



***Procedures for Accreditation of
Post-Baccalaureate Nurse Residency Programs***

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INTRODUCTION

The Commission on Collegiate Nursing Education (CCNE) is one of more than 60 educational accrediting agencies that serve the public interest by providing an unbiased assessment of the quality of professional education programs. Conceived by the American Association of Colleges of Nursing (AACN) in 1996, the Commission officially began accrediting operations in 1998. CCNE is an autonomous accrediting arm of AACN contributing to the improvement of the public's health.

CCNE accredits post-baccalaureate nurse residency programs in accredited hospitals that are located in the United States and its territories or U.S. military installations. As a specialized/professional accrediting agency, CCNE also evaluates and makes judgments about the quality of baccalaureate and graduate degree programs in nursing located in colleges and universities that are accredited by an institutional (regional or national) accrediting agency recognized by the U.S. Secretary of Education. The institution(s) offering the nursing degree program(s) must be located or chartered in the United States or its territories. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, and clinical nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP). CCNE is recognized by the U.S. Secretary of Education to accredit baccalaureate and graduate degree programs in nursing.

The Commission serves the public interest by assessing and identifying programs that engage in effective practices. A determination of accreditation by CCNE is an indication of confidence in the ability of the parent institution to offer a program of quality, deserving of public approbation.

The procedures described in this publication have been established by CCNE to assist institutions whose post-baccalaureate nurse residency programs are preparing for initial or continued accreditation and to guide the CCNE Board of Commissioners and its committees in the accreditation decision-making process. This publication is designed to be equally useful to applicants seeking initial accreditation and to already-accredited programs undergoing periodic reevaluation. The procedures for accreditation of baccalaureate and graduate degree nursing programs are published separately.

Standards for Accreditation

CCNE formulates and adopts accreditation standards for nurse residency programs, which are described in *Standards for Accreditation of Post-Baccalaureate Nurse Residency Programs (Adopted April 2008)*. Nurse residency programs may achieve CCNE accreditation by demonstrating their compliance with the CCNE standards and key elements. This publication is posted on the CCNE Web site and may be obtained by contacting the CCNE office. The standards for accreditation of baccalaureate and graduate degree nursing programs are published separately.

Board of Commissioners

CCNE is governed by a Board of Commissioners. The Board is the final authority on all policy and accreditation matters affecting CCNE. The Board adopts standards and procedures for the CCNE accreditation process after appropriate opportunity is provided to the community of interest to comment on proposed revisions that are substantive in nature. The Board has final authority over all accreditation decisions.

The Board comprises 13 individuals who broadly represent CCNE's community of interest. The composition of the Board includes three representatives of the faculties of CCNE-affiliated nursing programs; three chief nurse administrators (e.g., deans) of CCNE-affiliated nursing programs; three representatives from the field of professional nursing practice; two professional consumers who represent employers of health care professionals, one of whom administers a post-baccalaureate nurse residency program; and two public consumers.

CCNE Board members attend orientation and training prior to the first meeting at which they serve on the Board. Orientation of new members may include observation of Board or committee meetings, in which case new Board members participate as non-voting observers. At the beginning of each Board meeting, the chair reviews the roles and responsibilities of Board members and emphasizes the CCNE values as the basis for conducting business.

It is the policy of CCNE to make available to the public the names, affiliations, and qualifications of members of its Board, Residency Accreditation Committee, and professional staff.

Residency Accreditation Committee

The Residency Accreditation Committee (RAC) is a standing committee of the Commission. The RAC serves as the primary review body for nurse residency programs seeking initial or continuing accreditation by CCNE. The RAC also is responsible for reviewing continuous improvement progress reports and other reports submitted by programs that hold accreditation by CCNE.

The composition of the RAC includes at least one member of the CCNE Board and at least three individuals from outside of the Board who broadly represent the interests of post-baccalaureate nurse residency programs. All committee members are appointed by the Board chair.

In reviewing programs for accreditation, the RAC is responsible for reviewing the evaluation team report and the response of the program, as well as the self-study document. Upon its review, the RAC offers a recommendation to the CCNE Board regarding the action to be taken. The possible recommendations regarding accreditation actions are outlined elsewhere in this document.

In terms of monitoring significant changes in programs between evaluations to ensure continued compliance with established standards and policies, the RAC is responsible for reviewing continuous improvement progress reports and other reports. Upon its review of any report, the RAC offers a recommendation to the CCNE Board regarding the action to be taken. The possible recommendations regarding these reports are outlined elsewhere in this document.

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

Newly appointed RAC members attend orientation and training prior to the first meeting at which they serve on the committee. Orientation of new members may include observation of committee meetings, in which case new members participate as non-voting observers. At the beginning of each meeting, the RAC chair reviews the roles and responsibilities of committee members and emphasizes the CCNE values as the basis for conducting business.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

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

- Foster *trust* in the process, in CCNE, and in the professional community.
- Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
- Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the interested community.
- Rely on *review and oversight by peers* from the community of interest.
- Maintain *integrity* through a consistent, fair and honest accreditation process.
- Value and foster *innovation* in both the accreditation process and the programs to be accredited.
- Facilitate and engage in *self-assessment*.
- Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
- Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs and institutions of higher education.
- Maintain a process that is both *cost-effective and cost-accountable*.
- Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
- Ensure *autonomy and procedural fairness* in its deliberations and decision-making processes.

PROCEDURAL OVERVIEW

A post-baccalaureate nurse residency program located in an institution (hospital) that is accredited by a recognized accrediting agency may be affiliated with CCNE in one of two ways: as a new applicant program or as a program that holds CCNE accreditation status. Both affiliations are voluntary and are initiated by the institution.

In terms of residency program accreditation, CCNE evaluates for accreditation purposes only post-baccalaureate nurse residency programs. Other types of nurse residency programs are not eligible to pursue CCNE accreditation.

The accreditation process consists of the following steps:

1. The program conducts a self-study process (self-assessment), which generates a document addressing the program's assessment of how it meets CCNE's accreditation

standards. The self-study document that results from this assessment should identify the program's strengths and action plans for improvement.

2. An evaluation team of peers is appointed by the Commission to visit the program in order to validate the findings of the self study and to determine whether the program meets all accreditation standards and whether there are any compliance concerns with the key elements. Acting as a fact-finding body, the evaluation team prepares a report for the institution and for CCNE.
3. The program is provided with an opportunity to respond to the evaluation team report. Additional and/or updated information to support compliance and continuous quality improvement may be submitted at this time.
4. The self-study document, the evaluation team report, and the program's response are reviewed by the RAC, which makes a recommendation regarding accreditation to the Board.
5. The CCNE Board, taking into consideration the RAC recommendation, decides whether to grant, deny, reaffirm or withdraw accreditation of the program; or to issue a show cause directive. If accreditation is denied or withdrawn, the institution is accorded an opportunity to appeal the decision.
6. The Commission periodically reviews accredited programs between on-site evaluations in order to monitor continued compliance with CCNE standards, as well as progress in improving the quality of the residency program.

This process is reinitiated every 5 years or sooner, depending on the success of the program in demonstrating continued compliance and improvements in the quality of the residency program.

INITIAL ACCREDITATION

Institutions that seek initial accreditation by CCNE of a residency program and institutions that have had accreditation withdrawn by CCNE and desire to regain accreditation must first submit an application for accreditation.

New Applicants

A program begins the accreditation review process by requesting applicant status. New applicants for accreditation are eligible for a maximum accreditation term of 5 years. New applicant status signifies an affiliation with CCNE; it is not a status of accreditation. CCNE accreditation decisions are retroactive to the first day of the program's most recent CCNE on-site evaluation. New applicants should schedule accreditation reviews accordingly.

The written application must include:

1. A request co-signed by the chief executive officer and the chief nursing officer of the institution that offers the post-baccalaureate nurse residency program, inviting CCNE to initiate the accreditation process.

2. Evidence that the parent institution (hospital) is accredited by a recognized accrediting agency.
3. Evidence that the partnering academic nursing program is accredited by an agency recognized by the U.S. Secretary of Education.
4. Payment of the fee for new applicants as indicated in CCNE's fee schedule.
5. A completed CCNE Program Information Form.
6. Documentation that briefly summarizes the ability of the program to meet the established accreditation standards. The program should be able to present this information in 10 pages or less. This documentation must include the following:
 - a. a description of the hospital setting;
 - b. the mission, goals, and expected outcomes of the post-baccalaureate nurse residency program;
 - c. a description of the post-baccalaureate nurse residency program curriculum;
 - d. a description of the resources available to support the post-baccalaureate nurse residency program;
 - e. eligibility requirements for enrollment in the post-baccalaureate nurse residency program;
 - f. a description of how the post-baccalaureate nurse residency program is clearly differentiated from any other nurse residency programs that are offered by the hospital; and
 - e. evidence that the post-baccalaureate nurse residency program is at least 12 months in length.

A program requesting applicant status must send its written application to the CCNE office. The application is reviewed by CCNE staff, and, if needed, by the RAC in order to determine completeness of the application and readiness of the program to initiate the accreditation review process.

A request for applicant status will be accepted at any time, but applicants should understand that once a program is accepted as an applicant, the program must proceed toward accreditation. Specifically, an applicant must submit an acceptable self-study document and host an on-site evaluation by CCNE within 2 years of the date of acceptance as an applicant; failure to do so will result in termination of applicant status. At any time during applicant status, a program may withdraw its application without prejudice, on written notice to CCNE, and no further review activities will be conducted. There is a 6 month waiting period after an application is withdrawn before a program may initiate a new request for applicant status.

INITIATING THE REEVALUATION PROCESS

In order for accreditation to be reaffirmed, CCNE conducts a reevaluation of the program on a periodic basis. Approximately 12-18 months prior to the time the on-site evaluation is to be scheduled, CCNE staff advises the chief nursing officer that arrangements should be made for reevaluation. The program should at that time determine whether it wishes to pursue continuing accreditation. A letter of intent from the chief nursing officer should be sent to CCNE, requesting reevaluation and proposing possible dates for the on-site evaluation. When the request is received, the date for the on-site evaluation and team appointments are determined by CCNE staff in consultation with the chief nursing officer.

THE ACCREDITATION REVIEW PROCESS

Self Study

In seeking initial or continuing accreditation, the program is required to conduct a self-study related to program quality and effectiveness. The process of self-analysis should result in the preparation of an analytical document that addresses all accreditation standards and key elements. The self-study document must include data and other information about the program and must demonstrate that this information is analyzed and used in program improvement efforts. In the self-study document, the program should identify its strengths, its performance with respect to residents' achievements, and areas for improvement, as well as its plans to address continuous improvement. The program should solicit input from its community of interest – including but not limited to residents, faculty, and staff – in developing its self-study document.

The self-study document should be no longer than 75 pages of general text, excluding any pertinent supplementary information. CCNE staff is available to provide advice to the program about the self-study process. A completed CCNE Program Information Form must be included in the self-study document.

No format for the self-study document is mandated by CCNE. As a general guide, the self-study document should be organized to facilitate an assessment of each accreditation standard by the evaluation team. Guidelines for preparing the self-study document are sent to programs following the confirmation of the on-site evaluation dates. These guidelines also are posted on the CCNE Web site and may be obtained by contacting the CCNE office.

At least 6 weeks prior to the scheduled on-site evaluation, the program must distribute paper copies of the self-study document and supplements as follows: one copy to each member of the evaluation team and five copies to the CCNE office. In addition, the program must submit an electronic copy of the self-study document and supplements to the CCNE office. Self-study documents submitted to the CCNE office are available for public review by appointment only but will not be distributed by CCNE.

Third-Party Comments

The Commission provides the opportunity for program constituents to submit, in writing, comments concerning a program's qualifications for accreditation status. Approximately 3 months before the scheduled on-site evaluation, the program must notify its major constituents that an accreditation review is scheduled; this notification should indicate that written third-party

comments will be received by CCNE until 30 days before the scheduled visit. The form of such notice is at the discretion of the program, but it should include the name and mailing address of CCNE. The fact that constituents were informed of this opportunity will be verified by the evaluation team during the on-site evaluation process. CCNE will also notify its constituencies of upcoming accreditation reviews and invite third parties to submit comments to CCNE.

Only signed comments will be accepted by CCNE. CCNE shares third-party comments with members of the evaluation team prior to the visit, but at no time during the review process are these comments shared with the program. During its review of the program, the evaluation team considers third-party comments, if any, that relate to the accreditation standards.

Planning for the On-Site Evaluation

The specific logistics for the actual on-site evaluation should be arranged several months prior to the on-site evaluation. The chief nursing officer should propose a draft agenda for the evaluation no later than 8 weeks prior to the review and should share it with the team leader. The team leader and the chief nursing officer should discuss the plans for the on-site evaluation, review the agenda and finalize arrangements for the team. A brochure providing guidance for the accreditation review is sent to programs following the confirmation of the on-site evaluation dates. These guidelines also are posted on the CCNE Web site and may be obtained by contacting the CCNE office.

Comprehensive On-Site Evaluation

The comprehensive on-site evaluation is conducted to assess the program's compliance with CCNE standards. The evaluation typically occurs over a 2.5 to 3-day period. The chief nursing officer will be consulted regarding dates and arrangements for the evaluation. The evaluation team assigned to review the program gathers data and information that are used by the RAC and CCNE Board to assess whether the program is in compliance with the standards for accreditation. The Commission may elect to conduct subsequent on-site evaluations before granting initial accreditation.

A residency program should be operational for at least 12 months before hosting an on-site evaluation. The procedures for conducting evaluations to determine initial accreditation are the same as those used in the reevaluation of accredited programs.

A comprehensive on-site evaluation is conducted to accomplish the following three objectives:

1. to validate the findings and conclusions of the self-study document;
2. to collect information to be used by the RAC and CCNE Board to assess compliance with CCNE accreditation standards; and
3. to review the processes that program representatives have established to ensure continued self-improvement for the program.

The evaluation team appointed to conduct the on-site evaluation gathers information that supplements and validates information provided in the self-study document. The team forms judgments about the institution and program based upon observations and impressions as well as upon information presented in the self-study document. These judgments appear in a written

report prepared by the team, which is described later in this publication. The team leader, on behalf of the team, provides a verbal summary of its findings to program representatives during the exit interview -- the final session of the on-site evaluation.

Evaluation Team and Observers

Team members are selected for the particular perspective they can contribute to the evaluation team. Team members make important contributions, individually as experts and collectively as a team of peer evaluators. The composition of a comprehensive evaluation team includes trained CCNE evaluators appointed in accordance with the type (e.g. size and complexity) of the program reviewed. All evaluation teams must consist of one or more practicing nurses and one or more educators. All individuals who represent CCNE as evaluators must have participated in a CCNE evaluator training program in which they are oriented to the accreditation review process.

The practicing nurses who serve on the CCNE evaluation team have a baccalaureate or higher degree in nursing, and a graduate degree (in nursing or another field). The practicing nurses are employed by an acute care hospital that offers a post-baccalaureate nurse residency program and have experience in administration of or teaching in a post-baccalaureate nurse residency program.

The educator who serves on the evaluation team is typically doctorally prepared and has breadth of knowledge about the delivery of nursing care in an acute care setting. The educator also has meaningful participation in a post-baccalaureate nurse residency program that is offered through a partnership between an acute care hospital and an academic institution.

Normally the team consists of three members, including a team leader. In general, two members of the team will be practicing nurses and one member of the team will be an educator.

CCNE staff assigns team leaders and team members to serve on the evaluation teams from the list of trained on-site evaluators. In order to preclude conflicts of interest, the chief nursing officer is provided with the opportunity to reject, for cause, any member of the proposed evaluation team. Conflicts of interest are addressed in a subsequent section of this publication.

With the consent of CCNE and the team leader, the chief nursing officer may invite individuals from interested agencies to observe the evaluation at no expense to CCNE. Observers may be included in all evaluation activities but generally are not permitted to attend executive sessions of the team. CCNE may invite individuals to observe the evaluation, as well, at no expense to the program under review.

On-Site Resource File

Before the CCNE evaluation team arrives on site, the program should compile information in a resource file for on-site review by the team. In general, the resource file should include any materials referenced in the self-study document that were not included in the appendices, and any other information that provides evidence of compliance with the accreditation standards and their key elements. If not included in the self-study document or appendices, the program should be prepared to make supporting documentation in the Examples of Evidence, as identified in the standards, available for review by the team on site.

Preparation of the Report

The evaluation team report is an objective assessment of how well the program meets the CCNE accreditation standards. It represents the team's findings regarding whether the program has clearly specified expected program outcomes consistent with its mission; whether it is successful in achieving its expected program outcomes; and whether it conforms to commonly accepted standards.

The report is based upon the team's analysis of institutional documents and other materials provided by the program, as well as an analysis of information garnered during confidential interviews with program constituents, observation of learning activities, and other activities of the team during the on-site evaluation. All statements, findings and recommendations included in the report are made in good faith with a view toward enhancing the quality of the program. The report reflects only that information obtained as part of the evaluation process conducted in accordance with CCNE procedures.

Evaluation teams make a written determination about whether the residency program has met or not met each standard and whether it is in compliance with the key elements. The team does not form a recommendation regarding the accreditation of the program. It is possible that a compliance concern exists, even though the overall standard is met.

Evaluation teams use the following terminology in reports:

- **This standard is met for the nurse residency program.**
The program complies with the standard and its key elements.
- **This standard is not met for the nurse residency program.**
The program fails to meet the standard and its key elements or performs so poorly in regard to the standard and its key elements that the efforts of the program are found to be unacceptable.

It is expected that the team's assessment of whether the program meets each standard will begin with one of the above statements. Following these statements, there is a narrative summary describing the on-site evaluation team's analysis and deliberations regarding the conclusions reached in the report. The team leader coordinates the development of the report and ensures that a draft report has been written before leaving the site.

The report of the evaluation team is edited by the team leader and is sent in hard copy and in electronic format to the CCNE office within 2 weeks of the on-site evaluation. CCNE staff reviews the team report and sends a final copy of it to the chief nursing officer.

Institutional Response

The chief nursing officer is provided no less than 2 weeks to respond to the report of the evaluation team. The response may:

1. offer corrections of errors as they relate to names, positions, data, and other documentable facts; and/or

2. offer comments that agree or disagree with the opinions and conclusions stated in the report; and/or
3. provide any documentation demonstrating additional progress made toward ongoing program improvement.

The chief nursing officer's written response to the report is appended to the team report. The team report with the program's written response to it is sent to the RAC and, subsequently, to the CCNE Board. Since the written response to the report is considered along with the team report at the RAC and Board meetings, it generally is not necessary for the chief nursing officer to attend those meetings; however, program representatives may meet with the RAC if desired. The chief nursing officer should inform CCNE of the program's intent to send representatives to the RAC meeting when submitting the program's response to the evaluation team report.

THE ACCREDITATION DECISION-MAKING PROCESS

Review by the Residency Accreditation Committee

The RAC is provided copies of the self-study document, evaluation team report, and the response to the team report submitted by the chief nursing officer. The RAC may consider additional facts or other information not available to the team at the time of the visit as part of the review of the report. The extent to which the additional information will affect the recommendation of the RAC is a matter of judgment within its discretion.

If the chief nursing officer and/or other program representatives elect to meet with the RAC, he/she may provide a verbal statement to the RAC regarding the findings identified in the team report. The RAC reserves the right to limit the time of the verbal presentation.

The team leader may be invited to participate, either in person or by teleconference, during the RAC's review by, among other things, providing a verbal summary of the team's findings as stated in the report or elaborating further on those findings, clarifying the team report, and/or answering any questions of the RAC. The chief nursing officer and/or other program representative is given an opportunity to respond to the team leader's comments.

The RAC reviews all materials carefully and formulates a recommendation regarding a proposed action to be taken by the CCNE Board. Neither the chief nursing officer nor the team leader may be present during the RAC's deliberations. The proposed accreditation action includes:

1. accreditation status and period of accreditation;
2. identification of any areas where the program is not in compliance with CCNE standards; and
3. a schedule for progress reports or special reports to be submitted and for the conduct of subsequent comprehensive or focused evaluations, if needed.

Action by the Board of Commissioners

At a meeting of the CCNE Board that occurs following the meeting of the RAC, the Board considers the proposed accreditation action recommended by the RAC. The chair of the RAC provides a written and oral report of the RAC's recommendation. After reviewing all relevant materials, including the self-study document, team report, and response to the team report submitted by the chief nursing officer, the Board may accept the recommendation of the RAC or it may choose to take an alternative action that it believes is appropriate.

ACCREDITATION CATEGORIES

Accreditation

Accreditation is the recognition status accorded by the CCNE Board to a residency program that is in compliance with CCNE standards. Accreditation is an indication of CCNE confidence in the overall integrity of the program, the demonstrated success of the program officials in achieving program outcomes and engaging in continuous self-improvement, and the ability and wherewithal of the program to continue to be a successful enterprise for the foreseeable future. Initial accreditation may be granted for a time period extending up to 5 years. Accreditation may be reaffirmed for a time period extending up to 5 years based upon demonstrated substantial compliance with the standards for accreditation and the continuing advancement of the program. A comprehensive on-site reevaluation serves as the basis for determining reaffirmation of accreditation. CCNE will provide notice of its accreditation decisions to the public within 30 days of taking the action.

Accreditation Denied

Accreditation is denied by the CCNE Board when a residency program seeking initial accreditation fails to demonstrate its ability to meet the accreditation standards. When the Board considers an action to deny accreditation, factors that have a significant impact on the effectiveness of the program are identified as the basis for the action. The parent institution has an ethical obligation to inform residents in the program and prospective residents to the program of this adverse action. The CCNE Board also issues a public statement concerning final actions to deny accreditation. Before an action of the Board to deny accreditation is made public, the institution is afforded the opportunity to seek and fully exhaust the appeal process. Following implementation of the appeal process, if the action to deny accreditation is sustained by the Board, the effective date of the denial of accreditation will be the date the Board sustained the action.

Accreditation Withdrawn

Accreditation is withdrawn by the CCNE Board when a residency program pursuing reaccreditation fails to demonstrate its ability to meet the accreditation standards or when it fails to submit reports or payment of fees as requested by CCNE. When the Board considers an action to withdraw accreditation because of noncompliance with CCNE standards, factors that have a significant impact on the effectiveness of the program are identified as the basis for the action. The parent institution has an ethical obligation to inform residents in the program and prospective residents to the program of this adverse action. The CCNE Board also issues a public statement concerning final actions to withdraw accreditation. Before an action of the Board to withdraw accreditation is made public, the institution is afforded the opportunity to seek

and fully exhaust the appeal process. Following implementation of the appeal process, if the action to withdraw accreditation is sustained by the Board, the effective date of the withdrawal of accreditation will be the date the Board sustained the action.

Show Cause

The Board may issue a directive of show cause when substantive questions and concerns are raised regarding a CCNE-accredited residency program's compliance with the CCNE standards and key elements or its adherence to CCNE procedures.

The issuance of a show cause directive is not an adverse action, but a statement of serious concern by the Board. The program must respond to the Board's concerns within a specified time and "show cause" why adverse action should not be taken against the program. The Board will consider the program's response at its next scheduled meeting, and may act to vacate the show cause, continue the show cause and require additional reporting or a focused on-site evaluation, or take adverse action. Because a show cause directive is not an adverse action, it is not appealable. Because a show cause directive is not a final accreditation action, it is not made public.

Termination of Accreditation: Closed Programs

The CCNE Board will withdraw accreditation of any residency program that is closed or otherwise terminated voluntarily. Accreditation will be withdrawn effective at the time of closure of the program. Actions to withdraw accreditation of closed programs are not subject to further review under the appeal process. Upon learning of the closing of a program, CCNE staff will notify the institutional accrediting agency and the public of said action.

Voluntary Withdrawal From Accreditation

The pursuit of reaccreditation is a voluntary process. An institution that seeks reaccreditation of its residency program is permitted to withdraw from these processes at any time. Upon receiving written notification from an institution of its accredited program's intent to withdraw from the accreditation process, the Commission will notify the institutional accrediting agency and the public of said action. An institution that voluntarily withdraws its accreditation may reapply for accreditation no sooner than 6 months following the withdrawal. If a program allows its accreditation to lapse, this is considered the same as voluntary withdrawal from accreditation.

Adverse Actions

Adverse actions include decisions of the CCNE Board to deny, withdraw, or terminate accreditation. Adverse actions are subject to review under the appeal process. The appeal process may be initiated by the parent institution in accordance with the procedures specified in this document.

COMMUNICATION OF ACTIONS TO OTHER AGENCIES

It is the policy of CCNE to share information regarding accreditation actions, including decisions to award or reaffirm accreditation and adverse actions, with the institutional accrediting agency, other interested parties, and the public.

ACCREDITATION TERM

An accreditation term is the period during which the program's accreditation status remains valid. Accreditation status is valid through a specific date and is subject to the provisions of monitoring program performance described in this document. Accreditation automatically lapses at the conclusion of the term unless certain conditions have been met. For a review for continued accreditation by CCNE, the program must have submitted an acceptable self-study document and hosted an on-site evaluation prior to the termination date. If these conditions have been met, the accreditation status will continue until the first meeting of the CCNE Board at which the decision about continued accreditation can be made. If a program fails to host an on-site evaluation after proper notice, the accreditation status is subject to withdrawal at the time the term lapses.

The dates on which accreditation becomes effective and on which it ceases are summarized as follows:

1. For all programs that are granted initial accreditation by CCNE and for all programs whose accreditation is reaffirmed by CCNE, the effective date of CCNE accreditation is retroactive to the first day of the program's most recent CCNE on-site evaluation.
2. Accreditation continues to be in effect until the first CCNE Board meeting at which a decision can be made regarding continued CCNE accreditation, providing the conditions for accreditation described in this document have been met.
3. Accreditation status lapses on the date specified if the program fails to host a timely reevaluation after proper notice.
4. Accreditation status lapses on the date of dissolution or disestablishment of a program by its parent institution.

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

The Board may, at its discretion, award an accreditation term of any length, up to and including the maximum 5-year accreditation term. The Board may act to grant an accreditation term that is less than the maximum term for which the program is eligible if, upon its review of the program, it determines that compliance concerns warrant an award of a lesser term. When an accreditation term is awarded for a period less than the maximum possible, the Board may, at its discretion, specify that an extension of the term is possible, pending a future determination by the Board that cited concerns/deficiencies have been resolved satisfactorily. If, upon review of the continuous improvement progress report, special report or any other report requested by the Board in the accreditation action letter, the Board concludes that the program has satisfactorily resolved the cited concerns/deficiencies, a new decision must be made at that time regarding the extension of the accreditation term. Under no circumstances may the revised term of accreditation exceed 5 years.

The Board may also elect to modify a program's accreditation term when a program has undergone a substantial change, when major deterioration in the program has occurred, when the parent institution requests an earlier evaluation, or when a formal complaint against an accredited program requires an on-site evaluation of the issues surrounding the complaint. The Board reserves the right to conduct an evaluation of the program whenever circumstances require such review. This evaluation may have an impact on a previously-granted accreditation term, resulting in a reduced accreditation term.

It is the Board's policy not to grant extensions of accreditation terms. However, a program that is accredited by CCNE may request a postponement of its regularly scheduled review, but only for extraordinary reasons. A request for postponement by an accredited program must be made in writing at least 12 months prior to the expiration of the accreditation term. Any exceptions must be approved by the CCNE Board and require action by the Board to extend the current accreditation term by a specified period of time.

NOTIFICATION TO THE PARENT INSTITUTION

CCNE notifies institutions of the accreditation action pertaining to the nurse residency program in writing only. The CCNE staff advises the institution of the action within 30 days of the date on which the Board completes its accreditation deliberations.

CCNE sends the accreditation action letter to the chief nursing officer at the institution. A copy of the accreditation action letter, as well as the report of the evaluation team and the program's response to it, is sent to the institution's chief executive officer. The institution is encouraged to make the report available to program representatives, residents, and other program constituents.

The accreditation action letter comprises the accreditation decision of the Board, including a notice of concerns and/or areas in which the program is not in compliance with CCNE standards. This is transmitted in writing to the parent institution's chief executive officer and to the chief nursing officer.

For adverse actions, the action letter contains the following information:

1. the specific reasons for taking the adverse action, including the standards and/or key elements with which the program fails to comply;
2. the date the action becomes effective;
3. an invitation to the institution to initiate the appeal process and the date by which such a request must be received by CCNE; and
4. a reminder to the institution regarding its obligation to inform current residents and prospective residents about the adverse action if no request for an appeal is made.

Notification of adverse accreditation actions is confidential, except as required under the section, "Disclosure," and is transmitted by certified mail.

MONITORING PROGRAM PERFORMANCE

Continuous Improvement Progress Reports

An accredited residency program submits a continuous improvement progress report (CIPR) for the purpose of demonstrating continued compliance with the accreditation standards as well as ongoing program improvement. The accredited program is required to submit one progress report, unless additional progress reports are specifically requested by the Board. The continuous improvement progress report is submitted at the mid-point of the designated accreditation period.

In addition to data regarding the program's continued compliance with all accreditation standards, the program should also provide information on its progress in correcting any areas of concern that were specifically identified by the CCNE Board in the accreditation action letter. The program should report on its continuous quality improvement efforts, including a description of any new initiatives, concerns, or objectives identified for the program since the most recent on-site evaluation, and the institution's efforts toward improving the program as based on ongoing self-study.

The report should contain documentation and statistical data about any changes in the program or in the parent institution that may affect the residency program, such as, but not limited to the following:

- policy or curriculum revisions;
- new or revised planning documents;
- significant increase or decrease in resources available to the program; and
- significant increase or decrease in enrollment.

Contact the CCNE staff for information about the page limit and to obtain a template to be used for preparation of the report. Appendices are not required, but may be included with the report, if necessary.

Continuous improvement progress reports are reviewed by the RAC. At the request of the RAC, the chief nursing officer may be asked to provide additional information or to meet with the RAC to discuss information included in the progress report.

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

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

If the RAC recommends that the Board find that the continuous improvement progress report does not demonstrate continued compliance, it will identify the program deficiencies supporting its recommendation and may also recommend that the Board require additional reporting or a focused or comprehensive on-site evaluation. In addition, the RAC may recommend that the Board issue a show cause directive. The Board ultimately may take adverse action based on the information derived from this additional reporting.

Special Reports

A special report is required in cases in which the program, at the time accreditation is granted or reaffirmed, does not meet one or more of the standards for accreditation. The request for a special report will specify the area(s) of concern/deficiency and the date of expected submission. The Board must require that the program satisfactorily address the area(s) of concern/deficiency and demonstrate compliance with the accreditation standard(s) within 2 years, a period which may be extended only for good cause. If a program fails to do so within the specified period, the Board must take adverse action with regard to the program's accreditation status.

It is the responsibility of the program to submit the special report to CCNE offices in a timely fashion. The special report should not exceed 15 pages, unless otherwise negotiated with CCNE staff.

The report will be reviewed by the RAC, which will make a recommendation to the Board regarding whether the program has demonstrated compliance with the identified accreditation standard(s). The report will subsequently be reviewed by the Board, which will act either to accept or not accept the special report. Special reports are accepted if the Board concludes, based on the evidence provided, that the program has demonstrated compliance with the standard(s) in question. If the program has not fully resolved the cited concerns/deficiencies, the Board must act not to accept the special report and must a) take adverse action with regard to the program's accreditation status; or b) extend the time period by which the program must resolve the cited concerns/deficiencies. If the Board extends the time period for compliance, it may also require a focused or comprehensive on-site evaluation.

In order for the Board to grant an extension of the time period for achieving compliance beyond 2 years, the Board must find good cause exists to grant an extension. Good cause may be found if the program has made substantial progress toward compliance and the quality of the program is not in jeopardy. The Board determines the appropriateness of an extension of time for good cause on a case by case basis. If a program does not submit a requested special report, the Board will take adverse action with regard to the program's accreditation status.

Extension of Accreditation Term

When an accreditation term is awarded for a period less than the maximum possible, the Board may, at its discretion, specify that an extension of the term is possible, pending a future determination by the Board that cited concerns/deficiencies have been resolved satisfactorily. If, upon review of the continuous improvement progress report, special report, or any other report requested by the Board in the accreditation action letter, the Board concludes that the program has satisfactorily resolved the cited concerns/deficiencies, a new decision must be made at that time regarding the extension of the accreditation term. Under no circumstances may the revised term of accreditation exceed 5 years.

Other Reports

The CCNE Board may, at its discretion, request that a program submit a report to provide additional information, clarification, or an update regarding any matter about which the Board has concerns or questions. The program will be notified in writing of the Board's request, together with the reasons for the request, a description of the information and documentation to be submitted, the date on which the report is due, and the date(s) on which the Board (or other body, as appropriate) will review the report.

Focused On-Site Evaluation

The CCNE Board may require focused evaluations to review specific issues between comprehensive evaluations. The purposes of focused evaluations are:

1. To follow up on unresolved matters from the most recent comprehensive on-site evaluation.
2. To evaluate new concerns or issues that come to light during the review of reports (continuous improvement, special, or other), or as circumstances warrant.
3. To assess substantive changes in the program.

Continued accreditation may be contingent upon the results of a focused evaluation.

Teams for the focused evaluation are appointed and configured in accordance with the scope and special purpose associated with each visit. Focused evaluations are usually conducted over a 1-day period. The schedule for the focused evaluation includes opportunities for the team to meet with the appropriate personnel and review programmatic materials relative to the special purpose of the visit. The rights, privileges and responsibilities of institutions during a focused evaluation are the same as those accorded an institution for a comprehensive evaluation. The team report based on a focused evaluation is considered by the CCNE Board.

Substantive Change Notification

Irrespective of required continuous improvement progress reports or other reports, the program is required to notify CCNE of any substantive change affecting the residency program. Substantive changes include, but are not limited to:

- major change in the parent institution, including a change in its accreditation status;
- change in criteria for enrollment in the nurse residency program;
- major curricular revisions;
- change in program length;
- change of the chief nursing office or residency coordinator;
- significant change in program faculty;

- significant change in resident enrollment; and
- significant change in the partnership between the parent institution and the academic institution.

The substantive change report must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change.

The substantive change report is submitted by the chief nursing officer and must document the nature and scope of the substantive change. The report also must document how, if at all, the change affects the program's compliance with the accreditation standards. The substantive change report should not exceed 5 pages, unless otherwise negotiated with CCNE staff.

The substantive change report is reviewed by the RAC. Upon review of the report, the committee may act to approve the change or may request additional information. If warranted, the report is forwarded to the CCNE Board for review and action. The Board's review of a substantive change report may result in additional reporting requirements, a focused or comprehensive on-site evaluation, or an adverse action.

Continued accreditation of the program is contingent upon the chief nursing officer's apprising CCNE of substantive changes in a timely manner. The chief nursing officer is encouraged to contact CCNE staff if there is a question about whether a particular change constitutes a substantive change.

REVIEW OF ADVERSE ACTIONS

If an adverse action is taken by CCNE, the program receives formal written notification of the adverse action. The basis for the adverse action, the program's right to appeal, and the appeal procedures are clearly stated in the notification letter. The program may appeal the decision of the CCNE Board to a Hearing Committee. The notice of appeal must be submitted within 10 business days of receipt of the notification letter and must include the basis for the appeal, which may be either that (a) CCNE's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action and/or (b) the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards for accreditation, or other established policies and practices, and that procedural error prejudiced CCNE's consideration. The program bears the burden of proof on appeal. The program is entitled to be represented by counsel throughout the appeal process.

If the program does not file a notice of appeal within the 10-day timeframe, the CCNE Board's decision becomes final and the program's rights to due process from CCNE are considered to be exhausted. If a program files a notice of appeal, the appeal process set forth below commences.

During the appeal period, the residency program shall retain its existing accreditation status (e.g., new applicant or accredited). Following the appeal process, if the Hearing Committee sustains the adverse action of the CCNE Board, the effective date of the action will be the date on which the action is sustained. If the Hearing Committee remands the adverse action to the CCNE Board, the effective date of the accreditation action will be the date of the Board's

subsequent action. Final decisions of the CCNE Board after remand are final and not subject to further appeal.

Hearing Committee

The committee assigned to hear the appeal is appointed by the CCNE Board chair. The Hearing Committee functions as an independent review body for the purpose of reviewing materials and hearing verbal presentations from representatives of the program relative to the adverse action.

The Hearing Committee will consist of three to five members. The size and composition of the Hearing Committee must take into consideration the nature of the appeal, and the content and scope of activities of the residency program under consideration. Membership of the Hearing Committee may not include any member of the CCNE Board or other RAC member or on-site evaluator who was involved in the review of the program leading to the adverse decision. The CCNE Board chair designates one member of the committee to act as chair of the hearing.

A list of names of potential members of the Hearing Committee is identified by CCNE staff and forwarded to the chief nursing officer of the residency program under consideration within 21 business days of receipt of the notice of appeal. The appellant is provided reasonable opportunity (not to exceed 10 business days) to object to individuals from the list based on conflicts of interest or other bona fide reasons. From those names on the list, the CCNE Board chair appoints the members of the committee. The decision on whether a conflict of interest or other bona fide reasons exist for excluding a member from the Committee will also be made by the CCNE Board chair. The chief nursing officer is informed of the individuals appointed. The final composition of the Hearing Committee is confirmed within 15 business days of the chief nursing officer's response to the list of names.

A CCNE staff member is appointed to act as a technical advisor to the Hearing Committee as it prepares for the hearing. All sessions in which the Hearing Committee meets to organize its work will be conducted in executive session.

Appeal Hearing: Time and Location

The appeal hearing takes place no later than 60 business days and no sooner than 30 business days following confirmation of appointment of the Hearing Committee. A date and time for the appeal hearing are determined by CCNE staff in consultation with the chief nursing officer and the chair of the Hearing Committee. The site of the hearing is determined by CCNE staff. In selecting the site for the hearing, staff must ensure that the confidentiality of the process can be maintained.

Written Materials and Documents

The program's full written appeal must be received in the CCNE office within 21 business days following its filing of the notice of appeal. Payment of the appeals fee must accompany the written appeal. The written appeal must include the facts and reasons that are the basis of the appeal. The appeal will be limited to the record of evidence that was before the CCNE Board at the time it made its adverse action decision. The written appeal must be submitted to the CCNE office by certified mail, return receipt requested.

At the time the program submits its written appeal, it must submit information that supports the basis for the appeal. Supplementary information may be considered by the committee if it is received no later than 15 business days prior to the hearing. The committee may request that additional materials and documents be submitted after this deadline or after the hearing. However, all supplementary information, like the written appeal itself, must be limited to the record of evidence that was before the CCNE Board at the time it made its adverse action decision. The committee does not consider new evidence or information provided by the institution that was not in the record reviewed by the CCNE Board at the time it made its adverse action decision.

Rights of Participants

At the hearing, the program is afforded full opportunity to make an oral presentation. The committee chair may establish specific time limitations prior to the hearing in an effort to confine the hearing to a reasonable period of time.

The program is entitled to have representatives, including legal counsel, appear on its behalf. The hearing will be recorded and transcribed.

CCNE, at its own expense, may have members or representatives, consultants, and legal counsel in attendance at the hearing. The Hearing Committee may request that the team leader of the evaluation team or the Board chair (or designee) be present at the hearing to respond to questions from the Hearing Committee.

Purpose of the Hearing

The purpose of the hearing is not to reevaluate anew the residency program; but rather, to determine whether CCNE's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action, or whether the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards for accreditation, or other established policies and practices, and that procedural error prejudiced CCNE's consideration.

General Rules for the Hearing

The chair of the Hearing Committee presides over the hearing, and his/her decisions pertaining to rules of order and procedures are final and not open to debate. After the program makes its oral presentation, the chair and committee members may ask questions of the program's representatives. The committee may also request that the team leader of the evaluation team or Board chair (or designee) be present at the hearing to answer questions from committee members. The program will be given an opportunity to respond to any remarks made by the team leader or Board chair. The program will be afforded an opportunity to make a final statement before the hearing concludes.

Issues regarding personalities, which may be subject to slander and libel laws, are explicitly prohibited. Specific allegations regarding individual performance also are prohibited unless actual documented evidence can be provided to substantiate these allegations. Issues that were not raised in the notice of appeal or full written appeal may not be considered.

A list of all individuals, including legal counsel, who provide oral remarks on behalf of the appellant must be submitted to the committee at least 2 weeks prior to the hearing.

Summary of Findings and Final Action

After the hearing, the Hearing Committee deliberates in executive session. Based on its deliberations, the committee develops a written summary of findings, significant areas of concern, and a decision. The Hearing Committee's decision is either to affirm the CCNE Board's adverse action or to remand the action to the CCNE Board to reconsider in light of information garnered during the appeal process. The summary of findings, areas of concern and decision are provided to the institution's chief executive officer and the chief nursing officer as well as the chair of the CCNE Board no later than 45 days after the hearing.

If the Hearing Committee remands the action to the CCNE Board, the Board reconsiders its action at its next scheduled meeting, or earlier via teleconference, if deemed necessary by the Board chair. The Board may affirm, reverse or modify its earlier adverse action, except that modification may not impose a more severe action than previously imposed. The Board also may return the matter to the RAC or to the same or a different evaluation team for an additional on-site evaluation if such action is deemed appropriate.

Actions of the Board are based upon majority vote and become final upon a decision following an appeal. They are not subject to further appeal unless the Board's action on remand is to adhere to its prior adverse action decision based upon grounds that have not been reviewed by a Hearing Committee. In that event, a program may take an appeal of the Board's action on remand, but must limit its appeal to those grounds that a Hearing Committee has not previously reviewed.

At the time the institution is notified of the final decision after appeal, it is also advised as to its ethical obligations in informing residents in the program and prospective residents to the program of the action taken. CCNE also is obliged to inform other parties of certain adverse actions. These other parties include the institutional accrediting agency and the public.

Withdrawal of Appeal

The program may terminate the appeal in writing at any time up until the time the decision of the Hearing Committee is published. In so doing, however, the program foregoes any right to reassert the appeal at a later date. If the program terminates the appeal, the program will remain responsible for any costs of the appeal incurred up to that point. Any remaining portion of the appeal fee will then be refunded to the program. The action of the CCNE Board becomes final upon receipt of a written request to withdraw the appeal.

REAPPLICATION FOLLOWING WITHDRAWAL OR DENIAL OF ACCREDITATION

Institutions seeking accreditation of a program that has had accreditation withdrawn or denied are expected to follow the procedures outlined earlier in this document. CCNE will not consider a reapplication from an institution offering a program that has lost or been denied accreditation for a period of 6 months from the time a final decision is determined by CCNE.

With respect to reevaluation of a program whose accreditation has been withdrawn or denied, the RAC will focus attention on those areas that were of concern in the original decision to withdraw or deny accreditation.

CONFIDENTIALITY

All representatives of CCNE are required to maintain the confidentiality of written and orally presented information received or produced as a result of the accreditation process, including but not limited to materials, reports, letters and other documents prepared by the institution, CCNE, or other individuals and agencies relative to the evaluation, accreditation, or follow-up and ongoing review of a residency program. The public disclosure of certain information, including the results of final accreditation actions, is noted in the following section.

All proceedings of the CCNE Board and the RAC with respect to determining accreditation of a residency program occur in executive session.

DISCLOSURE

The current published CCNE accreditation status of a residency program is available upon request to any interested party and is also accessible via the CCNE Web site.

Institutional accrediting agencies, other interested parties, and the public are notified in writing within 30 days of any decision to grant initial accreditation or reaffirm accreditation, and any final decision involving an adverse accreditation action. In the case of a final decision involving an adverse accreditation action, such notification occurs at the same time the program is notified of the decision. The public notification is posted on the CCNE Web site and also is written in information distributed by CCNE. Within 24 hours of notifying an institution of any final adverse accreditation action, CCNE provides written notice of that action to the public on the CCNE Web site. Within 60 days of any final adverse accreditation action, CCNE makes available to the public a summary of the findings made in connection with the action and the official comments, if any, received from the institution regarding the final action.

All final accreditation decisions made within the most recent year are announced in CCNE's annual report. CCNE also publishes annually a directory of accredited post-baccalaureate nurse residency programs, and posts the directory on the CCNE Web site, which is updated twice yearly following the meetings of the CCNE Board. The accreditation status of the program, including the term of accreditation and year of the program's next review for accreditation, is published in the directory and is also posted on the CCNE Web site.

CCNE also, upon request, shares with other appropriate recognized accrediting agencies and recognized state licensing and approval agencies information about the accreditation status of a program and any adverse actions it has taken against a program.

If a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the name of the residency program and its affiliation with CCNE. This statement should include the accrediting agency's full name, address, and telephone number. A generic example of an acceptable statement for an accredited program is as follows: *The (post-baccalaureate nurse residency program) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, (202) 887-6791.*

Any incorrect or misleading information provided by a program about its accreditation status with CCNE will be corrected publicly. Similarly, CCNE will publicly correct any inaccurate or misleading information a program discloses about the content of an evaluation team report.

CONFLICTS OF INTEREST

CCNE strives to avoid conflicts of interest or the appearance of conflicts of interest in all aspects of its activities. CCNE considers conflicts of interest to include, but not be limited to, when a representative of CCNE, including a member of the Board of Commissioners, committee member, evaluator, staff, or consultant, has current or former employment by the institution whose residency program is being evaluated or current employment in an institution that is located in close proximity to or that is in direct competition with the program being evaluated.

CCNE also considers it a conflict of interest when a CCNE representative, including members of the Board of Commissioners, committee members, evaluators, staff, and consultants, has a pecuniary or personal interest (or the appearance of same) in an institution, or because of a present organizational, institutional, or program association, he/she has divided loyalties or conflicts (or appearance of same) pertaining to the institution. In such an instance, the CCNE representative shall not participate in any decision related to the institution at issue. This restriction is not intended to prevent participation in decision-making in matters that have no direct or substantial impact on the organization, institution, or program with which the CCNE representative is associated.

All individuals involved in any aspect of CCNE activities are expected to recognize relationships in which they may have a potential conflict of interest and to remove themselves from deliberations concerning institutions, organizations, and programs when such conflicts exist. Further all CCNE representatives, including members of the Board of Commissioners, committee members, evaluators, staff, and consultants, must exercise their independent judgment freely without undue pressure or perceived alliance to any organization or program that CCNE accredits or to any political entity within the nursing profession.

A program that is scheduled for evaluation by CCNE is responsible for identifying conflicts of interest and for requesting that a certain evaluator(s) be replaced. The CCNE staff will do all that is reasonably fair in replacing individuals, provided a clear conflict of interest, as described above, is identified by the program.

If a conflict of interest arises, the matter will be forwarded to the CCNE director who will gather information, solicit advice as appropriate, and attempt to resolve the matter to the satisfaction of all concerned, consistent with the published policies and procedures of CCNE and with consideration of standard practice within the postsecondary accreditation community. Should the director be unable to achieve resolution, he/she will refer the matter to the Board chair or Executive Committee as appropriate. The chair or the Executive Committee will seek resolution through procedures developed to address the specifics of each case. These procedures will avoid conflicts of interest or the appearance of same.

REVIEW OF FORMAL COMPLAINTS

CCNE is concerned with the continued compliance of residency programs with the standards for accreditation. The public, the nursing profession, residents, and other stakeholders are thus ensured of the integrity of the programs that have been granted CCNE accreditation. A fair and

professional process for reviewing complaints directed toward accredited programs has been established to provide further assurance of the integrity of the policies and systems employed by institutions and program officials in the conduct of residency programs.

Limitations

CCNE cannot act as a judicial board in resolving disputes among individual parties. Viable complaints are only those that relate to a specific area in which it is alleged that the CCNE standards and/or procedures have not been followed. If a complaint is justified, CCNE may intervene to the extent of determining whether the standards have been met and/or procedures have been followed.

CCNE cannot, under any circumstances, intrude upon or interfere with the decisions of an institution to evaluate individual employees or residents. However, CCNE may review published policies and the implementation of stated policies that affect such decisions. If necessary, CCNE may conduct its own fact-finding investigation in order to determine whether policies are consistent with applicable standards and procedures. When CCNE conducts an investigation of a complaint against an accredited program, the program will be responsible for paying the full and actual costs associated with the investigation.

Potential Complainants

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include residents, program faculty or administrators, staff, patients, employees, or the public.

Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint. The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

Complainants must demonstrate that efforts have been made to resolve issues or problems by means of internal procedures (when applicable) that are available within the program or institution. A complaint cannot be considered if implementation of such internal procedures (when available) has not been previously attempted.

Procedures for Reviewing Complaints

Within 21 days of receipt of the written complaint, the complaint is reviewed by CCNE staff. CCNE staff may consult with legal counsel and the CCNE Board chair. If upon review, the complaint is determined to relate to substantive issues pertaining to CCNE standards and/or procedures, and if internal procedures available within the program or institution have been exhausted, the complaint is acknowledged and the process continues. If additional information is required, the complainant is requested to submit said information, and the process continues when the additional information is received. If the complaint is determined to be incomplete due

to failure of the complainant to submit requested information or if the complaint does not address substantive issues pertaining to CCNE standards and/or procedures, the complainant is so notified, and the process terminates.

No later than 15 days after reviewing the complaint, CCNE staff transmits to the chief nursing officer the nature and scope of the substantive complaint, along with the identity of the originator of the complaint. If feasible and appropriate, a copy of the letter of complaint is transmitted to the chief nursing officer. The program is provided 30 days to respond to the complaint.

The institution either confirms or denies the allegations of the complaint. If the allegations are confirmed, the institution advises CCNE of specific measures taken to ameliorate problems. If the allegations are denied, a response to the specific allegations is submitted to CCNE, including any and all applicable supporting documentation.

All responses and documentation pursuant to the complaint are considered by the CCNE Board at its next scheduled meeting, or earlier via teleconference, if deemed necessary by the chair of the Board. The Board formulates an action if necessary and transmits the final disposition to the complainant and the institution no later than 45 days following the meeting. Upon advice of counsel, the Board retains the right to withhold public disclosure of information if potential legal action is involved in the complaint.

Actions

While the ultimate result of the CCNE Board review of a complaint may be the initiation of an adverse action against the program due to failure to comply with CCNE standards and/or procedures, other possible actions may be considered. The following list of actions represents those that may be possible:

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

Other Complaints

Complaints about CCNE's performance related to its own procedures, policies or standards or about agency conduct inconsistent with good accreditation practices, as defined in its adopted code of good practice, may be forwarded to the CCNE office. Complaints must be in writing, must be specific and must be signed by the complainant. CCNE staff seeks to achieve an equitable, fair and timely resolution of the matter. If staff negotiations are unsuccessful, the complaint is referred to the CCNE Executive Committee at its next regular meeting. The Executive Committee reviews the complaint and conducts any necessary investigation. The

Executive Committee may take any action it deems necessary and appropriate to resolve the complaint, including recommending revisions to CCNE's standards and/or procedures or dismissing the complaint. The decision of the Executive Committee is communicated to the complainant in writing within 30 days of the committee meeting.

As a matter of policy, CCNE maintains complete and accurate records of complaints, if any, against itself and makes those available for inspection to the public on request at the CCNE office.

MAINTENANCE OF RECORDS

The CCNE staff utilizes a filing system, which combines the archiving and retrieval of data and information from hard copies and computer files. Staff maintains copies of all final publications, including CCNE standards and procedures, documents, and forms (past and present editions). Staff also maintains up-to-date documents and materials related to applicant and accredited programs.

Records are maintained for all accredited programs and include documents, reports, program responses to reports, and self-study documents for each program inclusive of the previous two comprehensive on-site evaluations. Staff also maintains all decisions regarding the accreditation status of each program, including all correspondence significantly related to those decisions.

REGARD FOR DECISIONS OF INSTITUTIONAL ACCREDITING AGENCIES

CCNE may postpone a decision to grant initial accreditation or reaffirm accreditation of a residency program if any of the following conditions is present:

1. The accreditation status of the parent institution is subject to an action by an institutional accrediting agency potentially leading to the suspension, revocation, withdrawal, or termination of the institution's accreditation status.
2. The parent institution has been notified by the institutional accrediting agency of a threatened loss of accreditation, and the due process procedures have not been completed.
3. The parent institution is the subject of a probation or equivalent decision by an institutional accrediting agency.

For conditions 1 and 2 above, CCNE would not be precluded from proceeding on a course of action comparable to and concurrent with that of the institutional accrediting agency. For any of the conditions above, CCNE may still grant initial accreditation or reaffirm accreditation of the residency program.

In deciding whether to accredit a residency program, CCNE seriously considers information related to an institutional accrediting agency's decision to deny or withdraw accreditation status of the parent institution or to place the institution on public probationary status. The CCNE Board promptly reviews the accreditation status of a residency program if an institutional accrediting agency takes an adverse action with respect to the parent institution or places the institution on public probationary status.

EVALUATION OF REVIEW PROCESS

The effectiveness of the on-site evaluation process is routinely reviewed by the CCNE Board based upon input from the evaluation teams and program officials and on an assessment of evaluator performance. The Executive Committee of the Board reviews the questionnaires, and appropriate action is taken should feedback need to be given to specific evaluators. The Executive Committee may suggest that evaluators who demonstrate repeated ineffectiveness be removed from the list of evaluators.

Evaluation Team Assessment

After completion of an on-site evaluation, each member of the evaluation team is asked to complete a questionnaire evaluating CCNE's accreditation review process. The team members are asked to submit their responses to the CCNE office. Results of these assessments are summarized and reviewed regularly, and are used in revision of CCNE standards and procedures, in preparation for evaluator training programs, and in the appointment of evaluation teams.

Program Assessment

When a review is complete and notification of the decision transmitted, the chief nursing officer is asked to complete CCNE's evaluation questionnaire. This questionnaire addresses various aspects of the accreditation review process, including information about the validity of the accreditation standards and the effectiveness of the individuals who served on the evaluation team. Results of these assessments are summarized and reviewed regularly, and are used in revision of CCNE standards and procedures, in preparation for evaluator training programs, and in the appointment of evaluation teams.

ACCREDITATION FEES

CCNE reserves the right to develop and adjust fees for residency program accreditation as necessary. CCNE is committed to conducting an evaluation and accreditation process that is efficient, cost-effective and cost-accountable. Modifications in the CCNE fee schedule will be circulated at least 6 months in advance of the effective date for implementation. The fee schedule is posted on the CCNE Web site and is available on request. The fee schedule for educational program accreditation is published separately. CCNE may cancel the on-site evaluation of a program that is delinquent in paying fees to CCNE. CCNE also reserves the right to withdraw the accreditation status of any program that, after due notice, fails to pay its fees. Fees paid to CCNE are nonrefundable.

Annual Fee

Programs that hold CCNE accreditation status are assessed an annual fee for their affiliation with the Commission. The purpose of this assessment is to partially offset CCNE costs related to monitoring continued compliance of the program with the CCNE standards.

Application Fee

Programs seeking initial accreditation by CCNE are required to pay an application fee. The fee is to be paid when the program submits its application for accreditation.

On-Site Evaluation Fee

Programs are assessed a flat fee for hosting the on-site evaluation. This fee is based on the number of individuals comprising the evaluation team, excluding any observers. The on-site evaluation fee is intended to cover team travel, lodging and other expenses associated with the on-site evaluation.

Appeals Fee

When a program appeals an adverse action by the Board, it must submit a fee with its written appeal. The fee is intended to cover the costs of the Hearing Committee.

REIMBURSEMENT OF ON-SITE EVALUATORS

Each on-site evaluator must submit a reimbursement form, with original receipts, to the CCNE office for travel and other expenses incurred in connection with the on-site evaluation. CCNE will reimburse each evaluator directly. The Commission requests that evaluators send their requests for reimbursement to CCNE no later than 3 weeks after the on-site evaluation.

PERIODIC REVIEW OF INSTITUTIONAL PUBLICATIONS

The CCNE staff periodically review the publications of accredited programs. Should inaccurate or misleading information appear in a publication, the staff will request the immediate correction of this information. Failure of the institution to correct inaccurate or misleading information in a timely fashion will result in a review of the accreditation status of the program. In the case of failure by program officials to correct inaccurate or misleading information, CCNE may take adverse action and will take the necessary steps to publish and disseminate correct information about accreditation status.

SYSTEMATIC REVIEW OF STANDARDS FOR ACCREDITATION

CCNE has in place a systematic, planned, and ongoing program of review to determine the effectiveness of the standards used in the accreditation of nurse residency programs. The accreditation standards are reviewed every 5 years or sooner, if needed (i.e., 5 years from the time of completion of the previous review). Before adopting any substantive changes to the standards, CCNE will provide notice to its constituents and other interested parties of the proposed changes. Constituents will be given at least 21 days to comment on the proposed revisions. Any comments submitted by constituents in a timely manner will be considered by the Board before final action is taken with respect to the standards.

JOINT EVALUATIONS WITH OTHER ACCREDITING AGENCIES

Whenever possible and at the request of the chief nursing officer, CCNE may schedule concurrent or joint evaluations with other accrediting agencies. Because each accrediting agency may specify different standards and procedures, CCNE cooperates in arranging joint evaluations on an individual basis. In general, in order for a joint evaluation to be accomplished, the program is asked to satisfy each agency's standards and procedures in a manner that is acceptable to CCNE and the other accrediting agency. CCNE expects the chief nursing officer to take full responsibility in assuring coordination of the joint evaluation. If a joint evaluation is to

be conducted, the schedule must be arranged to facilitate the combined effort. Guidance for planning and scheduling a joint evaluation is available on request.

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