload the report as well as required and additional supporting evidence demonstrating compliance with the Standards and Criteria.

The program will be responsible for creating, organizing, and labeling the sub-folders within this folder.

Please note: *If the program is planning a focused visit or a follow-up report/visit, the program may not need some of the folders described below. For example, if the program's focused visit report is for implementation of a new off-campus instructional site, a folder for Standard 5 Outcomes is not necessary. For another example, if the program's follow-up report is only for Standard 4 Curriculum, folders for Standard 1, Standard 2, Standard 3, and Standard 5 are not necessary.*

Organizing the "**01_Written Report and Supporting Evidence**" folder and Sub-Folders:

1. Upload the written report and ensure the title clearly identifies the document as the "**Report.**" (This report is the Self-Study Report, Focused Visit Report, or Follow-Up Report as one continuously paginated document consisting of the Program Demographic Information and the required Report Narrative).
2. Upload the Faculty Profile Table using the title "**Faculty Profile Table**" (*if applicable to the report type*). This document should be one continuously paginated document consisting of the cover sheet and the tables for each full-time and part-time faculty member teaching in the program(s) being reviewed for the academic term in which the visit occurs.
3. Create a sub-folder titled "**Syllabi**" (*if applicable to the report type*). Upload the current syllabus for each nursing course (ensure document titles include the course numbers/titles). Syllabi only need to be uploaded into the repository once (not for each Criteria that syllabi are linked to as evidence).
4. Upload the Systematic Plan of Evaluation using the title "**Systematic Plan of Evaluation**" (*if applicable to the report type*).

5. Create a sub-folder for “**Supporting Evidence**” (this folder is essentially the “digital evidence room.” Create and organize sub-folders in the “Supporting Evidence” folder as follows:

- **Catalogs Handbooks and Manuals**
- **External (State, National, Regulatory) Agency Documentation/Communications***
- **Meeting Minutes**
- **Other/Misc. (if needed)**
- **Standard 1 Administrative Capacity and Resources**
- **Standard 2 Faculty**
- **Standard 3 Students**
- **Standard 4 Curriculum**
- **Standard 5 Outcomes**

*Include all current approval documents (e.g., BON approval letter; institutional accreditor status document; national ministry of education approval).

Upload all supporting evidence into the appropriate subfolders above. When uploading the evidence, please consider the following:

- Additional folders may be created within each sub-folder as appropriate. For example, you may create a separate folder for each Criterion (1.1, 1.2, 1.3, etc.). However, ***please do not include empty folders.***
- Each piece of supporting evidence should be an individual document and labeled using a standardized naming convention that is easy to understand and relates to the evidence (e.g., Criterion 1.1 Comparison of College Mission and Program Mission; Criterion 4.9a Current Clinical Agency Contracts; Criterion 5.3 NCLEX Program Reports).
- Supporting evidence should be referenced accurately and consistently throughout the report using the naming convention described above to easily identify uploaded evidence.

The repository folders will be locked six weeks prior to the site visit (or on the due date for Follow-Up Reports for Conditions). The report and all supporting evidence must be uploaded by that date. However, for reviews with a site visit, an additional unlocked folder titled “**Revised or Requested Information**” will be made available in case of revisions (e.g., updated Faculty Profile Table) or items requested by the site visit team. The purpose of this folder is to make available any additional information that the team requests six weeks prior to the visit AND during the visit.

An example Repository has been created to assist you in understanding what the repository looks like and how it can be organized. To access this example, please use the following:

- Link: <https://www.acencenter.net>
 - Username: ACENuser
 - Password: #Guest3390

Site Visits: Nurse Administrator Site Visit Planning Checklist

6–18 Months Prior to the Site Visit:

- Prepare Self-Study Study Report in collaboration with faculty, administration, student and faculty support staff, and students.
- Submit a request to schedule a site visit by the due date: <https://www.acenursing.org/for-programs/site-visit-preparation/>

6 Weeks or More Before the Visit:

- Verify ability to access the ACEN Repository when login credentials are received.
- Upload written report and supporting evidence to the ACEN Repository. All program documents must be in English. See *Organizing the Report and Supporting Evidence in the ACEN Repository*.
- Post public notification of the upcoming ACEN visit and post information about how to provide Written or Oral Comments about the program. See the *Guidelines for the Solicitation of Written and Oral Third-Party Comments*.
- Reserve a hotel room for each team member:
 - Ensure there is a guaranteed late arrival, and that the hotel offers Internet access.
 - The host program is responsible for payment for the hotel room expenses, except for incidental charges.
 - Ensure the hotel is within a reasonable/safe walking distance to restaurants for peers to have access for breakfast and dinner.
 - If necessary, the host program is also responsible for cancelling hotel reservations.
 - If possible, select a hotel that has a “business center” or access to printing.
- Identify a workroom for the peer evaluators to use during the visit:
 - Provide a laptop computer(s) for use during the visit, if requested by the team.
 - Provide access to printing on site (in or near workroom).
 - Ensure Internet access on campus (provide Wi-Fi password to team on arrival).
 - Information Technology support should also be available to assist if needed during the site visit.
 - Ensure there are sufficient outlets in workroom or provide a power strip for the teams use.

4–6 Weeks or More Before the Visit:

- Create a draft agenda based on the type of visit and share with the Team Chair for feedback and/or adjustments (if needed). See *Agenda Items (Initial/Continuing, Follow-Up) and Recommended Site Visit Agenda Template*. Remember, the team must visit all branch campuses and a majority of off-campus instructional sites.
- Inform the Team Chair whether this will be a coordinated visit with another agency, such as the Board of Nursing or State Department of Education.
- Coordinate the review of faculty and student records with the Team Chair. See *Preparing Faculty, Staff, and Student Records for Review*.
- Collaborate with the Team Chair to arrange on-ground transportation for team members.
 - Transportation between airport, hotel, and program (including off-campus instructional sites if applicable).
 - The team members are not permitted to a personal vehicle at any time for any purpose during a site visit. Team members are also not allowed to have rental cars.
- Provide team access to Hybrid/Online nursing courses/Learning Management System six weeks prior to the visit, during the visit, and for a week after the visit.
- Create ID badges for team use during the visit (e.g., inexpensive lanyard or plastic clip style)

After the Site Visit:

- After the visit, the team and program should not have any further communication, please address any post-visit questions or concerns directly with one of the ACEN Directors.
- Complete the post-visit survey sent by the ACEN.
- Plan to collaborate with the faculty to address any Suggestions for Improvement and/or Non-Compliance identified by the team; do not wait to receive the Site Visit Report – begin working on your response immediately after the site visit.
- Review Site Visit Report once received from the ACEN (typically within 6–8 weeks after the visit).
- Prepare and develop the Program’s Response for review by the Evaluation Review Panel and Board of Commissioners; submit by the timeline specified.

Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review

Faculty Records

To ensure the program's compliance with Criteria 2.1, 2.2, 2.3, 2.6, and 2.8, the following evidence from **full- and part-time faculty** records must be available for review.

- Job descriptions
 - Transcripts, or degree verification forms, reflecting the highest conferred degree necessary for the teaching position (transcripts may be official or unofficial based on the governing organization's policy/practice). Ensure any confidential information (e.g., Social Security numbers, birthdates) have been redacted for all documents uploaded to the repository.
 - Current registered nurse license and, if applicable, APRN license/certification
 - Performance appraisals demonstrating Governing Organization policy has been followed
- Health records and/or background checks should NOT be uploaded to the Repository.**

Prior to the visit, the Team Chair and the nurse administrator must work together to identify which full- and part-time faculty records are to be reviewed based on the total numbers of full-time and part-time faculty. The **team will randomly select** for review:

- 10 full-time faculty records or 10% (whichever is greater); and
- 10 part-time faculty records or 10% (whichever is greater)
- If there are 10 or fewer full- and/or part-time faculty at the time of the site visit, then all records will be reviewed.

Digital or scanned copies of the required items for the faculty records selected for review should be placed in the **Standard 2 folder** (if all files are to be reviewed) or the **Revised or Requested Information** folder no later than two weeks prior to the visit if there is a random selection by the team.

Staff Records

To ensure the program's compliance with Criterion 1.7, the following evidence for any full- and/or part-time *nursing program* staff who assist or support nursing program administration (clerical, laboratory, and administrative personnel) records must be available for review:

- Job descriptions for all dedicated staff positions
- Transcripts, or degree verification forms, reflecting highest conferred degree necessary for the position (only if a degree and/or certificate is required for the position). Ensure any confidential information (e.g., Social Security numbers, birthdates) have been redacted for all documents uploaded to the repository.
- Current registered nurse license (if a registered nurse license is required for the role)
- Current certifications (if certification is required for the role)
- Resumes demonstrating qualifications
- **Health records and/or background checks should NOT be uploaded to the Repository.**

Student Records

For nursing student records maintained by the nursing program (paper or electronic), peer evaluators will review a sample of the records as potential evidence of program's compliance with Criteria 3.2 and 3.3. Examples of records a program *may* maintain include:

- Admission documents (e.g., transcripts, admission rubrics, licensure). Ensure any confidential information (e.g., Social Security numbers, birthdates) have been redacted for all documents uploaded to the repository.
- Progression documents (e.g., clinical evaluations, examination reports, readmission documents)
- Evidence of gap analysis for post-master's certificate or post-master's DNP APRN students
- Student grievances (since the last site visit or when candidacy was achieved)
- **Health records and/or background checks should NOT be uploaded to the Repository.**

If there are student records for review (as described above), the Team Chair and the nurse administrator must work together prior to the visit to identify which student records will be reviewed based on the total number of students and what items should be included in the records:

- The program must provide the team a list of items maintained in the nursing student records that are maintained by the nursing program;
- The program must provide the team with a list of current students, identifying those in different options or at different locations;
- The team will randomly select for review 10 student records or 10% (whichever is greater) of students taking nursing courses at the time of the visit and provide this list to the nurse administrator. If there are 10 or fewer students taking nursing courses at the time of the site visit, then all records will be reviewed.
- The Team Chair and nurse administrator must determine how these records will be made available for review:
 - Preferred method: Electronic or scanned digital copies/records may be placed in the **Standard 3** folder six weeks prior to the visit (if all files are to be reviewed) or the **Revised or Requested Information** folder no later than two weeks prior to the visit if there is a random selection by the team.
 - Alternately: Paper copies may be reviewed during an onsite in-person visit (ensure time on the agenda for this review).
 - Third-Party/Vendor services verification report (e.g., completion of background checks, health screenings/immunizations) can be shared digitally in the ACEN Document Repository through the creation of a Student Records subfolder.

Appendices

A. Guidelines for the Solicitation of Written and Oral Third-Party Comments

To make the accreditation process responsive to a broad range of constituents, the ACEN will receive written and/or oral third-party comments from the public concerning a program seeking initial accreditation or continuing accreditation.

1. All nursing programs seeking initial accreditation must provide an opportunity for written and oral third-party comments from the public.
2. All nursing programs seeking continuing accreditation must provide an opportunity for written and oral third-party comments from the public. This applies only during a program's comprehensive review or a required follow-up visit. ***This does not apply during a focused visit review process.***

The public is defined as any individual or group with an interest in but no direct responsibility for the development or delivery of a nursing program (e.g., patients/clients, non-nursing students, healthcare providers, and citizens). If an employee is unable to attend the meeting related to their respective department as scheduled on the site visit team's agenda, the employee should submit a written comment to the ACEN prior to the visit in accordance with the timeline.

All nursing programs must make a sincere and thoughtful attempt to identify members of the public and invite them to submit written and oral third-party comments regarding the program.

1. Six weeks before the site visit, the ACEN requires nursing programs to publish information about the site visit using appropriate methods.
 - The ACEN encourages the use of no or low-cost means, such as nursing program electronic newsletter, governing organization electronic publications, governing organization/nursing program website, email, social media, and/or postings at clinical agencies used by the program.
 - The information must invite the public to submit written comments to the ACEN; see #2 below.
 - The information must invite the public to make oral comments to the peer evaluators on the site visit team; see #3 below.
2. The ACEN requires nursing programs to publish the ACEN contact information so that members of the public can submit written third-party comments to the ACEN about the program. Sometimes there are a few written third-party comments, sometimes many written third-party comments, and sometimes no written third-party comments are submitted. Irrespective on the number of written third-party comments, the objective is for members of the public to have an opportunity to make written third-party comments concerning a program. All written third-party comments will be shared with the peer evaluators on the site visit team.
3. The ACEN requires nursing programs to arrange a meeting during the site visit for the peer evaluators on the site visit team to meet with members of the public. Sometimes there are a few attendees, sometimes many attendees, and sometimes no attendees at this meeting. Irrespective on the number of attendees, the objective is for members of the public to have an opportunity to make oral third-party comments concerning a program.

[Click here to view an EXAMPLE \(for illustration purposes only\)](#)

B. Recommended Site Visit Agenda Template

ADAPT AS NEEDED IN CONSULTATION WITH THE TEAM CHAIR

Click the visit type to return to the list of agenda items to include:

- Initial/Continuing Visit
- Follow-Up Visit



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[Enter Governing Organization Name]

[Enter Nursing program Name]

Travel Day		
Airport Pickup	[Enter name of Designated Driver] [Enter Cell phone number]	Team Flight & Contact Information:
Hotel Confirmation #		

Meeting Room and/or Room Link and Back-Up Dial-In Information (if applicable)

C. Instructions for Completing the Faculty Profile Table

All programs responding to Criteria 2.1 and 2.2 in the ACEN 2023 Standards and Criteria must use the Faculty Profile Table template in Appendix D. The Faculty Profile Table includes two parts:

I. **PART I: Coversheet** (Governing Organization and Regulatory Agency Requirements for Full- and Part-time Faculty)

•Reference:

- Identify where the program’s governing organization (e.g., university, college, hospital/medical/career center) requirements are located (e.g., job description)
- Identify where the program’s regulatory agencies (e.g., state or national [for international programs] nursing agency (e.g., board of nursing) requirements are located
- If needed, add rows for additional regulatory agencies (e.g., state department of education, state higher education system)
- If applicable, a web link to the specific requirement may also be included with the reference (include page number if link is to a large document)
- If requirements are not applicable for an agency, indicate “not applicable”.

•Agency Requirements:

- Summarize (do not copy entire sections) the actual educational requirement(s); (e.g., Master’s degree; BSN with graduate degree in related field).

2. **PART II: Faculty Profile Table** (for each Full- and Part-time Faculty member)

- Complete one table for each Full-time and each Part-time faculty member
- Only include faculty that teach nursing courses during the time of the site visit
- Place all full-time faculty in alphabetical order, followed by all part-time faculty in alphabetical order
- Include a table for the nurse administrator and/or faculty who assist with program administration **IF** they are teaching courses at the time of the site visit
- Do not include faculty who do not teach nursing courses (for example, faculty that teach general education courses)
- If a faculty member does not meet the educational qualifications required by an agency and a waiver/exception was granted by the agency, **provide documentation of that waiver in the repository**
- For faculty member(s) enrolled in a degree program, provide the type of degree, the discipline, and the anticipated date of completion (e.g., May 2025)
- For expertise, focus on relevant and/or recent activities that relate to the faculty members current teaching responsibilities (not a full CV)

Below is an example of a completed Coversheet and Faculty Profile Table for a baccalaureate nursing program type.

Faculty Profile Table EXAMPLE

Coversheet with Educational Qualification Requirements

Agency	Faculty Requirements
<p><i>ACEN University</i></p>	<p>Reference: <i>ACEN University Faculty Job Description for Full-time Faculty and Job Description for Part-time Faculty</i></p> <p>Full-Time Faculty Requirements:</p> <ul style="list-style-type: none"> • Required educational degree(s) for role and responsibilities: <i>Graduate Degree in nursing</i> • Is a waiver/exception possible if educational requirement is not met? <i>No</i> <p>Part-Time Faculty Requirements:</p> <p><input type="checkbox"/> The requirements for part-time faculty are the same as full-time faculty.</p> <p><input type="checkbox"/> The requirements for part-time faculty are different than full-time faculty:</p> <ul style="list-style-type: none"> • Required educational degree(s) for role and responsibilities: <i>Baccalaureate Degree in nursing, graduate degree in nursing preferred</i> • Is a waiver/exception possible if educational requirement is not met? <i>No</i>
<p><i>Georgia Board of Nursing</i></p>	<p>Reference: <i>Rules and Regulation of the State of Georgia: CHAPTER 68, NURSING, ARTICLE I, NURSING EDUCATION OF REGISTERED AND PRACTICAL NURSES, 12 AAC 44.090. FACULTY; http://rules.sos.ga.gov/GAC/410-8-05</i></p> <p>Full-Time Faculty Requirements:</p> <ul style="list-style-type: none"> • Required educational degree(s) for role and responsibilities: <i>For any given academic term, the nursing education program must be able to provide evidence that at least the majority of faculty members are full time and that at least three-fourths of individual full-time and part-time faculty members hold one (1) or more earned graduate degrees in nursing. A full-time faculty member with only a baccalaureate degree in nursing must be able to provide documentation of progress toward an earned graduate degree in nursing, have experience in the area of responsibility, and be directed by a faculty member with at least one (1) earned graduate degree in nursing.</i> • Is a waiver/exception possible if educational requirement(s) is/are not met? <i>No</i> <p>Part-Time Faculty Requirements:</p> <p><input type="checkbox"/> The educational requirements for part-time faculty are the same as full-time faculty.</p>

LAST NAME, FIRST NAME	ACADEMIC DEGREES	LICENSURE/ CERTIFICATION	TEACHING AND NON-TEACHING AREA(S) OF RESPONSIBILITY
<i>Daily, Martin</i> <i>January 2015</i> <i>Full-time</i>	<i>BA, Nursing, 1990</i> <i>MSN, 2010</i> <i>Enrolled in PhD in Nursing program; Grad:</i> <i>Dec. 2025</i>	<i>GA# 123456</i> <i>FNP# 65432</i>	<i>NUR 2120 (ADN) - didactic, lab, and clinical</i> <i>NUR 4500 (BSN)- didactic only</i> <i>Curriculum Chair</i> <i>ACEN University Admission and Graduation Committee</i>
Expertise:	<ul style="list-style-type: none"> • <i>Memorial Hospital 1990-2010: Medical-Surgical floor staff nurse; ER;</i> • <i>Clearview Rehab Center 2010-2015: Director of Nursing</i> • <i>ACEN University 2010-2022: taught medical-surgical, foundations, and Capstone course</i> • <i>Relevant Continuing Education:</i> <ul style="list-style-type: none"> • <i>Covid: What's Next?, Fall 2021</i> • <i>Curriculum Bootcamp, Spring 2019</i> • <i>Presentations: Flipping the Classroom: A path for educators, Spring 2021</i> • <i>Publications: Daily, M., Predicting NCLEX-RN success during a pandemic. Journal of Nursing. 2022; 40:251–262</i> 		

LAST NAME, FIRST NAME	ACADEMIC DEGREES	LICENSURE/ CERTIFICATION	TEACHING AND NON-TEACHING AREA(S) OF RESPONSIBILITY
<i>Harper, Terry</i> <i>June 2015</i> <i>Part-time</i>	<i>BSN, 2002</i> <i>MSN, 2007</i>	<i>GA# 123456</i>	<i>NUR 4500- clinical only</i>
Expertise	<ul style="list-style-type: none"> • <i>Georgia Hospital 2002-2012: Medical-Surgical floor staff nurse X 5 years; ICU/PACU staff nurse X 3 years; Nurse Manager for ICU/PACU X 2 years</i> • <i>Georgia Community College 2010-2022: taught medical-surgical and foundations for associate degree students; supervision of precepted nursing students in final semester; skills laboratory assistant</i> • <i>Relevant Continuing Education:</i> <ul style="list-style-type: none"> • <i>Implementing a Concept-based Curriculum, Fall 2019</i> • <i>IV Therapy Update, Spring 2022</i> 		

SAMPLE

D. Faculty Profile Table Template

FACULTY PROFILE TABLE
Coversheet with Educational Qualification Requirements

Agency	Faculty Educational Requirements
<p>[Name of governing organization]</p>	<p>Reference:</p> <p>Full-Time Faculty Requirements:</p> <ul style="list-style-type: none"> • Required educational degree(s) for role and responsibilities: • Is a waiver/exception possible if educational requirements are not met? <p>Part-Time Faculty Requirements:</p> <p><input type="checkbox"/> The requirements for part-time faculty are the same as full-time faculty.</p> <p><input type="checkbox"/> The requirements for part-time faculty are different than full-time faculty:</p> <ul style="list-style-type: none"> • Required educational degree(s) for role and responsibilities: • Is a waiver/exception possible if the requirement is not met? <i>Yes or No</i>
<p>[Name of Regulatory agency]</p> <p><i>(Add rows for other agencies as applicable)</i></p>	<p>Reference:</p> <p><input type="checkbox"/> N/A: The regulatory agency does not identify educational requirements for full- or part-time faculty.</p> <p>Full-Time Faculty Requirements:</p> <ul style="list-style-type: none"> • Required educational degree(s) for role and responsibilities: • Is a waiver/exception possible if a requirement(s) is/are not met? <i>Yes or No</i> <p>Part-Time Faculty Requirements:</p> <p><input type="checkbox"/> The requirements for part-time faculty are the same as full-time faculty.</p> <p><input type="checkbox"/> The requirements for part-time faculty are different than full-time faculty:</p> <ul style="list-style-type: none"> • Required educational degree(s) for role and responsibilities: • Is a waiver/exception possible if the requirements are not met? <i>Yes or No</i>

Complete one table for each Full- and Part-time faculty member teaching in the academic term in which the ACEN visit occurs; place all full-time faculty in alphabetical order, followed by all part-time faculty in alphabetical order.

LAST NAME, FIRST NAME	ACADEMIC DEGREES	LICENSURE/ CERTIFICATION	TEACHING AND NON-TEACHING AREA(S) OF RESPONSIBILITY
[Month/Year of Initial Appointment] [Full or Part time]	[Undergraduate and Graduate Degree(s): name of degree/date of completion] [Waiver/exception (if applicable) for credential (explain)] [Currently enrolled: name of degree/projected date of completion]	[Current licensure: state/license number] [Current certifications: type/date acquired]	[Course taught during the term of the site visit: Prefix, Number, Course Role/Responsibilities (if teaching in more than one program type, list programs)] [Committees; Course, Clinical, Laboratory Coordination, etc.]
Expertise	[List any relevant practice and/or teaching expertise, professional development, and/or scholarly work related to your roles and responsibilities.]		

E. Systematic Plan of Evaluation Sample Template #1

This is an **example** of a table format to assist faculty in addressing Standard 6 of the Standards and Criteria. Programs are **not** required to use this template but can elect to utilize any template format of their choice. If the nursing program offers more than one accredited program type, the faculty must develop a systematic plan of program evaluation for each.

5.1 EPSLO #1		
Assessment Method	Frequency of Data Collection and Frequency of EPSLO Assessment	ELA
Data (Aggregate; Disaggregate if applicable)		Analysis/Actions

5.1 EPSLO #2		
Assessment Method	Frequency of Data Collection and Frequency of EPSLO Assessment	ELA
Data (Aggregate; Disaggregate if applicable)		Analysis/Actions

*Add additional boxes for each EPSLO

5.2 Program Completion Rate					
Assessment Method		Frequency of Data Collection			ELA for Each Program Option
					ELA: Rationale for ELA:
Data (Aggregate; Disaggregate if applicable)					Annual Analysis/Actions
Year	Location/Program Option	# Of Admits to Initial Cohort	On-time Graduates	Aggregate Rates	

5.3 Licensure/Certification Pass Rate

Data (Aggregate; Disaggregate if applicable; include “n” values)				Annual Analysis/Actions
Year	[Location/Program Option]	[Location/Program Option]	Aggregate	

5.4 Job Placement

5.4 Job Placement					
Assessment Method(s)		Frequency of Data Collection			ELA
					ELA: Rationale for ELA:
Data (Aggregate; Disaggregate if applicable)					Annual Analysis/Actions
Year	# Of Graduates	# Of Graduates responding	Placement Rate	Response Rate	

F. Systematic Plan of Evaluation Sample Template #2

This is an **example** of a table format to assist faculty in addressing Standard 6 of the Standards and Criteria. Programs are not required to use this template but can elect to utilize any template format of their choice. The nursing program’s systematic plan of program evaluation and assessment of outcomes must differentiate between all program types offered by the nursing program, where applicable.

PLAN				IMPLEMENTATION	
EPSLO	Frequency of EPSLO Analysis	Expected Level(s) of Achievement Outcome Statement (including assessment method)	Data Collection Frequency	Location of Data	Location of Analysis and Actions
EPSLO #1:					
EPSLO #2:					
EPSLO #3:					
EPSLO #4:					
EPSLO #5:					

PLAN			IMPLEMENTATION	
Program Outcome	Expected Level(s) of Achievement Outcome Statement (including assessment method)	Data Collection Frequency	Location of Data	Location of Annual Analysis and Actions
On-time Program Completion Rate	ELA: Rationale:			
Exam Pass Rate	N/A			
Job Placement Rate	ELA: ELA Rationale:			
Other Program Outcome(s):				

G. Guidelines: Clock Hours, Credit Hours, and Out-Of-Class Work

Guidelines: Clock-to-Credit Hour Conversion

NOTE: These guidelines ONLY apply to governing organizations/nursing programs for which the ACEN services in a Title IV Financial Aid Gatekeeper capacity.

This general overview of the U.S. Department of Education's Clock-to-Credit Conversion formula is provided as a service to ACEN-accredited programs. All clock hour programs are responsible for ensuring that their financial aid policies, procedures, and practices as they relate to the conversion of clock-to-credit hours for financial aid are in compliance with [34 CFR 34 CFR 668.8\(k\) and \(l\)](#).

In summary, effective July 1, 2021:

- Out-of-class hours for purposes of clock-to-credit hour conversions can no longer be used for calculation of credit hours.
- Programs converting their clock hours to semester or trimester credit hours must use a 30:1 factor. Meaning that 30 clock hours would convert to one credit hour.
- Programs converting their clock hours to quarter credit hours must use a 20:1 factor. Meaning that 20 clock hours would convert to one credit hour.
- Programs must comply with clock hour requirements for all states in which any student enrolled in the program resides/lives.
- Programs must comply with all requirements by state regulatory agencies/licensing bodies for the use of asynchronous learning including clock hours earned through asynchronous learning in which any student enrolled in the program resides/lives.

The updated Clock-to-Credit Hour definition allows for some distance education in clock hour programs as defined by the ACEN and [United States Department of Education](#). Therefore, all ACEN-accredited clock hour programs that use any form of distance education, must ensure that they:

- Ensure that all state regulatory agencies/licensing bodies allow the use of distance education modalities for the type of program offered.
- Clearly define, describe, and justify the distance education employed based on student learning needs and best educational practices.
- Clearly define, describe, and justify the number of clock hours awarded for the identified distance education learning activities.
- Follow ACEN Policy #14 Distance Education.
- Follow ACEN Policy #14 Reporting Substantive Changes (if applicable).

H. Licensure and Certification Pass Rate Guidance (for Criterion 5.3)

The following information is designed to assist program faculty and leaders to determine if they have met the benchmark for the licensure/certification examination pass rate through **one** of six ways. **The program must calculate the pass rate percentage (most recent annual rate or three most recent year rate) based on the total number of test-takers (“n”).**

Based on licensure examination pass rate data secured from a regulatory agency (i.e., state board of nursing):

1. Is the program’s most recent annual pass rate (based on the “n”), 80% or greater for all first-time test-takers?
 - a. If yes, then Criterion benchmark met: **STOP HERE and use the** First Time Pass Rate Table.
 - b. If no, go to question #2
2. Is the program’s mean pass rate (based on the “n”), for the three most recent years 80% or greater for all first-time test-takers?
 - a. If yes, then Criterion benchmark met: **STOP HERE and use the** First Time Pass Rate Table.
 - b. If no, go to question #3
3. Is the program’s most recent annual pass rate (based on the “n”), 80% or greater for all first-time test-takers and repeaters?
 - a. If yes, then Criterion benchmark met: **STOP HERE and use the** Ultimate Pass Rate Table.
 - b. If no, got to question #4
4. Is the program’s mean pass rate (based on the “n”), for the three most recent years 80% or greater for all first-time test-takers and repeaters?
 - a. If yes, then Criterion benchmark met: **STOP HERE and use the** Ultimate Pass Rate Table.
 - b. If no, go to question #5
5. Is the program’s most recent annual first-time pass rate (based on the “n”), at or above the national (not state)/territorial mean pass rate based on the nursing program type? *(For US-based programs, use the “First Time, US Educated” NCLEX pass rate by program type).*
 - a. If yes, then Criterion benchmark met: **STOP HERE and use the** National/Territorial Mean Pass Rate Table.
 - b. If no, go to question #6
6. Is the program’s mean first-time pass rate (based on the “n”), for the three most recent years at or above the most recent annual national (not state)/territorial mean pass rate based on the nursing program type? *(For US-based programs, use the “First Time, US Educated” NCLEX pass rate by program type).*
 - a. If yes, then Criterion benchmark met: **STOP HERE and use the** National/Territorial Mean Pass Rate Table.
 - b. If no, report substantive change for decline in outcomes for the program’s annual reporting period (<https://www.acenursing.org/substantive-change/>)

Additional Pass Rate Guidance

- For consistency in calculating and reporting licensure/certification examination pass rates, it is recommended that programs use the annual reporting period used by the program's regulatory or certifying agency.
- The reporting period data for 2023 ACEN Criterion 5.3 (most recent annual rate or three most recent year rate) must minimally include:
 - the total number of test-takers;
 - the total number of successful test-takers; and
 - the percentage of test-takers who were successful.
- **The program must calculate the pass rate percentage (most recent annual rate or three most recent year rate) based on the total “n” and provide the “n” data with the percentages.**
- If the mean pass rate is used to meet the benchmark, the reported data must include the mean pass rate for the jurisdiction (e.g., territory or country; not US States) where the program is located; include by program type, if available. For example:
 - For NCLEX test-takers, use first-time, U.S.-educated rate for the program type (e.g., practical, associate, diploma, baccalaureate).
 - For master's registered nurse entry-level programs, use the baccalaureate program type as the reference group.
 - For non-NCLEX licensure examinations, use data for program type (e.g., practical, associate, diploma, baccalaureate) if available; use total mean if program type data not available.
 - For APRN options, use the mean provided by the certifying agency for the examination type.
- US NCLEX Pass rate data is located here: <https://www.ncsbn.org/exams/exam-statistics-and-publications/nclex-pass-rates.page> **Supporting evidence must be included. Evidence must include the pass rate data secured from the regulatory and/or certifying agency and may include other pass rate calculation documentation used by the program. If repeat test-taker data is not provided by the regulatory and/or certifying agency, the program may use evidence of licensure/certification obtainment (e.g., copy of license/license number).**
- The program must continue to document pass rate data, analysis, and actions (if needed) as part of the Systematic Plan for Evaluation.
- If the program does not meet at least one of the six benchmarks identified in Criterion 5.3, then consult ACEN Policy #14 Reporting Substantive Changes.

Pass Rate Data Tables

First-Time Pass Rate Table – Aggregated for the Entire Program	
Year	First-Time Examination Pass Rate
20XX	XX% (XX/XX)
20XX	XX% (XX/XX)
20XX	XX% (XX/XX)
Three-Year Average	XX% (XX/XX)

Ultimate Pass Rate Table – Aggregated for the Entire Program		
Year	First-Time Examination Pass Rate	Ultimate Pass Rate (Includes Repeat Testers)
20XX	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)
Three-Year Average	XX% (XX/XX)	XX% (XX/XX)

National/Territorial Pass Rate Table – Aggregated for the Entire Program		
Year	National/Territorial Average for Program Type*	First-Time Examination Pass Rate
20XX	%	XX% (XX/XX)
20XX	%	XX% (XX/XX)
20XX	%	XX% (XX/XX)
Three-Year Average		XX% (XX/XX)

*For US-based programs, use the “First Time, US Educated” NCLEX pass rate by program type.

I. Request for Good Cause Form

For programs on Conditions or Warning, or programs on Good Cause with monitoring time remaining.

Governing Organization Information

Governing Organization:	
Address:	
City, State, Zip:	
Chief Executive Officer Name and Credentials:	

Nursing Program Information

Nursing Education Unit:	
Address:	
City, State, Zip:	
Nursing Program Type: (e.g., Master's/Post-Master's Certificate; Associate)	
Nurse Administrator Name and Credentials:	

Attestation of the nursing program to the ACEN Board of Commissioners:

By signing this form, the governing organization and nursing program assures the ACEN Board of Commissioners that:

1. The nursing program has made significant progress in resolving the areas of non-compliance identified by the Board of Commissioners during the last review of the nursing program.
2. With additional time, any area found non-compliant by the Board of Commissioners during its current review can be resolved.
3. The governing organization and nursing program is it not aware of any other issue(s) with the nursing program or reason(s), other than those identified by the Board of Commissioners in its upcoming review, why the accreditation of the nursing program could not be continued for good cause.

Nurse Administrator Date

CEO-Governing Organization Date

J. Graduate Crosswalk

Graduate Crosswalk Between ACEN 2023 Standards and Criteria with Various Other Graduate Standards, Competencies, and Guidelines for APRN and Non-APRN Program Options

APRN Program Options

The graduate crosswalk for APRN programs provides information regarding how the ACEN 2023 Standards and Criteria are aligned with other APRN documents. This crosswalk will assist ACEN-accredited graduate programs with APRN program options to ensure compliance with the Standards while also maintaining compliance with the other APRN agencies and related documents.

Standard I Administrative Capacity and Resources	NTF Standards (2022)	Standards for Accreditation of Nurse Anesthesia Educational Programs (COA – 2022)	Accreditation Commission for Midwifery Education (ACME- 2020)	NACNS Statement on CNS Practice and Education (2019)
Criterion I.1	Criterion I.A	A1, A2	Criterion IC, Criterion ID, Criterion II, Criterion IVA, Criterion IVB, Criterion IVC, Criterion VIA, Criterion VIE, Criterion VIF, Criterion VIG	Criterion I-1, Criterion I-2
Criterion I.2	Criterion I.B	A3,	Criterion IIM, Criterion IIIM, Criterion IIIN	
Criterion I.3	Criterion I.B, Criterion IV. C, Criterion IV.D	A10, D1, D3	Criterion VIB	
Criterion I.4	Criterion I.F		Criterion IJ	Criterion I-3
Criterion I.5	Criterion I.F	A4	Criterion IJ	Criterion I-3
Criterion I.6	Criterion II.A	A4	Criterion IF, Criterion IJ, Criterion IK; Criterion IIA, Criterion II I, Criterion IIQ, Criterion IIS, Criterion IIT	
Criterion I.7	Criterion I.F, Criterion II.D	B4d, A5, A6	Criterion IJ, Criterion IK Criterion VB	
Criterion I.8	Criterion II.A	B2, B3, B4a, D1	Criterion IE, Criterion III	
Criterion I.9	Criterion II.B, Criterion II.F, Criterion IV.B	B1, B4b, C12, D1	Criterion III, Criterion IIIP, Criterion VC	

Standard 2 Faculty	NTF Standards (2016)	Standards for Accreditation of Nurse Anesthesia Educational Programs (COA - 2019)	Accreditation Commission for Midwifery Education (ACME - 2020)	NACNS Statement on CNS Practice and Education (2019)
Criterion 2.1	Criterion II.C, Criterion IV.B, Criterion IV.F	B4d, B5, E12, E13	Criterion IIC, Criterion IID, Criterion IIE, Criterion IIF, Criterion IIG, Criterion IIO, Criterion IIV, Criterion VA	Criterion 2-1a; Criterion 2-1b; Criterion 2-3; Criterion 2-4
Criterion 2.2	Criterion II.C, Criterion IV.B, Criterion IV.F	B4d, B5, E12, E13	Criterion IIC, Criterion IID, Criterion IIE, Criterion IIF, Criterion IIG, Criterion IIO, Criterion IIU, Criterion IIV, Criterion VA	Criterion 2-1a; Criterion 2-1b; Criterion 2-3; Criterion 2-4
Criterion 2.3	Criterion II.C	B4		
Criterion 2.4	Criterion I.G		Criterion IH	
Criterion 2.5	Criterion I.E			
Criterion 2.6	Criterion I.H	C6	Criterion IG, Criterion IIN, Criterion IIO	Criterion 2-2; Criterion 2-9; Criterion 5-1
Criterion 2.7	Criterion I.H	C6	Criterion IG, Criterion IIN, Criterion IIO	Criterion 2-2; Criterion 2-9; Criterion 5-1
Criterion 2.8	Criterion IV.F	D1	Criterion IIK, Criterion IIP, Criterion IIR, Criterion VIJ, Criterion VIK	Criterion 5-5
Criterion 2.9	Criterion I.K, Criterion II.G, Criterion IV.B, Criterion IV.I	E10, E12	Criterion IIU, Criterion IIV, Criterion VIK	Criterion 2-4; Criterion 2-5; Criterion 2-6; Criterion 2-7; Criterion 5-1; Criterion 5-6

Standard 3 Students	NTF Standards (2022)	Standards for Accreditation of Nurse Anesthesia Educational Programs (COA – 2019)	Accreditation Commission for Midwifery Education (ACME - 2020)	NACNS Statement on CNS Practice and Education (2019)
Criterion 3.1		E1, E2, E3	Criterion II, Criterion IM, Criterion IO, Criterion IIIC, Criterion IIID, Criterion IIIE	
Criterion 3.2	Criterion I.C, Criterion I.D, Criterion I.E, Criterion II.D, Criterion III.B, Criterion III.C	A9, C13, E4, E5, E6, E6, E8	Criterion IH, Criterion IN, Criterion IIB, Criterion IIIA, Criterion IIIB, Criterion IIIE, Criterion IVG, Criterion IVH, Criterion IVI, Criterion IVT, Criterion VII	Criterion 3-3
Criterion 3.3	Criterion II.D	E4	Criterion IIIO	
Criterion 3.4		E7	Criterion IIIO	
Criterion 3.5				
Criterion 3.6	Criterion II.D	B4f, DI	Criterion IIIF, Criterion IIIG, Criterion IIIH, Criterion IIIR, Criterion VIB, Criterion VE	Criterion 2-10a; Criterion 5-1
Criterion 3.7	Criterion II.E	B4c	Criterion IIL, Criterion IIIP, Criterion VID, Criterion VE	Criterion 2-10a
Criterion 3.8				
Criterion 3.9				
Criterion 3.10				

Standard 4 Curriculum	NTF Standards (2022)	Standards for Accreditation of Nurse Anesthesia Educational Programs (COA – 2019)	Accreditation Commission for Midwifery Education (ACME - 2020)	NACNS Statement on CNS Practice and Education (2019)
Criterion 4.1	Criterion III.A, Criterion III.E, Criterion III.G	C1, C2, C5, C7, C8, C9, C21	Criterion IVD, Criterion IVJ, Criterion IVK, Criterion IVQ, Criterion VIF	Criterion 3-1; Criterion 4-1
Criterion 4.2	Criterion III.I	C3, C11, C21	Criterion IVO	
Criterion 4.3		D1	Criterion IVO	
Criterion 4.4	Criterion III.D, Criterion IV.E	D3	Criterion IIG, Criterion IVD, Criterion IVL, Criterion IVU, Criterion VIF	Criterion 3-2; Criterion 5-3; Criterion 5-4
Criterion 4.5	Criterion III.I, Criterion III.M, Criterion III.N	C5, C7, C8, C9, C10, C11	Criterion IVD, Criterion IVJ, Criterion IVK, Criterion IVL, Criterion IVM, Criterion IVO, Criterion IVP, Criterion IVQ, Criterion IVV	Criterion 3-1; Criterion 4-1;
Criterion 4.6	Criterion III.H, Criterion III.M, Criterion III.N, Criterion IV.C	C4, C7, C8, C10, C14, C15, C16, E9	Criterion IVN, Criterion IVP, Criterion IP, Criterion IVG, Criterion IVH, Criterion IVI, Criterion IVV	Criterion 4-1; Criterion 4-2; Criterion 5-1
Criterion 4.7	Criterion III.F	C5, C9	Criterion IVM	
Criterion 4.8	Criterion III.K, Criterion IV.J	C18, D1	Criterion IIIQ, Criterion IVR, Criterion IVS, Criterion VC, Criterion VF, Criterion VIH, Criterion VII	Criterion 2-8; Criterion 5-6
Criterion 4.9	Criterion I.J, Criterion II.G; Criterion III.H, Criterion III.J, Criterion III.L, Criterion III.N, Criterion IV.B, Criterion IV.I	A7, A8, C18, C19, D1, E10, E12	Criterion IIIQ, Criterion IVR, Criterion IVS, Criterion VC, Criterion VF, Criterion VIH, Criterion VII	Criterion 2-8; Criterion 5-6
Criterion 4.10	Criterion IV.G, Criterion IV.H	C12, C20, C21	Criterion IIG, Criterion IIII, Criterion IIIJ, Criterion IIII, Criterion IVQ	Criterion 5-7

Standards and Criteria	NTF Standards (2022)	Standards for Accreditation of Nurse Anesthesia Educational Programs (COA – 2019)	Accreditation Commission for Midwifery Education (ACME - 2020)	NACNS Statement on CNS Practice and Education (2019)
Standard 5 Outcomes		D1, D2, D4	Criterion VIA	Criterion 5-1
Criterion 5.1	Criterion IV.A	C20, C21, D1, D4	Criterion VIB	Criterion 5-2; Criterion 5-7
Criterion 5.2	Criterion IV.A	C20, D4	Criterion VIC	Criterion 5-2
Criterion 5.3	Criterion IV.A	C20, D4	Criterion VID	Criterion 5-2
Criterion 5.4	Criterion IV.A	C20, D4		Criterion 5-2
Other:	Alumni Surveys (IV.A)	Alumni Surveys D2 Employer Surveys D2	Graduate surveys (VIB)	

Role-specific Nursing Competencies, General Graduate Level Nursing Competencies and Graduate Level Documents

Unlike APRN specialty organizations, the specialty groups related to non-APRN program options have only addressed role-specific nursing competencies and no other aspects of a graduate nursing program (e.g., mission, stakeholders/communities of interest, faculty, students, resources, or outcomes).

All graduate programs (APRN and non-APRN) should also identify the role-specific nursing competencies for each program option/specialty. The ACEN does not prescribe a specific set of professional nursing standards, guidelines, or competencies that a graduate program must use. The faculty have the autonomy to select the professional nursing standards that align with the program's mission and philosophy. Faculty are encouraged to map the role-specific nursing competencies for each program option with the end-of-program student learning outcomes that apply to all program options.

Graduate programs may select from any current professional standards, guidelines, and competencies; programs are not limited to those identified here. The following list provides some examples of role-specific nursing competencies that could apply to specific program options.

List of Role-specific Nursing Competencies (note: list is not comprehensive or required):

- AONE Nurse Executive Competencies
- ANA Leadership Competencies
- Advanced Holistic Nurse Practice Core Competencies
- NLN Nurse Educator Competencies
- Nursing Informatics Competencies
- WHO Nurse Educator Core Competencies

Programs may also elect to use generic competencies. The general competencies may also be used to establish the end-of-program student learning outcomes that are specific to the overall graduate program, inclusive of all program options (e.g., APRN and non-APRN). These competencies are specific to a graduate-prepared nurse and do not typically address other aspects of a graduate nursing program (e.g., mission, stakeholders/communities of interest, faculty, students, resources, or outcomes). All graduate level curricula should incorporate the role responsibilities of each program option as well as the concepts of diversity, equity, inclusion, and/or social determinants of health; evidence-based practice, research, and scholarship; information literacy; interprofessional collaboration and delegation; as well as professional identity and scope of practice related to the role for which the student is being prepared. ACEN-accredited program may select which professional standards, guidelines, or competencies are utilized to develop the curriculum. Faculty may use a single professional standard or may incorporate multiple standards, guidelines, and competencies.

List of Professional Standards, Guidelines, and Competencies to use at the Graduate Level (note: the list is not comprehensive or required):

- AACN QSEN Education Consortium – Graduate QSEN Competencies (2012)
- AACN The Essentials: Core Competencies for Professional Nursing Education (2021)
- APRN Common Competencies (2018)
- Consensus Model (2008)
- NLN Competencies for Graduates of Nursing Programs (2012) - Master's, Clinical Doctorate, Research Doctorate

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