

CROSSWALK TABLE

Commission on Collegiate Nursing Education's (CCNE) *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs (2008)* & National Task Force on Quality Nurse Practitioner Education's (NTF) *Criteria for Evaluation of Nurse Practitioner Programs (2008)*

CCNE Standard/Key Element	NTF Criterion
<p>STANDARD I: The mission, goals, and expected aggregate student and faculty 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.</p>	
<p>I-A: The mission, goals, and expected student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.</p>	
<p>I-B: The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:</p> <ul style="list-style-type: none"> ▪ professional nursing standards and guidelines; and ▪ the needs and expectations of the community of interest. 	
<p>I-C: Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.</p>	
<p>I-D: Faculty and students participate in program governance.</p>	<p>II-A: Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.</p> <p>II-B: Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by NP faculty.</p> <p>III-A: NP faculty members provide ongoing input into the development, evaluation, and revision of the NP curriculum.</p>
<p>I-E: Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees are accurate.</p>	

CCNE Standards/Key Elements	NTF Criterion
<p>I-F: Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.</p>	
<p>I-G: There are established policies by which the nursing unit defines and reviews formal complaints.</p>	
<p>STANDARD II: The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.</p>	
<p>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.</p>	<p>IV-A(2): Facilities and physical resources support the implementation of the NP program/track. IV-A: Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.</p>
<p>II-B: Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.</p>	
<p>II-C: The chief nurse administrator:</p> <ul style="list-style-type: none"> ▪ is a registered nurse (RN); ▪ holds a graduate degree in nursing; ▪ is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes; ▪ is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and ▪ provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes. 	

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<p>II-D: Faculty members are:</p> <ul style="list-style-type: none"> ▪ sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes; ▪ academically prepared for the areas in which they teach; and ▪ experientially prepared for the areas in which they teach. 	<p>I-A: The directors/coordinator of the NP program is certified as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.</p> <p>I-B: The lead NP faculty member is nationally certified in the same population-focused area of practice and provides direct oversight for the nurse practitioner educational component or track.</p> <p>IV-A(1): Faculty resources support the teaching of the didactic components of the NP program/track.</p> <p>IV-B(1): A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have ultimate responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.</p> <p>V-A: NP programs/tracks have a sufficient mix of full-time and part-time faculty to adequately support the professional role development and clinical management courses for NP practice.</p> <p>V-A(1): Faculty have preparation and current expertise appropriate to area(s) of teaching responsibility.</p> <p>V-B: Non-NP faculty have expertise in the area in which they are teaching.</p> <p>V-A(2): NP program faculty who teach the clinical components of the program/track maintain current licensure and certification.</p>
<p>II-E: When used by the program, preceptors, 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.</p>	<p>IV-B(3)(a): A preceptor must have authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.</p> <p>IV-B(3)(b): A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.</p> <p>IV-B(3)(c): Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.</p> <p>IV-B(3): NP faculty may share the clinical teaching of students with qualified preceptors.</p>

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<p>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.</p>	<p>I-C: Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice. V-A(3): NP program faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.</p>
<p>STANDARD III: The curriculum is developed in accordance with the mission, goals, and expected aggregate student outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of individual student learning outcomes.</p>	
<p>III-A: The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected student outcomes.</p>	
<p>III-B: Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected student outcomes.</p> <ul style="list-style-type: none"> ▪ Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 1998). ▪ Master's program curricula incorporate professional standards and guidelines as appropriate. <ul style="list-style-type: none"> a. All master's programs incorporate the Graduate Core Curriculum of <i>The Essentials of Master's Education for Advanced Practice Nursing</i> (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program. 	<p>III-B: The curriculum is congruent with national standards for graduate level and advanced practice nursing (APRN) education and is consistent with nationally recognized core and population-focused NP competencies.</p>

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<p><i>(III-B continued)</i></p> <ul style="list-style-type: none"> b. All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of <i>The Essentials of Master's Education for Advanced Practice Nursing</i> (AACN, 1996). In addition, nurse practitioner programs incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2008). ▪ Graduate-entry program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 1998) and appropriate graduate program standards and guidelines. ▪ DNP program curricula incorporate professional standards and guidelines as appropriate. <ul style="list-style-type: none"> a. All DNP programs incorporate <i>The Essentials of Doctoral Education for Advanced Nursing Practice</i> (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program. b. All DNP programs that prepare nurse practitioners also incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2008). 	
<p>III-C: The curriculum is logically structured to achieve expected individual and aggregate student outcomes.</p> <ul style="list-style-type: none"> ▪ The baccalaureate curriculum builds 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. 	<p>III-D: The curriculum plan evidences appropriate course sequencing.</p>
<p>III-D: Teaching-learning practices and environments support the achievement of expected individual student learning outcomes.</p>	<p>III-E: The NP program/track has a <u>minimum</u> of 500 supervised clinical hours overall. Clinical hours must be distributed in a way that represents the population needs served by the graduate.</p> <p>IV-B: Clinical resources support NP educational experiences.</p> <p>IV-B(2): Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.</p>

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III-E: The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.	
III-F: Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	VI-A(3): Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter. VI-A(4): Evaluate students cumulatively based on clinical observation of student performance by NP faculty and the clinical preceptor's assessment.
III-G: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.	VI-A(1): Evaluate courses annually. VI-A(5): Evaluate clinical sites annually. VI-A(6): Evaluate preceptors annually. VI-B: Formal NP curriculum evaluation should occur every 5 years or sooner.
STANDARD IV: The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.	
IV-A: Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.	VI-A: There is an evaluation plan for the NP program/track. VI-C: There is an evaluation plan to measure outcomes of graduates at 1 year and some systematic ongoing interval.
IV-B: Aggregate student outcome data are analyzed and compared with expected student outcomes.	
IV-C: Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.	
IV-D: Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.	
IV-E: Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.	VI-A(2): Evaluate NP program faculty competence annually.

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<p>IV-F: Information from formal complaints is used, as appropriate, to foster ongoing program improvement.</p>	
<p>CCNE does not accredit post-master's certificate programs at the present time.</p>	<p>III-E: Post-master's students must successfully complete graduate didactic and clinical requirements of a master's NP program through a formal graduate-level certificate or master's level NP program in the desired area of practice. Post-master's students are expected to master the same outcome criteria as master's NP students. Post-master's students who are not already NPs are required to complete a minimum of 500 supervised clinical hours.</p>