

# Mississippi Nursing Degree Programs Accreditation Standards



Effective July 1, 2017

Office of Academic and Student Affairs  
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## **I. AUTHORITY**

The revised "Accreditation Standards and Rules and Regulations for Mississippi Nursing Degree Programs" are promulgated in accordance with (a) and (b), Miss. Code (2008 Supp.) '37-129-1, et seq., which empowers and requires the Board of Trustees of State Institutions of Higher Learning (the Board) to:

- (a) Establish by rules and regulations and promulgate uniform standards for accreditation of schools of nursing in the state of Mississippi (1) in so far as concerns the eligibility of graduates of such schools to take the examination prescribed by law to become registered nurses authorized to practice the profession of nursing as registered nurses in Mississippi, and (2) in so far as concerns student nurses attending such schools being eligible to participate in any student nurse scholarship program or other program of assistance now existing or hereafter established by legislative enactment;
- (b) Issue to such schools of nursing upon an annual basis certificates of accreditation as may be proper under such standards.

The Board, in recognizing that each unit in nursing offering nursing degree programs has individual characteristics and goals, maintains that each shall implement its own philosophy, purposes, and objectives. All programs in nursing shall be based on sound educational principles under the guidance of a competent faculty. The total program of nursing education shall meet the required standards of accreditation as prescribed by the Board. Mississippi nursing schools (units in nursing) should prepare students for nursing careers according to the type of program that they offer. Rigid conformity to a specific and fixed curriculum is not expected. Rather, the Board approves programs which are of superior caliber and encourages creative and intelligent experimentation based on sound principles.

## **II. PURPOSES FOR ACCREDITATION**

The purposes for accreditation of nursing education programs are:

- 1. To set minimum standards for educational programs preparing nurses for practice at all levels.
- 2. To grant official recognition to new and established nursing education programs that meet established standards.
- 3. To ensure that graduates are prepared for safe, current, and appropriate scope of practice relative to type of nursing education program and state laws governing nursing.
- 4. To encourage continuing program improvement through assessment, evaluation and consultation.

## **III. STANDARDS FOR ACCREDITATION**

All Nursing Education Programs must be located in or otherwise accredited as a post-secondary educational institution with appropriate local and state governing boards' approval to grant the appropriate degree or certificate. The educational institution must be regionally accredited by the Southern Association of Colleges and Schools, Commission on Colleges (SACSCOC).

All Nursing Education Programs must be accredited by a national nursing education accrediting body approved by the United States Department of Education. National accreditation ensures the quality and integrity of associate, baccalaureate, graduate and doctoral degree nursing programs and holds nursing programs accountable to the educational community, the nursing profession and the public. The accrediting bodies for professional nursing education are the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing (ACEN). The accrediting body for nurse anesthesia programs is the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

## **STANDARD I: MISSION AND ADMINISTRATIVE ORGANIZATION**

**Mission and program outcomes are congruent with the institution, reflect professional standards and guidelines for quality nursing education, demonstrate effective administration to achieve program outcomes and consider the needs of the community of interest.**

### 1. National Standards

#### a. ACEN

##### Standard 1: Mission and Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes (Appendix A: 1.1, 1.2, 1.5, 1.6, 1.7, & 1.8).

##### Standard 4: Curriculum

The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments (Appendix A: 4.1).

#### b. CCNE

##### Standard I: Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality (Appendix B: Key Elements I-A, I-B, I-C, I-D, I-E & I-F).

##### Standard II: Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes (Appendix B: Key Element II-C).

2. State Specific Requirements
  - a. Minimum education requirements for administrators are:
    - Associate degree programs – Master’s in nursing from a regionally accredited institution.
    - Baccalaureate and higher degree programs – Doctorate in nursing or a related field with a master’s degree in nursing from a regionally accredited institution.
  - b. All – unencumbered current license to practice in Mississippi.
  - c. All – satisfy a criminal history background check.
  - d. All – minimum of five (5) years of experience in a registered nursing education program to include teaching, curriculum development and program evaluation.
  - e. All – leadership, management, and/or administrative experience in the discipline of nursing.
  - f. All – a minimum of two years of clinical experience.

## **STANDARD II: FACULTY AND STAFF**

**Sufficient number of qualified faculty and staff are involved in the governance and administration of the program and serve as resources for the achievement of the program mission, goals, and outcomes.**

1. National Standards
  - a. ACEN
    - Standard 1: Mission and Administrative Capacity  
The mission of the nursing education unit reflects the governing organization’s core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes (Appendix A: 1.2).
    - Standard 2: Faculty and Staff  
Qualified and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and programs outcomes. Sufficient qualified staff are available to support the nursing education unit (Appendix A: 2.1, 2.2, 2.3, 2.4, 2.6, 2.9 & 2.10).
  - b. CCNE
    - Standard I: Program Quality: Mission and Governance  
The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality (Appendix B: Key Elements I-A, I-B, I-C & I-D).

Standard II: Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected program outcomes (Appendix B: Key Elements II-D, II-E & II-F).

Standard IV: Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement (Appendix B: Key Element IV-F).

2. State Specific Requirements
  - a. All nursing faculty (full-time, part-time, and adjunct) in nursing programs must have a minimum of a master's degree with a major in nursing and a minimum of one year of clinical experience as a registered nurse.
  - b. All nursing faculty (full-time, part-time, and adjunct) must hold an unencumbered license to practice in Mississippi.
  - c. All nursing faculty (full-time, part-time and adjunct) must satisfy a criminal history background check.
  - d. All full-time nursing faculty must implement an annual professional development plan, which includes ten (10) contact hours of continuing education each academic year. Part-time and adjunct faculty must satisfy the professional development requirement in accordance with their designated FTE.
  - e. The majority of nursing faculty in graduate nursing programs must also have earned doctorates in nursing or a related field from regionally accredited institutions.
  - f. Preceptors shall be academically/experientially prepared at or beyond the level for which the preceptor service is rendered and shall have a minimum of one year of experience.
  - g. All non-nurse faculty (interdisciplinary) must be academically/experientially prepared at or beyond the level for which teaching/clinical service is rendered, shall have a minimum of one year experience in the related field and satisfy a criminal history background check.

**STANDARD III: STUDENTS**

**Policies for student admission, progression and graduation are consistent with those of the parent institution, nondiscriminatory, publicly accessible, and support student learning and program outcomes.**

1. National Standards
  - a. ACEN  
Standard 3: Students

Student policies and services support the achievement of the student learning outcomes of the nursing education unit (Appendix A: 3.1, 3.2 & 3.3).

b. CCNE

Standard I: Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest.

Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality (Appendix B: Key Elements I-A, I-B, I-D, I-E & I-F).

2. State Specific Requirements

a. Associate Degree Nursing Programs.

Minimum admission criteria for associate degree nursing programs are as follows:

- 1) An ACT composite score of 18 and a 2.0 GPA.
- 2) Students without the required ACT composite score must have completed a minimum of 12 semester hours in the nursing major, including Anatomy and Physiology, with at least a grade of "C" and have a minimum 2.5 GPA before being admitted.
- 3) All students must satisfy a criminal history background check.
- 4) Each school is permitted an allowance of 10 percent of the previous fall's nursing program admissions for high risk students who do not meet the criteria.

b. Bachelor Degree Nursing Programs.

Minimum admission criteria for bachelor degree nursing programs are as follows:

- 1) An ACT composite score of 21. Students with the required ACT composite score must also have at least a grade of "C" in each course prerequisite to the nursing major and a 2.0 GPA.
- 2) Students without the required ACT composite score must complete all the course prerequisites to the nursing major with at least a grade of "C" and have a GPA of 2.5.
- 3) Students with a registered nurse (R.N.) license may enter without an ACT by completing all the course prerequisites to the nursing major with at least a grade of "C" and have a GPA of 2.0.
- 4) Baccalaureate nursing programs in private educational institutions may establish admission criteria which support the goals and aims of their institution.
- 5) All students must satisfy a criminal history background check.
- 6) Each school is permitted an allowance of 10 percent of the previous fall's nursing program admission for high risk students who do not meet the criteria.

- c. Graduate Degree Nursing Programs.  
Minimum admission criteria for graduate degree nursing programs (MSN & DNP) are as follows:
- 1) An analytic score of at least 3.0 on the Graduate Records Exam (GRE).
  - 2) Minimum 3.0 GPA for the most recent nursing degree.
  - 3) Private educational institutions may establish admission criteria which support the goals and aims of their institution.
  - 4) All students must hold an unencumbered registered nurse (R.N.) license to practice in the state in which the student will perform clinical.
  - 5) All students must satisfy a criminal history background check.

#### **STANDARD IV: CURRICULUM**

**The curriculum prepares students to achieve the expected outcomes of the nursing program, facilitates nursing practice that reflects the needs of the community of interest and is consistent with safe practice and contemporary healthcare environments.**

1. National Standards
  - a. ACEN  
Standard 4: Curriculum  
The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary health care environments (Appendix A: 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11 & 4.12).
  - b. CCNE  
Standard II: Program Quality: Institutional Commitment and Resources  
The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected program outcomes (Appendix B: Key Elements II-A & II-D).  
  
Standard III: Program Quality: Curriculum and Teaching-Learning Practices  
The curriculum is developed in accordance with the program's mission, goals, and expected student outcome. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes (Appendix B: Key Elements III-A, III-B, III-C, III-D, III-E, III-F & III-G).
2. State Specific Requirements
  - a. Undergraduate student-to-faculty ratios must be:
    1. No more than 15 to 1 for total enrollment.

2. No more than 10 to 1 for clinical laboratory courses that require direct supervision.
  3. No more than 15 to 1 for those courses that do not require direct supervision (i.e. precepted experiences).
- b. Graduate student-to-faculty ratios must be:
1. No more than 15 to 1 for total enrollment.
  2. No more than 15 to 1 in graduate clinical courses.
  3. No more than 2 to 1 for advanced practice clinical courses that require direct supervision.
  4. No more than 6 to 1 for advanced practice clinical courses that do not require direct supervision (i.e. precepted experiences).
- c. Undergraduate Simulation Clinical Hours:
1. 25% or less of traditional clinical hours substituted with simulation clinical hours in each individual clinical course does not require approval.
  2. 26% up to 50% of traditional clinical hours substituted with simulation clinical hours in each individual clinical course requires approval.
  3. No more than 50% of traditional clinical hours can be substituted with simulation clinical hours in each individual clinical course.

## **STANDARD V: RESOURCES**

**The parent institution provides fiscal, physical, learning resources and support services sufficient and sustainable to ensure quality and promote the achievement of the mission, goals and outcomes of the programs.**

1. National Standards
  - a. ACEN
 

Standard 1: Mission and Administrative Capacity  
The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes (Appendix A: 1.9).

Standard 5: Resources  
Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the student learning outcomes and program outcomes of the nursing education unit (Appendix A: 5.1, 5.2, 5.3 & 5.4).
  - b. CCNE
 

Standard II: Program Quality: Institutional Commitment and Resources  
The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as

a resource of the program, enable the achievement of the mission, goals, and expected program outcomes (Appendix B: Key Elements II-A, II-B, II-C, II-D, II-E & II-F).

2. State Specific Requirements  
None

## **STANDARD VI: OUTCOMES**

**Systematic evaluation of outcomes is achieved through analysis of aggregate data for program development, maintenance and revision.**

1. National Standards
  - a. ACEN  
Standard 6: Outcomes  
Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit have been achieved (Appendix A: 6.1, 6.2, 6.3, & 6.4).
  - b. CCNE  
Standard IV: Program Effectiveness: Assessment and Achievement of Program Outcomes  
The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement (Appendix B: Key Elements IV-A, IV-B, IV-C, IV-D, IV-E & IV-H).
2. State Specific Requirements
  - a. NCLEX Pass Rates: Annual NCLEX pass rates for all test takers (1<sup>st</sup> and repeat) will be at 80% or above over a three year period.
  - b. Degree Completion Rates: Expected levels of achievement for program completion are determined by the faculty, reflect program demographics, academic progression, program history, best practices, and will be within 150 percent of the stated program length over a three-year period.
  - c. Certification Pass Rates:
    - 1) Annual nurse practitioner certification exam pass rates for all test takers (1<sup>st</sup> and repeat) will be at 80% or above over a three year period.
    - 2) Annual nurse anesthesia certification exam pass rates for all test takers (1<sup>st</sup> and repeat) will be at 80% or above over a three-year period.

## **IV. TYPES OF ACCREDITATION**

The Board shall grant to a state nursing degree program one of the following types of accreditation, based on evaluation of annual reports documenting compliance with the state nursing accreditation standards.

1. **Initial Accreditation**
  - a. Granted when the program is in compliance with all standards for a new program. Permission is granted to admit students and the next review is in the final semester of the first class in conjunction with the initial national visit.
  - b. Denied when the program does not meet all standards for a new program. The program may reapply at any time.
  
2. **Continuing Accreditation**
  - a. Full Accreditation. National accreditation and state specific requirements have been met.
  - b. Accreditation with Conditions. National standards and/or state specific requirements have not been fully met.
  
3. **Accreditation with Statement of Warning.** The performance improvement plan has not resulted in program compliance with standard(s). A follow-up focused visit, by members selected by the IHL Office of Academic and Student Affairs' Nursing Education Unit, is schedule within three months of statement of warning. A final performance improvement plan is due within 12 months of the issue of warning that addresses the recommendations made by the state site visit team.
  
4. **Accreditation Denied/Withdrawn.** If a program is not in compliance with national standards and/or state specific requirements as specified in the time frame identified under Accreditation with Statement of Warning, the recommendation for withdrawal of accreditation will be made by the IHL Director of Nursing Education, Office of Academic and Student Affairs, to the Board of Trustees.

## **V. CHANGES IN EXISTING NURSING PROGRAMS/REPORTS**

Schools of Nursing must submit to the IHL Director of Nursing Education a copy of any report (substantive, etc.) sent and received from the national nursing accrediting body (ACEN, CCNE or COA). Substantive change requests must include correspondences from ACEN, CCNE, COA and the Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

## **VI. CRITERIA FOR ESTABLISHING A PROGRAM OF PROFESSIONAL NURSING IN THE STATE OF MISSISSIPPI**

The three stages to be completed in the development of a new professional nursing program in Mississippi are as follows:

STAGE I - DECLARATION OF INTENT/NEED  
 STATE II - QUALIFY FOR INITIAL ACCREDITATION  
 STAGE III - QUALIFY FOR FULL ACCREDITATION

## **VII. REVISION DATES**

**July 1, 1992**

**July 1, 1993**

**April 1995-amended`**

**June 1998-amended**

**July 1999-amended**

**November 2002**

**September 2004**

**November 2007**

**November 2009**

**August 2013-*Edited only for official name change from NLNAC to ACEN***

**June 2015**

**July 2017**

**APPENDIX A**  
**ACEN 2017 STANDARDS AND CRITERIA**  
**(January 1, 2017)**



# ACCREDITATION MANUAL

## Section III 2017 Standards and Criteria



## STANDARD I

### Mission and Administrative Capacity

The **mission** of the nursing education unit reflects the **governing organization's** core values and is congruent with its mission/goals. The governing organization and program have **administrative capacity** resulting in effective delivery of the nursing program and achievement of identified **program outcomes**.

- I.1 The mission and philosophy of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.
- I.2 The governing organization and nursing education unit ensure representation of the **nurse administrator** and **nursing faculty** in governance activities; opportunities exist for student representation in governance activities.
- I.3 The assessment of end-of-program **student learning outcomes** and program outcomes is shared with **communities of interest**, and the communities of interest have input into program processes and decision-making.
- I.4 **Partnerships** that exist promote excellence in nursing education, enhance the profession, and benefit the community.
- I.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.
- I.6 The nurse administrator is **experientially qualified**, meets governing organization and **state** requirements, and is oriented and mentored to the role.
- I.7 When present, **nursing program coordinators** and/or faculty who coordinate or lead program options/tracks are **academically** and experientially qualified.
- I.8 The nurse administrator has authority and responsibility for the development and administration of the program and has sufficient time and resources to fulfill the role responsibilities.
- I.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.
- I.10 Policies for nursing faculty and **staff** are comprehensive, provide for the **welfare of faculty and staff**, and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program.
- I.11 **Distance education**, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. See [crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs](#).

## STANDARD 2

### Faculty and Staff

**Qualified** and credentialed faculty are sufficient in number to ensure the achievement of the end-of-program **student learning outcomes** and **program outcomes**. Sufficient and qualified staff are available to support the nursing program.

Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

- 2.1 **Full-time nursing faculty** hold educational qualifications and experience as required by the **governing organization, the state**, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.2 **Part-time nursing faculty** hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.3 **Non-nurse faculty** teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.4 **Preceptors**, when utilized, are **academically** and **experientially qualified**, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.
- 2.5 The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.
- 2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects **scholarship** and **evidence-based** teaching and clinical practices.
- 2.7 The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.
- 2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.
- 2.9 Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.
- 2.10 Faculty (full- and part-time) engage in ongoing **development** and receive support for **instructional** and **distance technologies**.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. See [crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs](#).

## STANDARD 3

### Students

Student policies and services support the achievement of the end-of-program [student learning outcomes](#) and [program outcomes](#) of the nursing program.

- 3.1 Policies for nursing students are congruent with those of the [governing organization](#) as well as [the state](#), when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.
- 3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.
- 3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using [alternative methods of delivery](#).
- 3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.
  - 3.6.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
  - 3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.
  - 3.6.3 Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.
- 3.7 Records reflect that program [complaints and grievances](#) receive [due process](#) and include evidence of resolution.
- 3.8 Orientation to technology is provided, and technological support is available to students.
- 3.9 Information related to technology requirements and policies specific to [distance education](#) are accurate, clear, consistent, and accessible.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. See [crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs](#).

## STANDARD 4

### Curriculum

The curriculum supports the achievement of the end-of-program [student learning outcomes](#) and [program outcomes](#) and is consistent with safe practice in contemporary healthcare environments.

- 4.1 Consistent with [contemporary practice](#), the curriculum is congruent with established standards for clinical doctorate programs, including appropriate advanced nursing practice [competencies](#), role-specific [professional standards and guidelines](#), and certification requirements, and has clearly articulated end-of-program student learning outcomes.
- 4.2 The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.
- 4.3 The curriculum is developed by the [faculty](#) and regularly reviewed to ensure integrity, rigor, and currency.
- 4.4 The curriculum is designed to prepare graduates to practice from an [evidence-based](#) perspective in their role through effective use and collaborative production of clinically-based scholarship.
- 4.5 The curriculum is designed so that graduates of the program are able to practice in a culturally and ethnically diverse global society.
- 4.6 The curriculum and instructional processes reflect educational theory, [interprofessional](#) collaboration, research, and current [standards](#) of practice.
- 4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.
- 4.8 The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the [governing organization, the state](#), and the governing organization's accrediting agency.
- 4.9 Student [clinical experiences](#) and [practice learning environments](#) are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.
- 4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.
- 4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)

## STANDARD 5

### Resources

Fiscal, physical, and learning resources are [sustainable](#) and [sufficient](#) to ensure the achievement of the end-of-program [student learning outcomes](#) and [program outcomes](#) of the nursing program.

- 5.1 [Fiscal resources](#) are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the [governing organization](#).
- 5.2 [Physical resources](#) are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the [faculty, staff](#), and students.
- 5.3 [Learning resources](#) and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.
- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in [alternative methods of delivery](#).

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)

## STANDARD 6

### Outcomes

Program evaluation demonstrates that students have achieved each end-of-program **student learning outcome**/role-specific professional competency and each **program outcome**.

The nursing program has a current **systematic plan of evaluation**. The systematic plan of evaluation contains:

- a. Specific, measurable **expected levels of achievement** for each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- b. Appropriate assessment method(s) for each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- c. Regular intervals for the assessment of each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- d. **Sufficient** data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.\*
- e. Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.

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

- 6.1 The program demonstrates evidence of students' achievement of each end-of-program student learning outcome/role-specific professional competency.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome/role-specific professional competency.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome/role-specific professional competency.

- 6.2 The program demonstrates evidence of graduates' achievement on each certification examination.

ACEN 2017 STANDARDS AND CRITERIA  
CLINICAL DOCTORATE

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For each [certification examination](#), the annual pass rate for [all](#) first-time test-takers will be at or above the national mean for the same three-year period; in the absence of a national mean, the pass rate for each certification examination will be at least 80% for [all](#) first-time test-takers during the same 12-month period.

There is ongoing assessment of the extent to which graduates succeed on the certification examination(s).

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on the certification examination(s).

There is a minimum of the three (3) most recent years of available certification examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by [program option](#)/certification examination, location, and date of program completion.

- 6.3 The program demonstrates evidence of students' achievement in completing the nursing program.

The expected level of achievement for [program completion](#) is determined by the [faculty](#) and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion or entering cohort.

- 6.4 The program demonstrates evidence of graduates' achievement in job placement.

The expected level of achievement for [job placement](#) is determined by the faculty and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)



## STANDARD I

### Mission and Administrative Capacity

The **mission** of the nursing education unit reflects the **governing organization's** core values and is congruent with its mission/goals. The governing organization and program have **administrative capacity** resulting in effective delivery of the nursing program and achievement of identified **program outcomes**.

- I.1 The **mission and philosophy** of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.
- I.2 The governing organization and nursing education unit ensure representation of the **nurse administrator** and **nursing faculty** in governance activities; opportunities exist for student representation in governance activities.
- I.3 The assessment of **end-of-program student learning outcomes** and program outcomes is shared with **communities of interest**, and the communities of interest have input into program processes and decision-making.
- I.4 **Partnerships** that exist promote excellence in nursing education, enhance the profession, and benefit the community.
- I.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.
- I.6 The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.
- I.7 When present, **nursing program coordinators** and/or faculty who coordinate or lead **program options/tracks** are **academically** and **experientially qualified**.
- I.8 The nurse administrator has authority and responsibility for the development and administration of the program and has **sufficient** time and resources to fulfill the role responsibilities.
- I.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.
- I.10 Policies for nursing faculty and **staff** are comprehensive, provide for the **welfare of faculty and staff**, and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program.
- I.11 **Distance education**, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)

## STANDARD 2

### Faculty and Staff

Qualified and credentialed faculty are **sufficient** in number to ensure the achievement of the **end-of-program student learning outcomes** and **program outcomes**. Sufficient and qualified **staff** are available to support the nursing program.

Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

- 2.1 **Full-time nursing faculty** hold educational qualifications and experience as required by the governing organization, **the state**, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.2 **Part-time nursing faculty** hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.3 **Non-nurse faculty** teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.4 **Preceptors**, when utilized, are **academically** and **experientially qualified**, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.
- 2.5 The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.
- 2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects **scholarship** and evidence-based teaching and clinical practices.
- 2.7 The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.
- 2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.
- 2.9 Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.
- 2.10 Faculty (full- and part-time) engage in ongoing development and receive support for **instructional** and **distance technologies**.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)

## STANDARD 3

### Students

Student policies and services support the achievement of the [end-of-program student learning outcomes](#) and [program outcomes](#) of the nursing program.

- 3.1 Policies for nursing students are congruent with those of the [governing organization](#) as well as [the state](#), when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.
- 3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.
- 3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using [alternative methods of delivery](#).
- 3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.
  - 3.6.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
  - 3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.
  - 3.6.3 Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.
- 3.7 Records reflect that program [complaints and grievances](#) receive [due process](#) and include evidence of resolution.
- 3.8 Orientation to technology is provided, and technological support is available to students.
- 3.9 Information related to technology requirements and policies specific to [distance education](#) are accurate, clear, consistent, and accessible.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)

## STANDARD 4

### Curriculum

The curriculum supports the achievement of the [end-of-program student learning outcomes](#) and [program outcomes](#) and is consistent with safe practice in contemporary healthcare environments.

- 4.1 Consistent with contemporary practice, the curriculum is congruent with established standards for master's/post-master's programs, including appropriate advanced nursing practice [competencies](#), [role-specific professional standards and guidelines](#), and certification requirements, and has clearly articulated end-of-program student learning outcomes.
- 4.2 The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.
- 4.3 The curriculum is developed by the faculty and regularly reviewed to ensure [integrity](#), rigor, and currency.
- 4.4 The curriculum is designed to prepare graduates to be information-literate and to practice from an evidence-based approach in their direct and indirect advanced nursing roles.
- 4.5 The curriculum is designed so that graduates of the program are able to practice in a culturally and ethnically diverse global society.
- 4.6 The curriculum and instructional processes reflect educational theory, [interprofessional](#) collaboration, research, and current standards of practice.
- 4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.
- 4.8 The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the [governing organization](#), [the state](#), and the governing organization's accrediting agency.
- 4.9 Student [clinical experiences and practice learning environments](#) are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.
- 4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.
- 4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)

## STANDARD 5

### Resources

Fiscal, physical, and learning resources are sustainable and **sufficient** to ensure the achievement of the **end-of-program student learning outcomes** and **program outcomes** of the nursing program.

- 5.1 **Fiscal resources** are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the **governing organization**.
- 5.2 **Physical resources** are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the faculty, **staff**, and students.
- 5.3 **Learning resources** and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.
- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in **alternative methods of delivery**.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)

## STANDARD 6

### Outcomes

Program evaluation demonstrates that students have achieved each [end-of-program student learning outcome](#)/role-specific professional competency and each [program outcome](#).

The nursing program has a current [systematic plan of evaluation](#). The systematic plan of evaluation contains:

- a. Specific, measurable [expected levels of achievement](#) for each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- b. Appropriate assessment method(s) for each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- c. Regular intervals for the assessment of each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- d. [Sufficient](#) data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.\*
- e. Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.

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

- 6.1 The program demonstrates evidence of students' achievement of each end-of-program student learning outcome/role-specific professional competency.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome/role-specific professional competency.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome/role-specific professional competency.

- 6.2 The program demonstrates evidence of graduates' achievement on the licensure examination and/or certification examination.

ACEN 2017 STANDARDS AND CRITERIA  
MASTER'S and POST-MASTER'S CERTIFICATE

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For entry-level master's programs, the program's most recent annual [licensure examination pass rate](#) will be at least 80% for [all](#) first-time test-takers during the same 12-month period.

For each [certification examination](#), the annual pass rate for [all](#) first-time test-takers will be at or above the national mean for the same three-year period; in the absence of a national mean, the pass rate for each certification examination will be at least 80% for [all](#) first-time test-takers during the same 12-month period.

There is ongoing assessment of the extent to which graduates succeed on the licensure examination and/or certification examination(s).

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on the licensure examination and/or certification examination(s).

There is a minimum of the three (3) most recent years of available licensure examination and/or certification examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by [program option](#)/certification examination, location, and date of program completion.

- 6.3 The program demonstrates evidence of students' achievement in completing the nursing program.

The expected level of achievement for program completion is determined by the faculty and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion or entering cohort.

- 6.4 The program demonstrates evidence of graduates' achievement in job placement.

The expected level of achievement for job placement is determined by the faculty and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

ACEN 2017 STANDARDS AND CRITERIA  
MASTER'S and POST-MASTER'S CERTIFICATE

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There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria. [See crosswalk between ACEN Standards and Criteria and 2016 National Task Force Guidelines for Evaluation of Nurse Practitioner Programs.](#)

## STANDARD I

### Mission and Administrative Capacity

The **mission** of the nursing education unit reflects the **governing organization's** core values and is congruent with its mission/goals. The governing organization and program have **administrative capacity** resulting in effective delivery of the nursing program and achievement of identified **program outcomes**.

- I.1 The mission and philosophy of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.
- I.2 The governing organization and nursing education unit ensure representation of the **nurse administrator** and **nursing faculty** in governance activities; opportunities exist for student representation in governance activities.
- I.3 The assessment of end-of-program **student learning outcomes** and program outcomes is shared with **communities of interest**, and the communities of interest have input into program processes and decision-making.
- I.4 **Partnerships** that exist promote excellence in nursing education, enhance the profession, and benefit the community.
- I.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.
- I.6 The nurse administrator is **experientially qualified**, meets governing organization and **state** requirements, and is oriented and mentored to the role.
- I.7 When present, **nursing program coordinators** and/or faculty who assist with program administration are **academically** and experientially qualified.
- I.8 The nurse administrator has authority and responsibility for the development and administration of the program and has **sufficient** time and resources to fulfill the role responsibilities.
- I.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.
- I.10 Policies for nursing faculty and **staff** are comprehensive, provide for the **welfare of faculty and staff**, and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program.
- I.11 **Distance education**, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

## STANDARD 2

### Faculty and Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of-program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.

Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

- 2.1 Full-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.2 Part-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.3 Non-nurse faculty teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.4 Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.
- 2.5 The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.
- 2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.
- 2.7 The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.
- 2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.
- 2.9 Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.
- 2.10 Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.

## STANDARD 3

### Students

Student policies and services support the achievement of the end-of-program [student learning outcomes](#) and [program outcomes](#) of the nursing program.

- 3.1 Policies for nursing students are congruent with those of the [governing organization](#) as well as [the state](#), when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.
- 3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.
- 3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using [alternative methods of delivery](#).
- 3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.
  - 3.6.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
  - 3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.
  - 3.6.3 Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.
- 3.7 Records reflect that program [complaints and grievances](#) receive [due process](#) and include evidence of resolution.
- 3.8 Orientation to technology is provided, and technological support is available to students.
- 3.9 Information related to technology requirements and policies specific to [distance education](#) are accurate, clear, consistent, and accessible.

## STANDARD 4

### Curriculum

The curriculum supports the achievement of the end-of-program [student learning outcomes](#) and [program outcomes](#) and is consistent with safe practice in contemporary healthcare environments.

- 4.1 Consistent with [contemporary practice](#), the curriculum incorporates established [professional nursing standards, guidelines, and competencies](#) and has clearly articulated end-of-program student learning outcomes.
- 4.2 The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.
- 4.3 The curriculum is developed by the [faculty](#) and regularly reviewed to ensure integrity, rigor, and currency.
- 4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.
- 4.5 The curriculum includes cultural, ethnic, and [socially diverse concepts](#) and may also include experiences from regional, national, or global perspectives.
- 4.6 The curriculum and instructional processes reflect educational theory, [interprofessional collaboration](#), research, and current [standards](#) of practice.
- 4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.
- 4.8 The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the [governing organization, the state](#), and the governing organization's accrediting agency.
- 4.9 Student [clinical experiences](#) and [practice learning environments](#) are [evidence-based](#); reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.
- 4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.
- 4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

## STANDARD 5

### Resources

Fiscal, physical, and learning resources are **sustainable** and **sufficient** to ensure the achievement of the end-of-program **student learning outcomes** and **program outcomes** of the nursing program.

- 5.1 **Fiscal resources** are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the **governing organization**.
- 5.2 **Physical resources** are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the **faculty, staff,** and students.
- 5.3 **Learning resources** and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.
- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in **alternative methods of delivery**.

## STANDARD 6

### Outcomes

Program evaluation demonstrates that students have achieved each end-of-program [student learning outcome](#) and each [program outcome](#).

The nursing program has a current [systematic plan of evaluation](#). The systematic plan of evaluation contains:

- a. Specific, measurable [expected levels of achievement](#) for each end-of-program student learning outcome and each program outcome.
- b. Appropriate assessment method(s) for each end-of-program student learning outcome and each program outcome.
- c. Regular intervals for the assessment of each end-of-program student learning outcome and each program outcome.
- d. [Sufficient](#) data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.\*
- e. Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.
- f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.

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

- 6.1 The program demonstrates evidence of students' achievement of each end-of-program student learning outcome.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.

- 6.2 The program demonstrates evidence of graduates' achievement on the licensure examination.

The program's most recent annual [licensure examination pass rate](#) will be at least 80% for all first-time test-takers during the same 12-month period.

ACEN 2017 STANDARDS AND CRITERIA  
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There is ongoing assessment of the extent to which graduates succeed on the licensure examination.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on the licensure examination.

There is a minimum of the three (3) most recent years of available licensure examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by [program option](#), location, and date of program completion.

- 6.3 The program demonstrates evidence of students' achievement in completing the nursing program.

The expected level of achievement for [program completion](#) is determined by the [faculty](#) and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by [program option](#), location, and date of program completion or entering cohort.

- 6.4 The program demonstrates evidence of graduates' achievement in job placement.

The expected level of achievement for [job placement](#) is determined by the [faculty](#) and reflects program demographics.

For students who do not hold a license as a registered nurse upon admission to the program, there is ongoing assessment of the extent to which graduates are employed.

For students who hold a license as a registered nurse upon admission to the program, there is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.



## STANDARD I

### Mission and Administrative Capacity

The **mission** of the nursing education unit reflects the **governing organization's** core values and is congruent with its mission/goals. The governing organization and program have **administrative capacity** resulting in effective delivery of the nursing program and achievement of identified **program outcomes**.

- I.1 The mission and **philosophy** of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.
- I.2 The governing organization and nursing education unit ensure representation of the **nurse administrator** and **nursing faculty** in governance activities; opportunities exist for student representation in governance activities.
- I.3 The assessment of **end-of-program student learning outcomes** and program outcomes is shared with **communities of interest**, and the communities of interest have input into program processes and decision-making.
- I.4 **Partnerships** that exist promote excellence in nursing education, enhance the profession, and benefit the community.
- I.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.
- I.6 The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.
- I.7 When present, **nursing program coordinators** and/or faculty who assist with program administration are **academically** and **experientially qualified**.
- I.8 The nurse administrator has authority and responsibility for the development and administration of the program and has **sufficient** time and resources to fulfill the role responsibilities.
- I.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.
- I.10 Policies for nursing faculty and **staff** are comprehensive, provide for the **welfare of faculty and staff**, and are consistent with those of the governing organization; differences are justified by the purpose and **outcomes** of the nursing program.
- I.11 **Distance education**, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

## STANDARD 2

### Faculty and Staff

Qualified and credentialed faculty are **sufficient** in number to ensure the achievement of the end-of-program **student learning outcomes** and **program outcomes**. Sufficient and qualified **staff** are available to support the nursing program.

**Full- and part-time faculty** include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

- 2.1 Full-time **nursing faculty** hold educational qualifications and experience as required by the **governing organization, the state**, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.2 Part-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.3 **Non-nurse faculty** teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.4 **Preceptors**, when utilized, are **academically** and **experientially qualified**, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.
- 2.5 The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.
- 2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects **scholarship** and **evidence-based** teaching and clinical practices.
- 2.7 The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.
- 2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.
- 2.9 Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.
- 2.10 Faculty (full- and part-time) engage in ongoing development and receive support for **instructional** and distance technologies.

## STANDARD 3

### Students

Student policies and services support the achievement of the [end-of-program student learning outcomes](#) and [program outcomes](#) of the nursing program.

- 3.1 Policies for nursing students are congruent with those of the [governing organization](#) as well as [the state](#), when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.
- 3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.
- 3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using [alternative methods of delivery](#).
- 3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.
  - 3.6.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
  - 3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.
  - 3.6.3 Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.
- 3.7 Records reflect that program [complaints and grievances](#) receive [due process](#) and include evidence of resolution.
- 3.8 Orientation to technology is provided, and technological support is available to students.
- 3.9 Information related to technology requirements and policies specific to [distance education](#) are accurate, clear, consistent, and accessible.

## STANDARD 4

### Curriculum

The curriculum supports the achievement of the [end-of-program student learning outcomes](#) and [program outcomes](#) and is consistent with safe practice in [contemporary](#) healthcare environments.

- 4.1 Consistent with contemporary practice, the curriculum incorporates established [professional nursing standards, guidelines, and competencies](#) and has clearly articulated end-of-program student learning outcomes.
- 4.2 The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.
- 4.3 The curriculum is developed by the faculty and regularly reviewed to ensure [integrity](#), rigor, and currency.
- 4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.
- 4.5 The curriculum includes cultural, ethnic, and [socially diverse concepts](#) and may also include experiences from regional, national, or global perspectives.
- 4.6 The curriculum and [instructional](#) processes reflect educational theory, [interprofessional](#) collaboration, research, and current standards of practice.
- 4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.
- 4.8 The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the [governing organization, the state](#), and the governing organization's accrediting agency.
- 4.9 Student [clinical experiences](#) and [practice learning environments](#) are [evidence-based](#); reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.
- 4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.
- 4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

## STANDARD 5

### Resources

Fiscal, physical, and learning resources are sustainable and **sufficient** to ensure the achievement of the **end-of-program student learning outcomes** and **program outcomes** of the nursing program.

- 5.1 **Fiscal resources** are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the **governing organization**.
- 5.2 **Physical resources** are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the faculty, **staff**, and students.
- 5.3 **Learning resources** and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.
- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in **alternative methods of delivery**.

## STANDARD 6

### Outcomes

Program evaluation demonstrates that students have achieved each [end-of-program student learning outcome](#) and each [program outcome](#).

The nursing program has a current [systematic plan of evaluation](#). The systematic plan of evaluation contains:

- a. Specific, measurable expected levels of achievement for each end-of-program student learning outcome and each program outcome.
- b. Appropriate assessment method(s) for each end-of-program student learning outcome and each program outcome.
- c. Regular intervals for the assessment of each end-of-program student learning outcome and each program outcome.
- d. [Sufficient](#) data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.\*
- e. Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.
- f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.

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

- 6.1 The program demonstrates evidence of students' achievement of each end-of-program student learning outcome.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.

- 6.2 The program demonstrates evidence of graduates' achievement on the licensure examination.

The program's most recent annual [licensure examination pass rate](#) will be at least 80% for all first-time test-takers during the same 12-month period.

ACEN 2017 STANDARDS AND CRITERIA  
ASSOCIATE

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There is ongoing assessment of the extent to which graduates succeed on the licensure examination.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on the licensure examination.

There is a minimum of the three (3) most recent years of available licensure examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by [program option](#), location, and date of program completion.

- 6.3 The program demonstrates evidence of students' achievement in completing the nursing program.

The [expected level of achievement](#) for program completion is determined by the faculty and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion or entering cohort.

- 6.4 The program demonstrates evidence of graduates' achievement in [job placement](#).

The [expected level of achievement](#) for job placement is determined by the faculty and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.



## STANDARD I

### Mission and Administrative Capacity

The **mission** of the nursing education unit reflects the **governing organization's** core values and is congruent with its mission/goals. The governing organization and program have **administrative capacity** resulting in effective delivery of the nursing program and achievement of identified **program outcomes**.

- I.1 The mission and philosophy of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.
- I.2 The governing organization and nursing education unit ensure representation of the **nurse administrator** and **nursing faculty** in governance activities; opportunities exist for student representation in governance activities.
- I.3 The assessment of end-of-program **student learning outcomes** and program outcomes is shared with **communities of interest**, and the communities of interest have input into program processes and decision-making.
- I.4 **Partnerships** that exist promote excellence in nursing education, enhance the profession, and benefit the community.
- I.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.
- I.6 The nurse administrator is **experientially qualified**, meets governing organization and **state** requirements, and is oriented and mentored to the role.
- I.7 When present, **nursing program coordinators** and/or faculty who assist with program administration are **academically** and experientially qualified.
- I.8 The nurse administrator has authority and responsibility for the development and administration of the program and has **sufficient** time and resources to fulfill the role responsibilities.
- I.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.
- I.10 Policies for nursing faculty and **staff** are comprehensive, provide for the **welfare of faculty and staff**, and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program.
- I.11 **Distance education**, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

## STANDARD 2

### Faculty and Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of-program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.

Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

- 2.1 Full-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.2 Part-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.3 Non-nurse faculty teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.4 Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.
- 2.5 The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.
- 2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.
- 2.7 The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.
- 2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.
- 2.9 Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.
- 2.10 Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.

## STANDARD 3

### Students

Student policies and services support the achievement of the end-of-program [student learning outcomes](#) and [program outcomes](#) of the nursing program.

- 3.1 Policies for nursing students are congruent with those of the [governing organization](#) as well as [the state](#), when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.
- 3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.
- 3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using [alternative methods of delivery](#).
- 3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.
  - 3.6.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
  - 3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.
  - 3.6.3 Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.
- 3.7 Records reflect that program [complaints and grievances](#) receive [due process](#) and include evidence of resolution.
- 3.8 Orientation to technology is provided, and technological support is available to students.
- 3.9 Information related to technology requirements and policies specific to [distance education](#) are accurate, clear, consistent, and accessible.

## STANDARD 4

### Curriculum

The curriculum supports the achievement of the end-of-program [student learning outcomes](#) and [program outcomes](#) and is consistent with safe practice in contemporary healthcare environments.

- 4.1 Consistent with [contemporary practice](#), the curriculum incorporates established [professional nursing standards, guidelines, and competencies](#) and has clearly articulated end-of-program student learning outcomes.
- 4.2 The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.
- 4.3 The curriculum is developed by the [faculty](#) and regularly reviewed to ensure integrity, rigor, and currency.
- 4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.
- 4.5 The curriculum includes cultural, ethnic, and socially [diverse concepts](#) and may also include experiences from regional, national, or global perspectives.
- 4.6 The curriculum and instructional processes reflect educational theory, [interprofessional](#) collaboration, research, and current [standards](#) of practice.
- 4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.
- 4.8 The total number of credit/quarter/clock hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the [governing organization, the state](#), and the governing organization's accrediting agency. In the absence of a state or a governing organization's accrediting agency requirement, the maximum number of credit hours is no more than 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.
- 4.9 Student [clinical experiences](#) and [practice learning environments](#) are [evidence-based](#); reflect [contemporary practice](#) and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.
- 4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.
- 4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

## STANDARD 5

### Resources

Fiscal, physical, and learning resources are **sustainable** and **sufficient** to ensure the achievement of the end-of-program **student learning outcomes** and **program outcomes** of the nursing program.

- 5.1 **Fiscal resources** are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the **governing organization**.
- 5.2 **Physical resources** are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the **faculty, staff,** and students.
- 5.3 **Learning resources** and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.
- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in **alternative methods of delivery**.

## STANDARD 6

### Outcomes

Program evaluation demonstrates that students have achieved each end-of-program [student learning outcome](#) and each [program outcome](#).

The nursing program has a current [systematic plan of evaluation](#). The systematic plan of evaluation contains:

- a. Specific, measurable [expected levels of achievement](#) for each end-of-program student learning outcome and each program outcome.
- b. Appropriate assessment method(s) for each end-of-program student learning outcome and each program outcome.
- c. Regular intervals for the assessment of each end-of-program student learning outcome and each program outcome.
- d. [Sufficient](#) data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.\*
- e. Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.
- f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.

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

- 6.1 The program demonstrates evidence of students' achievement of each end-of-program student learning outcome.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.

- 6.2 The program demonstrates evidence of graduates' achievement on the licensure examination.

The program's most recent annual [licensure examination pass rate](#) will be at least 80% for all first-time test-takers during the same 12-month period.

ACEN 2017 STANDARDS AND CRITERIA  
DIPLOMA

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There is ongoing assessment of the extent to which graduates succeed on the licensure examination.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on the licensure examination.

There is a minimum of the three (3) most recent years of available licensure examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by [program option](#), location, and date of program completion.

- 6.3 The program demonstrates evidence of students' achievement in completing the nursing program.

The expected level of achievement for [program completion](#) is determined by the [faculty](#) and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by [program option](#), location, and date of program completion or entering cohort.

- 6.4 The program demonstrates evidence of graduates' achievement in job placement.

The expected level of achievement for [job placement](#) is determined by the [faculty](#) and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.



## STANDARD I

### Mission and Administrative Capacity

The mission of the nursing education unit reflects the **governing organization's** core values and is congruent with its mission/goals. The governing organization and program have **administrative capacity** resulting in effective delivery of the nursing program and achievement of identified **program outcomes**.

- I.1 The **mission and philosophy** of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.
- I.2 The governing organization and nursing education unit ensure representation of the **nurse administrator** and nursing faculty in governance activities; opportunities exist for student representation in governance activities.
- I.3 The assessment of end-of-program student learning outcomes and program outcomes is shared with **communities of interest**, and the communities of interest have input into program processes and decision-making.
- I.4 Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.
- I.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.
- I.6 The nurse administrator is **experientially qualified**, meets governing organization and state requirements, and is oriented and mentored to the role.
- I.7 When present, **nursing program coordinators** and/or faculty who assist with program administration are **academically** and experientially qualified.
- I.8 The nurse administrator has authority and responsibility for the development and administration of the program and has **sufficient** time and resources to fulfill the role responsibilities.
- I.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.
- I.10 Policies for **nursing faculty** and **staff** are comprehensive, provide for the **welfare of faculty and staff**, and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program.
- I.11 **Distance education**, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

## STANDARD 2

### Faculty and Staff

Qualified and credentialed faculty are **sufficient** in number to ensure the achievement of the **end-of-program student learning outcomes** and **program outcomes**. Sufficient and qualified **staff** are available to support the nursing program.

Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

- 2.1 **Full-time nursing faculty** hold educational qualifications and experience as required by the **governing organization, the state**, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.2 **Part-time nursing** faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.3 **Non-nurse faculty** teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.
- 2.4 **Preceptors**, when utilized, are **academically** and **experientially qualified**, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.
- 2.5 The number of **full-time faculty is sufficient** to ensure that the end-of-program student learning outcomes and program outcomes are achieved.
- 2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects **scholarship** and **evidence-based** teaching and clinical practices.
- 2.7 The number and qualifications of staff within the nursing education unit are **sufficient** to support the nursing program.
- 2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.
- 2.9 Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.
- 2.10 Faculty (full- and part-time) engage in ongoing development and receive support for **instructional** and **distance technologies**.

## STANDARD 3

### Students

Student policies and services support the achievement of the [end-of-program student learning outcomes](#) and [program outcomes](#) of the nursing program.

- 3.1 Policies for nursing students are congruent with those of the [governing organization](#) as well as [the state](#), when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.
- 3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.
- 3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using [alternative methods of delivery](#).
- 3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.
  - 3.6.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
  - 3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.
  - 3.6.3 Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.
- 3.7 Records reflect that program [complaints and grievances](#) receive [due process](#) and include evidence of resolution.
- 3.8 Orientation to technology is provided, and technological support is available to students.
- 3.9 Information related to technology requirements and policies specific to [distance education](#) are accurate, clear, consistent, and accessible.

## STANDARD 4

### Curriculum

The curriculum supports the achievement of the [end-of-program student learning outcomes](#) and [program outcomes](#) and is consistent with safe practice in [contemporary](#) healthcare environments.

- 4.1 Consistent with contemporary practice, the curriculum incorporates established [professional nursing standards, guidelines](#), and competencies and has clearly articulated end-of-program student learning outcomes.
- 4.2 The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.
- 4.3 The curriculum is developed by the faculty and regularly reviewed to ensure [integrity](#), rigor, and currency.
- 4.4 The curriculum includes general education courses/concepts that enhance professional nursing knowledge and practice.
- 4.5 The curriculum includes cultural, ethnic, and [socially diverse concepts](#) and may also include experiences from regional, national, or global perspectives.
- 4.6 The curriculum and instructional processes reflect educational theory, [interprofessional](#) collaboration, research, and current standards of practice.
- 4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.
- 4.8 The total number of credit/quarter/clock hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the [governing organization, the state](#), and the governing organization's accrediting agency.
- 4.9 Student [clinical experiences](#) and [practice learning environments](#) are [evidence-based](#); reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.
- 4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.
- 4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

## STANDARD 5

### Resources

Fiscal, physical, and learning resources are sustainable and **sufficient** to ensure the achievement of the **end-of-program student learning outcomes** and **program outcomes** of the nursing program.

- 5.1 **Fiscal resources** are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the **governing organization**.
- 5.2 **Physical resources** are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the faculty, **staff**, and students.
- 5.3 **Learning resources** and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.
- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in **alternative methods of delivery**.

## STANDARD 6

### Outcomes

Program evaluation demonstrates that students have achieved each end-of-program student learning outcome and each program outcome.

The nursing program has a current [systematic plan of evaluation](#). The systematic plan of evaluation contains:

- a. Specific, measurable [expected levels of achievement](#) for each end-of-program student learning outcome and each program outcome.
- b. Appropriate assessment method(s) for each end-of-program student learning outcome and each program outcome.
- c. Regular intervals for the assessment of each end-of-program student learning outcome and each program outcome.
- d. [Sufficient](#) data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.\*
- e. Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.
- f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.

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

- 6.1 The program demonstrates evidence of students' achievement of each end-of-program student learning outcome.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.

- 6.2 The program demonstrates evidence of graduates' achievement on the licensure examination.

The program's most recent annual licensure examination pass rate will be at least 80% for all first-time test-takers during the same 12-month period.

ACEN 2017 STANDARDS AND CRITERIA  
PRACTICAL

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There is ongoing assessment of the extent to which graduates succeed on the licensure examination.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on the licensure examination.

There is a minimum of the three (3) most recent years of available licensure examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by [program option](#), location, and date of program completion.

- 6.3 The program demonstrates evidence of students' achievement in completing the nursing program.

The expected level of achievement for program completion is determined by the faculty and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion or entering cohort.

- 6.4 The program demonstrates evidence of graduates' achievement in job placement.

The expected level of achievement for job placement is determined by the faculty and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.

**APPENDIX B**

**CCNE STANDARDS FOR ACCREDITATION OF BACCALAUREATE  
AND GRADUATE DEGREE NURSING PROGRAMS  
(January 1, 2014)**

# STANDARDS FOR ACCREDITATION

OF BACCALAUREATE AND  
GRADUATE NURSING PROGRAMS

AMENDED 2013





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# INTRODUCTION

## ACCREDITATION OVERVIEW

Accreditation is a nongovernmental process conducted by members of postsecondary institutions and professional groups. As conducted in the United States, accreditation focuses on the quality of institutions of higher and professional education and on the quality of educational programs within institutions. Two forms of accreditation are recognized: one is institutional accreditation and the other is professional or specialized accreditation. Institutional accreditation concerns itself with the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional or specialized accreditation is concerned with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. In addition, consideration of the program's mission, goals, and expected outcomes is of importance to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

## COMMISSION ON COLLEGIATE NURSING EDUCATION

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. A specialized/professional accrediting agency, CCNE strives to ensure the quality and integrity of baccalaureate and graduate nursing programs. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), and post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs) (see glossary). CCNE also accredits post-baccalaureate nurse residency programs.

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education and post-baccalaureate nurse residency programs. As accreditation is a voluntary process, CCNE strives to ensure that the process is collegial and fosters continuous quality improvement.

CCNE is recognized by the U.S. Department of Education for the accreditation of baccalaureate, master's, and doctoral programs in the United States and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved. The results of such assessments form the basis for planning and the setting of priorities at the institution.

The CCNE accreditation evaluation consists of a review of the program's mission, goals, and expected outcomes; and an assessment of the performance of the program in achieving the mission, goals, and expected outcomes through the most effective utilization of available resources, programs, and administration. Inherent in the program evaluation process is a review of evidence concerning the application of these resources in assessing student achievement.

In evaluating a baccalaureate, master's, DNP, and/or post-graduate APRN certificate program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with the

key elements presented in this publication. A self-study conducted by the sponsoring institution prior to the on-site evaluation provides data indicating the extent to which the program has complied with the key elements and, ultimately, whether the program has met the overall standards for accreditation.

The Commission formulates and adopts its own accreditation standards and procedures. The accreditation standards and procedures for post-baccalaureate nurse residency programs and the accreditation procedures for baccalaureate and graduate programs are publicly available, are accessible on the CCNE website, and may be obtained by contacting CCNE.

## ACCREDITATION PURPOSES

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest – the nursing profession, consumers, employers, higher education, students and their families, nurse residents – and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.
3. To assess the extent to which a nursing program meets accreditation standards.
4. To inform the public of the purposes and values of accreditation and to identify nursing programs that meet accreditation standards.
5. To foster continuing improvement in nursing programs – and, thereby, in professional practice.

## CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of principles or values. These are that the Commission will:

1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the community of interest.
4. Rely on *review and oversight* by peers from the community of interest.
5. Maintain *integrity* through a consistent, fair, and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.

11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. Ensure *autonomy and procedural fairness* in its deliberations and decision-making processes.

## GOALS FOR ACCREDITING NURSING EDUCATION PROGRAMS

In developing the educational standards for determining accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs, CCNE has formulated specific premises or goals on which the standards are to be based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuing improvement within nursing education programs.
2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and policies and in determining the reliability of the conduct of the accreditation process.
3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable with respect to the institution, program, and student.
4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Ensuring that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life-long learning, and graduate education.
6. Encouraging nursing education programs to pursue academic excellence through improved teaching/ learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.
7. Ensuring that nursing education programs engage in self-evaluation of personnel, procedures, and services; and that they facilitate continuous improvement through planning and resource development.
8. Acknowledging and respecting the autonomy of institutions and the diversity of programs involved in nursing education.
9. Ensuring consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.
10. Enhancing public understanding of the functions and values inherent in nursing education accreditation.
11. Providing to the public an accounting of nursing education programs that are accredited and merit public approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

## CURRICULAR INNOVATION

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods.

# ABOUT THIS DOCUMENT

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality of the educational program offered and to hold the nursing program(s) accountable to the educational community, the nursing profession, and the public. All nursing programs seeking CCNE accreditation, including those with distance education offerings, are expected to meet the accreditation standards presented in this document. The standards are written as broad statements that embrace several areas of expected institutional performance. Related to each standard is a series of key elements. Viewed together, the key elements provide an indication of whether the broader standard has been met. The key elements are considered by the evaluation team, the Accreditation Review Committee, and the Board of Commissioners in determining whether the program meets each standard. The key elements are designed to enable a broad interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of nursing programs and the integrity of the accreditation process.

Accompanying each key element is an elaboration, which is provided to assist program representatives in addressing the key element and to enhance understanding of CCNE's expectations. Following each standard is a list of supporting documentation that assists program representatives in developing self-study materials and in preparing for the on-site evaluation. Supporting documentation is included in the self-study document or made available for review by the evaluation team on site. Supporting documentation may be provided in paper or electronic form. The Commission recognizes that reasonable alternatives exist when providing documentation to address the key elements.

Throughout this document, the need for programs to demonstrate the incorporation of professional nursing standards and guidelines is emphasized. CCNE requires, as appropriate, the following professional nursing standards and guidelines: 1) *The Essentials of Baccalaureate Education for Professional Nursing Practice* [American Association of Colleges of Nursing (AACN), 2008]; 2) *The Essentials of Master's Education in Nursing* (AACN, 2011); 3) *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2012]; and 4) *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). Programs identify additional nursing standards and guidelines selected as the basis for specialty programs, as appropriate.

At the end of this document is a glossary, which defines terms and concepts used in this document.

The standards are subject to periodic review and revision. The next scheduled review of this document will include both broad and specific participation by the CCNE community of interest in the analysis and discussion of additions and deletions. Under no circumstances may the standards and key elements defined in this document supersede federal or state law.

**AT THE END OF THIS DOCUMENT IS A GLOSSARY, WHICH DEFINES TERMS AND CONCEPTS USED IN THIS DOCUMENT.**

## STANDARD I

# PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

### KEY ELEMENTS

- I-A. The mission, goals, and expected program outcomes are:
- congruent with those of the parent institution; and
  - consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

*Elaboration: The program's mission statement, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.*

*The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:*

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].*

*A program may select additional standards and guidelines.*

*A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.*

*An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

- I-B.** The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:
- professional nursing standards and guidelines; and
  - the needs and expectations of the community of interest.

*Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.*

- I-C.** Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

*Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.*

- I-D.** Faculty and students participate in program governance.

*Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.*

- I-E.** Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

*Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.<sup>1,2</sup>*

*If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:*

*“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.”*

*“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).”*

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<sup>1</sup> Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

<sup>2</sup> Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012).

**I-F.** Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

*Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.*

## SUPPORTING DOCUMENTATION FOR STANDARD I

1. Mission, goals, and expected program outcomes.
2. Copies of all professional nursing standards and guidelines used by the program. CCNE requires the following professional nursing standards and guidelines:
  - Baccalaureate degree programs: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
  - Master's degree programs: *The Essentials of Master's Education in Nursing* (AACN, 2011).
  - Doctor of Nursing Practice programs: *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).
  - Graduate degree (master's or DNP) or certificate programs preparing nurse practitioners: *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
  - Post-baccalaureate entry programs: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and other relevant standards based on the degree outcome (e.g., *The Essentials of Master's Education in Nursing* for master's programs, *The Essentials of Doctoral Education for Advanced Nursing Practice* for DNP programs, and *Criteria for Evaluation of Nurse Practitioner Programs* for nurse practitioner programs).
  - All programs: Any additional relevant professional nursing standards and guidelines used by the program.
3. For APRN education programs (degrees/certificates), evidence that transcripts or other official documentation specify the APRN role and population focus of the graduate.
4. Appointment, promotion, and tenure policies or other documents defining faculty expectations.
5. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.
6. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.
7. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including (among other things) academic calendar, recruitment and admission policies, grading policies, and degree/post-graduate APRN certificate program completion requirements.

8. Program advertising and promotional materials directed at prospective students.
9. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.

## STANDARD II

# PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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

### KEY ELEMENTS

- II-A.** Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

*Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program's mission, goals, and expected outcomes.*

*A defined process is used for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.*

- II-B.** Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

*Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.*

- II-C.** The chief nurse administrator:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;

- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

*Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).*

#### **II-D. Faculty are:**

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

*Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.*

*Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.*

*Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.*

#### **II-E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.**

*Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:*

- clearly defined;
- congruent with the mission, goals, and expected student outcomes; and
- congruent with relevant professional nursing standards and guidelines.

*Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.*

- II-F.** The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

*Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. For example:*

- *Faculty have opportunities for ongoing development in the scholarship of teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

## **SUPPORTING DOCUMENTATION FOR STANDARD II**

1. Nursing unit budget for the current and previous two fiscal years.
2. Name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.
3. Current curricula vitae of the chief nurse administrator and faculty.
4. Policies regarding preceptor qualifications and evaluation. Documentation of preceptor qualifications and evaluation.
5. Current collective bargaining agreement, if applicable.
6. Policies regarding faculty workload.
7. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

## STANDARD III

# PROGRAM QUALITY: CURRICULUM AND TEACHING- LEARNING PRACTICES

**T**he curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

### KEY ELEMENTS

**III-A.** The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates.

*Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.*

**III-B.** Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master’s program curricula incorporate professional standards and guidelines as appropriate.
  - a. All master’s degree programs incorporate *The Essentials of Master’s Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
  - b. All master’s degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
  - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
  - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

*Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.*

*APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:*

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.*

*Master's programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.*

### **III-C.** The curriculum is logically structured to achieve expected student outcomes.

- **Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.**

*Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) as well as advanced course work.*

*Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in *The Essentials of Baccalaureate**

*Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

*DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

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

*Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student outcomes identified in course, unit, and/or level objectives.*

**III-E. The curriculum includes planned clinical practice experiences that:**

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

*Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.*

**III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.**

*Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.*

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

*Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

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

*Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.*

## **SUPPORTING DOCUMENTATION FOR STANDARD III**

1. Course syllabi.
2. Examples of student work reflecting student learning outcomes (both didactic and clinical).
3. Student performance evaluations (both didactic and clinical).
4. Course/faculty evaluations.
5. Current affiliation agreements with institutions at which student instruction occurs.
6. Student and faculty evaluations of clinical sites.
7. Documents (e.g., minutes, memoranda, reports) that reflect decision-making or improvements related to curriculum and teaching-learning practices.
8. Examples of assignments and/or course content reflecting incorporation of professional nursing standards and guidelines in curriculum.

## STANDARD IV

# PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

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

### KEY ELEMENTS

#### IV-A. A systematic process is used to determine program effectiveness.

*Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:*

- is written, ongoing, and exists to determine achievement of program outcomes;
- is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);
- identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;
- includes timelines for collection, review of expected and actual outcomes, and analysis; and
- is periodically reviewed and revised as appropriate.

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

*Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:*

- The completion rate for each of the three most recent calendar years is provided.
- The program specifies the entry point and defines the time period to completion.
- The program describes the formula it uses to calculate the completion rate.
- The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

*A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.*

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

*Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.*

- *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

*A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.*

*The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.*

- *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
- *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
- *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

*A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have taken licensure or certification examinations.*

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

*Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.*

- *The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

*Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.*

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

*Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure and certification pass rates (Key Element IV-C), and employment rates (Key Element IV-D); and those related to faculty (Key Element IV-F).*

*Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.*

*Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.*

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

*Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:*

- *are identified for the faculty as a group;*
- *incorporate expected levels of achievement;*
- *reflect expectations of faculty in their roles and evaluation of faculty performance;*
- *are consistent with and contribute to achievement of the program's mission and goals; and*
- *are congruent with institution and program expectations.*

*Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.*

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

*Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.*

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

*Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.*

- *Data regarding actual outcomes are compared to expected outcomes.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

## **SUPPORTING DOCUMENTATION FOR STANDARD IV**

1. Aggregate student outcome data (not applicable to new programs without graduates), including:
  - Completion rates for each degree and post-master's APRN certificate program
  - NCLEX-RN® pass rates
  - Certification pass rates by APRN role, population focus, and/or specialty
  - Certification pass rates for any other roles/areas for which the program prepares graduates
  - Employment rates for each degree/certificate program
  - Other aggregate data, as appropriate
2. Summary of aggregate faculty outcomes for the past three years with an analysis of aggregate faculty outcomes in relation to expected faculty outcomes.
3. Program policies related to formal complaints.
4. Record of formal complaints, if any, for the past three years, and any action(s) taken to foster program improvement.
5. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to assessment of program outcomes.
6. Examples of use of aggregate data to foster program improvement when indicated.

# GLOSSARY

**Academic Policies:** Published rules that govern the implementation of the academic program, including, but not limited to, policies related to admission, retention, progression, graduation/completion, grievance, and grading.

**Academic Support Services:** Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services.

**Advanced Nursing:** Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's, doctoral, or post-graduate APRN certificate level.

**Advanced Practice Registered Nurse (APRN):** The title given to a nurse who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).

**APRN Education Program:** A master's degree program in nursing, a Doctor of Nursing Practice (DNP) program, or a post-graduate certificate program that prepares an individual for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The education program must also prepare the individual in one of six population foci:

- family/individual across the lifespan
- adult-gerontology
- pediatrics
- neonatal
- women's health/gender-related
- psychiatric/mental health

**Chief Nurse Administrator:** A registered nurse with a graduate degree in nursing, and a doctoral degree if a graduate nursing program is offered, who serves as the administrative head of the nursing unit.

**Clinical Practice Experiences:** Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Clinical practice experiences may be known as clinical learning opportunities, clinical practice, clinical strategies, clinical activities, experiential learning strategies, or practice.

**Community of Interest:** Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

**Curriculum:** All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

**Distance Education:** As defined by the Higher Education Opportunity Act of 2008:

*“(A) Education that uses one or more of the technologies described in subparagraph (B)—*

*(i) to deliver instruction to students who are separated from the instructor; and*

*(ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.*

*(B) INCLUSIONS.—For the purposes of subparagraph (A), the technologies used may include—*

*(i) the Internet;*

*(ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;*

*(iii) audio conferencing; or*

*(iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii)” [The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)].*

**Formal Complaint:** A statement of dissatisfaction that is presented according to a nursing unit’s established procedure.

**Goals:** General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

**Mission:** A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

**Nursing Program:** A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master’s, doctorate) or certificate level (for post-graduate APRN certificate programs).

**Nursing Unit:** The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

**Outcomes:** Indicators of achievement that may be quantitative or qualitative, broad or detailed.

Student Outcomes: Statements, including those focused on learning, explicitly describing the characteristics or attributes attained by students as a result of program activities.

Faculty Outcomes: Statements explicitly describing the achievements attained by faculty as part of their participation in the program.

**Program Outcomes:** Statements of levels of achievement, which encompass student achievement, faculty achievement, and other program-selected indicators of achievement. Program outcomes may be expressed in the form of overall program goals, end-of-program outcomes, curricular outcomes, and/or faculty outcomes.

**Expected Outcomes:** Statements of desired and predetermined levels of student, faculty, and program achievement.

**Actual Outcomes:** Results describing real student, faculty, and program achievement.

**Parent Institution:** The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Department of Education that has overall responsibility and accountability for the nursing program.

**Post-Graduate APRN Certificate Program:** A post-master's or post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs. Although other types of nursing certificates may be offered by an institution, they are outside CCNE's scope of review.

**Preceptor:** An experienced practitioner who facilitates and guides students' clinical learning experiences in the preceptor's area of practice expertise.

**Professional Nursing Standards and Guidelines:** Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, professional doctoral, and post-graduate APRN certificate program. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

CCNE requires that pre- and post-licensure baccalaureate and graduate pre-licensure programs in nursing use *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008); that master's degree programs use *The Essentials of Master's Education in Nursing* (AACN, 2011); that DNP programs use *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006); and that nurse practitioner programs including post-graduate APRN certificate programs use *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). Programs incorporate additional professional nursing standards and guidelines, as appropriate, consistent with the mission, goals, and expected outcomes of the program.

**Program Improvement:** The process of utilizing results of assessments and analyses of actual student and faculty outcomes in relation to expected outcomes to validate and revise policies, practices, and curricula as appropriate.

**Teaching-Learning Practices:** Strategies that guide the instructional process toward achieving expected student outcomes.







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**APPENDIX C**

**COA STANDARDS FOR ACCREDITATION OF NURSE ANESTHESIA  
EDUCATIONAL PROGRAMS  
(Revised June 2016)**

STANDARDS FOR ACCREDITATION  
OF NURSE ANESTHESIA PROGRAMS

Practice Doctorate

Approved by the Council on Accreditation of  
Nurse Anesthesia Educational Programs

January 23, 2015

Revised June 3, 2016

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222 South Prospect Avenue, Park Ridge, Illinois, 60068-4037

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## Preamble

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredits nurse anesthesia programs within the United States and Puerto Rico that award post-master's certificates, master's, or doctoral degrees, including programs offering distance education. Students accepted into accredited entry-level programs on or after January 1, 2022 must graduate with doctoral degrees. The Council also offers accreditation for postgraduate CRNA fellowships (fellowship).

The accreditation standards for entry-level nurse anesthesia programs offering practice doctorate degrees and accreditation standards for postgraduate fellowships are written with input from a wide community of interest consisting of many individuals and groups including Certified Registered Nurse Anesthetist (CRNA) practitioners and educators, nurse anesthesia students, administrators and faculty of colleges and universities, hospital administrators, state boards of nursing, the staff of the United States Department of Education (USDE), the Council for Higher Education Accreditation (CHEA) and other nationally recognized accreditation agencies, members of the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), and the Board of Directors of the American Association of Nurse Anesthetists (AANA). Special recognition is given to members attending the Assembly of School Faculty meeting and to those on the AANA Education Committee for their continuing efforts to promote, support, and encourage the Council's objectives of quality assessment and enhancement in nurse anesthesia education through the accreditation process.

### Practice Doctorate Programs

The standards are designed to prepare graduates with competencies for entry into anesthesia practice.

*Entry-into-practice competencies for the nurse anesthesia professional prepared at the practice doctoral level are those required at the time of graduation to provide safe, competent, and ethical anesthesia and anesthesia-related care to patients for diagnostic, therapeutic, and surgical procedures.*

*Entry-into-practice competencies should be viewed as the structure upon which nurse anesthetists continue to acquire knowledge, skills, and abilities along the practice continuum that starts at graduation (proficient) and continues throughout their entire professional careers (expert).*

## **Postgraduate CRNA Fellowships**

A fellowship is a program, accredited by the Council, that contains advanced education and training in a focused area of specialty practice or concentration. The fellowship is applicable to CRNAs. Nonclinical fellowships may be applicable to other advanced practice registered nurses (APRNs). Although each fellowship may be unique, the standards are intended to promote quality and consistency for accreditation purposes. These standards apply to fellowships conducted face-to-face and/or via distance education.

## **Future Revisions**

Suggestions for future revisions should be forwarded to:

Council on Accreditation of Nurse Anesthesia Educational Programs  
222 South Prospect Avenue  
Park Ridge, Illinois 60068-4037

## **Mission, Purposes, and Objectives of the Council on Accreditation of Nurse Anesthesia Educational Programs**

### **Mission Statement**

The Council's mission, through its accreditation activities, is to (1) (a) grant public accreditation recognition to nurse anesthesia programs and institutions that award post-master's certificates, master's degrees, and doctoral degrees that meet nationally established standards of academic quality and (b) assist nurse anesthesia programs and institutions in improving educational quality, and (2) (a) grant public accreditation recognition to educational programs, institutions, and individuals that award postgraduate certificates, diplomas, and award education credit for fellowships that meet nationally established standards of academic quality and (b) assist programs, institutions, and individuals in improving educational quality.

### **The goals of the Council are to:**

1. Pursue its mission, goals, and objectives and conduct its operations with integrity.
2. Formulate and/or adopt standards, criteria, policies, and procedures for the accreditation of nurse anesthesia educational programs and fellowships, subject to review and comment by all constituencies that are significantly affected by them.
3. Foster academic quality in educational programs and fellowships.
4. Utilize evaluation to measure a program's or fellowship's degree of success in meeting programmatic objectives and accreditation requirements within the context of its institutional mission and resources.
5. Encourage innovations in program and fellowship design and/or experimental programs and fellowships that are based on sound educational principles.
6. Ensure responsiveness to its communities of interest including but not limited to students, programs, fellowships, and the public.
7. Foster student achievement and continuous program improvement as a basis of promoting quality nurse anesthesia services to the public.
8. Incorporate public involvement in its decision making related to quality and accountability.

**The objectives of the Council are to:**

1. Publish standards of accreditation and policies and procedures defining the accreditation process for nurse anesthesia graduate programs and fellowships with input from the communities of interest.
2. Periodically assess programs and fellowships for compliance with accreditation standards through annual reports, self studies, site visits, and progress reports.
3. Confer and publish accreditation decisions and the reasons for the decisions.
4. Require programs and fellowships to routinely provide reliable performance and information data to the public.
5. Offer consultation concerning nurse anesthesia education to enhance academic quality.
6. Conduct collaborative reviews with other accrediting agencies, as appropriate.
7. Maintain external recognition by recognized authorities.
8. Participate in a systematic self-assessment of the standards, policies, and procedures of accreditation to ensure accuracy and reliability.
9. Provide accurate information concerning accredited programs and fellowships.
10. Consider legitimate allegations from complainants concerning the accreditation process.
11. Employ appropriate and fair procedures in decision making.
12. Ensure the academic quality of distance and traditional educational offerings.

## The Value of Accreditation

Accreditation is a voluntary activity that has been accepted for more than 100 years in the United States, in contrast to other countries where governments supervise and control educational institutions. The goals of privately operated US accrediting agencies are to assure and improve the quality of education offered by the institutions and programs they accredit. In this system, accreditation by an accrediting agency that is recognized by the US Secretary of Education is necessary for institutions and programs to receive federal funds and for students to receive federal aid. Accrediting agencies recognized by federal and state governments are deemed reliable authorities of academic quality.

The large percentage of Americans who benefit from higher education, the reputation of US universities for both fundamental and applied research, and the widespread availability of professional services in the United States all attest to the high quality of postsecondary education and the success of the accreditation system that US institutions and professions have devised to promote quality.

Accreditation is a peer process whereby a private, nongovernmental agency grants public recognition to an institution or specialized program that meets or exceeds nationally established standards of acceptable educational quality. A guiding principle of accreditation is the recognition that institutions or specialized programs have a right to expect that they will be evaluated in the light of their own stated purposes, as long as those purposes are educationally appropriate, meet accreditation standards, and fall within the recognized scope of the accrediting body.

There are 2 fundamental reasons for accreditation: (1) to ensure quality assessment and (2) to assist in quality improvement. Accreditation, which applies to institutions or programs, must be distinguished from certification and licensure, which apply to individuals. Accreditation cannot guarantee the quality of individual graduates, but it can provide reasonable assurance of the context and quality of the education that is offered.

Accreditation provides services that are of value to several constituencies:

### **The public receives:**

1. reasonable assurance of the external evaluation of a program and its conformity with general expectations in the professional field;
2. identification of programs that have voluntarily undertaken explicit activities directed at improving their quality and their successful execution;
3. improvement in the professional services available to the public, resulting from the modification of program requirements to reflect changes in knowledge and practice that are generally accepted in the field;

4. less need for intervention by public agencies in the operations of educational programs, because of the availability of private accreditation for the maintenance and enhancement of educational quality.

**Students benefit from:**

1. reasonable assurance that the educational activities of an accredited program have been found to be satisfactory and meet the needs of students;
2. assistance in transferring credits among programs and institutions;
3. a uniform prerequisite for entering the profession.

**Programs receive:**

1. the stimulus needed for self-directed improvement;
2. peer review and counsel provided by the accrediting agency;
3. enhancement of their reputation, because of the public's regard for accreditation;
4. eligibility for selected governmental funding programs and private foundation grants.

**The profession realizes:**

1. a means for participation of practitioners in establishing the requirements for preparation to enter the profession;
2. a contribution to the unity of the profession by bringing together practitioners, educators, students, and the communities of interest in an activity directed toward improving professional preparation and practice.

**References:**

1. *The Value of Accreditation*. Council for Higher Education Accreditation, June 2010.
2. *The Importance of Specialized Accreditation: A Message to Our Publics*. Association of Specialized and Professional Accreditors. 2007.

## **The Accreditation Process**

The Council is responsible for establishing the standards for accreditation of nurse anesthesia educational programs and postgraduate CRNA fellowships, subject to consideration of recommendations from the communities of interest. In an effort of ongoing improvement, the standards will undergo continual review and be subject to periodic major and minor revisions as indicated. Compliance with the standards forms the basis for the Council's accreditation decisions.

Ongoing oversight by the Council is provided between formal programmatic reviews. Programs are required to advise the Council and get approval for major changes. The Council also investigates situations brought to its attention that may affect a program's accreditation status.

In a broad sense, accreditation of nurse anesthesia educational programs and fellowships provides quality assurance concerning educational preparation through continuous self study and review. The ultimate goals of the accreditation program are to improve the quality of nurse anesthesia education, and provide competent nurse anesthetists for healthcare consumers and employers.

### **Practice Doctorate Standards**

The practice doctorate standards address: (A) conducting institutions, (B) faculty, (C) students, (D) graduates, (E) curricula, (F) clinical sites, (G) policies, and (H) evaluations.

The accreditation process for established programs is based on the self-evaluation study document prepared by the program and an onsite review by a team of 2 or 3 reviewers. Certain Standards have been ascertained to have major significance regarding educational quality. Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation and is marked with an asterisk (\*). The Council reserves the right to identify other areas or Standards.

The process is repeated at intervals of up to 10 years. A summary report of the review is presented to the Council for an accreditation decision. New programs that seek accreditation status must successfully complete an initial accreditation review, become accredited, admit students, and undergo a subsequent review when it is possible to evaluate educational outcomes following the first graduation. Each program is required to complete and submit an annual report.

Graduation from an accredited program is a prerequisite for eligibility for national certification. It is also used as a criterion by licensing agencies, employers, and potential students in the decisions they make and in determining eligibility for government funding.

## **Postgraduate CRNA Fellowships**

The Postgraduate CRNA Fellowship Standards address: (A) conducting organizations, (B) faculty/mentors, (C) fellows, (D) graduates, (E) curricula, (F) clinical sites, (G) policies, and (H) evaluations.

The accreditation process for fellowships is based on the postgraduate fellowship assessment document prepared by the fellowship and a virtual onsite review by the Fellowship Review Committee. Accreditation may be offered for onetime fellowships or continuous/intermittent fellowships. Continuous/intermittent fellowships may be accredited for intervals of up to 5 years. New fellowships that seek accreditation status must successfully complete an initial *Postgraduate CRNA Fellowship Assessment*, become accredited, and admit fellows. Only fellows enrolled after accreditation is awarded will graduate from an accredited fellowship.

## A. CONDUCTING INSTITUTION STANDARDS

1. The mission and/or philosophy of the conducting institution's governing body promotes educational excellence and supports the nurse anesthesia program within a doctoral framework.
2. The organizational relationships of the institution, academic unit, and program are clearly delineated.
- \* 3. The conducting organization completes a legally binding written agreement that outlines the expectations and responsibilities of all parties when an academic affiliation is established or 2 or more entities with unshared governance enter into a joint arrangement to conduct a program (*see Glossary, "Unshared governance"*).
4. The amount of advanced standing or transfer credit awarded by the degree granting institution is clearly stated and publicized.
5. The governance structure(s) facilitates effective communication.
6. The CRNA program administrator, or an individual designated by the CRNA program administrator, participates in institutional planning, curriculum design and review, and other appropriate governance roles.
7. The institution's and/or program's committee structure is appropriate to meet program objectives and includes public, student, and faculty participation (*see Glossary, "Public member"*).
- \* 8. The conducting institution provides sufficient time to permit faculty to fulfill their obligations to students including clinical and classroom teaching, counseling and evaluation, and advising on doctoral level scholarly activities.
9. The conducting institution provides sufficient protected time to permit faculty to fulfill their own scholarly activities, service, administrative, and clinical responsibilities (*see Glossary, "Protected time"*).
- \* 10. The program's resources must be adequate to support the size and scope of the program to appropriately prepare students for practice and to promote the quality of graduates including:
  10. 1. financial resources that are budgeted and used to meet accreditation standards
  10. 2. physical resources including facilities, equipment, and supplies

- 10. 3. learning resources including clinical sites, library, and technological access and support
- 10. 4. faculty
- 10. 5. support personnel
- 10. 6. student services (*see Glossary, "Student services"*)
- \* 11. The program seeks Council approval before increasing class size and demonstrates reasonable assurance there are adequate resources as delineated in Standard A.10.
- \* 12. The program is required to act in accordance with the Council's *Accreditation Policies and Procedures*.
- 13. There is evidence that eligibility and certification requirements are maintained by institutions or programs relying on Council's accreditation to participate in Higher Education Opportunity Act, Title IV programs (*see Glossary, "Title IV eligibility"*).

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

## B. FACULTY STANDARDS

### *CRNA Program Administrator*

- \* 1. The program is administered by a doctorally prepared CRNA who has the leadership authority and accountability for program administration.<sup>1</sup>
- 2. The CRNA program administrator's doctoral degree must be from an institution of higher education that was accredited by an agency officially recognized by the US Secretary of Education to accredit institutions at the time the degree was conferred (*see Glossary, "Institutional accreditor"*).
- 3. The CRNA program administrator must be experientially qualified to provide leadership to the program (*see Glossary, "Experientially qualified"*).
- 4. The CRNA program administrator is full time (*see Glossary, "Full-time program administrator"*).
- \* 5. The CRNA program administrator has a current license or privilege to practice as a registered professional nurse and/or APRN in the state or territory of jurisdiction of the program (*see Glossary, "Advanced Practice Registered Nurse" and "Privilege to practice"*).<sup>2</sup>
- \* 6. The CRNA program administrator has current certification or current recertification by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).
- 7. The CRNA program administrator has the authority to prepare and administer the program budget.
- 8. The CRNA program administrator demonstrates knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development (*see Glossary, "Environmental issues"*).

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<sup>1</sup> Doctoral degrees are required for the CRNA program administrators (program administrator and assistant program administrator) in all doctoral programs by January 1, 2018.

<sup>2</sup> A federal government/military nurse practicing exclusively in federal or military systems only needs 1 license from any state or territory per US federal government/military policy.

### **Assistant CRNA Program Administrator**

- \* 9. The assistant CRNA program administrator is a doctorally prepared CRNA who is experientially qualified to assist the CRNA program administrator and, if required, assume leadership responsibilities for the program (*see Glossary, "Experientially qualified"*).<sup>1</sup>
- 10. The assistant CRNA program administrator's doctoral degree must be from an institution of higher education that was accredited by an agency officially recognized by the US Secretary of Education to accredit institutions at the time the degree was conferred (*see Glossary, "Institutional accreditor"*).
- \* 11. The assistant CRNA program administrator has a current license or privilege to practice as a registered professional nurse and/or APRN in the state or territory of jurisdiction of the program (*see Glossary, "Advanced Practice Registered Nurse" and "Privilege to practice"*).<sup>2</sup>
- \* 12. The assistant CRNA program administrator has current certification or current recertification by the NBCRNA.
- 13. The assistant CRNA program administrator demonstrates knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development (*see Glossary, "Environmental issues"*).

### **CRNA Faculty**

- 14. Didactic faculty meet the governing body's requirements for teaching doctoral level courses.
- \* 15. CRNA faculty have a current license or privilege to practice as a registered professional nurse and/or APRN in compliance with state law (*see Glossary, "Advanced Practice Registered Nurse" and "Privilege to practice"*).<sup>2</sup>
- \* 16. CRNA faculty have current certification or current recertification by the NBCRNA.

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<sup>1</sup> Doctoral degrees are required for the CRNA program administrators (program administrator and assistant program administrator) in all doctoral programs by January 1, 2018.

<sup>2</sup> A federal government/military nurse practicing exclusively in federal or military systems only needs 1 license from any state or territory per US federal government/military policy.

17. Core CRNA program faculty, including the program administrator, assistant program administrator, and course directors, have formal instruction in curriculum, evaluation, and instruction (*see Glossary "Formal instruction in curriculum, evaluation, and instruction"*).
18. Only CRNA and anesthesiologist faculty may teach clinical anesthesia content.
19. Faculty who teach clinical anesthesia content must demonstrate clinical competency (*see Glossary, "Demonstration of clinical competency"*).

***Non-CRNA Faculty***

20. Non-CRNA faculty must be academically prepared for the areas in which they teach (*see Glossary, "Academic preparation"*).

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

## C. STUDENT STANDARDS

### *Selection and Admissions*

1. The program enrolls only students who by academic and experiential achievement are of the quality appropriate for the profession and who have the ability to benefit from their education (*see Glossary, "Ability to benefit"*).
- \* 2. Admission requirements include:
  2. 1. A baccalaureate or graduate degree in nursing or an appropriate major.
  2. 2. An unencumbered license as a registered professional nurse and/or an APRN in the United States or its territories or protectorates (*see Glossary, "Advanced Practice Registered Nurse"*).
  2. 3. A minimum of 1 year full-time work experience, or its part-time equivalent, as a registered nurse in a critical care setting. The applicant must have developed as an independent decision maker capable of using and interpreting advanced monitoring techniques based on knowledge of physiological and pharmacological principles (*see Glossary, "Critical care experience"*).

### *Student Participation and Conduct*

3. Students demonstrate professionalism, including a commitment to academic and personal integrity.
4. Students keep accurate and complete clinical experience logs that are reviewed by program faculty on a regular basis (*see Glossary, "Counting clinical experiences"*).
5. Students are certified in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) before beginning clinical activities.

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

## D. GRADUATE STANDARDS

### *Patient Safety*

**The graduate must demonstrate the ability to:**

- \* 1. Be vigilant in the delivery of patient care.
- \* 2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
- \* 3. Conduct a comprehensive equipment check.
- \* 4. Protect patients from iatrogenic complications.

### *Perianesthesia*

**The graduate must demonstrate the ability to:**

- \* 5. Provide individualized care throughout the perianesthesia continuum.
- \* 6. Deliver culturally competent perianesthesia care (*see Glossary, "Culturally competent"*).
- \* 7. Provide anesthesia services to all patients across the lifespan (*see Glossary, "Anesthesia services" and "Across the lifespan"*).
- \* 8. Perform a comprehensive history and physical assessment (*see Glossary, "Comprehensive history and physical assessment"*).
- \* 9. Administer general anesthesia to patients with a variety of physical conditions.
- \* 10. Administer general anesthesia for a variety of surgical and medically related procedures.
- \* 11. Administer and manage a variety of regional anesthetics.
- \* 12. Maintain current certification in ACLS and PALS.

## ***Critical Thinking***

### **The graduate must demonstrate the ability to:**

- \* 13. Apply knowledge to practice in decision making and problem solving.
- \* 14. Provide nurse anesthesia services based on evidence-based principles.
- \* 15. Perform a preanesthetic assessment before providing anesthesia services.
- \* 16. Assume responsibility and accountability for diagnosis.
- \* 17. Formulate an anesthesia plan of care before providing anesthesia services.
- \* 18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
- \* 19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
- \* 20. Calculate, initiate, and manage fluid and blood component therapy.
- \* 21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
- \* 22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
- \* 23. Use science-based theories and concepts to analyze new practice approaches.
- \* 24. Pass the national certification examination (NCE) administered by NBCRNA.

## ***Communication***

### **The graduate must demonstrate the ability to:**

- \* 25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
- \* 26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.

- \* 27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
- \* 28. Maintain comprehensive, timely, accurate, and legible healthcare records.
- \* 29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
- \* 30. Teach others.

### ***Leadership***

#### **The graduate must demonstrate the ability to:**

- \* 31. Integrate critical and reflective thinking in his or her leadership approach.
- \* 32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

### ***Professional Role***

#### **The graduate must demonstrate the ability to:**

- \* 33. Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist*.
- \* 34. Interact on a professional level with integrity.
- \* 35. Apply ethically sound decision-making processes.
- \* 36. Function within legal and regulatory requirements.
- \* 37. Accept responsibility and accountability for his or her practice.
- \* 38. Provide anesthesia services to patients in a cost-effective manner.
- \* 39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder (*see Glossary, "Wellness and substance use disorder"*).
- \* 40. Inform the public of the role and practice of the CRNA.
- \* 41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.

- \* 42. Advocate for health policy change to improve patient care.
- \* 43. Advocate for health policy change to advance the specialty of nurse anesthesia.
- \* 44. Analyze strategies to improve patient outcomes and quality of care.
- \* 45. Analyze health outcomes in a variety of populations.
- \* 46. Analyze health outcomes in a variety of clinical settings.
- \* 47. Analyze health outcomes in a variety of systems.
- \* 48. Disseminate research evidence.
- \* 49. Use information systems/technology to support and improve patient care.
- \* 50. Use information systems/technology to support and improve healthcare systems.
- \* 51. Analyze business practices encountered in nurse anesthesia delivery settings.

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

## E. CURRICULUM STANDARDS

- \* 1. The curriculum is designed to award a Doctor of Nursing Practice or Doctor of Nurse Anesthesia Practice to graduate students who successfully complete graduation requirements unless a waiver for this requirement has been approved by the Council.
  
- \* 2. The curriculum is designed to focus on the full scope of nurse anesthesia practice including:
  - 2. 1. Course(s): Advanced Physiology/Pathophysiology, Advanced Pharmacology, Basic and Advanced Principles in Nurse Anesthesia, and Advanced Health Assessment (*see Glossary, "Advanced health assessment"*).
  
  - 2. 2. Content: Advanced Physiology/Pathophysiology (120 contact hours), advanced pharmacology (90 contact hours), basic and advanced principles in nurse anesthesia (120 contact hours), research (75 contact hours), advanced health assessment (45 contact hours), human anatomy, chemistry, biochemistry, physics, genetics, acute and chronic pain management, radiology, ultrasound, anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/clinical correlation (*see Glossary, "Wellness and substance use disorder," "Pain management, acute," "Pain management, chronic," "Professional role development," and "Radiology"*).
  
  - 2. 3. Clinical experiences (see Appendix).
  
- 3. The curriculum meets commonly accepted national standards for similar degrees (*see Glossary, "Commonly accepted national standards"*).
  
- 4. The postbaccalaureate curriculum is a minimum of 3 years of full-time study or longer if there are periods of part-time study.<sup>3</sup>
  
- 5. The curriculum is composed of sequential and integrated courses designed to facilitate achievement of the program's terminal objectives.

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<sup>3</sup> Shorter programs of study can be submitted for consideration when accompanied by supporting rationale that ensures compliance with accreditation standards.

6. All courses have clearly stated objectives/outcomes.
7. Distance education programs and courses satisfy accreditation standards and achieve the same objectives/outcomes as traditional educational offerings.
8. The curriculum requires the student to complete scholarly work that demonstrates knowledge and scholarship skills within the area of academic focus (*see Glossary, "Scholarly work" and "Scholarship skills"*).
9. The clinical curriculum provides students with experiences in the perioperative process that are unrestricted and promote their development as competent nurse anesthetists.
10. The program provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism (*see Glossary, "Call experience"*).
11. Simulated clinical experiences are incorporated in the curriculum (*see Glossary, "Simulated clinical experiences"*).

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

## F. CLINICAL SITE STANDARDS

- \* 1. The program demonstrates it has sufficient clinical resources to ensure graduates individually meet all accreditation requirements.
- 2. The program has a legally binding contract with the clinical site(s) that outlines expectations and responsibilities of both parties.
- 3. The program appoints a CRNA coordinator for each clinical site who possesses a master's degree (doctoral preparation preferred) to guide student learning. An anesthesiologist may serve in this capacity.<sup>4</sup>
- 4. The program demonstrates that the educational environment at all clinical sites is conducive to student learning.
- \* 5. Supervision at clinical sites is limited to CRNAs and anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate if they act as the sole agents responsible for the students.
- 6. Clinical site orientations are provided that outline role expectations and responsibilities of students and identify available learning resources.
- \* 7. The clinical supervision ratio of students to instructor ensures patient safety by taking into consideration: the complexity of the anesthetic and/or surgical procedure, the student's knowledge and ability, and the comorbidities associated with the patient. At no time does the number of students directly supervised by an individual clinical instructor exceed 2:1 (*see Glossary, "Clinical supervision"*).
- 8. The program restricts clinical supervision in nonanesthetizing areas to credentialed experts who are authorized to assume responsibility for the student (*see Glossary, "Credentialed expert"*).
- \* 9. Student time commitment consists of a reasonable number of hours that does not exceed 64 hours per week (*see Glossary, "Reasonable time commitment"*).

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

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<sup>4</sup>An exception for the master's degree requirement must receive Council approval. An exception, if granted, will be effective for 5 years from the date of final Council approval.

## G. POLICY STANDARDS

1. Accurate cumulative records of educational activities are maintained.
- \* 2. Truth and accuracy are evidenced in recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.
- \* 3. The following are published annually:
  3. 1. accurate information about the nurse anesthesia program's programmatic accreditation status
  3. 2. the specific academic program covered by the accreditation status
  3. 3. the name, address, telephone number, and URL (<http://home.coa.us.com>) of the Council on Accreditation of Nurse Anesthesia Educational Programs
  3. 4. for the most recent graduating class, the:
    - 3.4.1. attrition
    - 3.4.2. employment of graduates as nurse anesthetists within 6 months of graduation
    - 3.4.3. NBCRNA NCE pass rate for first-time takers (*see Glossary, "Published outcomes"*)
4. Policies and procedures that are fair, equitable, and do not discriminate are defined (*see Glossary, "Nondiscriminatory practice"*).
5. Policies and procedures regarding academic integrity are defined and used in all educational activities.
6. Policies outline the procedures for student discipline and dismissal.
7. The program demonstrates that it processes complaints, grievances, and appeals in a timely and equitable manner affording due process.
- \* 8. The program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

## H. EVALUATION STANDARDS

1. The program has a written systematic plan for continuous self-assessment that incorporates the following:
  - \* 1.1. Formative and summative evaluations of each student that are conducted for the purpose of counseling students and documenting student achievement.
    - 1.1.1. Terminal evaluation is completed to demonstrate student achievement of Graduate Standards D1-D51.
    - 1.1.2. There is an established assessment procedure to verify competence in scholarship skills relevant to the area of academic focus.
    - 1.1.3. Faculty advising provides students with ongoing feedback, both formal and informal.
  - \* 1.2. Students evaluate the quality of:
    - 1.2.1. courses
    - 1.2.2. didactic instruction
    - 1.2.3. clinical sites
    - 1.2.4. clinical instruction
    - 1.2.5. teaching and learning environment
    - 1.2.6. advising/mentorship
    - 1.2.7. their own achievement (self-evaluation)
    - 1.2.8. program
      - 1.2.8.1. institutional/program resources
      - 1.2.8.2. student services (*see Glossary, "Student services"*)
      - 1.2.8.3. curriculum
  - 1.3. Faculty evaluate the quality of:

- 1.3.1. faculty services
- 1.3.2. the program
- 1.3.3. their own contributions to teaching, practice, service, and scholarly activities (self-evaluation)
- 1.4. Alumni evaluate:
  - 1.4.1. the quality of the program
  - 1.4.2. their preparation to enter anesthesia practice (self-evaluation)
- 1.5. Employers evaluate the performance of recent graduates.
- \* 1.6. Outcome measures of academic quality including:
  - 1.6.1. student attrition
  - 1.6.2. NBCRNA NCE pass rates and mean scores
  - 1.6.3. employment rates (*see Glossary, "Graduate employment rate"*)
  - 1.6.4. any other outcome measures of student achievement identified by the program and/or institution (*see Glossary, "Academic quality"*)
- \* 2. The program utilizes evaluation data (including that from the systematic plan for continuous self-assessment) to:
  - 2.1. monitor and improve program quality and effectiveness
  - 2.2. monitor and improve student achievement
  - 2.3. monitor and improve advising/mentorship
  - 2.4. monitor compliance with accreditation requirements and initiate corrective action should areas of noncompliance occur.

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

## Standards for Practice Doctoral Degrees for CRNAs

The following additional requirements apply to programs offering a post-master's doctoral degree program for CRNAs\*. Item 1 is an additional Standard applicable to post-master's doctoral degree programs for CRNAs; CRNA completion programs must also satisfy the Standards in items 2 and 3.

1. Anesthesia must be referenced in the title of the practice doctoral degree. If not, a significant component of the curriculum must include anesthesia-related content.
2. The program must demonstrate that the graduate degree program for CRNAs is in compliance with Graduate Standards D14, D23, D26, D31, D32, D33, D35, and D40 to D51.
3. The program must demonstrate that the graduate degree program for CRNAs is in compliance with Curriculum Standards E1, E3, and E5 to E8.

\* Programs offering a single degree plan for both a post-masters doctoral degree program for CRNAs and an entry-into-practice program do not need to address the above standards (*see Glossary, "Single degree plan"*).

## Appendix

The minimum number of clinical hours is 2,000 (*See Glossary, "Clinical hours"*).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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### Patient Physical Status

Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	600	700

### Special Cases

Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5
Trauma/emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
a. Cesarean delivery	10	15
b. Analgesia for labor	10	15
Pain management encounters ( <i>see Glossary, "Pain management encounters"</i> )	15	50

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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**Anatomical Categories<sup>5</sup>**

Intra-abdominal	75	
Intracranial (total of a & b)	5	20
a. Open	3	10
b. Closed		
Oropharyngeal	20	
Intrathoracic (total of a, b, & c)	15	40
a. Heart		
1. Open heart cases (total of a & b)	5	10
a) With cardiopulmonary bypass		
b) Without cardiopulmonary bypass		
2. Closed heart cases		10
b. Lung	5	
c. Other		
Neck	5	10
Neuroskeletal	20	
Vascular	10	30

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<sup>5</sup> Count all that apply.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
<b>Methods of Anesthesia</b>		
General anesthesia	400	
Inhalation induction	25	40
Mask management <sup>6</sup>	25	35
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal mask		
b. Other		
Tracheal intubation (total of a & b)	250	
a. Oral		
b. Nasal		5
Alternative tracheal intubation/endoscopic techniques <sup>7</sup> (total of a & b) ( <i>see Glossary, "Alternative tracheal     intubation techniques"</i> )	25	50
a. Endoscopic techniques <sup>8</sup> (total of 1 & 2)	5	15
1. Actual tracheal tube placement		
2. Simulated tracheal tube placement		
3. Airway assessment		
b. Other techniques	5	25
Emergence from anesthesia	300	

<sup>6</sup> A general anesthetic that is administered by mask, exclusive of induction.

<sup>7</sup> Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.

<sup>8</sup> Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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Regional techniques		
Actual administration (total of a, b, c, & d)	35	
a. Spinal (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
c. Peripheral <sup>9</sup> (total of 1 & 2)	10	50
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other <sup>10</sup> (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2)	35	50
1. Anesthesia		
2. Pain management		
Moderate/deep sedation	25	50

<sup>9</sup> Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

<sup>10</sup> Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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**Arterial Technique**

Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	

**Central Venous Catheter**

Placement <sup>11</sup> – Non-PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	15	

**Pulmonary Artery Catheter**

Placement		5
Monitoring		10

**Other**

Ultrasound-guided techniques (total of a & b)		10
a. Regional		
b. Vascular		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		

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<sup>11</sup> Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

## Glossary

**Ability to benefit** - The ability to benefit refers to the integrity of a college/university or education program to enroll only those individuals with the capacity to succeed and gain value from the education.

**Academic preparation** - Academic preparation includes degree specialization, specialty course work, and other preparation to address the major concepts included in the courses taught.

**Academic quality** - Academic quality refers to results associated with teaching, learning, research, and service within the framework of the institutional mission. Academic quality requires an effective learning environment and sufficient resources for faculty and students to obtain the objectives of the program and meet accreditation standards.

**Across the lifespan** - Across the lifespan refers to a patient population focus of families and individuals. The continuum of care ranges from the prenatal period to end of life with health statuses ranging from healthy through all levels of acuity including immediate, severe, or life-threatening illnesses or injury.

**Advanced health assessment** - A course in advanced health assessment includes assessment of all human systems, advanced assessment techniques, diagnosis, concepts, and approaches.

**Advanced noninvasive hemodynamic monitoring** – The use of advanced non-invasive technologies used to monitor hemodynamic variables such as central venous pressure, cardiac output, vascular resistance, and ventricular performance. This does not include routine monitors such as the automated blood pressure cuff.

**Advanced Practice Registered Nurse (APRN)** - APRN refers to advanced practice nurses in the roles of Certified Registered Nurse Anesthetists, certified nurse-midwives, certified nurse practitioners, and clinical nurse specialists. It is recognized that states vary in the titles they use for the different advanced practice nursing roles. Programs may enroll advanced practice nurses regardless of title authorized by state.

**Alternative tracheal intubation techniques** - Alternative tracheal intubation techniques include, but are not limited to, fiberoptic intubation, light wand, retrograde tracheal intubation, transtracheal jet ventilation, gum elastic bougie/tracheal tube changer, laryngeal mask airway (LMA) guided intubation, cricothyroidotomy, video assisted laryngoscopy, etc. The placement of supraglottic airway devices is not included in this definition because that clinical experience is counted separately. If the student inserts an LMA and then performs an LMA-guided endotracheal intubation, the student would count both experiences in the appropriate categories.

**Anesthesia services** - Anesthesia and anesthesia-related care represent those services that anesthesia professionals provide upon request, assignment, and referral by the patient's healthcare provider authorized by law, most often to facilitate diagnostic, therapeutic, and surgical procedures. In other instances, the referral or request for consultation or assistance

may be for management of pain associated with obstetrical labor and delivery, management of acute and chronic mechanical ventilation, or management of acute and chronic pain through the performance of selected diagnostic and therapeutic blocks or other forms of pain management.

**Call experience** - Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 PM and before 7 AM, Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

**Clinical hours** - Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthetic assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time.

**Clinical supervision** - Clinical oversight of graduate students in the clinical area must not exceed (1) 2 graduate students to 1 CRNA, or (2) 2 graduate students to 1 anesthesiologist, if no CRNA is involved. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life-threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety).

**Commonly accepted national standards** - Commonly accepted national standards are standards that are generally recognized as determining the quality of similar degrees by the larger community of higher education in the United States.

**Comprehensive history and physical assessment** - Comprehensive history and physical assessment includes the history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of a patient. The assessment includes an evaluation of the body and its functions using inspection, palpation, percussion, auscultation, and advanced assessment techniques, including diagnostic testing, as appropriate. A complete physical assessment should incorporate cultural and developmental variations and needs of a patient. The results of a comprehensive history and physical assessment are used to establish a differential diagnosis based on assessment data and develop an effective and appropriate plan of care for a patient. Specific assessment related to anesthesia should be stressed in the practical experience of nurse anesthesia students.

**Counting clinical experiences** - Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the

management of the anesthetic or only observe another anesthesia provider manage a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2 students, and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

**Credentialed expert** - An individual awarded a certificate, letter, or other testimonial to practice a skill in an institution is a credentialed expert. The credential must attest to the bearer's right and authority to provide services in the area of specialization for which he or she has been trained. Examples are: a pulmonologist who is an expert in airway management, an emergency room physician authorized by an anesthesia department to assume responsibility for airway management, or a neonatologist who is an expert in airway management.

**Critical care experience** - Critical care experience must be obtained in a critical care area within the United States, its territories or a US military hospital outside of the United States. During this experience, the registered professional nurse has developed critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques. A critical care area is defined as one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (e.g., pulmonary artery, central venous pressure, and arterial catheters), cardiac assist devices, mechanical ventilation, and vasoactive infusions. Examples of critical care units may include but are not limited to: surgical intensive care, cardiothoracic intensive care, coronary intensive care, medical intensive care, pediatric intensive care, and neonatal intensive care. Those who have experiences in other areas may be considered provided they can demonstrate competence with managing unstable patients, invasive monitoring, ventilators, and critical care pharmacology.

**Culturally competent** - Cultural competency is demonstrated by effectively utilizing various approaches in assessing, planning, implementing, and administering anesthesia care for patients based on culturally relevant information.

**Demonstration of clinical competency** - The academic environment must provide substantial access to practice experts in order for students to learn. As the competencies needed to practice are rapidly changing, students must have access to instructors who possess clinical content knowledge and create a learning environment that is characterized by a culture of inquiry and practice scholarship that exemplifies rapid translation of new knowledge into practice and utilizes evaluation of practice-based models of care.

Clinical competence may be demonstrated by an instructor's involvement in one or more of the following:

- Current clinical practice
- Research in clinical area
- Education in the clinical area
- Utilization of evidence-based practice in instruction, in consultation with clinical experts as appropriate
- Participation in continuous professional development program

**Environmental issues** - Environmental issues are surrounding conditions, influences, or forces that may impact nurse anesthesia programs and nurse anesthesia practice. Environmental issues can include but are not limited to community and workforce needs, changes in financial and clinical resources, state and federal regulatory requirements, accreditation requirements, scope of practice, educational environments, healthcare reimbursement, and technological advancements. Program administrators' knowledge of environmental issues may be demonstrated by their attendance at professional meetings, active engagement in state and/or national professional associations, active participation on program and conducting institutions' committees, and scholarly activities.

**Experientially qualified** - Program administrators must possess: (a) clinical experience as a CRNA; (b) graduate preparation in the basic and clinical sciences relevant to nurse anesthesia practice; (c) formal instruction in curriculum, evaluation, and instruction; (d) current knowledge of CRNA practice and related professional issues; and (e) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs. Administrative experience is preferred.

Assistant program administrators must possess: (a) clinical experience as a CRNA; (b) graduate preparation in the basic and clinical sciences relevant to nurse anesthesia practice; (c) formal instruction in curriculum, evaluation, and instruction; (d) current knowledge of CRNA practice and related professional issues; and (e) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs.

**Formal instruction in curriculum, evaluation, and instruction** - Formal instruction in curriculum, evaluation, and instruction includes completed educational content evidenced on a transcript from an accredited institution of higher education, an AANA approved continuing education (CE) program, or a CE program approved by another nationally recognized professional approval organization.

**Full-time program administrator** - A full-time program administrator is a CRNA who by title and function directs the organizational administration of a nurse anesthesia program; providing leadership and oversight of all aspects of the educational program including but not limited to governance, didactic and clinical curriculum, recruitment, and evaluation. The workload may include a reasonable teaching commitment. Engagement in direct patient care activities, including supervising nurse anesthesia student clinical performance, does not qualify as meeting organizational administrative duties.

**Graduate employment rate** - Graduate employment is defined as occupational engagement in, or an offer of occupational engagement in, any setting that requires performance of duties within the scope of practice of the Certified Registered Nurse Anesthetist (CRNA) as a condition of employment.

**Institutional accreditor** - The institution where a degree is earned must be accredited by an agency that is recognized by the US Secretary of Education as a reliable authority for the quality of training offered.

**Nondiscriminatory practice** - Nondiscriminatory practice is the practice of treating all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age or disability, consistent with law. Although an applicant should not be required to provide information regarding any protected characteristics, he or she can provide such information on a voluntary basis. An applicant may be asked if he or she can perform the essential tasks or functions of a nurse anesthetist.

**Pain management, acute** - Acute pain management involves the treatment of pain of recent onset arising from a discrete cause, e.g., postoperative pain. Acute pain may result from both surgical and nonsurgical origins. The experience of acute pain can initiate a cascade of emotional, physical, and/or social reactions.

**Pain management, chronic** - Chronic pain management involves the treatment of persistent pain or discomfort that continues for an extended period of time (usually involving durations greater than 3 to 6 months). Chronic pain may result from both surgical and nonsurgical origins. Some chronic conditions cause pain that may come and go for months or years or that may cause acute increases in the pain level. Persistent pain in certain circumstances becomes a disease with complex causal interactions of biological and psychological factors and not just a symptom.

**Pain management encounters** - Pain management encounters are individual one-on-one patient interactions for the express purpose of intervening in an acute pain episode or a chronic pain condition. Pain management encounters must include a patient assessment before initiating a therapeutic action. Pain management encounters include but are not limited to the following:

1. Initiation of epidural or intrathecal analgesia.
2. Facilitation or initiation of patient controlled analgesia.
3. Initiation of regional analgesia techniques for postoperative pain or other nonsurgical pain conditions including but not limited to plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc.
4. Adjustment of drugs delivered, rates of infusion, concentration or dose parameters for an existing patient controlled analgesia or patient controlled epidural analgesia.
5. Pharmacologic management of an acute pain condition in postanesthesia care unit.
6. Trigger point injections.
7. Electrical nerve stimulation.

The administration of intravenous analgesics as an adjunct to a general or regional anesthesia technique does not constitute a pain management encounter for purposes of meeting minimal COA required clinical experiences. The administration of regional anesthesia as the primary anesthetic technique for a surgical procedure does not constitute an acute pain management encounter.

**Privilege to practice** - Privilege to practice is the authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.

**Professional role development** - Curricular content geared toward development as a professional nurse anesthetist includes but is not limited to the history of nurse anesthesia, standards of practice, professional ethics, regulation of practice (governmental and nongovernmental), legal aspects of practice, the business of anesthesia and practice management, anesthesia reimbursement methodologies and payment policies, wellness and substance use disorder, as well as the structure and function of the state, national, and international nurse anesthesia organizations.

**Protected time** - While the definition of protected time may vary somewhat, the intent is to allow for reasonable balance between personal wellness and professional responsibilities. The institution shall summarize expected faculty efforts for all activities including administration, teaching, research, clinical, and other activities. Other activities include but are not limited to those related to maintaining professional competence, scholarly pursuits, and professional advancement. The total hours of faculty commitment must provide ample time for the faculty member to maintain healthy work-life balance.

**Public member** - A public member is someone who ensures that consumer concerns, public and private, are formally represented and who curbs any tendency to put program priorities before public interest. Such members should be selected at large, and they cannot be current or former members of the healthcare profession or current or former employees of the institution that is conducting the program. This also excludes anyone who might be perceived to have divided loyalties or potential conflicts of interest, such as a relative of an employee or former employee.

**Published outcomes** - A program must publish accurate data and information to the public on its performance. The data must demonstrate the degree to which it has achieved its purpose and objectives. Publications can be in various formats but must include posting the information on a website that is linked to the Council's *List of Accredited Educational Programs*.

**Radiology** - Didactic curricular content includes the fundamentals of radiologic principles and various techniques, topographic anatomy, contrast agents, radiation safety, basic evaluation of normal and abnormal radiographs of the chest, evaluation of proper positioning of various tubes (e.g., endotracheal tubes, chest tubes) and lines (e.g., central venous catheters), and proper techniques of safe fluoroscopic equipment use.

**Reasonable time commitment** - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours (*see Glossary, "Clinical hours"*) averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

**Scholarly work** - The doctoral program culminates with the completion of a scholarly work that demonstrates the ability to translate research findings into practice. This is an opportunity for the student to prepare a substantial final written work product, applicable to nurse anesthesia practice,

that reflects the breadth of skills and knowledge the student has gained throughout the program of study. The final written work product may be in the form of a manuscript submitted for publication, a poster presented at a national meeting, design of innovative clinical practice model, or other effective means of dissemination. The structure and process of the scholarly work will vary according to the requirements of the governing institution and conform to accepted educational standards at the practice doctoral level.

**Scholarship skills** - Scholarship skills include but are not limited to the ability to perform extensive literature searches, critically appraise the available research evidence, synthesize information from diverse formats and sources, and cogently express understanding of complex concepts in both verbal and written forms, all while demonstrating high professional, personal, and intellectual integrity.

**Simulated clinical experiences** - Simulated clinical experiences are learning experiences involving the imitation or representation of clinical activities that are designed for competency attainment, competency assessment, or competency maintenance. Simulation involves a wide range of options including but not limited to standardized patients, web-based simulation, computer-based simulation, manikin-based technologies ranging from low- to high-fidelity, task trainers, and holodecks. These clinical learning experiences are intended to help bridge didactic learning with safe and effective patient care delivery.

**Single degree plan** - A single degree plan is a degree plan with the following components: (1) there is 1 curriculum plan for both entry-into-practice students and master's prepared CRNAs seeking a practice doctoral degree; (2) students complete the same coursework; (3) the institution has in place an appropriate advanced standing policy, and master's prepared CRNAs are given advanced standing for coursework completed in their entry-into-practice program or completed as prerequisites for admission into the nurse anesthesia program; and (4) as a result, students in both programs meet same program terminal objectives on completion of the program.

**Student services** - Student services consist of assistance offered to students such as financial aid, health services, insurance, placement services, and counseling.

**Title IV eligibility** - Title IV Higher Education Opportunity Act (HEOA) federal programs administered by the US Department of Education have a requirement for institutions or programs participating in federally funded programs to be accredited by an institutional accreditor recognized by the US Secretary of Education. Examples of federal programs where accreditation provides a federal link to funding are Direct Loans, Student Aid Programs (Stafford, PLUS, and consolidation loans), and Federal Perkins Loans.

**Unshared governance** - An unshared governance is a formal arrangement in which 2 or more organizations or institutions are controlled by separate administrative authorities. Written affiliation agreements are necessary between entities that participate in an unshared governance arrangement.

**Wellness and substance use disorder** - Wellness is defined as a positive state of the mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. Substance use disorder (SUD), also known as chemical dependency and addiction, is a chronic and progressive disease which threatens physical and mental well-being and is individually characterized by a multiplicity of behaviors from misuse through dependency/addiction to alcohol and/or drugs (legal and illegal). The wellness/SUD curriculum must be an evidence-based program of study that could include but is not limited to the following 5 key conceptual components:

1. Importance of wellness to healthcare professionals: Describe the integration of healthy lifestyles, adaptive coping mechanisms for career stressors, and an awareness of chemical dependency risk factors and pathophysiology.
2. Healthy lifestyles: Describe attitudes, behaviors, and strategies (i.e., healthy nutrition, exercise, sleep patterns, and critical incident stress management) that create a positive work-life balance for personal wellness.
3. Coping mechanisms: Describe adaptive or maladaptive behaviors employed by individuals to reduce the intensity of experienced stress. Discuss positive stress reduction techniques, such as meditation, deep breathing, and exercise.
4. Identification and intervention of SUD: Describe needed awareness of the symptoms of SUD, appropriate strategies for successful intervention, evaluation, treatment, and aftercare.
5. Reentry into the workplace after treatment for SUD: Broadly describes components of successfully returning to anesthesia practice. These components include frameworks for returning to administrative, academic, or clinical anesthesia practice; strategies to reduce the likelihood of relapse; and elements of lifestyle adaptation that lead to a healthy balance of professional work and physical, emotional, and spiritual health.

## **History Addendum**

### **History of Nurse Anesthesia Accreditation**

On June 11, 1930, Agatha Hodgins, a nurse anesthetist, set forth her ideas regarding the essentials of a national organization for nurse anesthetists. They included (1) organization of a special group, (2) establishment of educational standards, (3) development of a state registration mechanism, (4) lobbying to practice without unwarranted criticism, and (5) improving the quality of work through study and research. She became the force behind establishing an organization dedicated to meeting the needs of the first nursing specialists. One of the initial objectives of the National Association of Nurse Anesthetists (NANA), whose name was later changed to the American Association of Nurse Anesthetists (AANA), was to develop the mechanisms for establishing a program to evaluate schools of nurse anesthesia.

#### **Development of an Accreditation Process**

An Education Committee was established in 1933 and with the assistance of other NANA committees, was charged with the development of educational standards, maintenance of a central bureau, and compilation of lists of approved schools and qualified instructors. To that end, preparations included identifying hospitals that operated schools of anesthesia, visiting those schools, and analyzing the content of their curriculums. These efforts resulted in written guidelines that established minimums of a 4 months' course of study, 250 anesthesia cases, and 75 hours of classroom instruction. The work of national committees over the following decades resulted in refinement of early education guidelines and identification of essential elements for nurse anesthesia education.

At the 1950 AANA Annual Meeting in Atlantic City, New Jersey, a resolution was unanimously adopted to create a plan for accreditation of nurse anesthesia schools. The formal accreditation program began 2 years later when the 1952 AANA Board of Trustees accepted criteria for accreditation of schools and delegated responsibility for its implementation to the Approval of Schools Committee. In addition to support shown by the vote of AANA members, the new process to accredit nurse anesthesia schools was endorsed by the American Hospital Association (AHA).

From 1937 to 1975, the educational guidelines, voluntary approval process, and eventually the accreditation process focused only on hospital-based schools of anesthesia. In 1970, the accreditation standards recommended that schools pursue the goal of offering college credit for coursework. The first mention by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accrediting degree granting schools was recorded in the 1976 standards indicating that the same standards applied to certificate and degree granting schools. Increasingly higher expectations for graduates to earn higher education degrees continued over the years with accreditation standards for master's degree programs in 1998, optional research-

oriented and practice-oriented doctoral degree programs in 2004, and draft standards for practice doctoral degree programs in 2014. All accredited nurse anesthesia programs offered master's level education as of October 1, 1998, and all programs must offer doctoral degrees by 2022.

### **Organizational Structure**

In 1955, AANA was listed by the US Commissioner of Education as the recognized agency for accreditation of nurse anesthesia schools. The accreditation function was transferred to the AANA's Council on Accreditation of Nurse Anesthesia Educational Programs/Schools in 1975, in response to a major revision of the US Office of Education criteria. The revised criteria reflected many of the sociopolitical concerns of the time: (1) public accountability, (2) conflicts of interest, (3) consumer protection, (4) nondiscriminatory practices, (5) due process, and (6) community of interest involvement. These criteria mandated a structural change in the AANA that resulted in the formation of 3 semiautonomous councils: accreditation, certification, and practice. These councils were granted full functional and operational autonomy over the next 3 years, after proving their effectiveness in performing their respective responsibilities. A fourth council, recertification, was established in 1978 to serve as the monitoring body for the continuing education of nurse anesthetists.

The COA continued to exist from 1978 to 2009 as an autonomous, multidisciplinary body under the corporate structure of the AANA. In 2009, due to concerns by the AANA regarding compliance with Illinois State law and difficulty in the indemnification of COA directors and onsite reviewers, the COA separately incorporated. It is now recognized as a 501 (c) (3) accrediting organization by the Internal Revenue Service.

### **External Recognition of COA**

The COA has been continuously recognized by the US Secretary of Education (formerly the US Commissioner of Education), US Department of Education (USDE) since 1975, as well as by the Council on Postsecondary Accreditation (COPA) or its successor, the Commission on Recognition of Postsecondary Accreditation (CORPA), since 1985. The Council for Higher Education Accreditation (CHEA) assumed CORPA's recognition functions in 1997. COA maintains USDE recognition under the legislative mandate that calls for the US Secretary of Education to identify reliable authorities for the quality of training that is offered by programs. COA maintains CHEA recognition to demonstrate its effectiveness in assessing and encouraging improvement and quality in programmatic accreditation. COA also subscribes to the Code of Good Practice for accrediting organizations through membership in the Association of Specialized and Professional Accreditors (ASPA).

COA's scope of accreditation was clarified by the USDE in 1993 and by CORPA in 1994 to delete reference to generic programs and specify nurse anesthesia programs that prepared graduates

at the certificate, baccalaureate, master's, and doctoral degree levels. In 1997, the scope was revised to delete baccalaureate programs that no longer existed. Currently, the COA is identified by the USDE and CHEA as a nationally recognized accrediting agency for the accreditation of institutions and programs of nurse anesthesia at the post-master's certificate, master's, and doctoral degree levels, including programs offering distance education in the US and Puerto Rico.

Changes to the Higher Education Act, later named the Higher Education Opportunity Act (HEOA) have resulted in COA revising its standards with each reauthorization as needed to comply with federal regulations for accrediting agencies. Regulations have been adopted requiring accreditors to review an institution's and/or program's compliance with tuition in relation to the subject matter taught, default rates in student loan programs, records of student complaints, and attrition, graduation, certification, and employment rates among others.

A significant change in federal regulations occurred during the 1990s. Congress set stringent requirements for the federal government, state governments, and accrediting agencies, including COA, to increase oversight of institutions that participate in federal programs such as student financial aid. The original impetus for this action was an unacceptably high national rate of college graduates who failed to repay their federal student loans. As a result, only accrediting agencies linked to federal programs were eligible for new or continued recognition by the US Secretary of Education. Several accrediting agencies were "derecognized" during this time.

The COA continues to be officially recognized as the only accreditor for nurse anesthesia educational programs in the US. Graduation from a COA accredited program is required: (1) as the basis for ascertaining eligibility for federal programs under selected legislation, (2) to sit for the National Certification Examination, (3) for licensing in state rules and regulations, and (4) as a condition of employment.

### **COA Membership and Staff**

The most recent changes in COA membership occurred in May 2002 to comply with USDE requirements. The AANA Education Committee chair member was replaced with a CRNA educator member, and a second public member was added. The resulting COA membership includes 5 CRNA educators; 2 CRNA practitioners; 1 healthcare administrator; 1 academic administrator; 2 public members; and 1 nurse anesthesia student. COA's membership represents the various publics within the nurse anesthesia community of interest in which the profession resides. All representatives are members of the COA Board of Directors and have been vested with full decision-making and voting powers with the exception of the nurse anesthesia student who serves as a nonvoting member.

COA staff consists of the executive director of accreditation, accreditation specialists, and administrative support personnel. The executive director oversees operational activities and

works closely with COA directors. Accreditation specialists work directly with program administrators, onsite reviewers, and consultants on accreditation and education related activities. Office operations specialists support the development, implementation, and ongoing support of technology and communication. In 2008, a major change in COA operations was the deployment of an electronic accreditation business process management system (i.e., COAccess).

### **Movement to Doctoral Education**

Educational requirements have continued to increase since the establishment of a national organization for nurse anesthetists in the early 20th century. Schools of anesthesia have moved from apprenticeships at hospitals to programs affiliated with institutions of higher education offering graduate degrees. Official positions taken by the COA and AANA have facilitated this movement including support for nurse anesthesia program applicants to possess baccalaureate degrees, support for the education of nurse anesthetists at the postbaccalaureate level, transition of programs to the master's degree level, and more recently to the doctoral degree level.

The first COA requirement for degree programs was published in the 1990 standards for all nurse anesthesia programs to transition from awarding certificates to awarding master's degrees. By October 1, 1998, all accredited nurse anesthesia programs were offering master's level education.

Exploring doctoral level education for nurse anesthetists has been a methodical, deliberate process. In 1996, the AANA appointed a Doctoral Task Force to study the feasibility of doctoral degrees for nurse anesthetists. This task force found little support for the idea at that time. However, the COA published standards for optional practice-oriented and research-oriented doctoral degrees in 2004 because of the continued interest in and movement toward doctoral education for nurse anesthetists.

The transition of many healthcare roles to the practice doctorate for nurses and other nonphysicians in the US has been driven by national healthcare policy as attempts are made to reduce medical errors, mediate healthcare costs, and improve quality and outcomes for patients. Practice doctorates have been established for many health professions in this environment (e.g., optometry, audiology, pharmacy, and physical therapists). As part of this societal movement for health professions to hold practice doctorates, the American Association of Colleges of Nursing (AACN) published a position statement in October 2004 for its member colleges to transition all advanced practice nursing education to the doctor of nursing practice degree. The AANA convened a summit in June 2005 to reexplore doctoral preparation of nurse anesthetists. Pursuant to its summit, the AANA appointed the Task Force on Doctoral Preparation for Nurse Anesthetists (DTF). The DTF held meetings between December 2005 and

February 2007 for the purpose of developing options for the doctoral preparation of nurse anesthetists. The DTF provided its report to the AANA Board of Directors in April 2007. In June 2007, the AANA Board unanimously adopted a position statement to support doctoral education for entry into nurse anesthesia practice by 2025. The COA subsequently explored the accreditation ramifications of the AANA position statement regarding doctoral education. In January 2009, the COA voted to require nurse anesthesia educational programs to transition to a doctoral framework no later than January 1, 2022. All entry-into-practice graduates from nurse anesthesia educational programs will be required to possess a doctoral degree as of January 1, 2025.

The COA has taken key steps in transitioning to doctoral level education for nurse anesthetists. These included notification to accredited programs that: (1) the COA will not consider any new master's degree programs for accreditation beyond 2015; (2) students accepted into an accredited program on January 1, 2022 and thereafter must graduate with doctoral degrees; and (3) doctoral degrees will be required for the CRNA program administrators (program administrators and assistant administrators) in all doctoral programs by January 1, 2018. All degrees must be awarded by a college or university that is accredited by a nationally recognized institutional accreditor.

Recognizing the need to develop comprehensive standards for entry-into-practice doctoral programs, the COA subsequently appointed a Standards Revision Task Force (SRTF) in 2010. The SRTF performed extensive research and analysis of data both from within and external to nurse anesthesia education. The SRTF considered input from various communities of interest as it set about its work. These communities of interest included nurse anesthetists from varied practice settings, the AANA Board of Directors, the AANA Education Committee, the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), student nurse anesthetists, other nursing groups, university officials, educational accreditors, healthcare administrators, physicians, related healthcare professions, regulatory authorities, payors of healthcare services, patients, and the public. The need to develop an understanding of competencies expected for entry into nurse anesthesia practice was integral to the SRTF's work. Following extensive multivariate efforts by the SRTF, the COA approved the following understanding of the concept of nurse anesthesia entry-into-practice competencies at the doctoral level:

Entry-into-practice competencies for the nurse anesthesia professional prepared at the doctoral level are those required at the time of graduation to provide safe, competent, and ethical anesthesia and anesthesia-related care to patients for diagnostic, therapeutic, and surgical procedures.

Entry-into-practice competencies should be viewed as the structure upon which the nurse anesthetist continues to acquire knowledge, skills, and abilities along the practice

continuum that starts at graduation (proficient) and continues throughout their entire professional career (expert).

The SRTF presented its first draft of the Standards for Accreditation of Nurse Anesthesia Programs: Practice Doctorate to the COA in January 2012. By 2013, input was solicited from the AANA Education Committee in the development of the standards with the first draft of revised standards sent to the committee members in preparation for their conducting selected hearings. Further, the AANA Education Committee has provided input throughout the developmental process according to written procedure. This procedure has practical considerations since the Council is the entity with knowledge of laws, regulations, and other requirements and constraints imposed by external authorities governing accrediting agencies in the US. Several drafts of the standards were developed based on comments received by the COA, SRTF, and AANA from all stakeholders from 2012 to 2014. Following careful consideration of all inputs, the COA approved the final draft at its January 2014 meeting. The trial standards were implemented after adoption in January 2014 and became required standards in January 2015.