

Frequently Asked Questions DNP Programs & CCNE Accreditation

1. What types of doctoral programs does CCNE accredit?

CCNE accredits Doctor of Nursing Practice (DNP) programs. Research doctorates (e.g., PhD and DNSc programs) are not eligible for CCNE accreditation. It is common practice across the professions for specialized accreditors to accredit clinical/professional doctorates, but not research doctorates.

2. What is the educational focus of a DNP program?

CCNE accredits DNP programs with an advanced practice nursing direct care focus and/or an aggregate/systems/organizational focus [[The Essentials of Doctoral Education for Advanced Nursing Practice \(Doctoral Essentials\)](#) (AACN, 2006) (p. 18)].

As is the case with all other degree and/or post-graduate APRN certificate programs that CCNE accredits, all tracks must be presented for accreditation; no DNP tracks may be withheld. This includes but is not limited to nurse anesthesia and nurse-midwifery tracks within the DNP program that are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) or the Accreditation Commission for Midwifery Education (ACME), respectively.

3. Our program would like to offer a DNP program with a nurse education focus/track. Does CCNE accredit DNP programs with an education focus/track?

CCNE does not accredit DNP programs with education as the primary focus of the track. The CCNE [Standards for Accreditation of Baccalaureate and Graduate Nursing Programs \(Standards\)](#) (2013), Key Element III-B, require that DNP programs incorporate the [Doctoral Essentials](#), which state:

As in other disciplines (e.g., engineering, business, law), the major focus of the educational program must be on the area of practice specialization within the discipline, not the process of teaching (p. 7).

The [Doctoral Essentials](#) further state:

Some teaching strategies and learning principles will be incorporated into the DNP curriculum as it relates to patient education. However, the basic DNP curriculum does not prepare the graduate for a faculty teaching role any more than the PhD curriculum does (p. 7).

DNP programs that offer electives or a minor with a focus on education-related content *in addition* to the DNP practice content *are* eligible for CCNE accreditation, and CCNE accredits such programs.

4. What are the admission requirements for a DNP program?

The [Standards](#) require that the program have written admissions policies but do not specify the admission

requirements (see Key Element I-F). Admission requirements are the prerogative of the institution and program. These policies must be written, communicated to relevant constituencies, and implemented consistently.

5. Can we admit to our DNP program students who are not advanced practice nurses?

Yes. As noted in Item 4, admission requirements are the prerogative of the institution and program. The [Doctoral Essentials](#) were written presuming that the majority of DNP programs would be post-baccalaureate; therefore, some, if not all, students would be nurse generalists upon admission into the program.

6. We would like to offer two entry pathways (post-baccalaureate and post-master's) in our DNP program. Does CCNE accredit DNP programs with two entry pathways?

Yes. CCNE accredits DNP programs that have post-baccalaureate and/or post-master's pathways.

If your program offers a post-baccalaureate DNP pathway, it is not necessary to demonstrate incorporation of [The Essentials of Master's Education in Nursing](#) (*Master's Essentials*) (AACN, 2011). The [Doctoral Essentials](#) were written presuming that DNP programs would be post-baccalaureate; therefore, the [Master's Essentials](#) competencies are subsumed in the [Doctoral Essentials](#).

7. If our DNP program offers a post-baccalaureate and a post-master's pathway, does this require two separate accreditation reviews by CCNE?

No. CCNE accredits at the degree level. CCNE therefore accredits the overall DNP program, not the specific pathway within the DNP program. During the on-site evaluation of the DNP program, CCNE reviews the post-baccalaureate and/or post-master's pathways as well as all tracks (e.g., nurse practitioner, executive leadership) offered within each pathway.

8. How does CCNE define clinical practice for students enrolled in a DNP program?

The [Standards](#) define clinical practice experiences as “planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level” (p. 21). Key Element III-E in the [Standards](#) states that the planned clinical practice experiences “enable students to integrate new knowledge and demonstrate attainment of program outcomes” (p.15).

The [Doctoral Essentials](#) broadly define advanced nursing practice as “any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy” (p. 4).

[Doctor of Nursing Practice: Current Issues and Clarifying Recommendations](#) (*DNP White Paper*) (AACN, 2015) provides additional guidance, including, “Practice experiences should be designed to help students achieve specific learning objectives related to all of the [Doctoral Essentials](#), role outcomes, and application of theory and evidence to practice” (p. 8).

9. How many clinical practice hours are required for a student enrolled in a DNP program?

The [Doctoral Essentials](#) specify that clinical practice hours must be part of an academic program. The *Doctoral Essentials* further state that to achieve the “DNP competencies, programs should provide a minimum of 1,000

hours of practice post-baccalaureate as part of a supervised academic program” (p. 19). All DNP students, including those in post-master’s programs, are expected to complete a minimum of 1,000 post-baccalaureate practice hours.

For post-master’s DNP programs, each institution is responsible for assessing how many relevant graduate clinical hours a student enters with, and how many additional hours are required for the student to achieve the 1,000 clinical hour minimum upon degree completion.

10. Our institution does not currently offer a DNP program but is considering doing so in the future. What are the reporting requirements?

Per the CCNE substantive change policy, an accredited program is required to notify CCNE of any new nursing program, track, or certificate, or of any other significant change. The timeframe for notifying CCNE is no earlier than 90 days before the change but no later than 90 days after the change.

With respect to implementation of a new DNP program, the notification must address how the new program affects, or is expected to affect, the baccalaureate, master’s, and/or post-graduate APRN certificate programs already accredited by CCNE and those programs’ ability to continue to comply with the CCNE accreditation standards.

In its notification to CCNE, the institution should specifically demonstrate that the faculty and other resources dedicated to the accredited programs continue to be sufficient in light of the implementation of the DNP program. The notification also should provide an overview of the DNP program, including information about its approval, timeline, point(s) of entry (i.e., post-baccalaureate or post-master’s), curriculum, and resources. Additional information regarding this process, including a substantive change notification template, is available on the [CCNE website](#). All substantive change notifications are submitted to CCNE via email to ccnesubchange@aacn.nche.edu.

11. Our DNP program just began enrolling students and we would like to seek CCNE accreditation of the program. When can we host an on-site evaluation?

If your institution already has a CCNE-accredited baccalaureate or master’s program, the institution must submit a letter of intent to CCNE to request an accreditation review of the DNP program. The letter of intent can be submitted electronically, must be signed by the chief nurse administrator, and should include when the DNP program began enrolling students, when the first class of DNP students is expected to graduate, and when the program would like to host the on-site evaluation [accreditation term/year, e.g., Fall 2019 or Spring 2022]. Additionally, the new program fee needs to be submitted to CCNE with the letter of intent in order for the program to be added to the accreditation review term.

If your institution does not currently have a CCNE-accredited program, the institution must apply for “new applicant” status for its DNP program. For more information about becoming a “new applicant” please refer to the CCNE [Procedures](#) (*Procedures*) (2014) (pp. 5-6) or the CCNE “new applicant” page on the CCNE [website](#).

A degree program must have students enrolled for the equivalent of one academic year prior to hosting the on-site evaluation. On-site evaluations are generally scheduled with CCNE a minimum of 12 months in advance ([Procedures](#), p. 7).

12. Do we need to have program graduates prior to hosting a CCNE on-site evaluation?

No. A degree program must have students enrolled for the equivalent of one academic year prior to hosting the on-site evaluation, but a program does not need to have graduated students prior to hosting a CCNE on-site evaluation.

Presuming a positive outcome, the accreditation decision, which is made by the CCNE Board of Commissioners, is effective as of the first day of the CCNE on-site evaluation. Any students who graduate from the program *prior* to the first day of the CCNE on-site evaluation would not be considered graduating from a CCNE-accredited program.

13. For what term of accreditation are DNP programs eligible?

Any new degree program pursuing initial accreditation by CCNE is eligible for a maximum 5 year term of accreditation.

14. Are there separate accreditation standards for DNP programs?

No. All programs (degree and/or certificate) are required to address the same set of [Standards](#).

15. Can we schedule the on-site evaluation of our DNP program to coincide with the on-site evaluation of our other CCNE-accredited program(s)?

In keeping with CCNE policies, CCNE works collaboratively with programs to coordinate the accreditation reviews of multiple nursing degree and/or certificate programs. Programs may request an early accreditation review of a CCNE-accredited program in order to schedule multiple programs for the same accreditation review cycle. However, CCNE is unable to postpone an accreditation term beyond that which has been granted by the CCNE Board of Commissioners.

16. Does CCNE conduct joint accreditation reviews with other entities?

Yes. CCNE has a long history of collaborating with state boards of nursing as well as with institutional and specialized accrediting agencies and is happy to participate in a joint on-site evaluation at the institution's request. The institution is responsible for determining the feasibility of a joint review and coordinating the effort in accordance with each participating agency's policies and procedures. The institution is also responsible for notifying CCNE staff and the CCNE team leader of the joint on-site evaluation. Please refer to p. 32 of the CCNE [Procedures](#) for additional information about joint evaluations.

17. What are the CCNE fees related to accreditation of a DNP program?

If the institution already has a CCNE-accredited program(s), the one-time [fee](#) to add a DNP program to the on-site evaluation is \$2,000. The institution submits the new program fee to CCNE with the letter of intent to request an accreditation review of the new program.

If the institution has no program that is accredited by CCNE, its DNP program must apply as an initial applicant and new applicant fees apply. New applicant fees depend on the number of degree programs seeking CCNE accreditation.

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