



## ***Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing 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 is recognized by the U.S. Department of Education to accredit baccalaureate and graduate degree programs in nursing. As a specialized/professional accrediting agency, CCNE is designed to evaluate and make 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. Department 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). The Commission serves the public interest by assessing and identifying programs that engage in effective educational practices. A determination of accreditation by CCNE is an indication of confidence in the ability of the educational 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 baccalaureate, master's, and/or DNP 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 post-baccalaureate nurse residency programs are published separately.

### **Standards for Accreditation**

CCNE formulates and adopts accreditation standards for nursing degree programs, which are described in *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* (amended April 2009). Nursing programs offered at the baccalaureate or graduate degree level may achieve CCNE accreditation by demonstrating their compliance with the CCNE standards and key elements. All nursing degree programs seeking CCNE accreditation, including "non-traditional" programs (e.g. programs offered via distance education or through a consortium) are expected to meet the CCNE standards. This publication is posted on the CCNE website and may be obtained by contacting the CCNE office. The standards for accreditation of post-baccalaureate nurse residency 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, academic and professional qualifications, and relevant employment and organizational affiliations of members of its Board and principal administrative staff.

### **Accreditation Review Committee**

The Accreditation Review Committee (ARC) is a standing committee of the Commission. The ARC serves as the primary review body for programs seeking initial or continuing accreditation by CCNE. Review panels comprising members of the committee are constituted to facilitate the committee's work.

The composition of the ARC includes at least four members of the CCNE Board and at least four individuals from outside of the Board who broadly represent the interests of baccalaureate and graduate nursing education. All committee members are appointed by the Board chair.

The ARC is responsible for reviewing the team report and the response of the program, as well as the self-study document. Upon its review, the ARC 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.

Co-chairs are appointed by the Board chair to lead and facilitate ARC discussions and the formal business of the committee. The ARC co-chairs may serve a maximum of two terms of 3 years each. The co-chairs of the ARC are members of the Board. A co-chair is assigned to lead each review panel.

Newly appointed ARC 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 ARC co-chairs review the roles and responsibilities of committee members and emphasize the CCNE values as the basis for conducting business.

## **Report Review Committee**

The Report Review Committee (RRC) is a standing committee of the Commission. The RRC serves as the primary body to review annual reports, continuous improvement progress reports and other reports submitted by programs that hold accreditation by CCNE. The RRC serves to monitor programs between evaluations to ensure continued compliance with established standards and policies. Review panels comprising members of the committee are constituted to facilitate the committee's work.

The composition of the RRC includes at least three members of the CCNE Board and at least four individuals from outside of the Board who broadly represent the interests of baccalaureate and graduate nursing education. All committee members are appointed by the Board chair.

The RRC is responsible for reviewing continuous improvement progress reports, annual reports, special reports, and other reports. Upon its review of any report, the RRC 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.

Co-chairs are appointed by the Board chair to lead and facilitate discussions and the formal business of the committee. The RRC co-chairs may serve a maximum of two terms of 3 years each. The co-chairs of the RRC are members of the Board. A co-chair is assigned to lead each review panel.

Newly appointed RRC 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 RRC co-chairs review the roles and responsibilities of committee members and emphasize 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 baccalaureate degree nursing program, master's degree nursing program, or DNP program located in an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education 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 education program accreditation, CCNE evaluates the baccalaureate degree nursing program, master's degree nursing program, and/or the DNP program offered by an institution's nursing unit. DNP programs, for example, may be housed in a graduate school, but would be considered part of the nursing unit. This nursing unit is usually called a college, school, department, or division. During a comprehensive on-site evaluation, CCNE evaluates all areas and tracks in the program(s) under review. Thus, the focus of the accreditation review is the baccalaureate degree program, master's degree program, and/or the DNP program, not the larger administrative unit.

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 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 team report, and the program's response are reviewed by the ARC, which makes a recommendation regarding accreditation to the Board.
5. The CCNE Board, taking into consideration the ARC 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 educational program.

This process is reinitiated every 10 years or sooner, depending on the success of the program in demonstrating continued compliance and improvements in the quality of the educational program.

## **INITIAL ACCREDITATION**

Institutions that seek initial accreditation by CCNE of a baccalaureate and/or graduate program in nursing 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 signed by the chief executive officer of the institution in which the program is located, inviting CCNE to initiate the accreditation process. The request should be co-signed by the chief administrative officer of the institutional unit in which the program is located and by the chief nurse administrator.
2. Evidence that the parent institution is accredited by an institutional accrediting agency recognized by the U.S. Department of Education.
3. Evidence that the nursing program is approved by the state board of nursing, if applicable.
4. Payment of the fee for new applicants as indicated in CCNE's fee schedule.

5. A completed CCNE Program Information Form.
6. A catalog, bulletin, or other publication (print or electronic) for the institution and the program.
7. 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 5 pages or less. This documentation must include the following:
  - a. a description of the educational setting;
  - b. a stated mission, with supporting goals and expected outcomes, related to the institutional mission; and
  - c. a description of the curriculum and the resources available to support the program.

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 CCNE Executive Committee 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. The program also must have students enrolled for at least 1 year (e.g., two semesters) prior to hosting an on-site evaluation.

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.

### **New Programs**

Programs that hold accreditation by CCNE and seek accreditation of a new degree program are required to submit to CCNE a letter of intent to request an accreditation review. A new program is the addition of a program at a different degree level than the already accredited program. A new program must have enrolled students for at least 1 year (e.g., 2 semesters) before hosting an on-site evaluation. CCNE accreditation decisions are retroactive to the first day of that degree program's most recent CCNE on-site evaluation. The fee for adding a new degree program is indicated in CCNE's fee schedule.

When a new track is added within a CCNE-accredited degree program, the program must submit a substantive change report. For more information, see the Substantive Change Notification policy.

## **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 nurse administrator 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 nurse administrator 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 nurse administrator.

## **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 analytic 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 student achievement, 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 students, faculty, and staff--in developing its self-study document.

The self-study document should be no longer than 90 pages of general text for one or two degree programs and no longer than 100 pages of general text for three or more degree programs, 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 website or 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 three 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 nurse administrator 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 nurse administrator 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 website 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 nurse administrator 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 ARC 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 new program should have enrolled students in at least 1 year (e.g., 2 semesters) of the program 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, conclusions, and information contained in the self-study document;
2. to collect information to be used by the ARC and CCNE Board to assess compliance with CCNE accreditation standards; and
3. to review the processes that program officials and faculty 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(s) 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 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 and specialty orientation of the program(s) reviewed. All evaluation teams must consist of one or more educators and one or more practicing nurses. 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 educator who serves on the evaluation team has depth of knowledge in one or more areas of nursing expertise and is familiar with nursing education and program development. He or she is responsible for helping the team understand the special nature of nursing education and the importance of preparing safe and effective nurses. Educators assist the team in evaluating curricula, faculty roles and qualifications, internal governance, student services, and student and faculty outcomes.

The practicing nurse who serves on the evaluation team regularly engages, as his or her primary professional role, in the provision of nursing care to individuals, families, groups, or communities. The practicing nurse is responsible for assessing the application of program activities to the community and the nursing profession and for assessing the success of the program in preparing nurses for safe and effective nursing practice. The practicing nurse has knowledge about nursing in general and depth of knowledge in at least one area of nursing practice relevant to the program(s) under review.

The size of the evaluation team is determined in accordance with the type and specialty orientation of the program. Normally the team consists of three to five members. In general, three team members, including the team leader, are appointed to evaluate a single degree program; four team members, including the team leader, are appointed to evaluate two degree programs; and five team members, including the team leader, are

appointed to evaluate three degree programs (i.e., baccalaureate, master's, and DNP programs).

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 nurse administrator 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 nurse administrator 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 referenced in the standards available for review by the team on site.

During the on-site evaluation, the evaluation team must have access to student files and records. CCNE recognizes that such materials may contain personally identifiable student information that is subject to the Family Educational Rights and Privacy Act (FERPA). However, FERPA and the U.S. Department of Education's related regulations at 34 CFR Part 99 allow disclosure of such information to accrediting organizations carrying out their accrediting functions. Student files and records may therefore be provided to CCNE under FERPA without obtaining prior student consent. These files and records are not to be removed from the program's property, and their contents will be kept confidential.

### **Preparation of the Report**

The 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 education outcomes consistent with its mission and appropriate in light of the degree awarded; whether it is successful in achieving its objectives; and whether its degree requirements conform 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 classes, 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 educational program. The report reflects only that

information obtained as part of the educational evaluation process conducted in accordance with CCNE procedures.

Evaluation teams make a written determination about whether each program is in compliance with the key elements. The team does not form a recommendation regarding the accreditation of the program. It is possible for one of the nursing unit's degree programs to meet a standard and for another not to meet that standard. It is also 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 baccalaureate/master's/DNP program.**  
The program complies with the standard and its key elements.
- **This standard is not met for the baccalaureate/master's/DNP 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 each 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 electronically 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 nurse administrator.

### **Institutional Response**

The chief nurse administrator 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 nurse administrator'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 ARC and, subsequently, to the CCNE Board. Since the written response to the report is considered along with the team report at the ARC and Board meetings, it generally is not necessary for the chief nurse administrator to attend those meetings; however, program representatives may meet with the ARC if desired. The chief nurse administrator should

inform CCNE of the program's intent to send representatives to the ARC meeting when submitting the program's response to the team report.

## **THE ACCREDITATION DECISION-MAKING PROCESS**

### **Review by the Accreditation Review Committee**

All members of the ARC are provided copies of the self-study document, team report, and response to the team report submitted by the chief nurse administrator. The ARC 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 ARC is a matter of judgment within its discretion.

If the chief nurse administrator and/or other program representative elects to meet with the ARC, he/she may provide a verbal statement to the ARC regarding the findings identified in the team report. The ARC 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 ARC'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 ARC. The chief nurse administrator and/or other program representative is given an opportunity to respond to the team leader's comments.

The ARC reviews all materials carefully and formulates a recommendation regarding a proposed action to be taken by the CCNE Board. Neither the chief nurse administrator nor the team leader may be present during the ARC'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 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 ARC, the Board considers the proposed accreditation action recommended by the ARC. The co-chairs of the ARC provide a written and oral report of the ARC's recommendations. All Board members are provided copies of the self-study document, team report, and response to the team report submitted by the chief nurse administrator. After reviewing all relevant materials, the Board may accept the recommendation of the ARC 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 baccalaureate or graduate nursing 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 10 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 U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public within 30 days of taking the action.

### **Accreditation Denied**

Accreditation is denied by the CCNE Board when a baccalaureate or graduate nursing 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 students in the program and applicants to the program of this adverse action. The CCNE Board also issues a public statement and notifies the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agency 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 baccalaureate or graduate nursing 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 educational program are identified as the basis for the action. The parent institution has an ethical obligation to inform students in the program and applicants to the program of this adverse action. The CCNE Board also issues a public statement and notifies the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agency 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 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" as to 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. A program may remain subject to a show cause directive for no longer than 12 months. Because a show cause directive is not a final accreditation action, it is not made public.

### **Termination of Accreditation: Closed Programs**

A program must remain in continuous operation with enrolled students in order to remain accredited. The CCNE Board will withdraw accreditation of any baccalaureate or graduate nursing 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. Within 30 days of learning of a program's closure, CCNE staff will notify the U. S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state 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 baccalaureate, master's, and/or DNP program(s) is permitted to withdraw from these processes at any time. Within 30 days of receiving written notification from an institution of its accredited program's intent to withdraw from the accreditation process, the Commission will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state 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 final accreditation actions, including decisions to award or reaffirm accreditation and adverse actions, with other appropriate accrediting agencies, appropriate state agencies, and the U.S. Department of Education.

The U.S. Department of Education, institutional and other accrediting agencies, appropriate state agencies, 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 website 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 website. Within 60 days of any final adverse accreditation action, CCNE releases to the U.S. Department of Education, institutional and other accrediting agencies, appropriate state agencies, and 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, or evidence that the affected institution was offered the opportunity to provide official comment.

## **DISCLOSURE**

The current published CCNE accreditation status of a baccalaureate or graduate degree nursing program is available upon request to any interested party and is also accessible via the CCNE website.

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 baccalaureate and graduate degree nursing programs, and posts the directory on the CCNE website, which is updated twice yearly following the accreditation decision-making 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 website.

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.

Copies of the CCNE annual report and the directory of accredited programs are furnished to the U.S. Department of Education. CCNE also is obliged to provide any other information requested by the U.S. Department of Education in accordance with the Secretary's procedures and criteria for the recognition of accrediting agencies. Such information shall include but not be limited to the name of any accredited program that CCNE believes is failing to meet its Title IV program responsibilities or is engaged in fraud or abuse along with the reasons for the concern by CCNE, and any proposed change to CCNE standards or procedures that is substantive in nature and/or might alter

its scope of recognition by the Department or its compliance with the Secretary's criteria for recognition.

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 nursing degree program and its affiliation with CCNE. The U.S. Department of Education requires that this statement include the accrediting agency's full name, address, and telephone number. CCNE has approved the following statement for disclosure of the accreditation status to the public: "*The (baccalaureate/master's/DNP 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 CCNE accreditation status, including information related to accreditation actions, will be corrected publicly. Similarly, CCNE will publicly correct any inaccurate or misleading information a program discloses about the content of a team report.

### **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 important because accreditation status sometimes establishes eligibility of a program for participation in certain federal programs and/or establishes the qualifications of graduates to pursue certain career opportunities. The Board's procedures are structured, as much as possible, to protect the interests of students who enter an accredited program with the expectation that they will graduate from such. Programs must be aware of decisions that may put students at risk and must represent those possibilities accurately. For clarification:

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 that degree 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 educational 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 10 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 10-year accreditation term (5-year term for a new applicant or a new program). 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 10 years for reaccreditation or 5 years for initial accreditation.

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 by the CCNE Board pertaining to the nursing program(s) in writing within 30 days of the date on which the Board completes its accreditation deliberations and takes action.

CCNE sends the accreditation action letter, as well as the report of the evaluation team and the program's response to it, to the chief nurse administrator at the institution and to the institution's chief executive officer. The institution is encouraged to make the report available to faculty, students, administrative personnel, 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.

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 failed to comply;
2. the date the action becomes effective;
3. a notice to the institution that it may initiate an 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 students in the nursing program and applicants to the program 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 Federal Express or other overnight courier service.

## **MONITORING PROGRAM PERFORMANCE**

### **Annual Reports**

The chief nurse administrator of a program that holds CCNE accreditation is required each year to submit a report to CCNE, providing statistical data and other information about the parent institution, program(s), faculty, and students. The information submitted in the annual report is utilized to update CCNE records to help determine whether the program continues to comply with the accreditation standards. Information collected as part of the annual report includes headcount enrollment data as well as other areas of interest. Annual reports are reviewed by CCNE staff, and, if particular concerns or problems are identified, the reports are reviewed further by the RRC, which offers a recommendation to the CCNE Board on action to be taken. That action may include, but is not limited to, additional reporting, a focused or comprehensive on-site evaluation, or the issuance of a show cause directive. Data supplied annually to AACN may be used to fulfill CCNE's annual reporting requirements.

### **Continuous Improvement Progress Reports**

An accredited nursing 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 in year 5 of a 10-year accreditation period or at the mid-point of any other 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 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 nursing program(s) and changes in the institution as a whole that may affect the nursing program(s), such as, but not limited to the following:

- policy revisions;
- new or revised planning documents;
- significant increase or decrease in resources available to the program;
- significant increase or decrease in the overall program's student enrollment;
- significant change in student achievement; and
- addition or deletion of any tracks within the program(s) (e.g., the addition of an RN-BSN completion program to the baccalaureate program; the decision to cease offering a track or program area at the master's level).

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 RRC. At the request of the RRC, the chief nurse administrator may be asked to provide additional information or to meet with the RRC to discuss information included in the progress report.

Upon its review of the continuous improvement progress report, the RRC formulates a confidential recommendation to the CCNE Board. The RRC 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;
- 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 RRC 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 RRC 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 RRC, 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 10 years from the date of reaccreditation or 5 years from the date of initial accreditation.

### **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 (annual, special, continuous improvement, 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 annual reports, continuous improvement progress reports, or other reports, the program is required to notify CCNE of any substantive change affecting the nursing program. Substantive changes include, but are not limited to:

- change in established mission or goals of the program;
- change in legal status, control, or ownership of the institution or program, including acquisition of another institution or program;

- a significant reduction in resources of the institution or program;
- change in status with state board of nursing or other accrediting or approval entity, including cases in which the program is placed on warning or probationary status by any regulatory body;
- change (including development, suspension, or closing) in degree offerings or program options;
- the addition of a new nursing degree (e.g., a master's degree), when another nursing degree (e.g., a baccalaureate degree) is accredited by CCNE;
- the addition of courses that represent a significant change in method or location of delivery from those offered when CCNE last evaluated the program;
- change of the chief nurse administrator;
- significant change in faculty composition and size;
- significant change in student enrollment;
- significant change in teaching affiliations;
- major curricular revisions; and
- significant change in student achievement (see below).

Consistent with the U.S. Secretary of Education's procedures and criteria for the recognition of accrediting agencies, CCNE has identified student achievement thresholds for nursing programs within its scope. The CCNE accreditation standards require that nursing programs provide data related to student achievement (Standard IV). If any of the following conditions exist with respect to student achievement, the program must submit a substantive change report--including a written explanation and action plan--to CCNE:

- degree completion rates for the baccalaureate, master's, or DNP program are less than 80% in the expected time period, as defined by the program;
- annual NCLEX-RN® pass rates for all test takers (first time and repeat) over a 3-year period are less than 80% (CCNE recognizes that many state regulatory agencies establish minimum licensure thresholds, and that these vary by state);
- job placement/employment rates for the baccalaureate, master's, or DNP program within 12 months following degree completion are less than 80%; and
- certification pass rates for all test takers (first time and repeat) for any specialty area over a 3-year period are less than 80% (CCNE recognizes that many state regulatory agencies do not require national certification. However, a program still must report pass rate data to CCNE even when not required by the state.)

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 nurse administrator 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 CCNE Executive Committee, which comprises the officers of the Board. 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 nurse administrator's apprising CCNE of substantive changes in a timely manner. The chief nurse administrator 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 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 received within 10 business days of receipt of the notification letter and must include the basis for the appeal, which must 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, or other established policies and practices, and that procedural error adversely prejudiced CCNE's consideration of the application. 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 adverse accreditation decision becomes final. The effective date of the adverse decision of the Board is the date on which the Board reached its initial decision to deny or withdraw accreditation. If a program files a notice of appeal, the appeal process set forth below commences.

During the appeal period, the educational program retains 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 adverse action is 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 is the date of the Board's subsequent action. 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 consists of three to five members, and must include at least one public member, one practicing nurse, and one academic representative. 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 educational program under consideration. Membership of the Hearing Committee may not include any member of the CCNE Board or other ARC or RRC member or on-site evaluator who was involved in the review of the program leading to the adverse action 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 nurse administrator of the educational 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 nurse administrator is informed of the individuals appointed. The final composition of the Hearing Committee is confirmed within 15 business days of the chief nurse administrator'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 members of the Hearing Committee are trained by CCNE on their responsibilities prior to the first meeting of the Hearing Committee. Such training includes a review of the CCNE standards, policies, and procedures, as appropriate, given the role of the Hearing Committee. The members of the Hearing Committee are subject to the conflicts of interest policy addressed in a subsequent section of this publication. 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 nurse administrator 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 is 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 Hearing 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 Hearing 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 a 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 educational 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, 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 is given an opportunity to respond to any remarks made by the team leader or Board chair (or designee). The program is 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 will provide oral remarks on behalf of the appellant must be submitted to the committee at least 15 business days 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 nurse administrator as well as the CCNE Board chair no later than 45 days after the hearing.

If the Hearing Committee remands the action to the CCNE Board, the Hearing Committee must identify specific issues that the Board must address. The Board must act in a manner consistent with the Hearing Committee's instructions.

Actions of the Board on remand are based upon majority vote and become final upon a decision following an appeal, and are not subject to further appeal unless the decision is to maintain the adverse action on new grounds that have not previously been appealed. At the time the institution is notified of the final decision after appeal, it is also advised as to its ethical obligations to inform students in the program and applicants to the program of the action taken. CCNE also is obliged to inform other parties of certain adverse actions. These other parties include the U.S Department of Education, state and federal agencies, institutional and other appropriate accrediting agencies, 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 remains responsible for any costs of the appeal incurred up to that point. Any remaining portion of the appeal fee is then refunded to the program. The action of the CCNE Board becomes final upon receipt of a written request to withdraw the appeal.

### **Appeal of Adverse Actions Based Solely on Failure to Comply with the Financial Requirements of the Standards**

In the event of an adverse action based solely on the program's failure to comply with the financial requirements of the standards for accreditation, a program appealing that adverse action follows the appeal process described above with the exception that the

program may at any point after the adverse action decision, but no later than 15 business days before the date of the appeal hearing, seek CCNE's review of financial information that (1) is significant; (2) was unavailable to the program prior to the Board making its adverse action decision; and (3) bears materially on the financial deficiencies identified by CCNE. If CCNE determines that the financial information satisfies all three of these criteria, the program will be allowed to present the information to the Hearing Committee for consideration. CCNE's decision, however, of whether to consider the new financial information, is not separately appealable by the program.

## **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 ARC 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 baccalaureate or graduate degree nursing 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, the ARC, and the RRC with respect to determining accreditation of a nursing program occur in executive session.

## **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 program is being evaluated, current employment in an institution that is located in close proximity to or that is in direct competition with the institution whose program is being evaluated, or attended the institution whose program is being evaluated.

CCNE also considers it a conflict of interest when a CCNE representative, including members of the Board of Commissioners, committee members (including but not limited to Hearing Committee members), evaluators, staff, and consultants, has a pecuniary or personal interest (or the appearance of same) in a program, or because of a present organizational, institutional, or program association, he/she has divided loyalties or

conflicts (or the appearance of same) pertaining to the program. In such an instance, the CCNE representative shall not participate in any decision related to the program 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.

No current member of the Board of Commissioners, Accreditation Review Committee, Report Review Committee, or Residency Accreditation Committee may serve as a consultant to a baccalaureate, graduate, or residency program in nursing within CCNE's scope of accreditation review. In addition, if a member of the Board or aforementioned committee has served as a consultant to a nursing program under review by CCNE, he/she shall not participate in any decision related to that program.

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.

Individuals serving as CCNE evaluators are permitted to serve as members of the AACN Board of Directors. On-site evaluators who are elected or appointed to the decision-making body of another national nursing accrediting organization (or its parent organization) must notify CCNE within 30 days of being elected or appointed. For the term of their appointment, these individuals will be considered inactive as evaluators so as to avoid any appearance of a conflict of interest.

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 Executive 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 Executive 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 nursing programs with the standards for accreditation. The public, the nursing profession, students, educators and others 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 nursing 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 students or faculty. 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 students, faculty, staff, administrators, nurses, 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.

Complaints may be directed to the "CCNE Complaints Administrator" and sent to the CCNE office at: One Dupont Circle, NW, Suite 530, Washington, DC 20036.

### **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, 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 nurse administrator 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 nurse administrator. 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.

### **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 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. If a member of the Executive Committee is the subject of a complaint, he/she will not be permitted to participate in the review of the complaint. The decision of the Executive Committee is communicated to the complainant in writing within 30 days of the committee meeting.

If the complainant is not satisfied with the resolution determined by the Executive Committee, CCNE provides the complainant with the name and address of the appropriate unit in the U.S. Department of Education and of any other recognition bodies to which the Commission subscribes.

## **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 CCNE decisions regarding the accreditation status of each program as well as substantive change notifications and decisions made during the program's accreditation with CCNE, including all correspondence significantly related to those decisions.

## **REGARD FOR DECISIONS OF INSTITUTIONAL ACCREDITING AGENCIES AND STATES**

CCNE may postpone a decision to grant initial accreditation or reaffirm accreditation of a nursing program if any of the following conditions are 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 is subject to an action by a state agency potentially leading to the suspension, revocation, withdrawal, or termination of the institution's legal authority to provide postsecondary education or to offer the baccalaureate or graduate nursing degree.
3. 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.
4. The parent institution has been notified by a state agency of a threatened suspension, revocation or termination of the institution's legal authority to provide postsecondary education or to offer the baccalaureate or graduate nursing degree, and the due process procedures have not been completed.

5. The parent institution is the subject of a probation or equivalent decision by an institutional accrediting agency.
6. The awarding of degrees has not been approved by the institution or governmental authority.

For conditions 1 and 3, CCNE would not be precluded from proceeding on a course of action comparable to and concurrent with that of the institutional accrediting agency.

For conditions 1 through 5, CCNE may still grant initial accreditation or reaffirm accreditation of the nursing program. If CCNE grants or reaffirms a program's accreditation when one of these conditions exists, it will provide the U.S. Department of Education within 30 days of its action a thorough and reasonable explanation, consistent with CCNE's standards why the action of the other accrediting agency or the state agency does not preclude CCNE's action.

In granting initial accreditation or reaffirming accreditation of a nursing program, CCNE seriously considers whether either of the following conditions exist:

1. An institutional accrediting agency has denied or withdrawn accreditation of the parent institution or has placed the institution on public probationary status.
2. A state agency has suspended, revoked or terminated the parent institution's legal authority to provide postsecondary education.

The CCNE Board promptly reviews the accreditation status of a nursing program if an institutional accrediting agency or state agency takes an adverse action with respect to the parent institution or places the institution on public probationary status. If, after this review, the Board elects to not take a similar adverse action with respect to the accreditation status of the nursing program, the Board provides the U.S. Department of Education a thorough explanation for its decision.

## **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 nurse administrator 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 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 website and is available on request. The fee schedule for nurse residency 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.

### **New Program Fee**

Institutions holding CCNE accreditation and adding a new degree program are required to pay a fee when the program submits to CCNE its letter of intent to seek accreditation for the new program.

### **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 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 process. 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). The Standards Committee assists in coordinating the review of the standards.

The systematic review of the standards incorporates the following three major features:

1. Notification about the opportunity for CCNE constituents and other interested parties to validate the current standards and provide input about any problems in the interpretation or application of the standards or any gaps that might exist.
2. Broad-based surveys about the standards that solicit input by relevant constituencies to include academics (faculty and administrators), practicing nurses, students, graduates, leaders of nursing organizations, employers of nurses, and representatives of licensing and accrediting agencies.
3. Periodic review of the standards in a practical, manageable, and consistent way to facilitate sound decision making that results in the validation of the standards.

The first aspect of the systematic review of the standards ensures the opportunity for any interested party to provide input about the standards at any time. Information regarding how to submit comments to CCNE is sent to constituents and is posted on the CCNE website. All comments must be submitted to CCNE in writing; the name,

affiliation, and contact information of the individual submitting the comments must be identified.

The second aspect of the review process involves the solicitation of input about the standards through constituent surveying processes. In the fourth year of the 5-year standards review cycle, CCNE solicits information through a Web-based questionnaire designed to probe participants' understanding and interpretation of the standards, as well as to evaluate each standard for its validity and relevance to the quality of a nursing program. Each standard and key element, as well as the standards as a whole, are reviewed through this surveying process. CCNE additionally solicits input about the standards from on-site evaluators and nursing program officials following each on-site evaluation. This allows for valuable input from individuals who recently experienced the on-site evaluation and, thus, are familiar with the accreditation process.

The third aspect of the process formalizes the systematic review and analysis of the information collected, as discussed above. If CCNE determines at any point during the review process that it needs to make changes to the standards, CCNE will initiate action within 12 months to address the relevant issues. Such action may include convening the Standards Committee for the purpose of reviewing the standards and recommending changes to the Board. Final action must be taken by the Board within 18 months from the time the Standards Committee is convened.

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 Standards Committee and/or the Board before final action is taken with respect to the standards.

## **JOINT EVALUATIONS WITH OTHER AGENCIES**

Whenever possible and at the request of the chief nurse administrator, CCNE may schedule concurrent or joint evaluations with other accrediting agencies or with state boards of nursing. CCNE cooperates in arranging joint evaluations on an individual basis and recognizes that each agency may specify different standards and procedures. 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 agency. CCNE expects the chief nurse administrator to take full responsibility in assuring coordination of the joint evaluation. The chief nurse administrator is responsible for informing the CCNE staff and the CCNE evaluation team if a joint visit is being scheduled. The chief nurse administrator also is responsible for developing an evaluation agenda that will facilitate the combined effort. Guidance for planning and scheduling a joint evaluation is available on request.