Type of Submission:
Renewal Petition

Criteria: Scope of Recognition

Description of Criteria

This is the current scope of recognition for your agency which was granted by the Secretary of Education:

The accreditation of nursing education programs at the baccalaureate, master’s, doctoral, and certificate levels--including programs offering distance education.

Geographic Area of Accrediting Activities: The United States.

Narrative:

The scope of recognition as documented here in the e-Recognition system is in correct. The decision letter from the Senior Department Official to CCNE, dated September 20, 2017, approves the scope of recognition as follows:

"Scope of Recognition: The accreditation of nursing education programs in the United States, at the baccalaureate, master's, doctoral, and certificate levels, including programs offering distance education."

This was affirmed by the Decision of the Secretary in an order dated October 1, 2018.

As suggested by the Department staff analyst, CCNE is noting its request for corrective action in this matter (the addition of certificate programs) and appreciates notification of this correction upon completion.

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative

Analyst Review Status:

Analyst Remarks to Narrative:
As indicated in the agency's narrative, the e-Recognition system does not reflect the correct current scope of recognition that was approved by the U.S. Department of Education's Senior Department Official (SDO). The current scope of recognition that is presented in the e-Recognition system does not include certificate levels, which was added to the scope and approved by the SDO in 2018. The agency's requested scope of recognition is consistent with its current scope as approved in 2018, which is: The accreditation of nursing education programs in the United States, at the baccalaureate, master's, doctoral, and certificate levels, including programs offering distance education.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.10(a-b)

Description of Criteria

The agency must demonstrate that—

(a) If the agency accredits institutions of higher education, its accreditation is a required element in enabling at least one of those institutions to establish eligibility to participate in HEA programs. If, pursuant to 34 CFR 600.11(b), an agency accredits one or more institutions that participate in HEA programs and that could designate the agency as its link to HEA programs, the agency satisfies this requirement, even if the institution currently designates another institutional accrediting agency as its Federal link; or

(b) If the agency accredits institutions of higher education or higher education programs, or both, its accreditation is a required element in enabling at least one of those entities to establish eligibility to participate in non-HEA Federal programs.

Narrative:

CCNE accredits higher education programs (specifically, baccalaureate, master’s, doctoral, and certificate nursing programs), and its accreditation is a required element in enabling such programs to establish eligibility to participate in non-HEA Federal programs. The U.S. Department of Health and Humans Services, Health Resources and Services Administration (HRSA), awards funds to accredited nursing programs as part of the Nursing Workforce Development Programs.

The Title VIII Workforce Development Programs “addresses all aspects of nursing workforce demand, including education, practice, recruitment, and retention” (see Nursing Workforce Development Programs, p. 1). Under the umbrella of Title VIII,
federal funding supports programs including Advanced Nursing Education &
Advanced Nursing Education Workforce; Nursing Workforce Diversity; Nurse
Education, Practice, Quality, and Retention Program; Nurse Faculty Loan Program;
and Nurse Corps Scholarship and Loan Repayment Programs. A description of each
is provided in Nursing Workforce Development Programs (see Nursing Workforce
Development Programs).

Nursing programs accredited by a U.S. Department of Education-recognized nursing
accrediting agency are eligible to apply for this funding. In keeping with Title VIII
requirements, these accredited programs provide evidence of their relevant
accreditation to satisfy the funding eligibility requirements. Upon request, CCNE
provides a letter to the applicant, for submission with its funding request, that verifies
the program’s accreditation status.

42 U.S.C.A. § 296 includes definitions applicable throughout 42 U.S.C.A. Ch. 6A,
Subch. VI, which contains the statutory authorizations for HRSA-administered
Nursing Workforce Development Programs (Title VIII of the Public Health Service
Act [42 U.S.C.A 296 et seq.]). 42 U.S.C.A § 296(1) provides that, as used in this
subchapter, “[t]he term “eligible entities” means schools of nursing ... determined
appropriate by the Secretary that submit to the Secretary an application in accordance
with section 296a of this title.” Further, 42 U.S.C.A § 296(2) provides that “[t]he term
“school of nursing” means an accredited (as defined in paragraph 6) collegiate,
associate degree, or diploma school of nursing....” Finally, 42 U.S.C.A § 296(6)(A)
provides that “...the term “accredited” when applied to any program of nurse
education means a program accredited by a recognized body or bodies, or by a State
agency, approved for such purpose by the Secretary of Education and when applied to
a hospital, school, college, or university (or a unit thereof) means a hospital, school,
college, or university (or a unit thereof) which is accredited by a recognized body or
bodies, or by a State agency, approved for such purpose by the Secretary of
Education. For the purpose of this paragraph, the Secretary of Education shall publish
a list of recognized accrediting bodies, and of State agencies, which the Secretary of
Education determines to be reliable authority as to the quality of education offered.”

Documentation demonstrating that the nursing program must be accredited is
provided (see Public Health Service Act Title 42, pp. 3-4). A Notice of Funding
Opportunity for the Nursing Workforce Diversity Program, one of the Title VIII
program opportunities, further demonstrates the requirement (see Notice of Funding
Opportunity, pp. ii, 5, 20). A list of award recipients documenting that awards were
granted to CCNE-accredited nursing programs is provided (see Nursing Award
Recipients).

The Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs
(hereafter referred to as Procedures) require that programs eligible for CCNE
accreditation must be based in institutions that have institutional accreditation by a
U.S. Department of Education-recognized institutional accrediting agency (Procedures, p. 6). The Department’s Accreditation Handbook (for use by accrediting agencies submitting petitions or reports after July 1, 2020) states, on page 4, “agencies that accredit programs or institutions that participate in title IV programs must note this in their petition, even if the programs or institutions accredited by the agency participate in title IV programs as a result of accreditation provided by another recognized agency.” CCNE accredits programs based in institutions that participate in title IV programs. For example, the Commission accredits the baccalaureate, master’s, doctoral, and certificate programs in nursing at the University of Washington.

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s link to federal programs is in accordance with 602.10(b). The agency accreditation of its nursing programs is a required element in enabling at least one of its accredited programs to establish eligibility to participate in a non-HEA federal program under the U.S. Department of Health and Humans Services (HHS), Health Resources and Services Administration (HRSA), Nursing Workforce Development Programs (NWDP). According to the American Association of Colleges of Nursing fact sheet (Exhibit 38), NWDP addresses all aspects of nursing workforce demand, including education, practice, recruitment, and retention, and the program was reauthorized in March 2020 as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which ensures that nursing pathways remain strong and
patients across the country can continue to have access to high-quality nursing care.
Eligible entities, as outlined in Title 42 of the Public Health Services Act (Exhibit 83),
include accredited schools of nursing, nursing centers, academic health centers, state
or local governments, and other private or public non-profit entities, as determined
appropriate by the Secretary of HHS. This statute defines “accredited,” when applied
to any program of nurse education, as a program accredited by a recognized body or
bodies, or by a State agency, approved for such purpose by the Secretary of
Education. The agency provided a 2021 funding opportunity announcement for
NWDP (Exhibit 39), and the agency provide a list of its accredited nursing programs
that received a NWDP award (Exhibit 84). The agency satisfies requirements of
602.10(b) through its non-federal link, the NWDP under HHS, which outlines in its
eligibility requirements that any program of nurse education must be accredited by a
recognized body or bodies that is approved by the Secretary of Education.

List of Document(s) Uploaded by Analyst - Narrative
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Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

Criteria: 602.11(a-c)

Description of Criteria

The agency must demonstrate that it conducts accrediting activities within—

(a) A State, if the agency is part of a State government;

(b) A region or group of States chosen by the agency in which an agency provides
accreditation to a main campus, a branch campus, or an additional location of an institution.
An agency whose geographic area includes a State in which a branch campus or additional
location is located is not required to also accredit a main campus in that State. An agency
whose geographic area includes a State in which only a branch campus or additional
location is located is not required to accept an application for accreditation from other
institutions in such State; or

(c) The United States.
The Commission is national in its scope of operation, with 1,932 accredited nursing education programs (815 baccalaureate, 524 master’s, 335 doctoral, and 258 certificate programs) representing 50 states, the District of Columbia, and Puerto Rico (see List of States and Territories with CCNE Programs). Thus, the Commission has achieved broad representation in its accredited programs, including all geographic regions of the United States. The Procedures state that the Commission is designed to evaluate and make judgments about the quality of baccalaureate, master’s, and doctoral degree programs and certificate programs that are “located in colleges and universities that are accredited by an institutional accrediting agency recognized by the U.S. Department of Education. The institution(s) offering the nursing program(s) must be located or chartered in the United States and its territories” (p. 1). A directory on the CCNE website lists all institutions whose nursing programs are accredited by CCNE, including the type of program accredited, its geographic location, and other pertinent information about its accreditation status (see https://directory.ccnecommunity.org/reports/accprog.asp; see List of Accredited Programs by Institution; see List of Accredited Programs by State).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s geographic area of accrediting activities is under 602.11(c), the United States. The agency has 1,932 accredited nursing programs - representing 50 states, the District of Columbia, and Puerto Rico, and it provided a list of its nursing
programs by institutions and by state and also a list of nursing programs by states and territories (Exhibits 1, 2 and 25). In addition, the agency states in the introduction section of its procedures for accreditation manual (Exhibit 81) outlining procedures for accreditation of baccalaureate and graduate nursing programs that the institutions that institutions offering its accredited nursing programs(s) must be located or chartered in the United States or its territories (Exhibit 81). The agency has demonstrated that it conducts accrediting activities within the United States.

List of Document(s) Uploaded by Analyst - Narrative
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Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

Criteria: 602.14(a)

Description of Criteria

(a) The Secretary recognizes only the following four categories of accrediting agencies:

(1) A State agency that—

   (i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and

   (ii) Has been listed by the Secretary as a nationally recognized accrediting agency on or before October 1, 1991.

(2) An accrediting agency that—

   (i) Has a voluntary membership of institutions of higher education;

   (ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with §602.10; and

   (iii) Satisfies the “separate and independent” requirements in paragraph (b) of this section.
(3) An accrediting agency that—

(i) Has a voluntary membership; and

(ii) Has as its principal purpose the accrediting of institutions of higher education or programs, and the accreditation it offers is used to provide a link to non-HEA Federal programs in accordance with §602.10.

(4) An accrediting agency that, for purposes of determining eligibility for title IV, HEA programs—

(i) (A) Has a voluntary membership of individuals participating in a profession; or

(B) Has as its principal purpose the accrediting of programs within institutions that are accredited by another nationally recognized accrediting agency; and

(ii) Satisfies the “separate and independent” requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraph (d) of this section.

Narrative:

The Commission qualifies for recognition as it meets the criteria established in 602.14(a)(4). A principal purpose of the Commission is the accreditation of nursing education programs offered by institutions of higher education. The Bylaws indicate that CCNE’s accreditation activities are a voluntary process (p. 2). This is reinforced in the Procedures, which state, “A baccalaureate degree nursing program, master’s degree nursing program, DNP program, or post-graduate APRN certificate 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” (p. 4). Further, the Procedures state, “Programs pursuing initial CCNE accreditation must be located in a parent institution that is accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education. Institutional accreditation must be maintained by the parent institution in order for its program to seek and maintain CCNE accreditation” (p. 6). Members of the Commission’s parent organization, the American Association of Colleges of Nursing, are not required to participate in the CCNE accreditation process. The Memorandum of Agreement Between the American Association of Colleges of Nursing and the Commission on Collegiate Nursing Education establishes the independent and autonomous nature of the relationship between the two entities (see Memorandum of Agreement).
According to the Bylaws, the mission of the organization is as follows: “CCNE is an autonomous accrediting agency, contributing to the improvement of the public’s health. The Commission strives to promote the quality and integrity of baccalaureate, graduate, and residency/fellowship programs in nursing. The Commission serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education and nurse residency/fellowship programs” (p. 2). Accreditation by CCNE is not a required element in enabling the nursing programs it accredits to participate in programs authorized under the Higher Education Act (HEA) of 1965. However, accreditation by CCNE is a required element in enabling the nursing programs it accredits to participate in other Federal programs, such as HRSA-administered Nursing Workforce Development Programs (Title VIII of the Public Health Service Act [42 U.S.C.A 296 et seq.]).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency’s must clarify the category in which it is applying. The agency must establish a policy that specifies the principal purpose of accrediting nursing programs is to provide a link to non-HEA Federal programs.

**Analyst Remarks to Narrative:**

The agency indicates in the narrative that its category is under 602.14(a)(4), which requires the agency’s purpose for recognition to be for determining eligibility for Title IV, HEA programs. However, the agency states in its narrative that “Accreditation by CCNE is not a required element in enabling the nursing programs it accredits to
Accreditation by CCNE is a required element in enabling the nursing programs it accredits to participate in other Federal programs, such as HRSA-administered Nursing Workforce Development Programs (Title VIII of the Public Health Service Act [42 U.S.C.A. § 296 et seq.]). Therefore, the agency cannot be recognized pursuant to 602.14(a)(4) since it is not a Title IV gatekeeper and its principle purpose is for accrediting programs that participate in non-HEA federal programs. The agency’s bylaws indicate its accreditation process is voluntary, under Chapter III, Section 1, Mission (Exhibit 28, page 2). The agency’s new applicant and accredited programs are voluntary and are initiated by the institution, as outlined in the agency’s procedures of accreditation under Procedural Overview (Exhibit 81, page 4). The procedures of accreditation required a letter to be included in the application that is signed by a) the chief executive officer (e.g., president) of the institution in which the program is located, b) the chief academic officer (e.g., provost) of the institution, and c) the chief nurse administrator of the nursing unit (Exhibit 81, page 6). However, the bylaws do not establish the agency’s principal purpose as accrediting nursing programs as providing a link to non-HEA Federal programs. The agency must establish written policy indicating that its primary purpose is to accredit programs for non-HEA purposes as it states in its narrative.

In its petition, CCNE mistakenly identified the wrong category for its Department recognition. The numbering of the categories changed in recent revisions to the regulations, leading to this confusion. CCNE’s category is 602.14(a)(3) (i.e., CCNE has a voluntary membership; and CCNE’s principal purpose is the accrediting of programs, and the accreditation CCNE offers is used to provide a link to non-HEA Federal programs in accordance with §602.10), and CCNE had no intention of modifying its long-standing category of agency.

CCNE has revised its Internal Operating Manual of Rules and Procedures to document its long-standing category of accrediting agency in this foundational policy document. This written policy that now identifies CCNE’s category of accrediting agency is found in the section titled U.S. Secretary of Education. See Internal Operating Manual Revised, page 2. The Internal Operating Manual of Rules and Procedures
**Procedures** is a policy document established by the Board of Commissioners, and the Board of Commissioners is charged with the periodic review of the document and making revisions as warranted.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must clarify the category of agency in which it is applying. The agency must establish a policy that specifies the principal purpose of accrediting nursing programs is to provide a link to non-HEA Federal programs. The agency clarified in the narrative that its category of agency is under 602.14(a)(3), and the agency revised its internal operating manual clarify that its principal purpose for attaining and maintaining recognition for the accreditation of nursing programs is to enable such programs to be eligible for non-HEA Federal programs (58746/Exhibit 1, page 2). The response information provided by the agency is satisfactory and no additional information is needed.

**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.14(b)**

**Description of Criteria**

(b) For purposes of this section, “separate and independent” means that—

1. The members of the agency’s decision-making body, who decide the accreditation or preaccreditation status of institutions or programs, establish the agency’s accreditation policies, or both, are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association, professional organization, or membership organization and are not staff of the related, associated, or affiliated trade association, professional organization, or membership organization;

2. At least one member of the agency’s decision-making body is a representative of the public, and at least one-seventh of the body consists of representatives of the public;
(3) The agency has established and implemented guidelines for each member of the decision-making body including guidelines on avoiding conflicts of interest in making decisions;

(4) The agency’s dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and

(5) The agency develops and determines its own budget, with no review by or consultation with any other entity or organization.

Narrative:

As stated in the Commission’s Bylaws, “CCNE is an autonomous arm of the American Association of Colleges of Nursing (hereinafter referred as ‘AACN’)” (p. 1). The Commission’s Bylaws state, “CCNE shall be autonomous in conducting all aspects of its evaluation and accreditation activities, including but not limited to the establishment of bylaws, standards, policies, and operating rules and procedures; control of its financial affairs; implementation of its operating rules and procedures; selection of its affiliated programs, officers, committee members, evaluators, and consultants; and the administration of its own affairs” (p. 1). CCNE is governed by a 13-member Board of Commissioners (hereinafter referred to as the “Board”). The Bylaws require that the Board “is to be elected by the accredited constituents” (p. 5), which are defined in the Bylaws as “all baccalaureate, graduate, and residency/fellowship programs in nursing that are accredited by CCNE” (p. 4). The separate and independent nature of CCNE is also articulated in the Memorandum of Agreement Between the American Association of Colleges of Nursing and the Commission on Collegiate Nursing Education (see Memorandum of Agreement).

In terms of Board composition, the Bylaws require that “The Board shall include three faculty members at CCNE-affiliated nursing education programs; three chief nurse administrators (e.g., deans) at CCNE-affiliated nursing education programs; three practicing nurses; two public consumers; and two professional consumers who are affiliated with employers of health care professionals, at least one of whom has experience administering a nurse residency/fellowship program” (p. 5). This requirement is reiterated in the Internal Operating Manual of Rules and Procedures (hereafter referred to as Internal Operating Manual) (p. 3) and the Procedures (p. 2). The Nominating Committee (whose members also are elected by CCNE-accredited programs) is responsible for reviewing qualifications of those nominated for election to the Board, including those nominated as public members, and for developing a slate of candidates (see Internal Operating Manual, p. 11). At present, the public consumers on the Board are Dr. Stephanie LaPuma and Dr. Valerie Paton (see Resume-LaPuma; see Resume-Paton). Refer to Nominations Announcement and Board Position Qualifications for details about the public consumer position. The CCNE Hearing Committee, which serves as the CCNE appeals body, also includes a
member of the public. The Procedures state “The Hearing Committee consists of three to five members, and must include at least one public member, one practicing nurse, and one academic representative” (p. 28). The Hearing Committee roster, which demonstrates inclusion of a public member, is provided (see Hearing Committee; see Appeal Documents, p. 1; see Hearing Committee Conflicts of Interest, pp. 5-6).

The Commission has established guidelines and procedures for members of the Board to avoid conflicts of interest in the decision-making process. This policy is established in the Bylaws (pp. 9, 12) and Internal Operating Manual (p. 13), and the Procedures provide full guidance on its implementation (pp. 31-32). The Procedures state, “All individuals involved in any aspect of CCNE activities are expected to recognize relationships in which they may have an actual or potential conflict of interest and to recuse themselves from deliberations concerning institutions, organizations, and programs when such conflicts exist” (p. 32). The Procedures also provide guidance about and examples of conflicts of interest. Prior to meetings of the Board, the members are queried as to any potential conflicts of interest with the programs to be discussed during the upcoming meeting. These conflicts are then noted on the meeting agenda (see Board Meeting Agendas). A conflict may also be identified during the meeting. During the discussion and deliberation pertaining to such an institution, the Board member with a conflict recuses him/herself from the proceedings and exits the room. At the beginning of CCNE’s regular decision-making meetings held each spring and fall, the Board reviews the conflict of interest policy (see Board Meeting Agendas, pp. 3, 44, 65, and 102). Conflicts of interest also are noted in meeting minutes, available upon request. The Commission’s conflict of interest policy pertains to all CCNE representatives, including, but not limited to, members of the Board, committees, evaluator pool, and staff. In addition, the Commission has established Guidelines for Board Reviewers (see Board Reviewer Guidelines). This document provides guidance on various aspects of the Board member role.

Payments for annual fees, new applicant fees, new program fees, and evaluation fees are separate from any dues paid to AACN or any other organization. The Fee Structure, which is posted on the CCNE website, notes that “CCNE fees are separate from American Association of Colleges of Nursing (AACN) membership dues” (p. 2). See Fee Structure. Invoices for these fees are generated by CCNE staff, and receivables are recorded and posted in a cost center specific to CCNE. As stated in the Memorandum of Agreement, “CCNE recognizes its obligations to develop and implement fee schedules … to maintain financial independence in the conduct of accreditation activities” (p. 2). As noted in the Bylaws, the Commission is autonomous in control of its financial affairs (p. 1). Further, the Bylaws note, “The Budget Committee shall prepare an annual budget for the Commission, which shall be submitted to the Board for review and adoption” (p. 11). The staff assists with budget development for the coming fiscal year, and the proposed budget is reviewed by the
Budget Committee; it is then submitted to the Board for consideration and adoption. The CCNE Board is solely responsible for adopting the CCNE budget; AACN has no authority regarding CCNE’s budgetary process. Neither AACN nor any other entity/organization reviews or approves the CCNE budget. See Operating Budget FY 2021 and Operating Budget FY 2022, both of which are approved by the CCNE Board. The budget for CCNE becomes effective on July 1, which is the beginning of the agency’s fiscal year.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency’s category must be clarified under 602.14(a).

**Analyst Remarks to Narrative:**

The agency’s category must be clarified under 602.14(a), as noted in that section. If the agency is applying under 602.14(a)(3), the agency is not required to satisfy 602.14(b), “separate and independent,” requirements. However, if the agency is, in fact, applying under 602.14(a)(4), the agency must comply with 602.14(b).

**List of Document(s) Uploaded by Analyst - Narrative**

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Response:

As CCNE has clarified that its category of agency is 602.14(a)(3), CCNE is not required to satisfy 602.14(b), “separate and independent,” requirements.

Analyst Worksheet - Response

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency’s category must be clarified under 602.14(a). The agency is not required to satisfy 602.14(b) because its category of agency is 602.14(a)(3), as clarified by the agency in 602.14(a). The information provided by the agency is satisfactory and no additional information is needed.

**List of Document(s) Uploaded by Analyst - Response**

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Criteria: 602.14(c)

Description of Criteria

(c) The Secretary considers that any joint use of personnel, services, equipment, or facilities by an agency and a related, associated, or affiliated trade association or membership organization does not violate the “separate and independent” requirements in paragraph (b) of this section if —

(1) The agency pays the fair market value for its proportionate share of the joint use; and

(2) The joint use does not compromise the independence and confidentiality of the accreditation process.

Narrative:

The Memorandum of Agreement between AACN and CCNE describes the joint use of personnel, services, equipment, and facilities as follows: “CCNE shall have autonomy to establish its own budget. CCNE shall function as a separate cost center within AACN. CCNE shall reimburse AACN for shared expenses and support provided by AACN (e.g. office space, office staff, and administrative expenses). CCNE may request that AACN furnish it with additional ancillary services and agree to reimburse AACN for the costs of any such services” (p. 2).

AACN and CCNE enter into a shared services agreement that delineates the services for which CCNE pays AACN (see Shared Services Agreement). Annually, during the Commission’s budget development process, AACN and CCNE negotiate a fair market value that CCNE reimburses to AACN for shared personnel costs (which primarily are for financial management, technology support, and human resources) and facility usage (e.g., rent). CCNE staff are employees of AACN, and the Commission reimburses AACN for all related personnel costs (salary, benefits, etc.) (see Operating Budget FY 2021; see Operating Budget FY 2022; see Audited Financial Statements FY 2019; see Audited Financial Statements FY 2020). To safeguard the independent and confidential nature of the accreditation process, the Memorandum of Agreement specifies that “Only those accreditation documents made available to the public shall be available to the AACN chief executive officer and members of the AACN Board of Directors” (p. 1). This safeguard is reinforced in the Bylaws (see the section on “Authority,” p. 1), the Internal Operating Manual (see the section on “Authority and Recognition,” p. 2), and the Procedures (see the “Introduction,” p. 1). Members of the AACN staff and Board of Directors are not involved in the accreditation decision-making process and are not privy to the confidential discussions and deliberations of the CCNE Board and its committees.
### Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency’s category must be clarified under 602.14(a), as noted in that section.

**Analyst Remarks to Narrative:**

The agency’s category must be clarified under 602.14(a), as noted in that section. If the agency is applying under 602.14(a)(3), the agency is not required to respond to 602.14(c). However, if the agency is, in fact, applying under 602.14(a)(4), the agency must comply with 602.14(b).

**List of Document(s) Uploaded by Analyst - Narrative**

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**Response:**
As CCNE has clarified that its category of agency is 602.14(a)(3), CCNE is not required to respond to 602.14(c).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency’s category must be clarified under 602.14(a). The agency is not required to satisfy 602.14(c) because its category of agency is 602.14(a)(3), as clarified by the agency in 602.14(a). The information provided by the agency is satisfactory and no additional information is needed.

**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.14(d-e)**

**Description of Criteria**

(d) For purposes of paragraph (a)(4) of this section, the Secretary may waive the “separate and independent” requirements in paragraph (b) of this section if the agency demonstrates that—

1. The Secretary listed the agency as a nationally recognized agency on or before October 1, 1991, and has recognized it continuously since that date;

2. The related, associated, or affiliated trade association or membership organization plays no role in making or ratifying either the accrediting or policy decisions of the agency;

3. The agency has sufficient budgetary and administrative autonomy to carry out its accrediting functions independently;

4. The agency provides to the related, associated, or affiliated trade association or membership organization only information it makes available to the public.

(e) An agency seeking a waiver of the “separate and independent” requirements under
paragraph (d) of this section must apply for the waiver each time the agency seeks recognition or continued recognition. 

(NOTE: An agency must respond to this section only if it is requesting a waiver of the "separate and independent" requirement.)

Narrative:

**Document(s) for this Section**

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency’s category must be clarified under 602.14(a), as noted in that section.

**Analyst Remarks to Narrative:**

The agency’s category must be clarified under 602.14(a), as noted in that section. If the agency is applying under 602.14(a)(3), the agency is not required to respond to 602.14(d-e). However, if the agency is, in fact, applying under 602.14(a)(4), the agency must address 602.14(d-e).

**List of Document(s) Uploaded by Analyst - Narrative**

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**Response:**

As CCNE has clarified that its category of agency is 602.14(a)(3), CCNE is not required to respond to 602.14(d-e).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency’s category must be clarified under 602.14(a). The agency is not required to satisfy 602.14(d-e) because its category of agency is 602.14(a)(3), as clarified by the agency in 602.14(a). The information provided by the agency is satisfactory and no additional information is needed.
Criteria: 602.15(a)(1)

Description of Criteria

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that—

(a) The agency has—

(1) Adequate administrative staff and financial resources to carry out its accrediting responsibilities;

Narrative:

The staff members of the Commission on Collegiate Nursing Education (CCNE) are employed under the aegis of the American Association of Colleges of Nursing (AACN) and are responsible for facilitating the administration and coordination of accreditation and other related activities. The full complement of 14 CCNE staff includes an Executive Director, a Deputy Executive Director, a Director of Accreditation Services, two Associate Directors, two Accreditation Managers, an Accreditation Operations Coordinator, three Accreditation Coordinators, two Accreditation Assistants, and an Administrative Assistant. See Organizational Chart. CCNE staff are responsible for all aspects of the office operations to include supporting the Board, committee, and evaluation team activities; managing the affairs of the agency; and carrying out the accreditation activities. Identified under "Professional and Clerical Staff" in the Internal Operating Manual is a description of the roles and responsibilities of CCNE staff (see Internal Operating Manual, pp. 20-21). See Job Descriptions. See Staff Leadership Resumes. As noted in these position descriptions, principal staffing responsibility for the Commission and its accreditation review activities rests with the CCNE Executive Director, who has served in this role for 23 years. Continued availability of staff resources is anticipated. Staff resources will be expanded or supplemented, as necessary, and there is physical space available and money in the budget to hire new staff when needed.

The current staff is adequate to support the activities of CCNE in light of several factors. First, the services of CCNE’s volunteer members of the Board, committees, and evaluation teams represent a substantial in-kind contribution of professional time
that greatly expands the capabilities of the agency. Second, CCNE staff functions are supplemented by services provided by other AACN staff members. Such services include, but are not limited to, fiscal management and accounting services (e.g., cash receipts and accounts payable), personnel administration, and technology support. Third, consultants and advisors are employed by CCNE, as needed, to assist with database management, legal consultation, etc. Notwithstanding the aforementioned additional examples of support, the CCNE staff-to-institution ratio is approximately 60 academic institutions per full-time staff member.

Regarding agency finances, CCNE has policies regarding accreditation fees and other assessments. Information about the fee schedule is identified in the Internal Operating Manual in the section on “Finances.” This section states, “The Board will establish fee schedules for various aspects of its evaluation and accreditation activities and may modify fee schedules at any time with advance notice to affected institutions and organizations” (Internal Operating Manual, p. 19). The “Accreditation Fees” section of the Procedures provides additional information about fees for accreditation-related activities (pp. 36-37). See Fee Structure.

The Memorandum of Agreement between AACN and CCNE specifies the autonomy of CCNE from its parent organization with regard to allocation of budget and expenditures, among other areas (see Memorandum of Agreement, pp. 1-2). CCNE maintains its offices within AACN’s headquarters and is charged directly for expenses incurred, as appropriate. CCNE’s rent expense is based on the percentage of CCNE’s occupied square footage in relation to the total square footage of the entire AACN/CCNE office suite, currently calculated at 19%. For those few expenses which cannot be directly attributed to CCNE (e.g., local telephone, subscriptions, office insurance), CCNE is charged for its proportionate share of those costs, using the ratio of CCNE staff to total AACN staff. For FY 2022, this rate is calculated at 22%. CCNE is also charged for the administrative support provided by AACN staff (e.g., human resources, office administration, accounting, and technology support). Specifically, AACN personnel support includes support from the President/Chief Executive Officer, Chief Operating Officer, Director of Finance and Administration, Information Technology Director, Director of Communications and Content Curation, Business Solutions and Database Coordinator, HR Specialist, Accounting Coordinator, and Receptionist. CCNE is charged a small percentage of the salaries of these individuals. These commitments are outlined in the FY 2022 Shared Services Agreement (see Shared Services Agreement).

CCNE’s administrative capacity, including staff and contractual arrangements, is adequate to manage the financial resources of the organization. Internal management of CCNE’s financial affairs is handled through a combination of staff functions and purchased services through AACN. In general, checks go directly to CCNE’s bank lockbox, and AACN writes checks upon authorization of the CCNE Executive Director, Deputy Executive Director, or Director of Accreditation Services. CCNE
staff handles CCNE’s invoicing process for fees charged to its affiliated programs. CCNE’s annual operating budget is formulated by the CCNE staff and Budget Committee and approved by the CCNE Board, and it is implemented by CCNE staff. Staff reviews CCNE priorities and activities planned for the next fiscal year and develops a detailed budget proposal including revenue and expenditure items. In constructing the proposed revenue and expenditures for annual CCNE activities, staff employs zero-based procedures. A planning process accompanies all budgetary calculations of proposed CCNE expenses, enabling the staff to be as accurate as possible in establishing needs for each fiscal year.

The CCNE financial statements for the two most recent fiscal years, ending June 30, 2020 and June 30, 2021, are provided (see Financial Statements). The income statement compares actuals versus budgeted expenses for the fiscal year. Based on the financial report, CCNE is operating within its approved budget. CCNE is supported by a combination of fees and relies on no contributions from its parent organization or other organizations. The projected revenue for FY 2022 is $4,141,852. Itemized sources of revenue in CCNE’s budget include the fees assessed of nursing programs. Generally, these fees include application fees, annual fees, new program fees, evaluation fees, and registration fees (for workshops). CCNE is financially stable and ended each of the two previous fiscal years with a surplus. Provided are the FY 2021 and FY 2022 operating budgets for CCNE (see Operating Budget FY 2021; see Operating Budget FY 2022), as adopted by the CCNE Board. The audited financial statements for the years ended June 30, 2019 and June 30, 2020 are provided (see Audited Financial Statements FY 2019; see Audited Financial Statements FY 2020). The audits show stable total assets, including investments, for each year, that ensure the agency’s ability to continue to operate. Financial Management Guidelines have been approved by CCNE to guide its investments; according to policy, these guidelines must be reviewed at least every five years (see Financial Management Guidelines).

The Department’s Accreditation Handbook, on page 11, requests that the petition provide a “list of agency decisions related to administrative and fiscal capacity that have been made or postponed, flagging postponements due to insufficient staffing to adhere to the published timeline, during the prior two years.” During the prior two years, the Board has approved operating budgets that have allowed for appropriate staffing, to include an increase in staff resources. In addition to staffing matters, these approved budgets have allowed for the successful continuation of operations. At no time has the Commission postponed operations or other such matters as a result of insufficient staffing or fiscal resources.
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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Substantially Compliant

**Staff Determination:**
The agency must provide a budget for fiscal year (FY) 2022 that presents actual revenues and expenditures and audited financial statements for FY 2021 and 2022, if available.

**Analyst Remarks to Narrative:**

The agency employs fourteen full-time staff to manage the accreditation activities for its 1,932 accredited programs. The agency’s senior staff consists of an executive director, a deputy executive director, and a director of accreditation services, and the agency provided position descriptions (Exhibit 32) and the resumes for its senior staff (Exhibit 72). The agency’s internal operating manual presents the roles and responsibilities of its professional and clerical staff (Exhibit 29, pages 20-21). The agency shares its administrative and technical personnel with the American Association of Colleges of Nursing (ASCN), and the agency provided a shared services agreement with ASCN for 2022, which indicates that the agency pays a portion for shared office space, equipment, supplies, insurance and other shared services, as well as a fee for shared staff services (Exhibit 5). The documentation demonstrates that the agency employs adequate staff to support its operations. The agency has adequate administrative staff to carry out its accrediting responsibilities.

As part of the virtual file review, the agency provided its staff resumes and documentation of employee training which demonstrate training on agency policies and procedures including distance education (e.g., PowerPoint training and agendas). The agency has a memorandum of understanding with ASCN, which is its parent company. The memo outlines the administrative and financial support provided by ASCN and the autonomy of CCNE (Exhibit 3). The agency provided audited financial statements for fiscal years (FY) 2019 and 2020, and the auditors stated in the report for both fiscal years: “In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of CCNE, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America (Exhibits 6 and 8).” However, the agency did not provide audited financial statements for FY 2021 and 2022. The agency provided a budget for FY 2021 (total revenues $4,533,165 and total expenses $4,533,615), and projected budget for fiscal year 2022 (total revenues $4,141,852 and total expenses $4,141,852), which both indicated operating revenue is primarily drawn from fees from nursing programs (Exhibits 54 and 55). However, the agency did not provide a budget for FY 2022 that presents actual revenues and expenditures. In its response to the draft staff analysis (which would be due 180 days after receiving the draft analysis) the agency must provide, if available, audited financial statements for FY 2021 and FY2022 and its budget for FY 2022.

**List of Document(s) Uploaded by Analyst - Narrative**
The audited financial statements for fiscal year 2021 and fiscal year 2022 are provided (see CCNE Audit FY 2021 and CCNE Audit FY 2022). In addition, the Statement of Activities for fiscal year 2022 is provided, as requested (see CCNE Statement of Activities FY 2022). This document provides budgeted revenue and expenses versus actual revenue and expenses for the 12-month period ending June 30, 2022. The CCNE budget for FY 2022 was provided in the petition.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency must provide a budget for fiscal year (FY) 2022 that presents actual revenues and expenditures and audited financial statements for FY 2021 and 2022, if available. In response, the agency provided audited financial statements for fiscal years 2021 and 2022 (58747-58748, Exhibits 2 and 3). In addition, the agency provided budgeted revenue and expenses versus actual revenue and expenses for the 12-month period ending June 30, 2022 (58749, Exhibit 4). The additional budgetary information was satisfactory and no additional information is needed.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.15(a)(2)

Description of Criteria

(2) Competent and knowledgeable individuals, qualified by education or experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its
on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence courses;

Narrative:

CCNE volunteers who are responsible for on-site evaluations, policy-making, and decision-making are highly competent and qualified individuals and are appropriately trained to the work of CCNE. Most hold doctoral degrees in nursing or related fields; they have direct experience related to nursing practice and nursing education at the baccalaureate and graduate levels, including programs utilizing distance education.

All evaluators are required to undergo comprehensive training on CCNE’s policies, procedures, and standards before serving on a team. The required multi-day training program focuses on the broad context of accreditation; CCNE process and values; details of the accreditation standards and procedures; and roles/responsibilities of evaluators. CCNE has not completed a new evaluator training during the current recognition period; however, the agenda from the most recently completed training is provided (see Evaluator Training Agenda 2016). The Evaluator Training Handbook (attached without appendices) is distributed to each participant in advance and is used as part of the training program. It details information about team responsibilities; report preparation; evaluation practices; accreditation policies, procedures, and standards; and other pertinent information. It serves to prepare evaluators for the on-site evaluation process and is also designed for use as a reference. Training materials include information about the review of all nursing programs, including those utilizing distance education. As stated in the handbook, “In reviewing a program with distance education offerings, it is helpful to review courses and related materials online in advance of the on-site evaluation. It is advised that the team leader request the needed information (e.g., course schedules, pass codes, and directions for accessing the information) from program officials well in advance of the on-site evaluation” (p. 14). Sample questions to ask while conducting a review of a distance education program are provided (Evaluator Training Handbook, pp. 21-22) and discussed during training.

In 2018, CCNE hosted a four-part webinar training for all CCNE constituents, including evaluators, that focused on the revised CCNE standards (https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Webinars-Videos). Additionally, in 2018, CCNE hosted a two-day retraining of all evaluators. The retraining focused on developing an in-depth understanding of the revised CCNE standards and procedures, including the assessment of distance education programs. Information pertaining to the evaluator retraining is provided (see Evaluator Retraining). Periodically, CCNE hosts retraining programs for all evaluators who serve as team leaders. While CCNE has not conducted a retraining program for team leaders during the current recognition period,
the agenda from the most recently completed retraining is provided (see Team Leader Retraining). The retraining program addressed best practices from seasoned team leaders, effective strategies to employ in unique circumstances, and the CCNE standards and procedures (see Team Leader Retraining). On occasion, CCNE invites guest speakers to training programs to discuss legal issues and best practices in peer review.

Current curricula vitae (CVs)/resumes and evaluator profiles are kept for each active evaluator. CCNE acquires information about expertise in various types of programs in the evaluator nominations process (see Evaluator Application). CCNE requires those applying to serve as an evaluator to complete an application and to provide their CVs/resumes and reference letters. When reviewing the Evaluator Application, information provided in the application is checked against information provided in the CVs/resumes and reference letters to ensure applicants are appropriately qualified. During the application process, potential evaluators are screened for experience in nursing education and nursing practice at the baccalaureate and graduate levels. Evaluators’ credentials and areas of teaching and practice expertise are updated periodically and are tracked in the CCNE database. The composition of evaluation teams and the policies for appointing individuals to teams are described in the Procedures (pp. 11-12) and in the Internal Operating Manual (pp. 19-20). As stated in the Evaluator Training Handbook (pp. 7-8), CCNE appoints to teams evaluators who meet the following criteria: 1) members who have knowledge in alignment with the type and specialty orientation of the program(s) reviewed; 2) educators with depth of knowledge in one or more areas of nursing expertise and familiarity with nursing education and program development; and 3) practicing nurses with knowledge about nursing in general and depth of knowledge in at least one area of nursing practice relevant to the program(s) under review. A list of trained on-site evaluators is posted on the CCNE website (see http://directory.ccnecommunity.org/reports/trevals.asp).

Policy and decision-making related to accreditation is the responsibility of the CCNE Board. Board members establish all policies, adopt/modify the accreditation standards (with input from the community of interest), manage the affairs of the organization, supervise the CCNE Executive Director, and make all accreditation decisions. The Bylaws, in the section on “Authority,” confirm that CCNE’s affairs are managed by the Board (p. 1). Board members are elected by CCNE constituents. Information about nominations, elections, and terms of office is detailed in the Bylaws (pp. 6-7). The process employed for consideration of candidates for election to the Board ensures that individuals elected to serve are well qualified, representative of the community of interest, and diverse in background and credentials. The position-specific qualifications for Board members are defined (see Board Position Qualifications). Prior to attending a Board meeting, new Board members are oriented to the activities of CCNE, including its organizational structure, accreditation process, standards, and procedures. The Internal Operating Manual discusses the responsibilities of Board and committee members as well as their orientation (pp. 12-
New members are required to participate in orientation meetings and are encouraged to observe a Board meeting prior to beginning their service. Board agendas provide evidence that new members observe meetings in advance of assuming their role (see Board Observation; see Board Meeting Agendas, guest lists on pp. 75, 78, and 81). Additionally, Board members are invited to attend relevant workshops and evaluator training programs and to listen to archived webinars.

The Internal Operating Manual details the structure, composition, and responsibilities of CCNE committees (pp. 5-14). CCNE relies on its Accreditation Review Committee (ARC) to make recommendations about accreditation actions. The ARC includes Board members and other individuals with experience and expertise in baccalaureate and graduate nursing education. Correspondence and agenda regarding orientation of new members are provided (see Orientation-Board; see Orientation-Committees). Board members also undergo re-orientation at the beginning of accreditation decision-making meetings, which is documented on meeting agenda (see Board Meeting Agendas). Committee members also undergo re-orientation at the beginning of committee meetings, which is documented on meeting agenda (see ARC Agenda Excerpt; see RRC Agenda Excerpt). Meeting minutes are available upon request. Finally, within the Standards document, elaboration statements are provided for each key element. As described in the Standards, the elaborations “assist program representatives in addressing the key elements and to enhance understanding of CCNE’s expectations” (p. 5). In addition to helping program representatives understand CCNE expectations and interpretations, the elaboration statements also help CCNE evaluators and decision-makers apply the standards.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide a list of ARC members, their roles and applications/resumes.

**Analyst Remarks to Narrative:**

**Board of Commissioners**

The agency ensures it has competent and knowledgeable individuals on its board of commissions that apply and establish its policies and make its accrediting decisions. It has written position-specific qualifications for its board of commissioners, outlining requirements for administrators, faculty (educator), practicing nurses (practitioner), "professional" consumers, and public consumers (Exhibit 51), and the
agency defines educators and practitioners in its procedures for accreditation (Exhibit 81, pages 11-12). The board includes educators, practitioners, and public members, which meets the composition requirements. The agency’s bylaws outline the election process and term (3 years) of its board members (Exhibit 28). The agency’s policies ensure board members are trained on their responsibilities. The agency’s internal operating requires all new board members to participate in an appropriate orientation prior to attendance at their first meeting (Exhibit 29, page 14). The agency provided an email announcing a Zoom orientation meeting for new board members in 2021 as evidence board members are trained (Exhibit 45). The internal operations manual (Exhibit 29, page 14) also indicates new members may be invited to observe a meeting as part of the orientation process, and the agency provided board meeting agendas to demonstrate new members observed meetings (Exhibit 86). The agency has a list of its current board members on its website that included the members names, titles, and organizations, and the representation on the list was consistent with the agency’s qualification requirements (chief nurse administrators (administrator), faculty (educator), professional consumers, public consumers, and practicing nurses (practitioner). Department staff uploaded the website information into the e-Recognition system. As part of the virtual file review, the agency provided resumes for the board members. One of the members practicing nurse of the board is a family nurse practitioner and the other is an advanced practice registered nurse; one of the members representing educators/faculty is an associate dean, the second is a professor of nursing, and the third is an interim chief nurse administrator/senior director and professor college of nursing; one of the members representing the professional consumers is an administrative consultant of a hospital and the other professional consumer member is a director of nursing for professional practice; one of the members representing public consumers is learning and development coordinator and the other one is a academic project director at a university; one of the members representing practicing nurses is a family nurse practitioner at a medical reserve corps and the other is an advanced practice registered nurse at hospital.

Accreditation Review Committee

The agency has an Accreditation Review Committee (ARC), which conducts reviews of baccalaureate and/or graduate nursing programs seeking initial or continuing accreditation and makes recommendations to the board of commissioners regard accreditation actions. The ARC may recommend to the board of commissioners modifications in standards, policies, or procedures related to the accreditation of nursing education programs (Exhibit 81, page 6). The agency has written position-specific qualifications for the accreditation review committee (Exhibit 51).

The agency’s accreditation procedures (Exhibit 81) also stipulates that the ARC includes at least three members of the board of commissioners and at least four individuals who are not on the board of commissioners who have significant expertise
in and/or interest in the quality of baccalaureate and graduate nursing education. The members of the committee are appointed by the chair of the board of commissioners. Terms for members of the ARC are three years. The agency has a policy requiring training of ARC members (e.g., orientation of new members in its internal operating manual (Exhibit 29, page 14).

The agency provided orientation agendas to demonstrate new members of the ARC have been trained (Exhibit 64). The agency provided agenda excerpt to demonstrate ARC committee members went through re-orientation at the beginning of committee meetings (Exhibit 57). However, the agency did not provide a list of ARC members, their roles and applications/resumes.

Site Teams

The agency ensures it has competent and knowledgeable individuals to conduct its on-site evaluations. The agency’s internal operations manual (manual) requires on-site evaluators to be selected on the basis of educational background, academic experience, practice experience, interest in the accreditation process, and recommendations from peers and employers. The agency requires all evaluators to complete an online application and resume/CV, and it provided a blank application in Exhibit 46. The pool of potential evaluators consists of practicing nurse and academic representatives (Exhibit 37). The definitions for educators and practitioners are located in procedures for accreditation, pages 11-12 (Exhibit 81). The educator who serves on the evaluation team must have a depth of knowledge in one or more areas of nursing expertise and is familiar with nursing education and program development. The practicing nurse must have 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 manual also requires evaluators to participate in a training program (Exhibit 29, pages 19-20). As evidence of evaluator training regarding their respective responsibilities, the agency provided an agenda for team leader training (Exhibit 47) and 2 agendas for evaluator training (Exhibits 48 and 50). The agency also has an evaluator training handbook that details the accreditation review and explicitly addresses evaluator responsibilities regarding distance education and doctoral education (Exhibit 49).

As part of the file review, the agency provided evaluator resumes, evaluator applications, evaluator training materials.

Hearing Committee

Under the procedures for accreditation, the agency’s hearing committee, appointed by the board chair, reviews appeals of institutions regarding adverse actions. The procedures require a practicing nurse (practitioners) and academic representatives
educators) to be on the hearing committee, and the practitioner must hold a graduate
degree in nursing, have at least 10 years of experience in nursing practice and/or
nursing education, and have been trained as an on-site evaluator (Exhibit 81, page 28). The agency provided an example of a hearing committee, which consisted of 5
members, which consisted of two practicing nurse, two academic
representatives/educator and one public member (Exhibit 35). Qualifications for the
hearing committee are in the procedures of accreditation (Exhibit 29, page 28). The
practicing nurse and academic representatives of the hearing committee must hold a
dergraduate degree in nursing. They also must have at least 10 years of experience in
nursing practice and/or nursing education and must have been trained as a CCNE on-
site evaluator. The public member must meet CCNE’s definition of public member.
The hearing committee members are drawn from former board members and
experienced onsite evaluators who have already been trained in those roles, and
committee members qualifications are assessed based on the vetting process for such
roles. The agency provided a hearing committee orientation agenda (Exhibit 92).

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Response:

Though the CCNE Accreditation Review Committee (ARC) is a recommendation-
making body and is not the Board of Commissioners, CCNE has provided the
requested information. A listing of the membership of the ARC is provided (see ARC
Membership List). This list provides information relative to the ARC members’
professional affiliations. In addition, their CVs/resumes are provided (see ARC
Member CVs).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The draft staff analysis indicated the agency must provide a list of ARC members,
their roles and applications/resumes. This information was required because the ARC
committee is responsible for reviewing the self-study document, the team report, the
program’s response to the team report, and any other information designated by
CCNE. Upon its review, the ARC offers a confidential recommendation to the CCNE
Board regarding the action to be taken (49029, Exhibit 81, page 2). In response, the
agency provided a list of ARC members with their professional affiliations (58750, Exhibit 5), as well as resumes for each member (58751, Exhibit 6). The resumes demonstrate the ARC members meet position-specific qualifications requirements outlined in the agency’s accreditation procedures (Exhibit 81, page 2). The information the agency provided is satisfactory and no additional information is needed.

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### Criteria: 602.15(a)(4)

**Description of Criteria**

(4) Educators, practitioners, and/or employers on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

**Narrative:**

CCNE is a programmatic agency, and its evaluation, policy, and decision-making bodies include educators, practitioners, and professional consumers (i.e., affiliated with employers of health care professionals). The composition of CCNE is described in the Internal Operating Manual (p. 2) and in the Bylaws (p. 4). Lists of Board members, committee members, and trained on-site evaluators show representation in CCNE activities of educators, practitioners, and professional consumers (see listing of Board Members at https://www.aacnnursing.org/CCNE-Accreditation/Who-We-Are/Board-of-Commissioners; see listings of Committee members at https://www.aacnnursing.org/CCNE-Accreditation/Who-We-Are/Committees-and-Task-Forces; see listing of Trained Evaluators at https://directory.ccnecommunity.org/reports/trevals.asp). CCNE’s policy concerning the composition of an evaluation team ensures that both educators and practitioners participate on all teams. Periodically, CCNE conducts calls for nominations to recruit new evaluators. CCNE has not completed a new evaluator training during the current recognition period; however, the Call for Nominations from the most recently completed evaluator selection is provided (see Call for Evaluators 2016).

Nominations received were screened for appropriateness, and selected individuals were trained as CCNE evaluators in March 2016. CCNE continually monitors the size of its evaluator pool to determine sufficiency in number and specialization, and CCNE selects and trains new evaluators as the need arises. Resources are sufficient to
support the selection and training of new evaluators.

CCNE requires at least one practicing nurse and at least one educator to serve on all evaluation teams (Procedures, p. 11). CCNE’s pool of trained active evaluators consists of 216 practice representatives and 407 educators. A listing of all evaluations that occurred during Spring 2021 is provided and verifies the composition of each evaluation team as including both a practice and an academic representative (See Evaluations With Teams). A roster of all individuals who in the past year participated on an evaluation team, including the individual’s role on the team, is provided (see FY 2021 Evaluator Roster). CCNE has defined “practitioner” clearly and unambiguously within the meaning of this section so that the practitioner is one who regularly engages in the practice of nursing in keeping with the norms and standards set by the profession. CCNE’s policy clearly defines the practicing nurse who serves on the evaluation team as one who “a) regularly engages, as his or her primary professional role, in nursing practice; or b) has worked full-time in nursing practice for a minimum of 10 years and maintains currency in practice by providing nursing care at least 200 hours per year” (Procedures, p. 12). The policy clearly distinguishes the practice representative on the team from the academic representative on the team. The Board has slots specifically designated for educators, practicing nurses, and professional consumers (see Internal Operating Manual, p. 3; see Bylaws, p. 5). When a program appeals an adverse accreditation action, a Hearing Committee is utilized. In the section titled “Hearing Committee,” the Procedures state, “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, committee, advisory group, or evaluation team who was involved in the review of the program leading to the adverse action” (p. 28).

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The agency includes educators and practitioners on its evaluation, policy, and decision-making bodies. The 13-member board, as the agency’s policy and decision-making body, which consist of three deans, three faculty members from nursing education programs who serve as educator members and three representatives from nursing practice (who serve as practitioner members), two professional consumers who are employer of nurses, and two public consumers, as outlined the internal operating procedures (Exhibit 29, page 2) and bylaws (Exhibit 28, page 4). The agency has a list of its 13 board members on its website, and the list outlines the names and roles of each member, which demonstrates it adheres to its bylaws and procedures. Department staff uploaded the website information into e-Recognition.

The agency’s procedures for the constitution of evaluation teams stipulate that teams include one or more educators and one or more practicing nurses (Exhibit 81, page 11). The agency also states in its narrative that “CCNE is a programmatic agency, and its evaluation, policy, and decision-making bodies include educators, practitioners, and professional consumers.” The agency provided a roster of individuals who in the past year participated on site visit teams that includes practicing nurse and academic representatives (Exhibit 37). However, Exhibit 74 documents that academics and not educators served on its site teams. In addition, Exhibit 73 is a call for applications for educators and practicing nurses. CCNE is a programmatic accrediting agency and is required to have educators on its site teams and decision-making bodies. Therefore, the agency must clarify if it uses the terms academic representatives and educators interchangeably.
Criteria: 602.15(a)(5)

Description of Criteria

(5) Representatives of the public, which may include students, on all decision-making bodies; and

Narrative:

There is appropriate involvement of representatives of the public in CCNE’s decision-making process. The membership of the Board includes two public consumers. These positions are currently held by Stephanie LaPuma, PhD, MBA, MAM, CLC, Academic Program Director, Western Governors University, in Salt Lake City, UT; and Valerie Osland Paton, PhD, Professor of Higher Education, Texas Tech University, in Lubbock, TX. Neither individual is a nurse nor is affiliated with a nursing education program. Dr. LaPuma is a respiratory therapist, and she has educational preparation in respiratory care and allied health and a doctoral degree in business administration with a focus on organizational leadership. Her professional background is wide ranging, to include patient care, administration, and teaching. In addition, she is president and chief executive officer of Lead & Learn Solutions Unlimited, a business that offers leadership training and professional life coaching. Dr. Paton is a former fellow of the American Council on Education (2012-2013). She has a master’s degree in counseling psychology and a doctoral degree in education. Dr. Paton has served as institutional liaison to an institutional accrediting agency (SACSCOC) and as chairperson of the Association of Public and Land-grant Universities’ Council on Engagement and Outreach. Each CCNE public consumer has been well integrated into CCNE activities and has participated fully in all Commission-level policy and accreditation deliberations. Public consumers additionally have served on or chaired/co-chaired CCNE committees, including the CCNE Executive Committee, Report Review Committee, Standards Committee, and Hearing Committee. The resumes of the two public consumers who currently serve on the Board are provided (see Resume-LaPuma; see Resume-Paton). The agency’s definition of public consumer representative, which meets the requirements of this section, is stated in the Internal Operating Manual (p. 3). Public consumers are required to sign attestation statements indicating they qualify as a member of the public in accordance with CCNE’s definition of public member (see Public Member...
Attestation).

The Procedures require that “The Hearing Committee [which is appointed to consider appeals of adverse actions] … must include at least one public member” and “the public member must meet CCNE’s definition of public member” (p. 28). Public members of the Hearing Committee must sign an attestation statement indicating they qualify as a member of the public in accordance with CCNE’s definition of public member. See Hearing Committee.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s definition for a representative of the public, as outlined in the agency’s internal operating procedures, is consistent with 34 CFR 602.3 (Exhibit 29, page 3). The board must consist of at least two public consumers in accordance with the procedures (Exhibit 81, page 2). Having two public members on its decision-making body equals 1/5th of the body. It should be noted that CCNE is a programmatic accrediting agency and does not have to meet the 1/7th requirement for public members. The agency demonstrated it has two public members on the board that have qualifying credentials by providing resumes, and the agency also provided signed attestations for its public members to demonstrate it ensures such members adhere to all aspects of its definition (Exhibits 52 and 53). The agency has a list of its current board members on its website that included the members names, titles, and
organizations, and the representation on the list was consistent with the agency’s qualification

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### Analyst Worksheet - Response

**Analyst Review Status:**

Not Necessary

**Analyst Remarks to Response**

No remarks provided.

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### Criteria: 602.15(a)(6)

**Description of Criteria**

(6) Clear and effective controls, including guidelines, to prevent or resolve conflicts of interest, or the appearance of conflicts of interest, by the agency's—

(i) Board members;

(ii) Commissioners;

(iii) Evaluation team members;

(iv) Consultants;

(v) Administrative staff; and

(vi) Other agency representatives; and

**Narrative:**

CCNE’s policy statement regarding conflicts of interest is clearly articulated in the Procedures (pp. 31-32). The policy on recusals from decision-making sessions is described in the Internal Operating Manual (p. 13) and in the Bylaws (p. 9). The
Bylaws, in the “Limitations” section, further state, “No current member of the CCNE Board may serve as a consultant to a baccalaureate, graduate, or residency/fellowship program in nursing within CCNE’s scope of accreditation review” (p. 9). Also, as part of the Board nominations process, all candidates are required to sign a consent form that includes information about conflicts of interest (see Nominations-Consent Statement). Information about conflicts of interest is presented to on-site evaluators in the Evaluator Training Handbook (pp. 8-9), and examples of conflicts are discussed at training. In addition, the staff queries prospective on-site evaluators about possible conflicts of interest before asking them to serve on an evaluation team (See Evaluator Conflicts of Interest). Program officials are given the opportunity to identify a conflict of interest for any member of the evaluation team proposed by CCNE to review the program (see Department-Selected Program Example, Documents 3 and 4). This practice is in keeping with the Procedures, which state, “In order to guard against conflicts of interest, the chief nurse administrator is provided with the opportunity to reject, for cause, any member of the proposed evaluation team” (p. 12). Board, committee, and staff members are asked to identify conflicts of interest prior to meetings (see Board Conflicts of Interest; see ARC Conflicts of Interest; see RRC Conflicts of Interest). Declared conflicts are identified on the meeting agenda, but conflicts also may be declared at the meeting, if necessary (see Board Meeting Agendas; see ARC Agenda Excerpt; see RRC Agenda Excerpt). Board and committee members are also reminded of CCNE’s conflict of interest policy at the beginning of each meeting. Meeting minutes, available upon request, provide evidence of recusals of Board and committee members resulting from declared conflicts of interest. As part of their orientation, new Board and committee members are trained on the Commission’s policies and practices regarding conflicts of interest (see Orientation-Board; see Orientation-Committees).

The Procedures preclude service on the CCNE Hearing Committee by anyone involved in the review and decision-making process related to the action under review. Specifically, the Procedures state, “Membership of the Hearing Committee may not include any member of the CCNE Board, committee, advisory group, or evaluation team who was involved in the review of the program leading to the adverse action” (p. 28). Members of the Hearing Committee are appointed by the Chair of the Board, following queries of potential Hearing Committee members regarding conflicts of interest and a review by the chief nurse administrator of the appellant for conflicts of interest (see Hearing Committee Conflicts of Interest).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has clearly written policies and procedures relative to conflict of interest,
as outlined in its internal operating manual (Exhibit 29, page 13), accreditation procedures (Exhibit 81, page 31-32), and by-laws (Exhibit 28, page 9). The accreditation procedures define what constitutes a conflict of interest for board members, committee members, evaluators, staff, and consultants. The internal operating manual outlines limitations on members that serve on the board/committees regarding conflicts of interest (exhibit 29). The bylaws (Exhibit 28, page 9) stipulate that board and committee members are expected to recognize conflicts of interest and recuse themselves from deliberations and voting on any matter that presents a conflict of interest. The agency provided meeting agendas to demonstrate board members have an opportunity for recusal during meetings, and the agency also provided notices to board and committee members to demonstrate members have an opportunity to identify conflicts of interest before meetings (Exhibits 57, 58, 76-79, and 86). The agency provided an orientation agenda that addressed conflicts of interest for board and committee members (Exhibits 45 and 64). However, the agency did not provide documentation (e.g., board meeting minutes) of an instance when board members actually recused themselves from accreditation activities or decisions based on a conflict of interest. The agency indicated in the narrative that board candidates are required to sign a consent form that includes information about conflicts of interest, and the agency provided a signed consent statement for a prospective board member that explicitly states that all conflicts of interest, perceived or actual, will be avoided (Exhibit 36). Evaluators are required to identify conflict of interest when presenting their availability for a site visit. The agency provided an example of an email that is sent to evaluators regarding availability and conflict of interest (Exhibit 75). Programs are also given an opportunity to address conflicts of interest with evaluators before site visits, and the agency provided a sample letter that was sent to a program to account for any conflicts (Exhibit 89). The agency provided an evaluator training handbook that details requirements for onsite evaluators (Exhibit 49, pages 8-9), and the agency also indicated in the narrative that examples of conflicts are discussed at training. As part of the virtual file review, the agency provided signed conflicts of interest forms for all commissioners, committee members, site visitors and staff.

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Criteria: 602.15(b)
(b) The agency maintains complete and accurate records of—

1. Its last full accreditation or preaccreditation review of each institution or program, including on-site evaluation team reports, the institution's or program's responses to onsite reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and

2. All decision letters issued by the agency regarding the accreditation and preaccreditation of any institution or program and any substantive changes.

Narrative:

CCNE maintains in its files complete records on all accreditation actions and substantive changes, including action letters, self-study documents, on-site evaluation team reports, the program's responses to team reports, and required reports, including those of special reviews conducted between regular reviews. All accreditation decisions, including any adverse actions, are recorded in CCNE’s official minutes, which are available for review on site. In addition, all major review activities and final accreditation actions are recorded in the CCNE database. These are maintained indefinitely. CCNE’s policy related to records is specified in its Procedures in the section on "Maintenance of Records" (p. 34):

“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. Staff also maintains up-to-date documents and materials related to applicant and accredited programs.

CCNE maintains records pertaining to a) its most recent comprehensive accreditation review of each program, including on-site evaluation team reports (including evaluations occurring in a virtual format), program responses to team reports, program monitoring reports, any reports of special reviews conducted by CCNE between regular reviews, and a copy of the program's most recent self-study document; and b) all decision letters issued by CCNE regarding the accreditation of any program.”

Any paper files are maintained in the CCNE offices. Computer files are stored on the agency’s secure cloud environment. Access to the data is controlled by secure user accounts that have multifactor authentication enabled. The data is backed up nightly, with copies being saved in the cloud.
**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must indicate if the decision letters and substantive change documents are retained indefinitely.

**Analyst Remarks to Narrative:**

The agency’s recordkeeping procedures ensure complete and accurate records are maintained in accordance with requirements of 602.15(b). The agency’s record retention procedures include where and how documents are stored, secured and retained. The filing system combines the archiving and retrieval of data and information from hard copies and computer files. The procedures also require the agency to maintain records pertaining to: its most recent comprehensive accreditation review of each program, including on-site evaluation team reports (including evaluations occurring in a virtual format), program responses to team reports, program monitoring reports, any reports of special reviews conducted between regular reviews, a copy of the program's most recent self-study document, and all decision letters issued by the agency regarding the accreditation of any program (Accreditation Procedures, Exhibit 81, page 33).

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

CCNE decision letters and substantive change documents are retained indefinitely by CCNE. This is a long-standing practice and CCNE recently revised its policy to codify this practice. This policy is documented in the CCNE Internal Operating Manual of Rules and Procedures (see Internal Operating Manual Revised, section titled Maintenance of Records, p. 22).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must indicate if the decision letters and substantive change documents are retained indefinitely. In response, the agency indicated in the narrative that its decision letters and substantive change documents are retained indefinitely, and the agency updated its procedures accordingly (Exhibit
The information the agency provided is satisfactory and no additional information is needed.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.16(a)(1)(i)

Description of Criteria

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if the following conditions are met:

(1) The agency’s accreditation standards must set forth clear expectations for the institutions or programs it accredits in the following areas:

(i) Success with respect to student achievement in relation to the institution’s mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of State licensing examinations, course completion, and job placement rates.

Narrative:

CCNE’s commitment to student achievement is evident in its goals: “Ensuring that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life long learning, and graduate education” (Bylaws, p. 2) (Standards, p. 4). CCNE’s accreditation standards state: “The CCNE comprehensive accreditation process consists of a review and assessment of the program’s mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes” (p. 2). Student achievement relative to all program levels (baccalaureate, master’s, doctoral, and certificate) is addressed in Standard IV (Program Effectiveness: Assessment and Achievement of Program Outcomes) (Standards, p. 19). This standard requires that “The program is effective in fulfilling is mission and goals as evidenced by achieving program outcomes. Program outcomes include student outcomes....” CCNE provides the following definitions in the Standards Glossary: “Program Outcomes: Results that
participants (individually or in the aggregate) derive from their association with nursing program. The results are measurable and observable....” “Student Outcomes: Results reflecting competencies, knowledge, values, or skills attained by students through participation in program activities.” “Expected Outcomes: Anticipated results expressed as predetermined, measurable levels of student, faculty, and program achievement.” “Actual Outcomes: Results describing real student, faculty, and program achievement” (Standards, p. 26).

Key Element IV-A requires that “A systematic process is used to determine program effectiveness” (Standards, p. 19). The “Elaboration” indicates “The process ... is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes)” (Standards, p. 19). Key Element IV-B states, “Program completion rates demonstrate program effectiveness” (Standards, p. 19). The “Elaboration” specifies that the expected level of achievement for program completion rates is 70% (Standards, p. 19). Key Element IV-C states, “Licensure pass rates demonstrate program effectiveness” (Standards, p. 20). The “Elaboration” specifies that the expected level of achievement for licensure pass rates is 80%. Key Element IV-D states, “Certification pass rates demonstrate program effectiveness” (Standards, p. 20). The “Elaboration” specifies that the expected level of achievement for certification pass rates is 80%. Key Element IV-E states, “Employment rates demonstrate program effectiveness” (Standards, p. 21). The “Elaboration” specifies that the expected level of achievement for employment rates is 70%. Key Element IV-I states, “Program outcomes demonstrate program effectiveness” (Standards, p. 22). The “Elaboration” indicates that programs should define program outcomes in addition to completion, licensure, certification, and employment, and incorporate expected levels of achievement, and that these should be “appropriate and relevant to the degree and certificate programs offered” (Standards, p. 22).

Supplementing the specific references to student achievement presented above is the “Supporting Documentation for Standard IV” (see Standards, Items 3 and 5, pp. 22-23). General Advice for Hosting a CCNE On-Site Evaluation indicates that the program must “provide data related to graduation/completion rates, NCLEX-RN® [licensure] pass rates, certification examination pass rates, and employment rates for graduates of the program(s), as required by the standards, so determinations can be made about compliance” (see General Advice Brochure, p. 3).

In assessing compliance with the above expectations, evaluation teams examine the data provided by the program, how the data were collected, and what the data show in terms of program effectiveness. In the “Elaboration” to each of the student achievement key elements noted above, guidance is provided to program representatives, CCNE evaluators, and CCNE decisionmakers regarding appropriate ways in which the data can be calculated and analyzed.
When setting required rates for licensure and certification, completion, and employment, CCNE reviewed the rates required by other Department-recognized accreditors, including but not limited to the Accreditation Commission for Education in Nursing, the Council on Accreditation of Nurse Anesthesia Educational Programs, and the Accreditation Commission for Midwifery Education. CCNE did so to ascertain the practices of other accrediting bodies and to engage in conversations with peer accreditors regarding industry-accepted expectations for student achievement. CCNE also reviews and considers the licensure pass rates required by the regulatory agencies (state boards of nursing). Of those state boards that have a fixed required pass rate, the mean required pass rate is 79% and the mode required pass rate is 80%, consistent with CCNE’s expectation. See https://www.ncsbn.org/2020EducationMBPResponsesfinalbookmarks.pdf. CCNE also considers national averages and trends with regard to certification pass rates. Prior to making final revisions to the standards, CCNE seeks feedback about the required levels of achievement set for each outcome. Educational institutions, higher education organizations, employers, national nursing organizations, state boards of nursing, and state higher education agencies provide feedback on the expected levels of achievement. Feedback indicates that these constituencies support the expected levels of achievement set in the Standards, and feedback supports that the CCNE-established expectations are rigorous, appropriate for the nursing profession, and applicable in consideration of institutional and program mission.

The Standards provide some flexibility for programs to demonstrate compliance, as well. As noted above, programs may demonstrate compliance with required student achievement rates using one of several calculation methods approved by CCNE. This is due to the realization that there may be changes in achievement over time due to factors such as economic downturn affecting student persistence and geographic differences in employment opportunities. For example, programs are allowed to remove students from their completion rate calculations for documented reasons such as transferring to a major better suited to their skills and employment goals, stopping out due to financial barriers, or moving out of the area or to another institution of higher education, all in acknowledgement of variables unrelated to program quality. In addition, CCNE recognizes that the size of a student class can have a significant impact on a program’s ability to demonstrate strong licensing and certification pass rates. For example, if two students (of eight takers) fail an exam, that results in only a 75% pass rate. However, as CCNE allows programs to consider repeater test taker data in their calculations, this allows some flexibility for programs (and their students) to meet CCNE’s expectations, if, let’s say, the students are not particularly strong standardized exam test-takers or performed poorly on test day due to uncontrollable external factors. The fact that CCNE allows for repeat-taker data to be presented shows awareness and sensitivity to a program’s community of interest and their needs, while still holding programs accountable to their missions and to the public. See Standards (pp. 19-21).
Programs provide data on student achievement in their self-studies (see Department-Selected Program Example, Document 8, Key Elements IV-B, IV-C, IV-D, and IV-E). Teams review those data and any supplemental data provided during the on-site evaluation. Team reports provide information relative to the program’s compliance with the related key elements and the expected levels of achievement. See Department-Selected Program Example, Document 12, Key Elements IV-B, IV-C, IV-D, and IV-E. When compliance concerns are identified relative to student achievement, Board action letters cite these concerns and require programs to provide evidence that the concerns are addressed. See Department-Selected Program Example, Document 16, for CCNE letter relative to concern about student achievement, Department-Selected Program Example, Document 18, for program’s response and report addressing concern about student achievement, and Document 20, for CCNE resolution letter.

**Document(s) for this Section**

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a standard that establishes clear expectations for the programs it accredits regarding student achievement. The agency has a standards for accreditation manual (Exhibit 10). Standard IV, Program Effectiveness: Assessment and Achievement of Program Outcomes, and its key elements require a review of various aspects of student achievement, including that all levels (baccalaureate, master's, doctoral, and certificate) of the nursing program demonstrate program effectiveness through program completion rates of 70%; licensure and certification pass rates of 80%; employment rates of 70% (Exhibit 10, page 19). Programs may demonstrate compliance with required student achievement rates using one of several approved
calculation methods (Exhibit 10, page 19-20). The agency requires programs offered via distance education or through a consortium to comply with the student achievement standards. The agency’s narrative indicated the achievement rates were developed in consideration of rates required by other Department-recognized accrediting agencies, the licensure pass rates required by the regulatory agencies, and the national averages and trends to ensure consistency with industry-accepted expectations for student achievement. This clearly demonstrates that the agency has taken steps to ensure that its student achievement standards are sufficiently rigorous. The agency provided its advice brochure that was developed to assist programs with hosting onsite evaluations, and the brochure indicates that programs must provide student achievement data in accordance with standards (Exhibit 11, page 3). The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses student achievement in accordance with Standard IV (Exhibit 89). As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs which additionally documented the agency applying its student achievement standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

Criteria: 602.16(a)(1)(ii)

Description of Criteria

(ii) Curricula.

Narrative:

Curricular matters relative to all program levels (baccalaureate, master’s, doctoral, and certificate) are addressed under Standard III (Program Quality: Curriculum and Teaching-Learning Practices) (Standards, p. 13). Specifically, this standard requires that “the curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes … [and that it] reflects professional nursing standards and guidelines and the needs and expectations of the community of interest” (Standards, p. 13). The standard further requires that there is congruence between
teaching-learning practices and expected student outcomes. The curriculum also must be “logically structured to achieve expected student outcomes” (Standards, Key Element III-F, p. 15). Programs are asked to provide the rationale for the logic and sequence used in formulating the curriculum. Additional curricular requirements within Standard III depend on whether the program under review is a baccalaureate, master’s, doctoral, or certificate program. Key Elements III-B (baccalaureate), III-C (master’s), III-D (doctoral), and III-E (certificate) require programs to demonstrate that nationally accepted professional nursing standards and guidelines are integrated into the curricula (Standards, pp. 13-15). Baccalaureate curricula must be developed in accordance with The Essentials of Baccalaureate Education for Professional Nursing Practice, which require components in liberal education; organizational and systems leadership for quality care and patient safety; interprofessional communication and collaboration for improving patient health outcomes; and clinical prevention and population health, among other areas (see Baccalaureate Essentials). Master’s program curricula must be developed in accordance with The Essentials of Master’s Education in Nursing and must include translating and integrating scholarship into practice; informatics and healthcare technologies; health policy and advocacy; and interprofessional collaboration for improving patient and population health outcomes, among other areas (see Master’s Essentials). Doctoral program curricula must be developed in accordance with The Essentials of Doctoral Education for Advanced Nursing Practice and must include scientific underpinnings for practice; organizational and systems leadership for quality improvement and systems thinking; clinical scholarship and analytical methods for evidence-based practice; information systems/technology and patient care technology for the improvement and transformation of health care; health care policy for advocacy in health care; and clinical prevention and population health for improving the nation’s health, among other areas (see Doctoral Essentials). Certificate programs identify professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty.

To validate the self-study document’s assertions about curricula, evaluation teams review catalogs, recruitment literature, student handbooks, faculty handbooks, course syllabi, course outlines, schedule of courses, documentation pertaining to the clinical experience, and examples of student work. The team interviews faculty, students, and alumni about the instructional programs and observes classroom and clinical activities. The team also meets with employers of program graduates and clinical supervisors/preceptors of students. Additionally, the team reviews student files to confirm that degree requirements are followed. Also, the team interviews providers of student support services and clinical facility staff and conducts observations to determine the adequacy of educational facilities such as classrooms, computer and simulation laboratories, clinical practice sites, and libraries. Self-study documents submitted by programs and accreditation reports prepared by evaluation teams verify that curricula are specifically addressed as part of the accreditation review process; agenda demonstrate team meetings with relevant constituents [see Department-
The agency has a standard that establishes clear expectations for the programs it accredits regarding curricula. Standard III, Program Quality: Curriculum and Teaching-learning Practices, outlines curriculum requirements (Exhibit 10, page 13). All programs must demonstrate that the curriculum is congruent between teaching-learning practices and expected individual student outcomes and expected aggregate student outcomes. Curricula must also be logically sequenced and reflect professional nursing standards and guidelines and the needs and expectations of the community of interest. Baccalaureate education must include components in liberal education, organizational and systems leadership for quality care and patient safety, interprofessional communication and collaboration for improving patient health outcomes, and clinical prevention and population health, among other areas, as documented in Exhibit 12. Masters level curricula must include research; policy, organization, and finance of health care; ethics; professional role development; theoretical foundations of nursing practice; human diversity and social issues; and health promotion and disease prevention, as documented in Exhibit 13.

Doctoral Nursing Program level curricula must include scientific underpinnings for practice; organizational and systems leadership for quality improvement and systems thinking; clinical scholarship and analytical methods for evidence-based practice; information systems/technology and patient care technology for the improvement and
transformation of health care; health care policy for advocacy in health care; interprofessional collaboration for improving patient and population health outcomes; clinical prevention and population health for improving the nation’s health; and advanced practice nursing, as documented in Exhibit 14. The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses the quality of curriculum in accordance with Standard III (Exhibit 89).

Complaint

The Department received a complaint in 2021 regarding one of CCNE’s accredited programs. The complaint alleged that the program did not comply with CCNE’s accreditation preceptor and clinical practice experience requirements. Standard III, Element III-H, of the agency’s standards requires a program to provide clinical practice experiences for students in all programs. Department staff reviewed documentation provided by the agency on the program in question (e.g., self-study, site visit report, decision letter, and monitoring reports), as well as additional documentation on other programs. After conducting a thorough review of documentation and a series of interviews with the executive director, the Department determined CCNE’s accreditation and monitoring of the program complied with the Secretary’s recognition criteria. Department staff also observed a site visit in which evaluators interviewed clinical staff and specifically asked about availability and training of preceptors. As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs which additionally documented the agency applying its curricula standards.

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

**Criteria: 602.16(a)(1)(iii)**

Description of Criteria

(iii) Faculty.
Faculty matters relative to all program levels (baccalaureate, master’s, doctoral, and certificate) are addressed in several areas of the standards. Standard II (Program Quality: Institutional Commitment and Resources) specifically states that “the faculty ... as resources of the program, enable the achievement of the mission, goals, and expected program outcomes” (Standards, p. 10). Key Element II-E mandates that the faculty be educationally and experientially prepared for the areas in which they teach and that they be sufficient in number to accomplish the program’s mission, goals, and expected program outcomes (Standards, p. 11). Statements in the “Elaboration” provide helpful guidance regarding CCNE’s expectations; for example: “Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree ... Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. ... Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available” (p. 11). In addition, Key Element II-F states, “Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of the faculty, are academically and experientially qualified for their role” (Standards, p. 11).

The standards reinforce that faculty role expectations and related support should be consistent with the program’s mission, goals, and expected student outcomes. For instance, Key Element I-D (Standard I: Program Quality: Mission and Governance) states, “The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations” (Standards, p. 7). The “Elaboration” to this key element provides guidance, stating, “Expectations for faculty are congruent with those of the parent institution” (Standards, p. 7). In assessing compliance with this key element, reviewers ascertain if expected faculty outcomes are apparent and if they are congruent with expectations established by the institution. Key Element II-G (Standard II: Program Quality: Institutional Commitment and Resources) mandates that the parent institution and program provide and support an environment that support these faculty roles – teaching, scholarship, service, and practice – in keeping with the mission, goals, and expected faculty outcomes (Standards, p. 12). Key Element IV-G (Standard IV: Program Effectiveness: Assessment and Achievement of Program Outcomes) requires that “Aggregate faculty outcomes demonstrate program effectiveness” (Standards, p. 21). The “Elaboration” to this key element states that faculty outcomes “are consistent with and contribute to achievement of the program’s mission and goals” and that “actual faculty outcomes are compared to expected faculty outcomes” (Standards, p. 21). Further, Key Element IV-H requires that “Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement” (Standards, p. 22).
To validate the assertions of a program about faculty, teams examine faculty curricula vitae; faculty handbooks; institutional and program policies related to faculty appointment, promotion, and tenure; faculty development opportunities; faculty evaluation materials; institutional policies related to equitable opportunities; minutes of committee meetings; scholarly work (such as listings of externally generated grants and contracts and peer-reviewed publications); and other evidence of faculty accomplishments. Teams interview faculty, administrators, clinical agency staff, and students about the qualifications of faculty and about the academic environment. As identified in the Supporting Documentation for Standard II, documentation provided by a program includes “Current curricula vitae of the chief nurse administrator and faculty” and “Name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit” (Standards, Items 2 and 3, p. 12). Further, Key Element I-E requires that faculty be involved in program governance (Standards, p. 7). To ascertain compliance with this key element, teams interview faculty and other program constituents and review nursing unit bylaws, meeting minutes, and faculty contracts. Self-study documents submitted by programs and accreditation reports prepared by evaluation teams verify that the faculty is specifically addressed as part of the accreditation review process (Department-Selected Program Example, Documents 8 and 12, Key Elements I-D, I-E, II-D, II-E, II-F, II-G, IV-G, and IV-H).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a standard that establishes clear expectations for the programs it accredits regarding faculty. Standard II, Program Quality: Institutional Commitment and Resources, requires faculty to be sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which
they teach; and be experienced with the subjects in which they teach. The standard also requires preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role (Exhibit 10, page 11). The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses the quality of faculty in accordance with Standard II (Exhibit 89). As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs which additionally documented the agency applying its faculty standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.16(a)(1)(iv)

Description of Criteria

(iv) Facilities, equipment, and supplies.

Narrative:

Matters concerning facilities, equipment, and supplies relative to all program levels (baccalaureate, master’s, doctoral, and certificate) are addressed under Standard II (Program Quality: Institutional Commitment and Resources) (Standards, p. 10). This standard requires that the parent institution demonstrate ongoing commitment and support and requires that the institution make available resources to enable the program to achieve its mission, goals, and expected outcomes. Key Element II-B states that “Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes” and that “adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed” (Standards, p. 10). The “Elaboration” to this key element describes physical space and facilities as including, but not being limited to, faculty and staff work space, classrooms, and meeting areas, and it notes that computing, laboratory, and teaching-learning materials are considered in evaluating a program’s compliance with CCNE’s expectations (Standards, p. 10). During the on-site evaluation, teams assess the adequacy of facilities, any proposed modifications in space or facilities, and
utilization of available space. Teams also verify that faculty office space and support facilities are adequate for accomplishment of faculty outcomes. Finally, teams assess the availability and adequacy of equipment and supplies essential to fulfilling the program’s mission. Self-study documents submitted by programs and accreditation reports prepared by evaluation teams verify that facilities, equipment, and supplies are specifically addressed as part of the accreditation review process; agenda demonstrate team review of relevant resources [see Department-Selected Program Example, Documents 6, 8 (Key Element II-B), and 12 (Key Element II-B)].

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Analyst Worksheet - Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a standard that establishes clear expectations for the programs it accredits regarding facilities, equipment, and supplies. Standard II (Program Quality: Institutional Commitment and Resources) indicates the agency determines if the institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The standard also indicates faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes. The standard requires physical resources and clinical sites to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed (Exhibit 10, page 10).

The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses the quality of facilities, equipment, and supplies in accordance with Standard II (Exhibit 89).

As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
Criteria: 602.16(a)(1)(v)

Description of Criteria

(v) Fiscal and administrative capacity as appropriate to the specified scale of operations.

Narrative:

Standard II addresses fiscal and administrative capacity relative to all program levels (baccalaureate, master’s, doctoral, and certificate). For example, under Standard II, Key Element II-A specifically requires that fiscal resources be addressed by nursing programs as part of the accreditation process, noting that they must be “sufficient to enable the program to fulfill its mission, goals, and expected outcomes [and that they be] reviewed periodically and...modified as needed” (Standards, p. 10). The “Elaboration” to this key element also provides helpful guidance in assessing this expectation, including the requirement that “a defined process is used for regular review of the adequacy of the program’s fiscal resources (Standards, p. 10). In their self-study documents, programs provide information about their fiscal and administrative capacity. As supporting documentation, programs are directed to submit the nursing unit budget for the current and previous two fiscal years (Standards, Item 1, p. 12). During the on-site evaluation, teams examine the financial information for evidence of institutional commitment to fulfilling the nursing program’s mission. Also, financial information is examined to ensure that the program’s resources are adequate to meet program outcomes. Teams review strategic planning documents and annual reports as well.

With regard to administrative capacity, also under Standard II, Key Element II-D requires that “The chief nurse administrator of the nursing unit is a registered nurse (RN); holds a graduate degree in nursing; holds a doctoral degree if the nursing unit offers a graduate program in nursing ... is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission goals, and expected program outcomes” (Standards, p. 11). The “Elaboration” to this key element indicates that the chief nurse administrator must have authority comparable to that of chief administrators of similar units in the institution and that s/he consults, as appropriate, with faculty and the community of interest to make decisions in support of attainment of the mission, goals, and expected program outcomes. During the on-site evaluation, teams interview institutional administrators, faculty, students, alumni, and clinical representatives to validate the qualifications, responsibilities, and leadership of the chief nurse administrator and to ascertain the fiscal and administrative capacity based on the program and its scale of operations. Self-study documents submitted by programs and accreditation reports prepared by evaluation teams verify that fiscal and administrative capacity are specifically addressed as part
of the accreditation review process; agenda demonstrate team meetings with relevant personnel and constituents [see Department-Selected Program Example, Documents 6, 8 (Key Elements II-A and II-D), and 12 (Key Elements II-A and II-D)].

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

Fiscal and administrative capacity as appropriate to the specified scale of operations. The agency has a standard that establishes clear expectations for the programs it accredits regarding fiscal and administrative capacity. Standard II, Program Quality: Institutional Commitment and Resources, requires its programs to have sufficient fiscal resources that enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed (Exhibit 10, page 10). This standard also requires the chief nurse administrator of the nursing unit to be a registered nurse (RN); hold a graduate degree in nursing; hold a doctoral degree if the nursing unit offers a graduate program in nursing; be vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and to provide effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes (Exhibit 10, page 11). The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses the quality of fiscal and administrative capacity in accordance with Standard II (Exhibit 89). As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs which additionally documented the agency applying its standards related to the fiscal and administrative capacity of the program.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

**Analyst Worksheet - Response**
Analyst Review Status:
Not Reviewed

Criteria: 602.16(a)(1)(vi)

Description of Criteria

(vi) Student support services.

Narrative:

Standard II addresses student support services relative to all program levels (baccalaureate, master’s, doctoral, and certificate). For example, under Standard II, Key Element II-C requires that “Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis” (Standards, p. 10). The “Elaboration” to Key Element II-B provides additional guidance and details (Standards, pp. 10-11). The Commission defines academic support services as “Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program (e.g., library, computer and technology resources, advising, counseling, and placement services)” (Standards, p. 24). In assessing student support services, teams examine written policy statements regarding academic advising and career counseling, orientation materials, student handbooks, student newsletters, and information posted for students on physical and virtual bulletin boards. Teams also visit with support service personnel and observe activities in classroom, laboratory, and clinical sites. Teams interview students and alumni regarding their satisfaction with support services. Teams review meeting minutes and evaluation plans for information related to evaluation of academic support services. Teams interview faculty, administration, and staff regarding the evaluation process and interview students about the availability of and accessibility to faculty advisors. Self-study documents submitted by programs and accreditation reports prepared by evaluation teams verify that student support services are specifically addressed as part of the accreditation review process; agenda demonstrate team meetings with relevant personnel [see Department-Selected Program Example, Documents 6, 8 (Key Element II-C), and 12 (Key Element II-C)].

Document(s) for this Section
The agency has a standard that establishes clear expectations for the programs it accredits regarding student support services. Standard II, Program Quality: Institutional Commitment and Resources (also contains student support services requirements), requires academic support services to be sufficient to meet program and student needs and are evaluated on a regular basis (Exhibit 10, page 10). Academic support services is defined by the agency in the standards manual as services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program (e.g., library, computer and technology resources, advising, counseling, placement services) – Exhibit 10, page 24). The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses the quality of student support services in accordance with Standard II (Exhibit 89). As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs which additionally documented the agency applying its standards related to student support services.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
Not Reviewed

**Criteria:** 602.16(a)(1)(vii)
Description of Criteria

(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

Narrative:

For all program levels (baccalaureate, master’s, doctoral, and certificate), matters relative to recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising are addressed in Standard I. Under Standard I, Key Element I-H states, “Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications” (Standards, p. 8). The “Elaboration” to this key element states, “References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate” (Standards, p. 8). Key Element I-F requires that the “Academic policies of the parent institution and the nursing program are congruent.” Further, the key element requires that the policies be fair, equitable, published, and accessible and that they be reviewed and revised as necessary (Standards, p. 7). The “Elaboration” to Key Element I-E, which addresses program governance, states, “Nursing faculty are involved in the development, review, and revision of academic program policies (p. 7). When there are inconsistencies between the policies of the parent institution and those of the nursing program, the nursing program must explain the rationale for the differences. Additionally, Standard III addresses grading. In Standard III (Program Quality: Curriculum and Teaching-Learning Practices), Key Element III-I states, “Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied” (Standards, p. 17). The “Elaboration” to this key element prompts programs to demonstrate that grading criteria are clearly defined for each course, communicated to students, and applied consistently and that there are processes by which the evaluation of individual student performance is communicated to students. Additionally, the “Elaboration” states, “In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes” (Standards, p. 17). General Advice for Hosting a CCNE On-Site Evaluation (under “The On-Site Resource Room”) states the following: “Consistent with U.S. Department of Education requirements, the program must accurately advertise its programs. Promotional materials or recruitment literature used by the program (including catalogs, bulletins, publications, and websites) must accurately describe the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees” (General Advice Brochure, p. 3).
In assessing conformance to these expectations, teams examine catalogs, student handbooks, faculty handbooks, personnel manuals, academic calendars, recruitment and admission policies, grading policies, degree/certificate completion requirements, program advertising, and promotional materials, all of which programs are directed to provide (Standards, Items 8 and 9, p. 9). Additionally, teams review student codes of conduct and selected written policies such as those related to conflicts of interest, student grievances, sexual harassment, equal opportunity, etc. Teams examine course syllabi to determine whether expectations of students and grading policies are clear, and teams review examples of student performance evaluations to determine if the grading policies are applied consistently (Standards, Items 2, 11, and 12, p. 17-18). Teams also interview students and alumni regarding whether their experiences in the degree/certificate program met their expectations and whether policies were applied fairly and consistently. Self-study documents submitted by programs and accreditation reports prepared by evaluation teams verify that recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising are specifically addressed as part of the accreditation review process (see Department-Selected Program Example, Documents 8 and 12, Key Elements I-E, I-F, I-H, and III-I).

### Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a standard that establishes clear expectations for the programs it accredits regarding recruiting and other practices. Standard I, Program Quality: Mission and Governance, requires documents and publications to be accurate. A process is used to notify constituents about changes in documents and publications. The standard also requires references to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees to be accurate. Academic policies of the parent institution and the nursing program must be congruent. Policies must be fair, equitable, published, and accessible and be reviewed and revised as necessary. The Nursing faculty must be involved in the development, review, and revision of academic program policies, and when there are inconsistencies between the policies of the parent institution and those of the nursing program, the nursing program must explain the rationale for the differences. (Exhibit 10, pages 7-8).
Standard III, Program Quality: Curriculum and Teaching-Learning Practices, requires individual student performance to be evaluated by the faculty and to reflect achievement of expected student outcomes, and the evaluation policies and procedures for individual student performance must be defined and consistently applied (Exhibit 10, page 17).

The agency also has a general advice brochure that provides guidance to programs to ensure requirements related to recruiting & other practices are met when preparing for an on-site evaluation (Exhibit 11). The agency requires all nursing programs seeking accreditation, including programs offered via distance education or through a consortium, to comply with the aforementioned recruiting and other practices standards.

The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses the quality of student support services in accordance with Standard II (Exhibit 89).

As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.16(a)(1)(ix)

Description of Criteria

(ix) Record of student complaints received by, or available to, the agency.

Narrative:

For all program levels (baccalaureate, master’s, doctoral, and certificate), the matter of student complaints is addressed under Standard I (Program Quality: Mission and Governance). In Standard I, Key Element I-G requires that “The program defines and reviews formal complaints according to established policies” (Standards, p. 7). The “Elaboration” to this key element indicates that constituents are to be notified of the procedure for filing a complaint. During on-site evaluations, teams interview students, faculty, administrators, and other members of the community of interest to ascertain their familiarity with the process for filing complaints and how complaints have been handled by the program. Programs are directed to provide the team with policies related to formal complaints (Standards, Item 12, p. 9). General Advice for Hosting a CCNE On-Site Evaluation (under “The On-Site Resource Room”) states the following: “Programs can expect the team to review … a record of formal complaints, if any, for the past three years” (General Advice Brochure, p. 3). Teams review this information to determine if designated procedures have been followed. Self-study documents submitted by programs and accreditation reports prepared by evaluation
teams verify that the record of student complaints is specifically addressed as part of the accreditation review process (see Department-Selected Program Example, Documents 8 and 12, Key Element I-G).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a standard that establishes clear expectations for the programs it accredits regarding student complaints. Standard I, Program Quality: Mission and Governance, requires the program to define and review formal complaints according to established policies. In addition, constituents are to be notified of the procedure for filing a complaint (Exhibit 10, page 7). The manual on standards identifies supportive documents that must be included in the self-study, and it specifies programs must provide policies related to formal complaints in response to Standard I (Exhibit 10, page 9). The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate how the agency assesses how programs respond to student complaints in accordance with Standard I (Exhibit 89). As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed
Criteria: 602.16(d)

Description of Criteria

(d)

(1) If the agency has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education, correspondence courses, or direct assessment education, the agency's standards must effectively address the quality of an institution's distance education, correspondence courses, or direct assessment education in the areas identified in paragraph (a)(1) of this section.

(2) The agency is not required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence courses.

Narrative:

As noted in the Standards, the Commission applies the same accreditation standards to distance education programs as it does to traditional, on-the-ground programs. Specifically, the Standards state, “All nursing programs seeking CCNE accreditation, including those with distance education offerings, are expected to meet the accreditation standards presented in this document” (p. 5). This is reinforced in the Procedures, which state, “All nursing programs seeking CCNE accreditation, including, but not limited to, programs offered via distance education or through a consortium, are expected to substantially comply with the CCNE standards” (pp. 1-2). The Procedures also state, “CCNE evaluates the baccalaureate degree nursing program, master’s degree nursing program, DNP program, and/or post-graduate APRN certificate program offered by an institution's nursing unit ... The focus of the accreditation review is the baccalaureate degree program, master’s degree program, DNP program, and/or post-graduate APRN certificate program ... During a comprehensive on-site evaluation, CCNE evaluates all areas and tracks in the program(s) under review [including distance education tracks/components]” (Procedures, pp. 4-5). The Procedures state, “The Commission considers for accreditation those programs offered wholly or in part via distance education. The Commission’s definition of distance education conforms to the definition set forth in 34 Code of Federal Regulations (CFR) §600.2, accessible at https://www.govinfo.gov/content/pkg/CFR-2011-title34-vol3/xml/CFR-2011-title34-vol3-sec600-2.xml” (p. 6). This URL links to the U.S. Government Printing Office posting of the definition.

In their self-studies, programs provide information related to any distance education programming offered. In addition, programs are required to submit a Program
Information Form, which identifies distance education programming, when applying for accreditation and when submitting a self-study document (Program Information Form, pp. 5-6; Procedures, pp. 7 and 9). Standard IV (Program Effectiveness: Aggregate Student and Faculty Outcomes) addresses student achievement (Standards, pp. 17-18). Standard III (Program Quality: Curriculum and Teaching-Learning Practices) addresses curricula (Standards, pp. 13-18). The “Elaboration” to Key Element III-G states, “Teaching-learning practices ... in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives” (Standards, p. 16). The “Elaboration” further states, “Teaching-learning practices are appropriate to the student population [and] consider the needs of the program-identified community of interest” (Standards, p. 16). Such statements provide additional direction when applying the standard and its key element in relation to the curricula and related delivery.

Issues regarding faculty are addressed in each of the Commission’s four accreditation standards. Additionally, Key Element I-E addresses faculty involvement in program governance; the “Elaboration” to this key element specifically notes that expectations are applicable to faculty teaching via distance technology (Standards, p. 7). Issues regarding facilities, equipment, and supplies are addressed in Standard II (Program Quality: Institutional Commitment and Resources) (Standards, pp. 10-12). Issues regarding fiscal and administrative capacity are addressed in Standard II (Program Quality: Institutional Commitment and Resources) (Standards, pp. 10-12). Issues regarding student support services are addressed in Standard II (Program Quality: Institutional Commitment and Resources) (Standards, pp. 10-12). The Standards define Academic Support Services as “Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program (e.g., library, computer and technology resources, advising, counseling, and placement services)” (p. 24). Key Element II-C states, “Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis” (Standards, p. 10). The “Elaboration” to this key element references distance education support as an example of academic support services (Standards, p. 10). Issues regarding recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising are addressed in Standard I (Program Quality: Mission and Governance) (Standards, pp. 6-9). Grading is additionally addressed in Key Element III-I in Standard III (Program Quality: Curriculum and Teaching-Learning Practices) (Standards, p. 17). Issues regarding student complaints are addressed in Key Element I-G in Standard I (Program Quality: Mission and Governance) (Standards, p. 7). When teams, committees, and the Board review programs utilizing distance education, they apply the Standards in a manner that is comparable or equitable across methods of instructional delivery. Application of the Commission’s standards in regard to the areas identified in paragraph (a)(1) of this section is addressed in depth in each area’s respective narrative. See Department-Selected Program Example,
Distance education is included in the scope of recognition for the agency, and the agency has one set of standards to effectively assesses the quality of its programs, including those offering distance education, as outlined in its standards handbook (Exhibit 10). The handbook specifically says that all nursing programs seeking CCNE accreditation, including those with distance education offerings, are expected to meet the same accreditation standards. The handbook also includes the agency’s definition of distance education, which conforms with the definition in the Secretary’s criteria (Exhibit 10, page 25). The agency accreditation procedures require programs to submit a program information form as part of an accreditation application and self-study, and the form addresses distance education programming (Exhibit 81, pages 7 and 9). The agency provided a blank sample of the program information form (Exhibit 26). The agency provided an example of a program information form for a program in Exhibit 89. The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses the quality of programs offering distance education based on established standards (Exhibit 89). As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs which additionally documented the agency applying its standards related to this criterion.
(e) If none of the institutions an agency accredits participates in any title IV, HEA program, or if the agency only accredits programs within institutions that are accredited by a nationally recognized institutional accrediting agency, the agency is not required to have the accreditation standards described in paragraphs (a)(1)(viii) and (a)(1)(x) of this section.

(f) An agency that has established and applies the standards in paragraph (a) of this section may establish any additional accreditation standards it deems appropriate.

(g) Nothing in paragraph (a) of this section restricts--

(1) An accrediting agency from setting, with the involvement of its members, and applying accreditation standards for or to institutions or programs that seek review by the agency;

(2) An institution from developing and using institutional standards to show its success with respect to student achievement, which achievement may be considered as part of any accreditation review; or

(3) Agencies from having separate standards regarding an institution’s or a program’s process for approving curriculum to enable programs to more effectively meet the recommendations of

   (i) Industry advisory boards that include employers who hire program graduates;

   (ii) Widely recognized industry standards and organizations;

   (iii) Credentialing or other occupational registration or licensure; or

   (iv) Employers in a given field or occupation, in making hiring decisions.

(4) Agencies from having separate faculty standards for instructors teaching courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses, as long as the instructors, in the agency’s
judgment, are qualified by education or work experience for that role.

Narrative:

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must respond to this criterion.

**Analyst Remarks to Narrative:**

The agency has not provided a narrative for this criterion. The agency is required to address this criterion as a program accreditor for non-Title IV purposes. The agency’s response should indicate whether it has separate standards for curriculum or faculty. In addition, if it has developed separate standards for curriculum and or faculty it must provide documentation to demonstrate the application of such standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CCNE only accredits programs within institutions that are accredited by a nationally recognized institutional accrediting agency. CCNE does not have separate standards regarding an institution’s or a program’s process for approving curriculum. CCNE does not have separate faculty standards for instructors teaching courses within a dual or concurrent enrollment program or career and technical education courses.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**
The staff draft analysis indicated the agency must provide a response to this section. In response, the agency indicated in the narrative that it does not have any additional accreditation standards for curriculum or faculty according to this section. The information provided by the agency is satisfactory and no additional information is required.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.17(a)

Description of Criteria

The agency must have effective mechanisms for evaluating an institution’s or program’s compliance with the agency’s standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it—

(a) Evaluates whether an institution or program—

(1) Maintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded;

(2) Is successful in achieving its stated objectives at both the institutional and program levels; and

(3) Maintains requirements that at least conform to commonly accepted academic standards, or the equivalent, including pilot programs in §602.18(b);

Narrative:

The Commission has established procedures for determining whether nursing programs have defined objectives consistent with the type of degrees awarded. The five primary Accreditation Purposes specified by the Commission for conducting the accreditation process are detailed in the Standards (p. 3) and in the Bylaws (p. 2). Also, as stated in the Standards: “The CCNE comprehensive accreditation process consists of a review and assessment of the program’s mission and governance, institutional commitment and resources, and assessment and achievement of program outcomes” (Standards, p. 2). Standard I and its key elements (Standards, p. 6) clearly describe the Commission’s expectations that the program’s mission, goals, and expected outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider
the needs and expectations of the community of interest. Self-study documents submitted by programs and accreditation reports prepared by evaluation teams verify that the Commission evaluates the program’s mission and goals as part of the accreditation review process (see Department-Selected Program Example, Documents 8 and 12, Standard I). Program outcomes are addressed in the self-study document, and programs are routinely required to provide qualitative and quantitative information to demonstrate ongoing evaluation of student learning outcomes specified by each program. This information is examined and verified by the team during the on-site evaluation. In the Standards’ Glossary, the Commission provides a definition of Goals; additionally, a definition is provided for Program Outcomes – including Student Outcomes, Faculty Outcomes, Expected Outcomes, and Actual Outcomes (Standards, pp. 25-26).

The Commission’s standards pertaining to educational effectiveness direct programs to document assessment of the educational achievement of their students. Key Element III-I requires that “Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes” (Standards, p. 17). Standard IV states that the program must be “effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes” (Standards, p. 19). Key Element IV-A requires that “A systematic process is used to determine program effectiveness.” Key Elements IV-B, IV-C, IV-D, and IV-E require the program to provide evidence of program effectiveness in relation to program completion rates, licensure pass rates, certification pass rates, and employment rates, respectively (Standards, pp. 19-21). Key Element IV-I requires programs to demonstrate program effectiveness in relation to outcomes other than those related to the areas referenced in Key Elements IV-B, IV-C, IV-D, and IV-E. The “Elaboration” to this key element requires that “Program outcomes are defined by the program and incorporate expected levels of achievement … Program outcomes are appropriate and relevant to the degree and certificate programs offered” (Standards, p. 22).

The Commission reviews degree and certificate programs for accreditation. CCNE-accredited nursing degree programs vary in length, typically from 2 to 4 years. As an example, programs of study for a baccalaureate degree program in nursing are typically 4 years in length for full-time study. Graduate programs are typically 2 years in length for a master’s program and 3 years in length for a doctoral program for full-time study. Programs of study take longer to accomplish for undergraduate and graduate students who are enrolled part time. Under Standard III, Key Element III-F requires that “Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities” (Standards, p. 15). This key element requires that “Master’s curricula build on a foundation comparable to baccalaureate-level nursing knowledge.” This key element requires that “DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.” And, lastly, this key element requires that “certificate programs build on graduate level nursing competencies and knowledge base.” In addition, Key Element III-F requires that “The
Finally, Standard III requires that the program reflect professional nursing standards and guidelines; this is reinforced in the key elements, which mandate specific professional nursing standards and guidelines to be incorporated by each degree/certificate program (Key Element III-B: baccalaureate programs; Key Element III-C: master’s programs; Key Element III-D: doctoral programs; and Key Element III-E: certificate programs) (Standards, pp. 13-15). Professional Nursing Standards and Guidelines are defined as “Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master’s, professional doctoral, and post-graduate APRN certificate programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses” (Standards, p. 26).

The awarding of the degree or certificate is left to the institution in which the program is located. The fact that CCNE requires programs to be located in institutions that are accredited by a Department of Education-recognized institutional accrediting agency also shows evidence that degree/certificate requirements conform to commonly accepted standards (see Procedures, p. 4). Self-study documents submitted by programs and accreditation reports prepared by evaluation teams verify that the educational objectives and requirements are specifically addressed as part of the accreditation review process (see Department-Selected Program Example, Documents 8 and 12).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency bylaws, standards, and accreditation procedures articulate the factors used
to determine defined objectives of the nursing program along with the accreditation purpose (exhibits 19, 1, and 2). The agency’s bylaws indicate that one of its goals is to assess whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes (Exhibit 28, page 2). The standards handbook outlines in the accreditation overview that the agency’s comprehensive accreditation process consists of a review and assessment of the program’s mission and governance, institutional commitment and resources, and assessment and achievement of program outcomes (Exhibit 10, page 2). The agency standards also state that on-site evaluations must consist of an assessment of performance and review of effective utilization of resources in achieving the program's mission, goals, and expected outcomes. Multiple standards, particularly standards I, III, and IV demonstrate adherence to this criterion. Specifically, Standard I and its key elements pertaining to program quality requires the program's mission, goals and outcomes to be congruent with the parent institution and must be reviewed periodically and revised, as appropriate. The mission, goals, and expected program outcomes must be consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals, reflect professional nursing standards and guidelines, and consider the needs of the community. Standard III and its key elements for program quality requires evaluation of student performance by faculty. Standard IV requires the program to provide program completion, licensure/certification, and employment rates, in addition to other program outcomes. The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses a programs mission and objectives based on established standards (Exhibit 89). As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs. The agency also provided meeting minutes for the board of commissioners to demonstrate the board assessed compliance for several programs which additionally documented the agency applying its standards related to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.17(b)
Description of Criteria

(b) Requires the institution or program to engage in a self-study process that assesses the institution's or program's education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements;

Narrative:

A program seeking accreditation by CCNE is required to conduct a self-study related to program quality and program effectiveness, resulting in a detailed report that describes program strengths and areas for improvement (see Procedures, p. 9; see Department-Selected Program Example, Document 8). The self-study document is organized by standard and, within each standard, by key element. Self-study documents generally range in length from 90-100 pages, plus appendices. An electronic self-study template is provided to programs to ensure that the correct version of the Standards document is used and that all requirements are addressed. CCNE publishes its General Advice for Hosting a CCNE On-Site Evaluation, which provides guidance to programs engaged in self-study (see General Advice Brochure). A description of the Commission’s expectations with respect to the self-study is presented in the Procedures (p. 9) and in the General Advice Brochure (pp. 1-2). The Procedures direct the program to submit the self-study, including appendices, to CCNE no later than 6 weeks prior to the on-site evaluation (Procedures, p. 9). CCNE provides its Key Steps for Program Officials in Planning the On-Site Evaluation document (Key Steps Document) to program officials engaged in the self-study process. This document additionally directs programs to provide the self-study document, including appendices, at least 6 weeks prior to the on-site evaluation (See Key Steps Document). The Commission sponsors a Workshop on Writing Self-Studies for its constituents, which generally is held in the spring and fall of each year. These workshops focus on understanding the standards and the self-study process, preparation of the self-study document and presentation of the data, and other preparation needed for the on-site evaluation (see Workshop Agenda; see Workshop Presentation). CCNE publications and the values of CCNE emphasize the need for the program’s continuing efforts to improve educational quality. As noted in the Standards, “CCNE accreditation supports and encourages continuous quality improvement in nursing education” (Standards, p. 2). The Standards further state, “Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved” (Standards, p. 2). Identified as a core value of the Commission is its “focus on stimulating and supporting continuous quality improvement in nursing programs and their outcomes” (Standards, p. 3).
Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s procedures comply with requirements of 602.17(b) relative to self-studies. The accreditation procedures state that in seeking initial or continued accreditation, the program is required to conduct a self-study related to program quality and effectiveness and to prepare an analytic document that addresses all accreditation standards and key elements (Exhibit 81, page 9). The procedures also state that programs must conduct a self-study process (self-assessment), which generates a document addressing the program’s assessment of how it meets accreditation standards. The self-study results from the self-study assessment should identify the program’s strengths and action plans for improvement (Exhibit 81, page 5). The agency has a brochure that provides guidance to programs on self-studies (Exhibit 11), a Workshop on Writing Self-Studies (sample of workshop presentation in Exhibit 44 and workshop agenda in Exhibit 43), and a checklist containing key steps for program officials in planning the on-site evaluation and provides instructions on self-study documentation (Exhibit 15).

The agency provided a self-study for one of its accredited nursing programs to demonstrate the application of its policy (Exhibit 89).

As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
Criteria: 602.17(c)

Description of Criteria

(c) Conducts at least one on-site review of the institution or program during which it obtains sufficient information to determine if the institution or program complies with the agency's standards;

Narrative:

A comprehensive on-site evaluation by a CCNE evaluation team is required for initial accreditation and for continuing accreditation. The length of a comprehensive on-site evaluation is typically three days. The on-site evaluation process is described in the Procedures in the section on “The Accreditation Review Process” (Procedures, pp. 9-13). The Procedures specifically state: “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 [Accreditation Review Committee] and CCNE Board to assess compliance with CCNE accreditation standards; and 3. to review the processes that program officials and faculty have established to foster continued self-improvement for the program” (p. 10). Information is obtained by the evaluation team both before and during the on-site evaluation. The self-study document and any accompanying materials are provided to each member of the evaluation team 6 weeks prior to the on-site evaluation. The program is instructed to provide supplemental materials for review by the team in an evaluation resource room, as described in the Procedures (see section titled “Evaluation Resource Materials,” p. 12) and in the General Advice Brochure (pp. 2-3). If the self-study document fails to include documentation necessary to review the program, the team leader may contact the program to request that the information be sent to the team or be made available to the team upon arrival on site. The General Advice Brochure (p. 4) provides direction to program administrators regarding the team’s need “to meet with students who are representative of each degree/certificate program under review” and with those in nontraditional programs and/or those with substantial distance learning offerings. Flexibility is given to the program in deciding how to bring together students who study at a distance; the evaluation team may meet with such constituents remotely (e.g., via audio or web conference). The program proposes an agenda in advance of the on-site evaluation for review by the team. If necessary, changes are made to the agenda to ensure that the evaluation team is able to meet with the appropriate constituents and to ensure that team members will have sufficient time to interview these individuals. CCNE requires team observation of students engaged in classroom and clinical activities, as stated in the General Advice Brochure (p. 4). This policy helps to ensure consistency in the evaluative process. On-site evaluation agenda are provided and show evidence that all appropriate constituencies were interviewed by
the team (see Evaluation Agenda; see Department-Selected Program Example, Document 6).

### Document(s) for this Section

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency complies with requirements of 602.17 (c) in terms of on-site reviews. The agency’s accreditation process requires an evaluation team of peers to visit the program to validate the information in the self-study document and to determine whether the program meets the accreditation standards and whether there are compliance concerns with the key elements. Acting as a fact-finding body, the evaluation team prepares a report (Exhibit 81, page 5). The procedures also indicate the comprehensive on-site evaluation is conducted to assess the program's compliance with standards (Exhibit 81, page 10). The agency has a brochure that provides guidance to programs on the on-site review process (Exhibit 11). The agency provided an evaluation agenda that outlined a schedule of activities and evaluators (Exhibit 87). The agency provided a site visit report for one of its accredited nursing programs to demonstrate the application of its policy (Exhibit 89). As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs, which additionally documented the agency applying its standards related to this criterion.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
Criteria: 602.17(d)

Description of Criteria

(d) Allows the institution or program the opportunity to respond in writing to the report of the on-site review;

Narrative:

The Commission’s policies state that the chief nurse administrator is provided a minimum of 15 calendar days to respond in writing to the report of the evaluation team (Procedures, p. 13). Specifically, the chief nurse administrator is provided with the opportunity to comment on the accuracy of the information included in the accreditation team report, and also to provide updates on any corrections or improvements that have been made since the on-site evaluation. Notification of the opportunity to respond, along with the administrator’s response, is provided (see Department-Selected Program Example, Documents 13 and 14). Upon submission by the chief nurse administrator, the program’s response is shared with the evaluation team. The response is also shared with all members of the Accreditation Review Committee and the Board for consideration as part of the review and decision-making processes (Procedures, p. 13). Program officials are invited (not required) to make a verbal statement at the committee meeting when the program is being reviewed. The Board takes into consideration the program’s written response — including any progress that has been made since the on-site evaluation — when making a decision about accreditation.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must provide documentation that demonstrates it gave the program at least 15 days to respond to a site visit report.

Analyst Remarks to Narrative:

The agency complies with requirements of 602.17(d) relative to allowing its programs to respond in writing to site visit reviews. The accreditation procedures specify that the chief nurse administrator must be given a minimum of fifteen calendar days to submit a written response to the site visit team report, and it outlines parameters of the response (Exhibit 81, page 13). The agency provided a program response to the site visit report for one of its accredited nursing programs to demonstrate the application of its policy (Exhibit 89). As part of the virtual file review, the agency provided the program response to the site visit report for 3 additional nurse education programs.

However, the agency did not provide documentation that demonstrates the agency gave the program at least 15 days to respond to a site visit report.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

Following an on-site evaluation, the chief nurse administrator receives an email informing him/her that the team report is available to the nursing program. That email communicates the due date for the program’s response to the team report. See Team Report Email.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The draft staff analysis indicated the agency must provide evidentiary documentation that demonstrates it gave the program at least 15 days to respond to a site visit report. The agency indicated in the narrative that following an on-site evaluation, the chief nurse administrator receives an email informing him/her that the team report is available to the nursing program. That email communicates the due date for the program’s response to the team report. The email notifying a program the site visit
The report is available in the system is dated March 17, 2023, and the email presents the due date for the program to respond, April 1, 2023. The information provided by the agency demonstrates it gives programs at least 15 days to respond to a site visit report. No additional information is needed.

**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.17(e)**

**Description of Criteria**

(e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other information substantiated by the agency from other sources to determine whether the institution or program complies with the agency's standards;

**Narrative:**

During the on-site evaluation, the evaluation team interviews key constituencies, including institutional officials, program administrators, faculty, clinical supervisors/preceptors, students, alumni, employers of graduates, and others as needed. When appropriate, distance technology is used in order for the team to interview certain constituent groups. All evaluations provide the opportunity for team members to evaluate facilities, including those used for distance education, on and off campus. Since nursing programs utilize off-site facilities, such as hospital and clinics, to supplement student instruction, members of the evaluation team visit off-campus sites and clinical facilities during an on-site evaluation (see Department-Selected Program Example, Document 6). In general, the evaluation serves to verify the data and analysis provided in the self-study document through confidential interviews with constituencies at the institution and at other locations. Also, interested parties have the opportunity to provide written third-party comments to the CCNE offices in advance of the on-site evaluation [details about third-party comments are discussed under 602.23(b)]. CCNE has established a comprehensive process whereby all team reports, responses to the team reports, and self-study documents are first reviewed by the Accreditation Review Committee (ARC) and then by the Board. All members of the ARC receive copies of the self-study document, the team report, and the program’s response to the team report, as well as any other pertinent information (Procedures, p. 14). Primary and secondary reviewers are assigned at the committee level. An
Analysis of the materials is provided by both the primary and secondary reviewers. Guidelines are provided to committee reviewers (see Committee Reviewer Guidelines) and worksheets are completed and used to help guide the work of the reviewers (see Committee Reviewer Worksheet-ARC). Program officials are invited (not required) to make a verbal statement at the meeting of the committee when the program is being reviewed. Reviewers’ recommendations are discussed at the committee level, and ultimately the committee formulates a recommendation about accreditation for consideration by the Board. Subsequent to this process, all Board members receive copies of the self-study document, the team report, and the program’s response to the team report, as well as any other pertinent information (Procedures, p. 14). The findings and recommendations of the ARC are presented to the Board in the form of meeting minutes (ARC minutes available upon request). In addition, if the ARC identifies findings not previously identified by the evaluation team, the program is provided the opportunity to provide a written response to these findings for consideration by the Board (see Response to ARC Findings). Primary and secondary reviewers are assigned at the Board level, and these individuals complete a Board Reviewer Worksheet (see Board Meeting Agendas; see Board Reviewer Worksheet). Guidelines are provided to all Board members (see Board Reviewer Guidelines), and worksheets are completed and used to help guide the work of the reviewers for accreditation review assignments (see Board Reviewer Worksheet). For those programs being recommended by the ARC to have accreditation granted, based on the committee’s conclusion that all standards are met and that there are no compliance concerns at the key element level, the Board utilizes a consent agenda (see Board Meeting Agendas). A program that has not met a standard or has a compliance concern at the key element level may not be placed on the consent agenda. Board members, including primary and secondary reviewers, review each program on the consent agenda prior to the meeting, and the primary and secondary reviewers complete a Board Reviewer Worksheet as described above. Any Board member who wishes to discuss any aspect of a program’s accreditation review may remove the program from the consent agenda for a full and separate consideration for accreditation. Following agreement on which programs are appropriate for the consent agenda, the Board acts to accredit each of the programs. For those programs not placed on the consent agenda, the Board reviewers present their findings, and the Board discusses each program individually. Following the discussion, an accreditation decision is made regarding each program.

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The agency’s accreditation procedures require its board to review all documentation, as required in 602.17(e), prior to reaching an accreditation decision. The procedures indicate an accreditation review committee (ARC), comprised of individuals appointed by the Commission, reviews accreditation materials and offers a recommendation, and primary reviewers (members of the Board) are assigned to each program review. The agency uses a consent agenda for those programs being recommended by the Accreditation Review Committee (ARC) to have accreditation granted, based on the committee’s conclusion that all standards are met and that there are no compliance concerns at the key element level. The Board is required to review all materials reviewed by the ARC and the primary readers and any member may remove a program from the consent agenda (Exhibit 81). The agency has guidelines for primary and secondary accreditation reviewers on for ARC (Exhibit 16), reviewer worksheet (Exhibit 17), a board reviewer worksheet (Exhibit 18), board reviewer guidelines (Exhibit 19). The agency provided a letter sent to a program regarding ARC’s findings and the program’s response (Exhibit 59). The agency also provided a meeting agenda to demonstrate the board of commissioners conducts accreditation reviews (Exhibit 86).

Department staff observed a virtual board of commissioners meeting in October 2021 that demonstrated board members have the materials stipulated under this section available to them and considered all the information prior to reaching an accreditation decision.

As part of the virtual file review, the agency provided meeting minutes for the board of commissioners to demonstrate the board assessed compliance for several programs.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
Criteria: 602.17(f)

Description of Criteria

(f) Provides the institution or program with a detailed written report that assesses the institution's or program's compliance with the agency's standards, including areas needing improvement, and the institution's or program's performance with respect to student achievement;

Narrative:

The policies used in developing and reviewing the evaluation team report are described in the Procedures (p. 13). The report of the evaluation team is structured such that a section is written with respect to each of the four accreditation standards and their corresponding key elements. Each section must include a narrative analysis regarding the program's compliance with each key element for that standard/section. Any concerns about compliance with the standards or specific key elements must be clearly identified in the team report. These judgments are made for each program (baccalaureate, master's, doctoral, and certificate) and are supported by a narrative rationale (see Department-Selected Program Example, Document 12). Program officials are given the opportunity to respond in writing to the team report (Procedures, p. 13). As part of its accreditation deliberations, the Board makes a final determination as to which standards are met/not met and any compliance concerns found with the standards’ respective key elements (Procedures, pp. 14-15). In the Board action letter conveying the Board’s accreditation decision to program officials, this final determination regarding compliance with the standards and key elements is communicated to the program (see Department-Selected Program Example, Document 17).

For Standard III (Program Quality: Curriculum and Teaching-Learning Practices), Key Element III-I addresses evaluation of individual student performance in light of expected student outcomes (Standards, p. 17). Programs are required to demonstrate that evaluation of student performance is consistent with expected student outcomes, and the programs describe how faculty and students are involved in the evaluation of individual student performance. In its report, the team provides a written analysis of the program's compliance with this key element. Among the elements addressed in the team report under Standard IV (Program Effectiveness: Assessment and Achievement of Program Outcomes) are those pertaining to student outcomes, including data on the achievement of students (see Standards, pp. 19-21). Programs must document that data are collected regarding achievements of graduates. Under Standard IV, Key Element IV-B requires that “Program completion rates demonstrate
program effectiveness.” The “Elaboration” to this key element indicates that the expected level of achievement is 70%. Key Element IV-C requires that “Licensure pass rates demonstrate program effectiveness.” The “Elaboration” to this key element indicates that the expected level of achievement is 80%. Key Element IV-D requires that “Certification pass rates demonstrate program effectiveness.” The “Elaboration” to this key element indicates that the expected level of achievement is 80%. Key Element IV-E requires that “Employment rates demonstrate program effectiveness.” The “Elaboration” to this key element indicates that the expected level of achievement is 70%. In self-study documents, programs report their program completion rates, licensure pass rates, certification pass rates, and employment rates, and team reports include judgments as to whether the expected level of achievement has been met in these areas (see Department-Selected Program Example, Documents 8 and 12, Key Elements IV-B, IV-C, IV-D, and IV-E).

The Standards additionally require that programs identify program outcomes unique to the individual program. This is accomplished in Key Element IV-I, which requires that “Program outcomes demonstrate program effectiveness.” The “Elaboration” to this key element states, “The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G)” (p. 22). Further, the “Elaboration” to Key Element IV-I indicates that the program identifies program outcomes and that they must incorporate expected levels of achievement, and that “Program outcomes are appropriate and relevant to the degree and certificate programs offered” (p. 22). In self-study documents, programs report their program-specific outcomes, and evaluation team reports include judgments as to whether the expected level of achievement has been met in the related areas (see Department-Selected Program Example, Documents 8 and 12, Key Elements IV-B, IV-C, IV-D, IV-E, and IV-I).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section
The agency’s policy, as outlined in the procedures manual, requires comprehensive on-site evaluations and for evaluators to prepare a report containing an assessment of compliance with the accreditation standards, which include standards on student achievement. The report must include statements, findings and recommendations of evaluators (Exhibit 81, page 13). This policy ensures programs are provided a detailed written report that assesses a program’s compliance with standards, including standards related to student achievement.

The agency provided a detailed site visit report for a Master of Science in Nursing program to demonstrate evaluators assessed the program’s compliance with each standard. The report indicates if a standard is met, and for each element, the report provided an assessment rationale and indicated if there were any compliance concerns. The site visit report also sufficiently addresses a program’s performance with respect to student achievement (Exhibit 89). It includes an assessment of whether a program meets established thresholds for completion rates, licensure pass rates, and job placement, as required in the standards for accreditation and procedures manuals (Exhibits 10, page 19-21 and Exhibit 81, page 26).

As part of the virtual file review, the agency provided a site visit report for 3 additional nurse education programs to demonstrate the agency provides the program with a detailed written report that assesses compliance with standards, including areas needing improvement and performance with respect to student achievement.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.18(a)-(b)(1)

Description of Criteria

(a) The agency must consistently apply and enforce standards that respect the stated mission of the institution, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education, correspondence courses, or direct assessment education is of sufficient quality to achieve its stated objective for the duration of any accreditation or preaccreditation period.

(b) The agency meets the requirement in paragraph (a) of this section if the agency—

(1) Has written specification of the requirements for accreditation and preaccreditation that include clear standards for an institution or program to be accredited or preaccredited;

Narrative:

The Standards and Procedures, which are developed and published in consultation with the Commission’s community of interest, are written and guide all accreditation
activities (see Standards; see Procedures). The Commission does not utilize a preaccreditation process. The Standards and Procedures are made available to nursing programs and the public in both electronic and printed form. In electronic form, these documents are published on the Commission’s website (see https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines). In printed form, these documents are distributed at various conferences, workshops, and forums. Additionally, the printed documents are made available to programs and the public upon request. As noted in the Standards, the document “describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master’s, DNP, and post-graduate APRN certificate programs” (Standards, p. 5). Continuing, the document states, “The standards and key elements, along with the accreditation procedures, serve as the basis for evaluating the quality of the educational program offered...” (Standards, p. 5). In this same paragraph of the Standards, the Commission makes it clear that each nursing program seeking accreditation, including those with distance education offerings, is expected to meet the accreditation standards contained in the document. The Procedures similarly note that the Commission’s accreditation actions are based on compliance with the Standards (Procedures, p. 1). The Procedures describe, in detail, the process by which programs are evaluated for accreditation using the accreditation standards (Procedures, pp. 4-18). Program officials are oriented to the use of the Standards and Procedures in the Commission’s Workshop on Writing Self-Studies (see Workshop Agenda; see Workshop Presentation). Additionally, the Commission periodically hosts special training sessions devoted to interpretation and use of the accreditation standards, which are archived and accessible on the CCNE website (see https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Webinars-Videos).

Other documents distributed to programs seeking accreditation reinforce the use of the Standards and Procedures in the Commission’s decision-making process (see General Advice Brochure; see Key Steps Document). The Commission ensures consistency in the implementation of the Standards and Procedures through a thoughtful process of training, orientation, and monitoring. This is described in detail in 602.18(b)(2). The Commission is dedicated to evaluation of programs based on their institutional and programmatic mission and goals. The Standards specifically state, “The CCNE comprehensive accreditation process consists of a review and assessment of the program’s mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes” (Standards, p. 2). Further, the Standards, in the Glossary, define Mission (noting “the unique nature and scope of the parent institution or nursing program”) and Goals (noting “consis[ten]cy with the institutional and program missions”) (Standards, p. 25). Standard I (Program Quality: Mission and Governance) focuses largely on the mission, goals, and expected program outcomes determined by the program. The various key elements require the program to articulate the mission and demonstrate how it is congruent with the
mission of the institution in which it resides, professional nursing standards and guidelines, and the needs and expectations of the community of interest (Standards, pp. 6-7). Standards II, III, and IV are also designed so that a program is reviewed in light of its mission. During the various steps in the accreditation review process, team members, Accreditation Review Committee members, and Board members consider this program-defined mission and the manner and extent to which the program demonstrates compliance with the accreditation standards in light of this mission.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has clearly written specifications of the requirements for accreditation of programs, including those offering distance education, that are outlined in its standards for accreditation manual (Exhibit 10). The agency has 4 standards and key elements that address (Standard I) mission and governance, institutional commitment and resources (Standard 2), curriculum and teaching-learning practices (Standard 3), and assessment and achievement of program outcomes (Standard 4). The standards are supported by written guidance and procedures. To demonstrate the agency provides guidance to programs on standards, including the program’s mission and distance education, the agency provided documents containing general advice for hosting an on-site evaluation (Exhibit 11), key steps for program officials in planning the on-site evaluation (Exhibit 15), an agenda for a workshop on writing self-studies (Exhibit 43), a PowerPoint presentation on writing a self-study and preparing to host a
site visit (Exhibit 44).

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.18(b)(2)

Description of Criteria

(2) Has effective controls against the inconsistent application of the agency's standards;

Narrative:

To ensure consistent application of the Standards, the Commission’s review process requires multiple levels of consideration in determining the accreditation status of each nursing program. These levels originate with the on-site evaluation and continue through final action of the Board. The Standards state: “In evaluating a baccalaureate, master’s, DNP and/or post-graduate APRN certificate program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with the key elements presented in this publication. A self-study … provides data indicating the extent to which the program has complied with the key elements and, ultimately, whether the program has met the overall standards for accreditation” (pp. 2-3). The procedures related to the determination of accreditation, beginning with the evaluation process and concluding with the final Board action, are described in detail in the Procedures (pp. 4-16). Examples of written communications during the accreditation review cycle, including emails confirming on-site evaluations, emails regarding conflicts of interest, and emails regarding the opportunity to respond to the team report, also document the process (see Department-Selected Program Example, Documents 2, 3, 4, and 13). Such regular communications help ensure consistency. As specified in the Procedures (p. 13), the Commission has identified two categories used to assess compliance with the standards. The categories of “met” and “not met” are clearly defined to ensure consistency among evaluation teams in their application. This terminology is discussed during evaluator training and at the beginning of Accreditation Review Committee (ARC) and Board meetings (see ARC Agenda Excerpt; see Board
Meeting Agendas. Committee and Board members are also re-oriented to the accreditation actions that can be taken at the beginning of each regular meeting (meeting minutes available upon request).

The standards are written as broad statements that embrace several areas of expected performance. Related to each standard is a series of key elements providing an interpretation of the overall standard. The key elements are considered by the evaluation team, the ARC, and the Board in determining whether the program meets each standard. Within the Standards, the “Supporting Documentation” sections assist program representatives in addressing the standards and assist evaluation teams in making a determination about the program’s compliance (or lack thereof) with the standards. Terms used throughout the Standards are defined in the Glossary as well. During the on-site evaluation process, an appointed evaluation team verifies the information provided in the program’s self-study document in relation to the standards and key elements.

All members of the team must have participated in the Commission’s comprehensive evaluator training program; retraining and periodic updates are also provided to ensure consistency in the evaluation process (see Evaluator Training Agenda 2016; see Team Leader Retraining; see Evaluator Retraining). The report of the evaluation team is organized according to the published standards and includes a finding about whether the program complies with each accreditation standard. Staff are available at the CCNE office to assist evaluation teams, if needed, while they are on site. The accreditation report resulting from the evaluation is written by all members of the team and is edited by the team leader with input from team members. The draft report is reviewed for accuracy and for consistency by all members of the team before the exit interview. The exit interview is the final session of the visit during which the team leader summarizes the team’s findings in an oral presentation. The team report is then submitted to CCNE staff who format and edit the report, if needed (but do not make substantive changes or change the team’s findings). Staff then provide the team report to the program for review and comment. The program is afforded the opportunity to respond to the report in writing. The team report and the program’s response to it are sent to the evaluation team and to all members of the ARC.

Primary and secondary reviewers of the ARC are assigned primary responsibility for reviewing the report, the program’s response to it, the self-study document, and any other materials submitted in relation to the review. All committee members have access to these materials. The team leader and a program representative also may participate in the committee meeting. The importance of making internally consistent accreditation decisions and applying the standards equally to programs is emphasized as part of the ARC’s orientation process. In order to ensure the consistent application of the standards, the committee works in three panels during the review process but reconvenes in plenary session throughout the meeting to ensure that standards are being applied consistently and to ensure that accreditation recommendations are being
applied equally to programs. Each year, the ARC participates in an inter-rater/panel reliability exercise whereby each panel is assigned the same program for review (see ARC Agenda Excerpt). The panels discuss the program separately and formulate a recommendation about accreditation. Then, the panels convene in plenary session to discuss their findings, compare recommendations, and, ultimately, make an accreditation recommendation to the Board. Good consistency has been achieved through this valuable exercise. The fact that some members of the ARC also serve on the Board also helps to ensure consistency in the decision-making process. Also, staff and committee reviewers rate the quality of the team reports and provide that feedback to the respective evaluation teams; this exercise helps develop the evaluators for service on future teams (see Report Rating Sheet). The Board considers the ARC’s accreditation recommendations as part of the decision-making process. In considering these recommendations, the Board reviews the team report and other relevant information. All Board members are provided copies of all team reports, the programs’ responses to the reports, the self-study documents, programs’ responses to ARC findings, and the accreditation recommendations, along with any other pertinent material. The Board may either accept or modify the accreditation action recommended by the ARC. Accreditation decisions are based upon compliance or noncompliance with the Standards. Action letters notify programs of accreditation decisions (see Adverse Action Letter; see Department-Selected Program Example, Document 17).

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The agency ensures consistent Application of Standards and has effective controls. The agency has established written standards, which are outlined in standards handbook (Exhibit 10). The agency’s accreditation procedures establish the six steps of the accreditation process (Exhibit 81). The program 1) conducts a self-study process (self-assessment), 2) an evaluation team visits the program to validate the information in the self-study document, 3) the program is provided with an opportunity to respond in writing to the team report, 4) the self-study document, the team report, the program’s response, and other information is reviewed by the Accreditation Review Committee (ARC), 5) the board, considers the ARC recommendation and decides on the accreditation of the program, and 6) the board 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.

The internal operating manual presents expectations and responsibilities of the board, committees and its officers, and it requires training (which helps to ensure consistency with the application of standards) of the board on the standards and the respective roles (Exhibit 29). The agency provided evidence board training in Exhibits 44 (Board Orientation) and Exhibit 64 (Committee Orientation). The agency bylaws outline the mission, purpose and goal of the board (Exhibit 28). The agency’s internal operating manual requires training on the content of its standards and the respective roles to evaluators (Exhibit 29). The agency provided Exhibits 47 (Team Leader Retraining), 48 (Evaluator Retraining), 49 (Evaluation Training Handbook) and 50 (Evaluator Training Agenda) to demonstrate the agency provides training to its evaluators. The agency has guidance materials for programs, such as a brochure regarding the on-site review (Exhibit 11). The agency provided examples of written communications for one of its nursing programs during the accreditation review cycle, including emails confirming on-site evaluations, emails regarding conflicts of interest, and emails regarding the opportunity to respond to the team report (Exhibit 89). The agency provided a self-study, site visit report and decision letter for one of its accredited nursing programs to demonstrate the agency assesses the quality of
programs (Exhibit 89). As part of the virtual file review, the agency indicated that it has not received any complaints from programs regarding inconsistent treatment during the recognition period.

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**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**Criteria: 602.18(b)(3)**

**Description of Criteria**

(3) Bases decisions regarding accreditation and preaccreditation on the agency’s published standards and does not use as a negative factor the institution’s religious mission-based policies, decisions, and practices in the areas covered by §602.16(a)(1)(ii), (iii), (iv), (vi), and (vii) provided, however, that the agency may require that the institution’s or program’s curricula include all core components required by the agency;

**Narrative:**

The Commission bases its accreditation decisions on a program’s compliance with the Standards (the Commission does not utilize a preaccreditation process or category). This is made clear to prospective applicants and to the public in the Commission’s foundational documents. The Procedures state, “CCNE formulates and adopts accreditation standards for nursing programs, which are described in Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (amended 2018). Nursing programs offered at the baccalaureate or graduate level may achieve CCNE accreditation by demonstrating their compliance with the CCNE standards and key elements” (p. 1). The Procedures provides specific guidance to programs seeking accreditation, evaluation teams, review committees, and the Board as to the use of the accreditation standards during the accreditation process. See the related sections on “The Accreditation Review Process,” “The Accreditation Decision-Making Process,” and “Accreditation Categories” (Procedures, pp. 9-18). Further, the Standards state, “This publication describes the standards and key elements used by CCNE in the
accreditation of baccalaureate, master’s, DNP, and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis for evaluating the quality of the educational program offered and to hold the nursing program(s) accountable to the educational community, the nursing profession, and the public” (Standards, p. 5). The Standards are published and widely distributed in both print and electronic form; the Standards are posted on the Commission’s website at https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf. Programs interested in pursuing accreditation are provided copies of or access to the Standards.

To ensure consistent interpretation and application of the Standards, the Commission utilizes a number of approaches. Evaluators are required to attend a two-day training program, which orients them to the use of the Standards in the accreditation review process and formulation of the team report (see Evaluator Training Agenda 2016). The Commission also offers periodic training to evaluators and nursing programs on use of the accreditation standards (see Webinar information: https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Webinars-Videos; see Workshop Agenda). New committee and Board members are oriented to their roles, including use of the Standards (see Orientation-Committees; see Orientation-Board). Members of the Accreditation Review Committee and the Board utilize worksheets to assist them in reviewing the programs to which they have been assigned as either primary or secondary reviewers; these worksheets specifically provide a framework for considering a program utilizing the Standards as the basis for the recommendation (see Committee Reviewer Worksheet-ARC; see Board Reviewer Worksheet). When notified of the Board’s accreditation decision, the program is informed in writing of the Board’s findings in relation to compliance with the Standards (see Adverse Action Letter; see Department-Selected Program Example, Document 17).

The Commission also utilizes various mechanisms to ensure consistent application of its Standards. The Accreditation Review Committee and Board seek to make their recommendations and decisions based on reliable and appropriate precedent. Past interpretation and application of the standards and key elements is taken into consideration during deliberations and decision making. Staff of the Commission provide support at all committee and Board meetings, which also lends consistency to the process. The members of the Accreditation Review Committee and Board serve staggered terms; therefore, the history related to specific actions and application of the standards is continued over time without the interruption that might be posed if the membership of these bodies was to turn over all at once.

As described in response to 602.18(b)(1), CCNE reviews programs considering the mission of the program and its parent institution, including those with a religious mission. Evaluation teams, the Accreditation Review Committee, and the Board
review programs pursuing accreditation to ascertain if “the mission, goals, and expected program outcomes are congruent with those of the parent institution” (see Standards, p. 6). CCNE does not use as a negative factor the institution’s religious mission-based policies, decisions, and practices in the areas covered by §602.16(a)(1)(ii), (iii), (iv), (vi), and (vii).

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has clearly established procedures that govern for the accreditation review process to ensure decisions are based on accreditation on the agency’s published standards and key elements (Exhibits 81 and 10). The agency specifies in its procedures that accreditation is granted if the program has demonstrated substantial compliance with the agency’s standards and key elements. The review process in determining compliance starts with the accreditation review committee (ARC), which conducts the initial review of the self-study, site visit report, program response and other relevant materials. The ARC makes a recommendation/proposed action to the board, and the board evaluates after reviewing the same materials accept the recommendation of the ARC or choose to take an alternative action. The board issues a decision letter that addresses program compliance with accreditation standards (Exhibit 67). The self-study contains the program’s assessment of how it meets accreditation standards, and the evaluation team determines if the program meets accreditation
standards and documents its determination in a report. Thus, the agency’s evaluation process and decisions are clearly based on the agency’s established accreditation standards. The agency provided documentation (self-study, site visit report and decision letter) of a program to demonstrate the full review process (Exhibit 89).

In addition, to ensure decisions are made based on published accreditation standards, the agency provides written guidance and training to the board, committees, evaluators, and nursing programs regarding the accreditation process and standards (Exhibits 43, 45, 50, and 64). When conducting reviews, ARC and board members use worksheets that are aligned with accreditation standards (Exhibits 17-18).

As part of the virtual file review, the agency provided meeting minutes for the board of commissioners and for a hearing committee to demonstrate decisions are made based on published standards.

Department staff observed a meeting in October 2021 where board members focused their discussion regarding a program's accreditation on the agency's published standards.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.18(b)(4)

Description of Criteria

(4) Has a reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate;

Narrative:

To begin the accreditation review process, the program prepares a self-study, which documents the program’s compliance with the Commission’s accreditation standards (see Department-Selected Program Example, Document 8). Programs are encouraged to submit pertinent supplementary information in the appendices to the self-study; such information should support the findings and information provided in the narrative section of the program’s self-study (General Advice Brochure, pp. 1-2). During the on-site evaluation, programs provide an on-site resource file or room for team members. This resource room contains additional pertinent documents that the program chooses to supplement the narrative and appendices provided in the self-study (General Advice Brochure, pp. 2-3). Such documents and materials, presented either in the self-study or on-site resource file, should include “faculty curricula vitae; university reports; meeting minutes; examples of student work; student, alumni, employer, or other constituent survey instruments; and summaries/analyses of survey responses” (General Advice Brochure, p. 2). Further, the Standards provides a list of supporting documentation that should be provided by the program to assist in demonstrating compliance with the standards and key elements (Standards, pp. 8-9,
Evaluators are trained in various means to verify the accuracy and content of the materials presented in the self-study and in the resource room (see Evaluator Training Agenda 2016; see Evaluator Training Handbook, pp. 16-29). Such means include, but are not limited to, interviews with multiple constituents including students, faculty, administrators, and community representatives, gathering diverse viewpoints on various topics; review of meeting minutes to ascertain consideration of a topic by numerous parties; review of unaggregated and aggregated data; comparison of policies, mission, goals, expected outcomes, and procedures across documents (such as course catalogs, websites, student handbooks, online course management systems, and course syllabi); and review of correspondence and complaint files. In their team report, the evaluators document the various means utilized to verify the accuracy of information presented (see Department-Selected Program Example, Document 12). The Accreditation Review Committee and Board rely on the self-study and team report as they form recommendations and decisions, respectively. The members of these bodies review the self-study and the team report, seeking to validate that the assertions made in one are supported by the other. All participants in the Commission’s accreditation process adhere to the CCNE values as stated in the Standards (p. 3). The values require that the Commission will “Foster trust in the process, in CCNE, and in the professional community” and “Maintain integrity through a consistent, fair, and honest accreditation process.” In doing so, the Commission promotes an environment that fosters honest representations by programs in the self-studies and materials they submit as part of the process and builds faith among the various participants that each group is providing information that is accurate, reasonable, and reliable and that representations should be assumed true but verified as part of an accountable process.

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The agency has a reasonable basis for determining that the information it relies on is accurate for making accreditation decision. The agency’s procedures require the program to conduct a self-assessment that demonstrates how it meets accreditation standards, and the information provided by the program in the self-study is verified through site visit/evaluators. The evaluation team gathers data and information on the program, which is used by the accreditation review committee and the board to assess whether the program complies with the standards for accreditation (Exhibit 81). The agency has an onsite evaluator handbook that outlines how to conduct the site visit, specifically addressing how to conduct interviews and review materials to verify information provided in the self-study document (Exhibit 49). Evaluators also undergo training on the accreditation process, specifically roles and responsibilities when conducting a site visit (Exhibit 50). The agency also provides guidance to programs on hosting an on-site evaluation, specifically outlining the materials the evaluation team will review to verify information in the self-study (Exhibit 11). The agency provided documentation (self-study, site visit report and decision letter) for one of its nursing programs to demonstrate a full review (Exhibit 89).

As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs.

**List of Document(s) Uploaded by Analyst - Narrative**

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**Analyst Worksheet - Response**

**Analyst Review Status:**

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**Criteria: 602.18(b)(5)**

Description of Criteria

(5) Provides the institution or program with a detailed written report that clearly identifies any deficiencies in the institution's or program's compliance with the agency's standards; and

Narrative:

Upon completion of an on-site evaluation, the evaluation team sends a report of its findings to the Commission (see Department-Selected Program Example, Document 12). This report is “an objective assessment of the program’s compliance with the accreditation standards” (Procedures, p. 13). When presenting its findings in the report, the team “makes a written determination in the team report about whether a program has met (i.e., that the program substantially complies with the standard) or not met (i.e., that the program fails to substantially comply with the standard) for each
standard” (Procedures, p. 13). In addition to these statements, which are provided for each standard, the team report includes a narrative describing the team’s analysis and findings for each of the key elements. Additionally, the team indicates whether it finds that there is or is not a compliance concern for each key element. The report is provided to the chief nurse administrator of the program reviewed (see Department-Selected Program Example, Documents 12 and 13). The program is afforded the opportunity to provide a written response to the team report offering corrections of errors, comments that agree or disagree with the opinions and conclusions in the report, and documentation demonstrating additional progress made toward ongoing program improvement (Procedures, pp. 13). The team report and the institution’s response to the team report are reviewed by the Accreditation Review Committee and Board as part of their deliberations when formulating recommendations and accreditation actions, respectively. Following the Board’s accreditation action, a letter is sent to the chief nurse administrator communicating the Board’s decision. “The accreditation action letter comprises the accreditation decision of the Board, identifying areas in which the program has failed to demonstrate substantial compliance with the CCNE standards and key elements and/or has failed to adhere materially to CCNE procedures” (Procedures, p. 21). A copy of the board action letter is sent to the chief executive officer of the institution at that time as well (see Adverse Action Letter; see Department-Selected Program Example, Document 17).

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s site visit report and board decision letter clearly identify deficiencies in the program’s compliance with the agency’s standards. The agency’s procedures require evaluators to prepare a report after conducting a site visit of a program. The procedures indicate the site visit report 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 procedures further specifies that the evaluation team must make a written determination in the report regarding compliance with each accreditation standard and provide a narrative summary under each key element to support findings (Exhibit 81, page 13). The agency provided documentation (self-study, site visit report and decision letter) for one of its master’s degree nursing programs to demonstrate a full review (Exhibit 89), and the program’s site visit report addressed
each standard/element, indicated if there were any compliance concerns and provided a rationale.

The agency’s procedures indicate an institution must be notified of the accreditation action for a nursing program, and the accreditation decision letter must identify areas in which the program did not comply with standards and key elements and/or did not adhere materially to procedures (Exhibit 81, page 21). The agency provided a board decision letter that denied initial accreditation of a nursing program and it outlined the reasons for denial (Exhibit 67).

As part of the virtual file review, the agency provided the self-study, site visit report and decision letter for 3 additional nurse education programs.

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.18(b)(6)(i-ii)

Description of Criteria

(6) Publishes any policies for retroactive application of an accreditation decision, which must not provide for an effective date that predates either—

(i) An earlier denial by the agency of accreditation or preaccreditation to the institution or program; or

(ii) The agency’s formal approval of the institution or program for consideration in the agency’s accreditation or preaccreditation process.

Narrative:

At the time the Board makes an accreditation decision, it determines the length of the accreditation term. As stated in the Procedures, the effective date of the granting of accreditation is retroactive to the on-site evaluation: “For all programs that are granted initial accreditation by CCNE and for all programs whose accreditation is continued by CCNE, the CCNE accreditation action is effective as of the first day of that program’s most recent CCNE on-site evaluation” (Procedures, p. 19). CCNE’s longstanding effective date policy is appropriate when granting accreditation as it encompasses the time period for the active accreditation review, conducted by the team and then the Accreditation Review Committee and Board. Additionally, CCNE’s policy is consistent with the Department’s guidance regarding accreditation effective dates that was issued to the accrediting community on July 25, 2018. Effective dates for denial or withdrawal of accreditation are not retroactive. The effective date is clearly stated in the Board action letter sent to the program following
the Board’s accreditation action (see Department-Selected Program Example, Document 17).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must establish a policy that specifically indicates a retroactive decision will not provide for an effective date that predates an earlier denial of accreditation; or the agency’s formal approval for consideration in the accreditation process.

**Analyst Remarks to Narrative:**

The agency complies with this section because it indicated in the narrative that, per the agency’s written procedures, the effective date of the granting accreditation is retroactive to the on-site evaluation. The procedures specifically state that “for all programs that are granted initial accreditation and for all programs whose accreditation is continued, the accreditation action is effective as of the first day of that program’s most recent on-site evaluation (Exhibit 81, page 19).” However, the agency’s policy does not specifically indicate that a retroactive decision (e.g., effective as of the first day of a program’s most recent on-site evaluation) will not provide for an effective date that predates an earlier denial of accreditation the agency’s formal approval for consideration in the accreditation process; or the agency's formal approval of the program for consideration in the agency's accreditation process.

**List of Document(s) Uploaded by Analyst - Narrative**

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Response:
The CCNE Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs (2023) have been revised to clarify that the retroactive decision will not provide for an effective date that predates an earlier denial of accreditation or CCNE’s formal approval of the program for consideration in the agency’s accreditation process. See Procedures 2023, section titled Accreditation Term, pages 19-20.

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**Analyst Worksheet - Response**

**Analyst Review Status:**
Meets the requirements of this section

**Analyst Remarks to Response**

The staff draft analysis indicates the agency must establish a policy that specifically indicates a retroactive decision will not provide for an effective date that predates an earlier denial of accreditation or the agency’s formal approval for consideration in the accreditation process. In response, the agency updated its procedures to clarify that retroactive decisions will not provide for an effective date that predates an earlier denial of accreditation or a formal approval of the program for consideration in the agency’s accreditation process (58753, Exhibit 8, pages 19-20). The information provided by the agency is satisfactory and no additional information is needed.

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**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.18(c)**

**Description of Criteria**

(c) Nothing in this part prohibits an agency, when special circumstances exist, to include innovative program delivery approaches or, when an undue hardship on students occurs, from applying equivalent written standards, policies, and procedures that provide alternative means of satisfying one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24, as compared with written standards, policies, and procedures the agency ordinarily applies, if—

(1) The alternative standards, policies, and procedures, and the selection of institutions or programs to which they will be applied, are approved by the agency's decision-making body and otherwise meet the intent of the agency's expectations and
requirements;

(2) The agency sets and applies equivalent goals and metrics for assessing the performance of institutions or programs;

(3) The agency's process for establishing and applying the alternative standards, policies, and procedures is set forth in its published accreditation manuals; and

(4) The agency requires institutions or programs seeking the application of alternative standards to demonstrate the need for an alternative assessment approach, that students will receive equivalent benefit, and that students will not be harmed through such application.

Narrative:

The Commission’s Standards and Procedures do not provide for the opportunity to apply equivalent written standards, policies, and procedures that provide alternative means of satisfying one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24, as compared with written standards, policies, and procedures the agency ordinarily applies. This is not a process used by CCNE, and, as noted in the Procedures, the applicable standards are those published in the Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (amended 2018) (see Standards; see “Standards for Accreditation,” Procedures, pp. 1-2).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

As indicated in the narrative, the agency does not have equivalent written standards, policies, and procedures that provide an alternative means for programs to satisfy one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24, as compared with written standards, policies, and procedures the agency ordinarily applies.

**List of Document(s) Uploaded by Analyst - Narrative**

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(d) Nothing in this part prohibits an agency from permitting the institution or program to be out of compliance with one or more of its standards, policies, and procedures adopted in satisfaction of §§602.16, 602.17, 602.19, 602.20, 602.22, and 602.24 for a period of time, as determined by the agency annually, not to exceed three years unless the agency determines there is good cause to extend the period of time, and if—

(1) The agency and the institution or program can show that the circumstances requiring the period of noncompliance are beyond the institution's or program's control, such as—

   (i) A natural disaster or other catastrophic event significantly impacting an institution's or program's operations;

   (ii) Accepting students from another institution that is implementing a teach-out or closing;

   (iii) Significant and documented local or national economic changes, such as an economic recession or closure of a large local employer;

   (iv) Changes relating to State licensure requirements;

   (v) The normal application of the agency's standards creates an undue hardship on students; or

   (vi) Instructors who do not meet the agency's typical faculty standards, but who are otherwise qualified by education or work experience, to teach courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses;

(2) The grant of the period of noncompliance is approved by the agency's decision-making body;

(3) The agency projects that the institution or program has the resources necessary to
achieve compliance with the standard, policy, or procedure postponed within the time allotted; and

(4) The institution or program demonstrates to the satisfaction of the agency that the period of noncompliance will not—

   (i) Contribute to the cost of the program to the student without the student's consent;

   (ii) Create any undue hardship on, or harm to, students; or

   (iii) Compromise the program's academic quality.

Narrative:

The Commission’s Procedures do not permit the program to be out of compliance with one or more of its standards, policies, and procedures adopted in satisfaction of 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24 for a period of time, not to exceed three years, as allowed in 602.18(d). The agency’s policies relative to timelines for a program to come into compliance with identified concerns are addressed in 602.20(a)(2).

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency indicated in the narrative that it does not permit programs to be out of compliance with one or more of its standards, policies, and procedures adopted in satisfaction of 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24 for a period of time, not to exceed three years, as allowed in 602.18(d).

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.19(a)
Description of Criteria

(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.

Narrative:

Accreditation by the Commission is conferred for a specific term; accreditation is valid through a specific date, which is stated in the letter communicating the Board’s accreditation action (see Department-Selected Program Example, Document 17). In order to maintain accreditation beyond that date, the program must be reevaluated; this includes preparing a self-study document that addresses compliance with the accreditation standards and hosting an on-site evaluation. Programs are eligible for a term of accreditation of up to 10 years, except that a program seeking initial accreditation is eligible for a term of up to 5 years. Terms of accreditation are entered into the CCNE database, which assists staff in tracking review schedules for each program. As described in the Procedures in the sections on “Scheduling the On-site Evaluation” (pp. 8-9) and “Accreditation Term” (pp. 19-21), the scheduling of on-site evaluations is based upon the period of accreditation. The Board may grant (and has granted) terms less than the maximum. This may occur when the Board determines that a shorter term is warranted, based on existing conditions within the program (Procedures, p. 20). Additionally, “The Board may also elect to modify a program’s accreditation term when an institution or program has undergone a substantial change, deterioration in the program has occurred, the program requests an earlier evaluation, or a formal complaint against a program requires an on-site evaluation or review of the issues surrounding the complaint” (Procedures, p. 20).

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:
The agency must provide adequate documentation to demonstrate the application of this policy, such as a schedule of the next accreditation of reviews.

**Analyst Remarks to Narrative:**

The agency reevaluates its programs at least every ten years. The agency’s policy specifies that the board may grant continued accreditation for a maximum period of 10 years based upon the results of a comprehensive on-site evaluation (Exhibit 81, page 81). The agency provided documentation (self-study, site visit report and decision letter) for one of its nursing programs to demonstrate a full review (Exhibit 89), and the decision letter indicated the board granted accreditation of the nursing program for 10 years. However, the agency did not provide adequate documentation to demonstrate the application of this policy, broadly, such as a schedule of the next accreditation of reviews for several of its accredited programs.

**List of Document(s) Uploaded by Analyst - Narrative**

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Response:

Programs granted accreditation by CCNE are required to be reviewed for continuing accreditation prior to the expiration of their term of accreditation. See Current Review Schedule, which provides a listing of programs hosting comprehensive on-site evaluations in Winter/Spring 2023. This list includes the dates of the programs’ last comprehensive on-site evaluations and their current (i.e., 2023) comprehensive on-site evaluations.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must provide adequate documentation to demonstrate the application of this policy, such as a schedule of the next accreditation of reviews. In response, the agency provided a current review schedule that includes a listing of programs hosting comprehensive on-site evaluations in 2023. The documentation provided demonstrates the agency reevaluates accredited programs at regularly established intervals. No additional information is required.

**List of Document(s) Uploaded by Analyst - Response**
Criteria: 602.19(b)

Description of Criteria

(b) The agency must demonstrate it has, and effectively applies, monitoring and evaluation approaches that enable the agency to identify problems with an institution’s or program's continued compliance with agency standards and that take into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(g). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

Narrative:

The Commission uses a five-pronged monitoring scheme in between comprehensive on-site evaluations to ensure that accredited programs continue to comply with the accreditation standards. The five types of reporting include: a) continuous improvement progress reports; b) special reports; c) compliance reports; d) annual reports; and e) substantive change notifications. Reporting requirements are described in the Procedures under “Monitoring Program Performance” (pp. 21-27).

Continuous improvement progress reports (CIPRs) are required of all programs at the mid-point of the accreditation term. The reports must address all standards and key elements (see CIPR Template; see Department-Selected Program Example, Document 16). Reminders sent to program administrators provide guidance on the preparation and submission of CIPRs (see CIPR Reminder). The Commission also requires that programs submit a “special report” within a specified time period to address any standard that has been deemed “not met” (out of compliance) (see Special Report Example). When the Board determines that there are “compliance concerns” for specific key elements that do not rise to the level of a “not met” standard, the Commission requires that programs submit a “compliance report” within a specified time period to address the compliance concerns (see Compliance Report). Information garnered from the above reports enables the Report Review Committee (RRC) and Board to focus on the program’s compliance with the standards in between comprehensive on-site evaluations.

The Commission uses data collected annually by AACN to satisfy the CCNE annual reporting requirement. CCNE provides input into the survey instrument to ensure that areas of interest to CCNE are adequately addressed. Provided are the annual report
survey instrument (Annual Report Instrument) and the 2020-2021 data report (Annual Report Aggregate Data). Each year, program officials are sent a letter about the annual reporting requirement (see Annual Report Email). Data in the annual report include, but are not limited to, headcount enrollment data, graduation data, and licensure and certification data. Pertinent data are transferred to the CCNE database and are also aggregated and shared with the RRC. Additionally, the National Council of State Boards of Nursing shares directly with CCNE information related to each program’s licensure pass rates, and these data are shared with the RRC.

The RRC is charged with reviewing CIPRs, special reports, compliance reports, and annual report data. Corrective action taken by the program in response to cited areas of compliance concerns is monitored by the committee as part of the ongoing evaluation process. The committee forwards recommendations to the Board regarding program compliance with the standards, as demonstrated in the CIPRs, special reports, compliance reports, and annual report data. The Board then reviews the reports and the RRC’s recommendations prior to making a final determination. The Board, upon review of the CIPRs, special reports, compliance reports, annual report data, and RRC recommendations, may direct the program to submit additional reporting or host a focused on-site evaluation or an early comprehensive on-site evaluation. Such requirements enable the Board to gather additional information needed to ascertain a program’s compliance with the standards. Members of the Report Review Committee are oriented to their tasks through a defined process (see Orientation-Committees). In order to ensure a continuity of history, the terms of service on the committee are staggered.

Finally, the Commission has a substantive change policy in which the program’s chief nurse administrator is required to notify CCNE of any substantive change affecting the nursing program. According to the Procedures, “Substantive changes include, but are not limited to: significant 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 the state board of nursing or other regulatory agency, including cases in which the institution or program is placed on warning, probationary or show cause status; change in status with an institutional accrediting agency or nursing accrediting agency, include cases in which the institution or program remains accredited but is placed on warning, probationary, or show cause status…; change in (including development, suspension, or closure of) program offerings or options…; the addition of a new nursing program…; 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 change in student achievement such that completion rates, pass rates, and/or employment rates fall below CCNE’s expectations” (Procedures, pp. 24-25). Programs are provided a substantive change notification template, and this template provides guidance to program administrators regarding which standards and key elements are to be addressed for various types of substantive change notifications (see Substantive Change Notification Template).

The Procedures provide guidance to the Commission on reviewing and acting on changes related to loss of legal authority to operate or negative action by an institutional accrediting agency or state agency, as either reported by the program or by the agency (Procedures, pp. 34-35). The Procedures further note, “Continued accreditation of the program is contingent upon the chief nurse administrator apprising CCNE of substantive changes in a timely manner” (p. 26). The Substantive Change Review Committee (SCRC) is charged with reviewing the substantive change notifications submitted by accredited programs. This group meets to review the notifications and acknowledges the notifications that do not present any concerns. See Department-Selected Program Example, Documents 21 and 22. When a program’s notification presents issues that warrant further consideration, the SCRC forwards a recommendation to the Board, which, upon review of the substantive change notification, may require additional reporting, a focused on-site evaluation, or an early comprehensive on-site evaluation. Members of the SCRC are oriented to their tasks through a defined process (see Orientation-Committees). In order to ensure a continuity of history, the terms of service on the committee are staggered. Minutes of the SCRC and the Board are available for review on site.

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Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide substantive change notifications and evidence of its evaluation of such information. The agency must also provide documentation demonstrating the agency has a written commitment from AACN to provide its data.

**Analyst Remarks to Narrative:**

The agency has a clear process for monitoring its accredited programs for continued compliance with standards during the accreditation period. The agency requires programs (Exhibit 81, pages 22-22) to submit an annual report, which contains statistical data and other information about the parent institution, program, faculty, and students. The American Association of Colleges of Nursing (AACN) collects data from accredited programs through its annual survey that it shared with the CCNE, which is an autonomous accrediting arm of AACN. The data that a program provides to AACN serves as the program’s annual report to the agency. However, the agency did not provide documentation demonstrating the agency has a written commitment from AACN to provide its data.

Programs are also required (Exhibit 81, pages 21-22) to submit a continuous improvement progress report (CIPR) at the midpoint of the program's accreditation term. The CIPR is a comprehensive report submitted by the program and it addresses
each of the agency's standards, including key fiscal and student achievement data. As stipulated in the agency's procedures, the agency's report review committee (RRC) assesses a program's CIPR to ensure it continues to meet the agency's standards. The agency also requires a special report if accreditation is granted but there are compliance issues with an accreditation standard and compliance reports if there is a compliance issue with one or more key elements. The agency also has procedures for a program to submit substantive change notifications (Exhibit 81, page 21-27). The review committee evaluates and provides a recommendation to the board and the board will decide what action is appropriate. The agency provided a CIPR template, annual report instrument and substantive change notification template (Exhibits 21-23). Regarding substantive change, it should be noted the agency is not an institutional accrediting agency and is not required to respond to the substantive change criteria in 602.22. However, since the agency includes substantive change as part of its monitoring process, the Department staff will review substantive change documentation to ensure that the agency consistently and effectively applies its own policy. The agency also provided sample email reminder for CIPR (Exhibit 60). The AACN survey allows the agency to analyze enrollment and graduation trends. The agency provided an email notification about the AACN annual survey that was sent to an institution requesting it provide (Exhibit 61). An example of a substantial change, compliance report and special report were provided (Exhibits 62, 66, and 80). The agency provided documentation (self-study, site visit report and decision letter) for one of its nursing programs to demonstrate a full review (Exhibit 89) and included letters regarding the program's CIPR and substantial change notification. Agendas for a RRC and substantial change review committee new member orientation were also provided (Exhibit 64). The agency provided annual aggregate report by AACN on graduations and enrollment data for 2020-2021 (Exhibit 42). The agency provided an annual report data for one of its nursing programs (Exhibit 89). As part of the virtual file review, the agency provided documentation of the review of annual report data and continuous improvement progress reports for nursing programs.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

CCNE and AACN have had a more than 20-year agreement whereby AACN provides selected data sets from the annual survey for CCNE to review as part of its program monitoring activities. This agreement has been documented in writing. CCNE and AACN have co-signed a written agreement demonstrating that CCNE has a commitment from AACN to share its data. See Survey Data Agreement.
In its original petition submission, CCNE already provided information relative to substantive change notifications and evidence of evaluation of such information. See Exhibit 62 Substantive Change Example.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must provide substantive change notifications and evidence of its evaluation of such information, and the agency must also provide documentation demonstrating the agency has a written commitment from AACN to provide its data. In response, the agency provided a signed agreement between AACN and CCNE regarding AACN’s commitment to share annually collected survey data with CCNE (58755, Exhibit 10). The agency also noted in its narrative that it had provided information relative to substantive change notifications and evidence of evaluation of such information in its original submission (Exhibit 62). The information the agency provided including the examples of substantive change (exhibit 62 of the draft analysis) is satisfactory and no additional information is needed.

**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.19(c)**

**Description of Criteria**

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect head-count enrollment data from those institutions or programs.

**Narrative:**

The Commission monitors overall growth of accredited programs by requiring the submission of an annual report. The Procedures state, “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, programs(s), faculty, and students” (Procedures, p. 21). Further, the Procedures require that the “Information collected as part of the annual report includes headcount...
enrollment data as well as other areas of interest” (p. 21). The Commission uses data collected annually by AACN to satisfy the CCNE annual reporting requirement. A copy of the annual report survey instrument (Annual Report Instrument), as well as the 2020-2021 data report (Annual Report Aggregate Data), is provided. The Report Review Committee (RRC) is charged with monitoring the data provided in the annual reports. Thresholds for monitoring headcount enrollment data are identified in the Procedures (p. 21-22). RRC and Board minutes regarding these actions are available on site. Programs exceeding the thresholds are directed to provide a report on the issue. Related correspondence is available for review on site. Any areas of concern found by the RRC are directed to the Board’s attention for follow through, which may include additional reporting, a focused on-site evaluation, or an early comprehensive on-site evaluation. Additionally, chief nurse administrators are required to notify the Commission of any substantive change affecting the nursing program through the Commission’s substantive change notification policy. This policy specifically notes that substantive changes include significant change in student enrollment (Procedures, p. 26). Program administrators are provided guidance as to which areas of the standards should be addressed when submitting a substantive change notification related to a change in student enrollment (see Substantive Change Notification Template). Substantive change notifications are reviewed by the Substantive Change Review Committee (SCRC). Any areas of concern found by the SCRC are directed to the Board’s attention for follow through, which may include additional reporting, a focused on-site evaluation, or an early comprehensive on-site evaluation. Finally, the Commission requires that each accredited program submit a Continuous Improvement Progress Report (CIPR) at the midpoint of the term of accreditation. The report template requires programs to provide enrollment numbers for each program under review and to address sufficiency of resources vis à vis enrollment increases (see CIPR Template). The CIPR is reviewed by the RRC and then by the Board. Reviewing headcount enrollment data in concert with the accreditation standards allows the committee and Board to consider enrollment in the context of the program’s adherence to all of the standards and key elements. Upon review of the CIPR, if it has concerns, the Board may require additional reporting, a focused on-site evaluation, or an early comprehensive on-site evaluation.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide actual mid-term reports and an assessment of such reports, as well as an assessment of AACN aggregate data/annual reports.

**Analyst Remarks to Narrative:**

The agency has an adequate policy to monitor overall growth of the program annually, and it specifically collects data on head-count enrollment through annual reporting, substantive change notification process and its mid-term report. The agency’s procedures require accredited programs to submit an annual report that provides statistical data and other information about the parent institution, program, faculty, and students. The annual report must include headcount enrollment data as well as other areas of interest, and the agency’s thresholds for headcount enrollment are clearly outlined in the procedures. The agency uses the report on aggregate enrollment and graduation from the American Association of Colleges of Nursing to monitor headcount enrollment trends and it will adjust thresholds, if necessary (Exhibit 42). The annual report is reviewed by agency staff and concerns are forwarded to the report review committee and subsequently the board for action, if necessary (Exhibit 81, page 21). The procedures also require programs to submit a substantive change request to account for significant change in student enrollment, and the substantive change committee reviews requests and any concerns are presented to the board for action (Exhibit 81, page 26). The procedure requires programs to submit a continuous improvement progress report at the midpoint of the term of accreditation and the report includes student enrollment data and addresses sufficiency of resources if there is an enrollment increase (Exhibit 81, page 22). The agency provided a template for its mid-term report, annual report, and substantive change notification form (Exhibits 21-23). The agency provided actual annual reports
for multiple programs as part of the virtual file review; however, the agency did not provide actual mid-term reports and an assessment of such reports, as well as an assessment of AACN aggregate data/annual reports.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The continuous improvement progress reports submitted by CCNE-accredited programs are reviewed by the CCNE Board of Commissioners. See CIPR Assessment, which includes such a report as well as the resulting Board action letter demonstrating assessment of the report. Regarding review of annual report data, when a program’s submitted data exceed thresholds, the program is required to submit a report addressing the matter. The follow-up report is then reviewed to ascertain compliance. See Annual Data Report, which includes a) a CCNE letter noting that the threshold has been exceeded and requiring a follow-up report, b) the follow-up report itself, and c) the resulting CCNE letter demonstrating assessment of the report.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The draft staff analysis indicated the agency must provide actual mid-term reports and an assessment of such reports, as well as an assessment of AACN aggregate data/annual reports. In response, the agency provided a continuous improvement progress report and the resulting board action letter to demonstrate assessment (58757, Exhibit 12). The agency indicated in the narrative that when a program’s data exceed thresholds, the program is required to submit a follow-up report addressing the matter, and the agency provided follow-up documentation to demonstrate the agency ascertained compliance (58756, Exhibit 11). The documentation includes a letter notifying the program that the student enrollment threshold was exceeded and requiring a follow-up report, the program's follow-up report, and the resulting letter indicating the program demonstrated compliance. The agency's information is satisfactory and no additional information is needed.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.20(a)

Description of Criteria

(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must—

1. Follow its written policy for notifying the institution or program of the finding of noncompliance;

2. Provide the institution or program with a written timeline for coming into compliance that is reasonable, as determined by the agency's decision-making body, based on the nature of the finding, the stated mission, and educational objectives of the institution or program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed the lesser of four years or 150 percent of the—
   
   (i) Length of the program in the case of a programmatic accrediting agency; or

   (ii) Length of the longest program at the institution in the case of an institutional accrediting agency;

3. Follow its written policies and procedures for granting a good cause extension that may exceed the standard timeframe described in paragraph (a)(2) of this section when such an extension is determined by the agency to be warranted; and

4. Have a written policy to evaluate and approve or disapprove monitoring or compliance reports it requires, provide ongoing monitoring, if warranted, and evaluate an institution's or program's progress in resolving the finding of noncompliance.

Narrative:

In response to 602.20 (a)(1), the standards and key elements articulated in the CCNE Standards document are designed to assist the Commission in determining the overall quality of a nursing program. The four standards are written in broad terms and embrace areas of programmatic performance. Related to each standard is a series of specific key elements. Viewed together, the key elements provide an indication of whether the broader educational standard has been met. See Standards. The evaluation team collects information about the program’s compliance with the key elements and presents in its report a thorough assessment of its findings with regard to compliance. Any concerns about compliance or areas of noncompliance are clearly articulated in the report of the evaluation team. The team report requires a judgment about compliance with each accreditation standard. Specific terminology is used in making this judgment (Procedures, p. 13).
Following the on-site evaluation, the Accreditation Review Committee (ARC) reviews the team report, including any areas where there are compliance concerns, in developing an accreditation recommendation. The recommendation of the ARC is considered by the Board at its next regularly scheduled meeting. Based upon the ARC’s recommendation and on the Board’s own review of the team report, the program’s response to the team report, and the self-study document (as well as any other pertinent information that is necessary to review), the Board makes its accreditation decision.

Following an accreditation action of the Board, the Commission sends an accreditation action letter to the chief nurse administrator of the program under review. As stated in the Procedures, “The accreditation action letter comprises the accreditation decision of the Board, identifying areas in which the program has failed to demonstrate substantial compliance with the CCNE standards and key elements and/or has failed to adhere materially to CCNE procedures” (p. 21). The accreditation action letter specifies the standards and/or key elements of concern, and it specifies how the program is to address the concerns (e.g., additional reporting, a focused on-site evaluation, or an early comprehensive on-site evaluation) and the timeline for doing so.

In response to 602.20 (a)(2), if a program is out of compliance with an accreditation standard at the time a decision is made to grant accreditation, the Board requires that the program submit a “special report.” According to the Procedures, “The Board must require that the program satisfactorily address the area(s) of concern 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” (p. 24). Accreditation action letters document that programs judged to be out of compliance with an accreditation standard are required to submit a special report in time for the Report Review Committee to review the report and the Board to take action within a two-year period (see Special Report Example). This timeframe is in accordance with 602.20(2) because the accredited programs are generally two years or longer in terms of their programs of study. Board meeting minutes available on site provide evidence that the above stated policies are followed during the accreditation decision-making process.

In response to 602.20 (a)(3), the Procedures state the Commission’s written policy for granting an extension of time for a program to demonstrate compliance with a standard identified to not be met. Specifically, the Procedures state, “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” (p. 24). The Procedures go on to provide guidance to the Board for how to determine if such an extension is warranted, stating, “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, but the extension of time for good cause may not exceed 18 months beyond the 2-year period for achieving compliance” (p. 24).

When the Board reviews a program’s special report, and if the Board feels the program has still not demonstrated that the standard in question has been met, the Board considers when the time period for demonstrating compliance ends and then engages in a discussion to ascertain if the program has demonstrated substantial progress towards compliance and whether the quality of the program is in jeopardy. If the Board concludes that substantial progress has been made and that the quality of the program is not in jeopardy, the Board may extend the timeframe to demonstrate compliance. The program is then informed in writing of the outstanding compliance concerns and the deadline for demonstrating compliance.

In response to 602.20 (a)(4), when the Board determines that there is a “compliance concern” for specific key elements when accreditation is granted or continued, programs are required to submit a “compliance report.” As stated in the Procedures, “A compliance report is required in cases in which the Board determines, at the time accreditation is granted or continued, that the program has a compliance concern for one or more key elements although compliance with the standard for accreditation was demonstrated … The request for a compliance report will specify the area(s) of concern and the date of expected submission” (p. 23). Programs are typically afforded one year to submit the compliance report. Following submission, the Report Review Committee (RRC) reviews the compliance report and develops a recommendation regarding compliance to the Board. The recommendation of the RRC is considered by the Board. Based upon the RRC’s recommendation and on the Board’s own review of the compliance report (as well as any other pertinent information that is necessary to review), the Board makes its decision regarding compliance. The Procedures document this process in the section titled “Compliance Reports” (pp. 23-24). See Compliance Report.

As noted in the Commission’s response to 602.20(a)(2), if the Board acts to grant or continue accreditation following an accreditation review, and there are standards not met by the program, the program is required to submit a “special report.” As stated in the Procedures, “The request for a special report will specify the area(s) of concern and the date of expected submission” (p. 24). Following submission, the Report Review Committee (RRC) reviews the special report and develops a recommendation regarding ongoing compliance to the Board. The recommendation of the RRC is considered by the Board. Based upon the RRC’s recommendation and on the Board’s own review of the special report (as well as any other pertinent information that is necessary to review), the Board makes its decision regarding compliance. The Procedures document this process in the section titled “Special Reports” (p. 24). See Special Report Example.
In addition, continuous improvement progress reports (CIPRs) are required of all accredited programs at the mid-point of the awarded accreditation term. As described in the Procedures, “In the continuous improvement progress report, the program provides data regarding the program’s continued compliance with all CCNE standards and key elements, including, but not limited to, financial information, data on headcount enrollment, and data related to student achievement. 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 based on ongoing self-study” (p. 22). Programs are required to address all accreditation standards and key elements in their mid-term CIPR. Reminders providing guidance for the submission of the progress report are provided to all programs (see CIPR Template; see CIPR Reminder). Following submission, the RRC reviews the CIPR and develops a recommendation regarding ongoing compliance to the Board. The recommendation of the RRC is considered by the Board. Based upon the RRC’s recommendation and on the Board’s own review of the CIPR (as well as any other pertinent information that is necessary to review), the Board makes its decision regarding continued compliance. The Procedures document this process in the section titled “Continuous Improvement Progress Reports” (pp. 22-23). See Department-Selected Program Example, Documents 16 and 20.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must provide an example of a program(s) that was granted a good cause extensions, or indicate that the agency did not grant a good cause extension during the recognition period.

Analyst Remarks to Narrative:

(1) The agency has clearly written procedures that specify the agency must send the accreditation action letter to the chief nurse administrator at the institution and to the institution's chief executive officer. Further, the procedure requires the accreditation action letters to include the board accreditation decision and any compliance issues, as applicable (Exhibit 81, page 21). 2) The agency has clearly written procedures that indicate that a special report is required in one year if the program, at the time accreditation is granted or continued, does not comply with one or more of the standards for accreditation. The board must require that the program satisfactorily address the area(s) of concern and demonstrate compliance with the accreditation standard(s) within 2 years (for all programs), a period which may be extended only for good cause (Exhibit 81, page 24). 3) The agency has clearly written procedures that indicate the board may issue a good cause extension if the program does not come into compliance within the aforementioned 2-year period, and the extension of time for good cause may not exceed 18 months beyond the 2-year period for achieving compliance (Exhibit 81, page 24). 4) The agency has clearly written procedures that requires it to evaluate and approve or disapprove monitoring or compliance reports. The report review committee evaluates reports (compliance report, special report, and continuous improvement progress reports) and forward its recommendation to the board, and the board will review the report review committee recommendation and the reports and make a compliance decision. Internal operating manual (page 7) indicates the report review committee includes at least two members of the board and at least four individuals who are not on the board who have significant expertise in and/or interest in the quality of baccalaureate and graduate nursing education. All educators who serve on the committee must be employed by (or affiliated with or retired from) institutions whose nursing programs are affiliated with agency. To demonstrate application of its procedures, the agency provided a template and reminder notification for the continuous improvement progress report (Exhibits 21 and 60), an example of a special report and notification of noncompliance (Exhibit 80) and an example of a compliance report and notification of noncompliance (Exhibit 66). Both notifications include deadlines for the reports. To demonstrate the agency allows programs up to 2 years to come into compliance, the agency provided a letter requiring a special report that was released in November 2018 indicating and the program had until December 2019 to respond, and the agency provided the June 2020 letter from the agency notifying the program it had
demonstrated compliance with the unmet standard (Exhibit 80). The agency also provided an example of a full review of a program (self-study, site visit report, and decision letter) in Exhibit 89. However, the agency did not provide an example of a program(s) that was granted a good cause extension, or indicate that the agency did not grant a good cause extension during the recognition period.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Response:

CCNE has granted a good cause extension to a program. This evidence was provided in filesharing documents that were made available to the staff analyst. These materials are included again here. See Good Cause Extension, which includes a) a CCNE action letter to a program indicating that a good cause extension was granted, b) the resulting follow-up report, and c) the CCNE letter to the program following review of the follow-up report.

Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section
Analyst Remarks to Response

The draft staff analysis indicates the agency must provide an example of a program(s) that was granted a good cause extension or indicate that the agency did not grant a good cause extension during the recognition period. In response, the agency provided an action letter to a program indicating that a good cause extension was granted, b) the resulting follow-up report, and c) the letter to the program following review of the follow-up report (58758, Exhibit 13). The information provided by the agency is satisfactory and no additional information is required.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.20(b-d)
Description of Criteria

(b) Notwithstanding paragraph (a) of this section, the agency must have a policy for taking an immediate adverse action, and take such action, when the agency has determined that such action is warranted.

(c) If the institution or program does not bring itself into compliance within the period specified in paragraph (a) of this section, the agency must take adverse action against the institution or program, but may maintain the institution’s or program’s accreditation or preaccreditation until the institution or program has had reasonable time to complete the activities in its teach-out plan or to fulfill the obligations of any teach-out agreement to assist students in transferring or completing their programs.

(d) An agency that accredits institutions may limit the adverse or other action to particular programs that are offered by the institution or to particular additional locations of an institution, without necessarily taking action against the entire institution and all of its programs, provided the noncompliance was limited to that particular program or location.

Narrative:

The Procedures, in the section titled “Adverse Actions,” documents the expectation to deny or withdraw action when warranted, stating, in part, “CCNE may immediately take adverse action when it determines that a program is not in compliance with CCNE’s standards and key elements or does not adhere to CCNE procedures” (p. 18). In sections titled “Accreditation Denied” and “Accreditation Withdrawn,” the Procedures provides specific guidance to the Board for taking such actions when a program “fails to demonstrate substantial compliance with the CCNE standards and key elements and/or fails to adhere materially to CCNE procedures (e.g., by failing to submit reports, pay fees, or adhere to other CCNE procedures)” (p. 15). When a program fails to demonstrate its ability to demonstrate substantial compliance with the CCNE standards and key elements, the Board has taken action to deny accreditation, in the case of those pursuing initial accreditation, or withdraw accreditation, in the case of those pursuing continued accreditation. See Adverse Action List.

Following accreditation decisions by the Board that include determination of a standard not being met, programs are sent an action letter notifying the program of the finding, the need to submit a special report, and the deadline for doing so (see Special Report Example). In accordance with the Procedures, “Special reports are accepted if the Board concludes, based on the evidence provided, that the program has demonstrated compliance with the standards(s) in question. If the program has not fully resolved the cited concerns, 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. If the
Board extends the time period for compliance, it may also require a focused or comprehensive on-site evaluation” (Procedures, p. 24). The Procedures provide guidance to the Board in determining what constitutes good cause for extending this time period (p. 24). Adverse actions include decisions of the Board to deny or withdraw accreditation. These categories are described in the Procedures in the section on “Accreditation Categories” (pp.15-16).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has clearly written procedures regarding enforcement actions. The procedures indicate that the agency may immediately take adverse action when it determines a program is not in compliance with standards and key elements or does not adhere to procedures (Exhibit 81, page 18). The procedures further state that when a program fails to demonstrate its ability to demonstrate substantial compliance with the standards and key elements, the board may take action to deny initial accreditation or withdraw continued accreditation (Exhibit 81, page 15). To demonstrate application of its procedures, the agency provided List of programs against which the agency (CCNE) has taken an adverse action during the recognition period (Exhibit 85).

List of Document(s) Uploaded by Analyst - Narrative

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Criteria: 602.20(e)

Description of Criteria
(e) All adverse actions taken under this subpart are subject to the arbitration requirements in 20 U.S.C. 1099b(e).

Note: 20 U.S.C. 1099b(e) Initial Arbitration Rule. — The Secretary may not recognize the accreditation of any institution of higher education unless the institution of higher education agrees to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action.

Narrative:

The Commission acknowledges that all adverse actions taken under this subpart are subject to the arbitration requirements in 20 U.S.C. 1099b(e).

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency acknowledged in the narrative that all adverse actions taken under this subpart are subject to the arbitration requirements in 20 U.S.C. 1099b(e).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.21(a-b)

Description of Criteria

(a) The agency must maintain a comprehensive systematic program of review that involves all relevant constituencies and that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.
(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--

(1) Is comprehensive;

(2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;

(3) Examines each of the agency's standards and the standards as a whole; and

(4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

Narrative:

Assessment of the accreditation standards, which is described in the CCNE policy on “Systematic Review of Standards for Accreditation” (Procedures, pp. 37-38), includes consideration of input from the Commission’s community of interest and a formal review process every five years or sooner, as necessary, following the adoption of revisions culminating from the previous review. This policy specifies that the standards are reviewed by the Standards Committee, which is assigned the responsibility of reviewing and recommending changes in standards to the Board. The Board is responsible for appointing the Standards Committee. Information about the responsibilities and composition of the Standards Committee is published in the Internal Operating Manual (pp. 11-12). The Standards Committee was first charged with establishing and reviewing the standards in 1997. Implementation of the original standards began in the fall of 1998, with the conduct of CCNE’s first on-site evaluations. In 2017, a Standards Committee was appointed to review the standards in use at that time. While this review process was begun prior to the current recognition period, information and documentation are provided to describe and document this process as it was CCNE’s most recent standards revision process. The composition of the committee that convened in 2017-2018 to carry out that revisions process is provided (see Standards Committee 2017-2018). That committee met numerous times during the review and revision process. See Standards Committee Timeline.

In accordance with CCNE policy on “Systematic Review of Standards for Accreditation,” extensive feedback was solicited from the community of interest (Procedures, pp. 37-38). Early in the process, a call for comments was distributed broadly to constituents and posted on the CCNE website (see Call for Comments-2013 Standards April 2017). An electronic survey about the standards was distributed to solicit input from relevant constituencies to include academics, practicing nurses, students, graduates, leaders of nursing organizations, and representatives of licensing and accrediting agencies (see 2013 Standards Web Survey Spring 2017). The web-based survey queried constituents about each standard and key element individually and as a whole. Constituents were asked about the appropriateness and clarity of the
standards and whether they are valid and reliable indicators of quality. For each question, participants had the opportunity to provide a narrative explanation as well. Data collected as part of this extensive surveying process provided the foundation for discussion by the Standards Committee. Both quantitative and qualitative responses were provided for the Standards Committee’s review.

As part of each standards revision process, the Standards Committee reviews aggregate assessment data about the effectiveness and interpretation of the accreditation standards as a measure of program quality. The audience for these web-based assessments includes program officials who have hosted evaluations by CCNE and educators and practicing nurses who participated on those evaluations. The instruments are provided (see Post-Evaluation Survey of Program Officials; see Post-Evaluation Survey of Evaluators). Evaluation summaries and any supplemental comments regarding the effectiveness of the standards and their relevance to the preparation of nurses are routinely analyzed by staff and reviewed by the Board.

Public and special interest forums were held during the review process to provide updates to program representatives regarding the work of the Standards Committee, to present issues related to the proposals for revisions, and to solicit additional feedback from the constituents regarding the adequacy and relevance of the standards. All comments generated from the forums, surveys, and calls for comments were sent to the Standards Committee for review and consideration. The committee proposed changes to the standards, which were reviewed by the Board and disseminated to the community of interest (see Call for Comments-Proposed Standards April 2018). The revision and adoption process is described in 602.21(c)(d).

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The agency has clear written procedures regarding the systematic review of its standards (Exhibit 81, pp. 37-38). The agency's procedures provide the steps of its systematic review process and the role of its standards committee. The procedure gives the opportunity for any interested party to provide input about the standards at any time, and the agency conducts a solicitation of input about the standards through constituent surveying processes. If the agency determines change is necessary, the standards committee will design and implement the review process and make recommendations to the board, as outlined in the internal operating manual (Exhibit 29, page 11). The procedures stipulate the agency must conduct a comprehensive review of its standards at least every five years, and more frequently as necessary. The agency last completed a systematic review of its standards in 2017-18 and it involved all of the agency's relevant constituencies in the review and afforded them a meaningful opportunity to provide input into the review by way of public forums, web-based surveys, calls for comment.

The agency provided documentation to demonstrate the application of its procedures: a blank post-evaluation survey for program officials and evaluators (Exhibits 30-31), calls for comments on proposed standards (Exhibit 69), calls for comments on initiated review of current standards (Exhibit 70), a standards web survey (Exhibit 71), and the standards committee timeline (Exhibit 27). As evidenced by the survey instrument and data provided, the agency solicited feedback on each of the agency's standards and the standards as a whole.
(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time.

(d) Before finalizing any changes to its standards, the agency must--

(1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;

(2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and

(3) Take into account and be responsive to any comments on the proposed changes submitted timely by the relevant constituencies and other interested parties.

Narrative:

The Procedures, in the section on “Systematic Review of Standards for Accreditation,” provides important information about the review of the standards and guides the Commission in formulating proposed changes to the accreditation standards and adopting any such changes (pp. 37-38). (The process for reviewing the standards to determine if changes are needed is described in depth in the response to 602.21(a)(b).) Specifically, the Procedures require, “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” (p. 38). Further, the Procedures directs the process as follows: “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” (p. 38). As part of the 2017-2018 revision process, an electronic survey was conducted to solicit broad feedback from constituents about proposed changes to the standards (see Proposed Standards Web Survey Spring 2018). A call for comments was also distributed to CCNE’s community of interest regarding the proposed revisions (see Call for Comments-Proposed Standards April 2018). All comments generated from the forums, surveys, and calls for comment were sent to the Standards Committee for review and consideration. The timeline followed by the 2017-2018 Standards Committee is provided and delineates the major events and steps in the standards revision process (see Standards Committee Timeline). Upon adoption, the revised Standards document
was circulated broadly to constituents and posted on the CCNE website. An overview of the revisions process and the changes that were made to the standards was shared with constituents. Workshops on Writing Self-Studies were updated to reflect the amended standards. CCNE conducted a series of webinars in August and December 2018 to familiarize constituents with the revisions made to the standards and orient individuals to their use in the accreditation process. These webinars are archived and available at https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Webinars-Videos. CCNE also conducted a retraining of its evaluators to discuss changes to and application of the amended standards in the accreditation review process (see Evaluator Retraining). The current Standards went into effect on January 1, 2019.

### Document(s) for this Section

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency's written procedures clearly specify that it will initiate action within 12 months to make the changes to its standards and must complete the action within a reasonable period of time, if it determines at any point during the systematic review process that changes to standards should be made (Exhibit 81, page 38). If the agency convenes a standards committee to review standards and make a recommendation to the board, the board must take final action within eighteen months after the committee was convened. The agency also has clear procedures about notifying relevant constituencies/parties of proposed changes to standards and such constituents are afforded twenty-one days to comment on revisions. The board/standards committee are required to consider comments before taking final action (Exhibit 81, page 35).

To demonstrate the application of its procedures, the agency provided calls for comments on proposed standards (Exhibit 69), proposed standards web survey (Exhibit 68), and standards committee timelines (Exhibit 27), and an agenda for the training of evaluators amended standards (Exhibit 48). The Board approved the standards with minor modifications June 4, 2018.
Criteria: 602.23(a)

Description of Criteria

(a) The agency must maintain and make available to the public written materials describing--

(1) Each type of accreditation and preaccreditation it grants;

(2) The procedures that institutions or programs must follow in applying for accreditation, preaccreditation, or substantive changes and the sequencing of those steps relative to any applications or decisions required by States or the Department relative to the agency's preaccreditation, accreditation, or substantive change decisions;

(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;

(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and

(5) A list of the names, academic and professional qualifications, and relevant employment and organizational affiliations of—

   (i) The members of the agency's policy and decision-making bodies; and

   (ii) The agency's principal administrative staff.

Narrative:

The Commission makes publicly available and posts on its website its Procedures (see https://www.aacnnursing.org/Portals/42/CCNE/PDF/Procedures.pdf), Standards (see https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf), and
listing of accredited programs (see https://directory.ccnecommunity.org/reports/accprog.asp), which identifies the institution and its location, the type of program accredited, the date through which the program is accredited, the month/year of the program’s most recent evaluation, and the term/year of the next evaluation (see Procedures; see Standards). These publications and the listing of accredited programs are free of charge. The Procedures specify the type of accreditation granted by the Commission, the process used for accreditation review and decision making, and the process for continuous monitoring of accredited programs (pp. 4-27). In the “Introduction,” the Procedures state, “The procedures described in this publication have been established by CCNE both to assist institutions whose baccalaureate and/or graduate programs in nursing are preparing for initial or continued accreditation and to guide the CCNE Board of Commissioners and its committees in the accreditation decision-making process” (p. 1). Further, the Procedures state that the Standards document “is posted on the CCNE website and may be obtained by contacting the CCNE office” (p. 2).

The Commission identifies the members of its Board and committees, including their academic and professional qualifications and relevant employment/organizational affiliations, on the CCNE website (see https://www.aacnnursing.org/CCNE-Accreditation/Who-We-Are/Board-of-Commissioners; see https://www.aacnnursing.org/CCNE-Accreditation/Who-We-Are/Committees-and-Task-Forces). Curricula vitae/resumes of all Board members and staff members are kept on file in the CCNE office and are available to the Department upon request. Members of the staff are identified, along with brief descriptions of their role and contact information, on the CCNE website (https://www.aacnnursing.org/CCNE-Accreditation/Who-We-Are/Staff). The Procedures require that this information be made available: “It is the policy of CCNE to make available to the public the names, academic and professional qualifications, and employer or other relevant organizational affiliations of members of its Board and principal administrative staff” (p. 2).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency has adequate procedures regarding maintaining and making written materials available to the public in accordance with requirements of this section, as outlined in the standards for accreditation and procedures for accreditation (Exhibits 10 and 81). The procedures include sequencing of steps and decision relative to applying for accreditation decisions and substantive changes (pages 25). The procedures require all final accreditation actions to be posted on the agency’s website. The accreditation status of a program, including the term of accreditation and year of the program’s next review for accreditation, is included in a directory of accredited nursing programs on the agency’s website, which is updated following the accreditation decision-making meetings of the board (Exhibit 81, page 18). The agency’s procedures also require it to post its standards for accreditation on its website (Exhibit 81, page 2), guidelines for preparing the self-study document (page 9), guidance to the chief nurse administrator regarding the accreditation process (page 10), and guidelines for assessment of student achievement (page 26).

The agency’s procedures outline the actions related to each type of accreditation — granting initial and continued accreditation as well as denying and withdrawing accreditation (page 14-17). In addition, the procedure required the agency to make available to the public the names, academic and professional qualifications, and employer or other relevant organizational affiliations of members of its board and principal administrative staff (page 2).

Department staff verified that the agency posted the relevant information in accordance with this section on its website and uploaded the information.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.23(b)

Description of Criteria

(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution's or program's qualifications for accreditation or preaccreditation. At the agency's discretion, third-party comment may be received either in writing or at a public hearing, or both.

Narrative:

The Commission’s third-party comment policy is detailed in the Procedures (pp. 9-10) and is also referenced in the Checklist of Activities in a CCNE Accreditation Review (see Key Steps Document, Item 2) and the General Advice for Hosting a CCNE On-Site Evaluation (see General Advice Brochure, p. 2). CCNE uses a two-pronged approach to solicit third-party comments. First, CCNE requires that the
program notify constituents of the opportunity to comment. The Commission requires that, at least two months before a scheduled on-site evaluation, the program must, “notify its constituents, including, at a minimum, faculty teaching in and students enrolled in the program(s) under review, that an accreditation review is scheduled,” and indicate that, “written third-party comments will be received by CCNE until 21 days before the scheduled on-site evaluation” (Procedures, p. 9). The form of such notice is at the discretion of the program, but it must include the name of CCNE and instructions for submitting the comments to CCNE. An example of the communications CCNE sends to programs regarding the third-party comments provision is provided (see Third-Party Correspondence With Programs; see Department-Selected Program Example, Document 2). An example of a program’s announcements regarding the opportunity for its constituents to send third-party comments to CCNE also is provided (see Department-Selected Program Example, Document 9). Programs are required to provide CCNE with evidence that its constituents were provided with the opportunity to submit third-party comments to CCNE, and the evaluation team is responsible for verifying that constituents were informed of this opportunity. In its report, the evaluation team specifically writes of its verification that the program complied with this requirement (see Department-Selected Program Example, Document 12, “Introduction”). Second, CCNE communicates directly with nursing organizations, certification bodies, state agencies, and others about the opportunity to provide third-party comments. In its announcement, CCNE provides the schedule of reviews for the upcoming review cycle and instructions for submitting comments to CCNE (see Third-Party Correspondence With Agencies). Such notice is also posted on the CCNE website for public viewing (see https://www.aacnnursing.org/Portals/42/CCNE/News/Fall-2021-Education-Call-for-Comments.pdf). Written third-party comments are shared with and considered by the evaluation team (see Department-Selected Program Example, Document 10).

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The agency has an adequate policy regarding the opportunity for third-party comments. The agency must notify pertinent constituencies and the public of upcoming accreditation reviews and invite third parties to submit comments to the agency, as outlined in its procedures for accreditation (Exhibit 81, page 9-10). Requirements regarding third-party comments is also referenced in the agency’s key steps checklist for program officials in planning the on-site evaluation (Exhibit 15) and the general advice for hosting an on-site evaluation (Exhibit 11). The agency’s procedures require the program to notify constituents of the opportunity to comment, and the evaluation team is required to verify the notification. The agency is also required to announce the review of programs to allow for third-party comments and comments must be received in writing. To demonstrate the application of its policy, the agency provided examples of communications with other age&
accredited institution or program that is related to the agency's standards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;

(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and

(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

Narrative:

The Procedures include a process for CCNE to handle complaints against accredited programs; this is found under the section on “Review of Formal Complaints” (pp. 32-34). The Commission’s written procedures for reviewing complaints are clearly articulated, with reasonable timelines set forth. This policy states, “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” (Procedures, p. 32). The policy provides detailed information on limitations, guidelines for the complainant, procedures for review of complaints, and possible actions. Additionally, the policy specifically mandates that “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” (Procedures, p. 33). The complaint procedures are distributed on request to interested parties. Correspondence pertaining to a complaint against an accredited program is provided, showing that CCNE follows its complaint procedures (see Complaint Against Program).

With respect to formal complaints submitted about the Commission itself, the Procedures, in the section titled “Other Complaints,” contain the policies by which CCNE will review such complaints (p. 34). According to policy, if CCNE staff are unable to achieve an equitable, fair, and timely resolution of the matter, “The Executive Committee reviews the complaint and conducts any necessary investigation” (Procedures, p. 34). As to the course of action to be taken, the Procedures state, “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” (p. 34). During the current period of recognition, CCNE has received no complaints against itself.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has adequate complaint procedures that are outlined in its procedures of accreditation (Exhibit 81, page 33). The procedures require the agency’s staff to review the written complaint within 21 days of receipt. No later than 15 days after reviewing the complaint, agency’s staff transmits the complaint to the chief nurse administrator of the program and the program has 30 days to respond to the complaint. The board formulates an action, including an adverse action if necessary, and transmits the final disposition to the complainant and the institution no later than 45 days following its decision meeting. To demonstrate application of its policy, the agency provided an example of a complaint against a program and the board decision (Exhibit 65).

As part of the virtual file review, the agency provided examples of complaints against programs and the board decisions.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

**Criteria: 602.23(d)**

**Description of Criteria**

(d) If an institution or program elects to make a public disclosure of its accreditation or preaccreditation status, the agency must ensure that the institution or program discloses that status accurately, including the specific academic or instructional programs covered by
that status and the name and contact information for the agency.

Narrative:

In the Procedures, in the section on “Disclosure,” the Commission specifies the language that may be used by an accredited nursing program in describing its accreditation status (pp. 18-19). This policy requires that the program disclose its accreditation status accurately. Additionally, the policy states, “The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. This statement must include either the accrediting agency’s full name, address, and telephone number or the accrediting agency’s full name and address of the website home page, which identifies CCNE’s address and telephone number” (Procedures, pp. 18-19). CCNE Board action letters also include a reminder to programs to adhere to this policy (see Department-Selected Program Example, Document 17). An example from an institution’s website showing accurate public disclosure of accreditation status, including identification of the CCNE-accredited nursing programs as well as the Commission’s full name, address, and telephone number or the Commission’s full name and website home page, is provided (see Website Disclosure). Evidence is provided that CCNE requires programs making inaccurate public disclosures of accreditation status to correct such disclosures (see Adverse Action Letter, p. 4; see Disclosure Correction).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has an adequate policy regarding public disclosure of accreditation status, as outlined in the procedures for accreditation (Exhibit 81, page 18-19). The procedures specify that if a program elects to make a public disclosure of a
program's accreditation status, the program or institution must disclose that status accurately. The program disclosing the information must identify the nursing program and its affiliation with the agency. This statement must include either the accrediting agency's full name, address, and telephone number or the accrediting agency's full name and address of the website home page, which identifies the agency's address and telephone number. The procedures present agency approved statements for disclosure of the accreditation status to the public.

To demonstrate the application of its policy, the agency provided an example of a program that received a letter notifying it of noncompliance with Key Element I-H (regarding accuracy of documentation and publications) and the program’s response letter indicating the error had been corrected (Exhibit 91); an example of an institution’s website showing accurate public disclosure of its accreditation status (Exhibit 90); and decision letters to programs noting adherence to its disclosure policy (Exhibit 67 and 89).

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.23(e)

Description of Criteria

(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about--

(1) The accreditation or preaccreditation status of the institution or program;

(2) The contents of reports of on-site reviews; and

(3) The agency's accrediting or preaccrediting actions with respect to the institution or program.

Narrative:

The section of the Procedures on “Periodic Review of Information in Publications” calls for the Commission to review program publications and to seek correction of inaccurate or misleading information (p. 37). This procedure applies to information of any type published by a nursing program, including, but not limited to, the program’s accreditation status or any other action taken by the Commission. If programs fail to correct inaccurate information, including, but not limited to, the program’s accreditation status or any other action taken by the Commission, “CCNE may issue a show cause directive or take adverse action and will take the necessary steps to publish and disseminate correct information about accreditation status” (Procedures, p. 37). The Commission’s policy on such review and correction is reinforced in the “Disclosure” section of the Procedures (pp. 18-19). Evidence that CCNE has required
the correction of inaccurate or misleading statements is provided (see Adverse Action Letter, p. 4; see Disclosure Correction). With respect to the contents of the accreditation team report, “CCNE will publicly correct any inaccurate or misleading information a program discloses about the content of a team report. Further, CCNE may require a program to publicly correct any misleading or inaccurate advertising, marketing materials, published documents, or public claims regarding the program’s offerings, outcomes, and accreditation status” (Procedures, p. 19). Finally, “Programs are encouraged to make their CCNE self-study documents available to their community of interest and the public upon request” (Procedures, p. 9).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has an adequate policy regarding the public correction of inaccurate or misleading information, as outlined in the procedures of accreditation (Exhibit 81, page 37). The policy specifies that if inaccurate or misleading information relating to a program’s accreditation appears in a publication, including websites, the agency’s staff will request the immediate correction of this information; and policy also specifies that failure of the institution to correct inaccurate or misleading information in a timely fashion may result in a review of the accreditation status of the program.

To demonstrate the application of its policy, the agency provided an example of a program in Exhibit 67 that received a letter notifying it of noncompliance with Key Element I-H (regarding accuracy of documentation and publications) and the program’s response letter indicating the error had been corrected (Exhibit 91).

**List of Document(s) Uploaded by Analyst - Narrative**

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**Analyst Worksheet - Response**

**Analyst Review Status:**
Description of Criteria

The agency must demonstrate that the procedures it uses throughout the accrediting process satisfy due process. The agency meets this requirement if the agency does the following:

(a) Provides adequate written specification of its requirements, including clear standards, for an institution or program to be accredited or preaccredited.

(b) Uses procedures that afford an institution or program a reasonable period of time to comply with the agency's requests for information and documents.

(c) Provides written specification of any deficiencies identified at the institution or program examined.

(d) Provides sufficient opportunity for a written response by an institution or program regarding any deficiencies identified by the agency, to be considered by the agency within a time frame determined by the agency, and before any adverse action is taken.

(e) Notices the institution or program in writing of any adverse accrediting action or an action to place the institution or program on probation or show cause. The notice describes the basis for the action.

Narrative:

The Standards and Procedures are written and published; these documents are made available to prospective applicants, new applicants, accredited programs, and the public, both in hard copy and on the CCNE website (see https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf; see https://www.aacnnursing.org/Portals/42/CCNE/PDF/Procedures.pdf). The Procedures provide clear information about how a program can be accredited and the categories of accreditation. Specifically see the sections in the Procedures on “Initial Accreditation,” “The Accreditation Review Process,” “The Accreditation Decision-Making Process,” and “Accreditation Categories” (pp. 6-18). Additionally, the Procedures state, “Nursing programs offered at the baccalaureate or graduate level may achieve CCNE accreditation by demonstrating their compliance with the CCNE standards and key elements. All nursing programs seeking CCNE accreditation, including, but not limited to, programs offered via distance education or through a consortium, are expected to substantially comply with the CCNE standards” (pp. 1-2). The Standards document contains the accreditation standards used by teams to evaluate the programs pursuing accreditation (see Standards). Recommendations regarding accreditation actions made by the Accreditation Review Committee and accreditation actions taken by the Board are based on a program’s compliance with these standards. The Standards state, “This publication describes the standards and
key elements used by CCNE in the accreditation of baccalaureate, master’s, DNP and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis for evaluating the quality of the educational program offered…” (p. 5).

The Commission’s Procedures and communications it sends to programs clearly identify timelines and deadlines in the accreditation process (see Department-Selected Program Example, Documents 1, 2, 3, 5, and 13). An example of an accreditation action letter that specifies reporting responsibilities of the program is provided (see Department-Selected Program Example, Document 17). Programs are sent the accreditation team report following the on-site evaluation. Per the Procedures, programs are afforded the opportunity to provide a written response to the findings of the team report. In the section on “Program Response,” the Procedures state that the chief nurse administrator is given no less than 15 calendar days to respond to the report and that “The response to the team report 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 compliance with the accreditation standards, key elements, or ongoing program improvement” (p. 13). In accordance with this policy, the team report and the program’s response to the team report are considered by the Accreditation Review Committee and the Board in their deliberations (Procedures, p. 14). An example of a communication to a program notifying of the opportunity to respond to the team’s report, as well as the program’s response to the team report, is provided (see Department-Selected Program Example, Documents 13 and 14).

The Commission notifies programs of all accreditation actions, adverse or otherwise, within 30 days of when the action was taken by the Board. The section of the Procedures on “Notification to the Parent Institution” specifies the policy for informing the institution of the accreditation action, including the Commission’s obligation to provide the specific reasons for taking an adverse action; additionally, this section states, “The accreditation action letter comprises the accreditation decision of the Board, identifying areas in which the program has failed to demonstrate substantial compliance with the CCNE standards and key elements and/or has failed to adhere materially to CCNE procedures” (p. 21). An example of a letter to a program identifying deficiencies, as well as the program’s response, is provided (see Compliance Report; see Department-Selected Program Example, Documents 16 and 18). An example of an accreditation action letter that notifies a program of an adverse action, including the basis for the action, is provided (See Adverse Action Letter).
Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency demonstrates that it provides adequate written specification of its requirements, including clear standards for a program to be accredited (Exhibit 10). The agency has clearly written standards and templates that provide clarification regarding the agency’s expectations for evaluation under each standard. The agency provides written specification of any deficiencies identified through its team report and the final letter issued to the institution regarding the board’s action (Exhibit 81, pages 13 and 21). The agency has reasonable timeframes throughout its procedures for responding to requests for information and documents, to include a minimum of fifteen calendar days for programs to respond to the visiting committee’s report for accreditation (Exhibit 81, page 13). The agency notifies a program in writing of any adverse accrediting action or an action to place the program on probation in the decision letter. As required by its procedures, the notice describes the basis for the action and provides timelines for resolution (Exhibit 81, page 21).

To demonstrate the application of its procedures, the agency provided a letter that identified deficiencies and requested a compliance report, as well as the program’s response (Exhibit 66), the full review (self-study, site visit report and decision letter) of a program (Exhibit 89) and an example of an accreditation action letter that notifies a program of an adverse action (Exhibit 67).

The agency indicated as part of the virtual file review that there have been no complaints against the agency regarding due process violations.

**List of Document(s) Uploaded by Analyst - Narrative**

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Criteria: 602.25(f)
Description of Criteria

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that--

(i) May not include current members of the agency's decision-making body that took the initial adverse action;

(ii) Is subject to a conflict of interest policy;

(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: To affirm, amend, or remand adverse actions of the original decision-making body; and

(iv) Affirms, amends, or remands the adverse action. A decision to affirm or amend the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency's option; however, in the event of a decision by the appeals panel to remand the adverse action to the original decision-making body for further consideration, the appeals panel must explain the basis for a decision that differs from that of the original decision-making body and the original decision-making body in a remand must act in a manner consistent with the appeals panel's decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.

Narrative:

As part of the accreditation review process, the Procedures provide an opportunity for programs to appeal adverse actions. These policies and processes are described in the section on “Review of Adverse Actions” (Procedures, pp. 27-30). This section includes details and provisions regarding composition of the Hearing Committee; the program’s opportunity to review the members of the committee for conflicts of interest; the committee and Board’s responsibilities and options regarding outcomes, including affirming, amending, or remanding; the program’s right to counsel; and the notification of the result of the appeal to the program. According to the Procedures, “The Hearing Committee consists of three to five members, and must include at least one public member, one practicing nurse, and one academic representative” (p. 28). Further, the Procedures state, “Membership of the Hearing Committee may not include any member of the CCNE Board, committee, advisory group, or evaluation team who was involved in the review of the program leading to the adverse action”
Members of the committee are screened for conflicts of interest, in accordance with CCNE policy, and they are trained on their responsibilities as well as on the standards, policies, and procedures of the Commission (Procedures, p. 28) (see Hearing Committee Orientation Agenda. Evidence that CCNE has followed these policies is provided (see Hearing Committee Conflicts of Interest; see Appeal Documents). In accordance with the Procedures, “The Hearing Committee’s decision is to affirm the CCNE Board’s adverse action; amend, but not reverse, the action; or remand, but not reverse, the action to the CCNE Board to reconsider in light of information garnered during the appeal process” (p. 30). When the committee remands the action, it must identify specific issues that the Board must address, and the Board must act in a manner that is consistent with the committee’s decision and instructions (Procedures, p. 30). The Procedures note that the program is entitled to representation by counsel (p. 29).

Action letters to programs that have had accreditation denied or withdrawn notify the program of the opportunity to appeal the decision, provide the deadline for submitting the notice of appeal, and direct the program to the related sections of the Procedures. See Adverse Action Letter, which includes the institution’s response that it will not appeal the decision. Additionally, see Appeal Documents, which include materials related to a program that did appeal an adverse action, including the composition of a Hearing Committee, decision upon appeal, and other related materials.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has clearly written procedures that gives a program an opportunity, upon written request of an institution or
program, to appeal any adverse action prior to the action becoming final (Exhibit 81, pages 27-30). The procedures indicate a hearing committee is assigned by board chair to conduct an independent review of materials and documents and to hear verbal presentations from representatives of the program and representatives of agency relative to adverse actions. Membership of the hearing committee may not include any member of the board, committee, advisory group, or evaluation team who was involved in the review of the program leading to the adverse action, and the board chair determines if conflicts of interest warrant excluding a member from the committee. The hearing committee's decision is to affirm the board's adverse action; amend, but not reverse, the action; or remand, but not reverse, the action to the board to reconsider in light of information garnered during the appeal process. The procedures specifies that a program is entitled to be represented by counsel throughout the appeal process.

To demonstrate application of its procedures, the agency provided documents representing the appeals process, such as a list of hearing Committee members, hearing committee consent form that addresses conflict of interest, a letter from the agency to the program acknowledging an appeal, email with program approval of hearing committee (Exhibit 79), a letter from the board denying a program initial accreditation (Exhibit 67), hearing committee report on a program appeal and a letter to the program noting the hearing committee affirmed the adverse action, and other related materials (Exhibit 88). The agency indicated in the virtual file review that there was only one appealed adverse action during the recognition period, and materials for that appeal are in Exhibit 88.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Criteria: 602.25(g)

Description of Criteria

(g) The agency notifies the institution or program in writing of the result of its appeal and the basis for that result.

Narrative:

In accordance with the Procedures, the Commission will notify programs of the outcomes of their appeals in writing (p. 30). See Appeal Documents, which provide evidence that CCNE notifies the program of the final decision upon appeal to the program as well as to the public.

Document(s) for this Section

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<td>Exhibit 88 Appeal Documents</td>
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The agency has clearly written procedures that states that programs will be notified of the outcomes of appeals in writing (Exhibit 81, page 26). To demonstrate application of its procedures, the agency provided a letter from the board withdrawing accreditation (Exhibit 67), a hearing committee report on a program appeal and a letter to the program noting the hearing committee affirmed the adverse action (Exhibit 88). The agency indicated in the virtual file review that there was only one appealed adverse action during the recognition period, and materials for that appeal are in Exhibit 88.

Criteria: 602.25(h)

Description of Criteria

(h)

1. The agency must provide for a process, in accordance with written procedures, through which an institution or program may, before the agency reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met:

   (i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made.

   (ii) The financial information is significant and bears materially on the financial
deficiencies identified by the agency. The criteria of significance and materiality are determined by the agency.

(iii) The only remaining deficiency cited by the agency in support of a final adverse action decision is the institution’s or program’s failure to meet an agency standard pertaining to finances.

(2) An institution or program may seek the review of new financial information described in paragraph (h)(1) of this section only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.

Narrative:

The Procedures, in the section on “Review of Adverse Actions” and specifically in the subsection on “Appeal of Adverse Actions Based Solely on Failure to Comply with the Financial Requirements of the Standards,” provide a policy and process by which programs may bring new financial information forward for consideration in the appeals process (p. 30). No program has filed an appeal for this reason, although a program has the option to do so.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must establish a policy that specifies the agency will review the new financial information only once. The policy must also specify that any determination by the agency made with respect to that review does not provide a basis for an appeal.

**Analyst Remarks to Narrative:**

The agency has clearly written procedures that allow a program to seek review of new financial information before the agency reaches a final adverse action decision (Exhibit 81, page 30). The agency states in the narrative that it has not had an opportunity to apply its policy. However, the policy does not require the agency to
review the new financial information only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.

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### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CCNE has revised its *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs* (2023) to clarify that, when a program seeks review of new financial information before CCNE reached a final adverse action decision, review the new financial information only be allowed once and any determination by CCNE made with respect to that review does not provide a basis for an appeal. See Procedures 2023, section titled Appeal of Adverse Actions Based Solely on Failure to Comply with the Financial Requirements of the Standards, pages 30-31.

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### Analyst Worksheet - Response

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must establish a policy that requires the agency to review the new financial information only once and that any determination by the agency made with respect to that review does not provide a basis for an appeal. In response, the agency revised its policy to clarify that a program may seek the review of new financial information only once and any determination made by the agency with respect to that review is not appealable by the program (58735, Exhibit 8). The information the agency provided is satisfactory and no additional information is needed.

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### List of Document(s) Uploaded by Analyst - Response

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**Criteria: 602.26(a)**

**Description of Criteria**
The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures---

(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:

1. A decision to award initial accreditation or preaccreditation to an institution or program.
2. A decision to renew an institution’s or program’s accreditation or preaccreditation;

Narrative:

The Commission’s Procedures, in the section on “Communication of Actions to Other Agencies,” state, “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 continue accreditation, to issue a show cause directive, and any decision to initiate or take final adverse action” (p. 18). In addition to the entities noted, CCNE notifies state boards of nursing and licensing/certification organizations, as state or public bodies. Written notification of these actions is made via email distribution, and the general public is made aware of these actions via posting on the Commission’s website (see Board Action Notifications; see https://www.aacnnursing.org/Portals/42/CCNE/PDF/ActionsFall2020.pdf; see https://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Accreditation-Actions-Spring-2021.pdf).

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must provide documentation to demonstrate it posts positive decisions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot). In addition, the agency must provide additional information demonstrating that notification went to all required entities.

Analyst Remarks to Narrative:

The agency’s procedures comply with requirements of 602.26 relative to notification of positive decisions. The agency must notify the U.S. Department of Education, institutional and other accrediting agencies, appropriate state agencies, and the public in writing within 30 days of any action to grant initial accreditation or continue accreditation. The agency indicated in the narrative that written notification of such actions to agencies is provided via email, and the general public is made aware of such actions via postings on the agency’s website. The agency provided email notifications regarding final accreditation actions with dates and a list of programs and accreditation actions that were attached to the emails, which demonstrated notices were issued within 30 days of actions (Exhibit 40). However, the emails do not indicate what entities received the notifications. Therefore, the agency must provide additional information demonstrating that notification went to all required entities. In addition, the agency did not provide documentation to demonstrate it posts positive decisions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot), which is the established system used to notify the Department of accreditation decision/actions.

List of Document(s) Uploaded by Analyst - Narrative

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<td>website accreditation actions</td>
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Response:

CCNE posts positive accreditation decisions in the U.S. Department of Education’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). See DAPIP Screenshot – Positive Decision, which provides a screenshot of such an action, as requested. Additionally, see CCNE Action Notification, which provides email notification regarding final action, including evidence of the dissemination to the required entities. The email addresses are specifically listed in the CCNE Action Notification document, as requested. The categories of entities these notifications are sent to are the U.S. Department of Education, institutional accrediting agencies,
specialized accrediting agencies, state boards of nursing, statewide higher education agencies, nursing certification organizations, national nursing organizations, and other interested parties.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must provide documentation to demonstrate it posts positive decisions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot). In addition, the agency must provide additional information demonstrating that notification went to all required entities. In response, the agency provided a DAPIP screenshot of a positive decision (58759, Exhibit 14). The agency also provided an email notification that was sent to required entities regarding final positive actions (58760, Exhibit 15). The information the agency provided is satisfactory and no additional information is needed.

**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.26(b)**

**Description of Criteria**

(b) Provides written notice of a final decision of a probation or equivalent status or an initiated adverse action to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision and requires the institution or program to disclose such an action within seven business days of receipt to all current and prospective students;
The Procedures do not provide for use of a “probation” status by the Commission. The Procedures do provide for the use of a “show cause” directive (see p. 17). Regarding written notice of show cause actions, the Procedures state, “CCNE notifies the U.S. Department of Education, appropriate state agencies, the appropriate accrediting agencies, and the public of a decision to issue a show cause directive at the same time it notifies the program. The program is obligated to inform its students and prospective students of any show cause action within 7 business days of notification by CCNE” (p. 17).

Regarding actions to initiate a denial of accreditation (i.e., the program has been notified of the action but it has not yet become final pending possible appeal by the program), the Procedures state, “The program will be notified of an accreditation denied action within 30 days. The program has an obligation to inform its students and prospective students of this adverse action within 7 business days of notification by CCNE. CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agencies of the decision at the same time the program is notified and will issue a public notification within 1 business day of notification to the program” (p. 15).

Regarding actions to initiate a withdrawal of accreditation (i.e., the program has been notified of the action but it has not yet become final pending possible appeal by the program), the Procedures state, “The program will be notified of an accreditation withdrawn action within 30 days. The program has an obligation to inform its students and prospective students of this adverse action within 7 business days of notification by CCNE. CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agencies of the decision at the same time the program is notified and will issue a public notification within 1 business day of notification to the program” (p. 15).

The policies identified above were updated in the CCNE Procedures to reflect and comply with the new federal regulations. No show cause directives or adverse actions have been taken by CCNE since the change in policy occurred.

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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation to demonstrate it posts initiated adverse actions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot).

**Analyst Remarks to Narrative:**

While the agency does not have a probation status, the agency has clearly written procedures regarding notifying the U.S. Department of Education, appropriate state agencies, the appropriate accrediting agencies, and the public of a decision to issue a show cause directive, actions to initiate a denial of accreditation and actions to initiate a withdrawal of accreditation at the same time it notifies the program (Exhibit 81, pages 15 and 17). The agency has the seven-day requirement in terms of the program informing the students of initiating an adverse actions initiation and show cause notification (procedures for accreditation, pages 15-16, 17-18). However, the agency did not provide documentation to demonstrate it posts initiated adverse actions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot).

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**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

CCNE posts positive initiated adverse actions in the U.S. Department of Education’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). See DAPIP Screenshot – Initiated & Negative Decisions, which provides a screenshot of such an action, as requested.

---

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must provide documentation to demonstrate it posts initiated adverse actions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot). In response, the agency
provided a DAPIP screenshot of an initiated negative action (58761, Exhibit 16). The information provided by the agency is satisfactory and no additional information is needed.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.26(c)

Description of Criteria

(c) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

(1) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program.

(2) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (c)(1) of this section;

Narrative:

In its Procedures, in the section on “Communication of Actions to Other Agencies,” the Commission specifies its obligations to notify the U.S. Department of Education, institutional and other accrediting agencies, appropriate state agencies, and the public of final adverse decisions within 30 days of an adverse action (i.e., denial or withdrawal of accreditation) (p. 18). The Procedures do not provide for the suspension, revocation, or termination of accreditation, and the Commission does not use a preaccreditation process.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation to demonstrate it posts negative decisions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot).

Analyst Remarks to Narrative:

The agency has procedures that specifically indicate it must share information regarding accreditation actions, including actions to grant or continue accreditation, show cause actions, and adverse actions, with other appropriate accrediting agencies, appropriate State agencies, and the U.S. Secretary of Education. The procedures require a show cause action or an adverse action notification to the aforementioned entities to occur at the same time the program is notified of the action. Such entities, including the public, are notified in writing within 30 days of any action, to issue a show cause directive, and any decision to take final adverse action (Exhibit 81, page 18). The agencies procedures comply with notification requirements of 602.26(c).

However, the agency did not provide documentation to demonstrate it posts negative decisions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot).

As part of the virtual file review, the agency provided examples of adverse actions taken by the agency during the recognition period.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CCNE posts negative decisions in the U.S. Department of Education’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). See DAPIP Screenshot – Initiated & Negative Decisions, which provides a screenshot of such an action, as requested.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response
The draft staff analysis indicated that the agency must provide documentation to demonstrate it posts negative decisions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot). In response, the agency provided a DAPIP screenshot of negative decisions (58761, Exhibit 16). To demonstrate the required entities and the program are notified at same time, the agency emailed an adverse action letter dated February 15, 2023 notifying a program the commission acted to withdraw accreditation and also an email dated February 15, 2023 that was sent to required entities to notify them of the adverse action. Department staff uploaded the relevant emailed information (Exhibit 21). The information provided by the agency is satisfactory and no additional information is needed.

### List of Document(s) Uploaded by Analyst - Response

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### Criteria: 602.26(d)

**Description of Criteria**

(d) Provides written notice to the public of the decisions listed in paragraphs (b) and (c) of this section within one business day of its notice to the institution or program;

**Narrative:**

In its Procedures, in the section on “Communication of Actions to Other Agencies,” the Commission specifies its obligations to notify the public “of any action … to issue a show cause directive and any decision to initiate or take final adverse action” within 30 days of the decision (p. 18). Further, the Procedures state, “Within 1 business day of notifying an institution of a show cause action or an adverse action, CCNE provides written notice of that action to the public on the CCNE website” (p. 18).

### Document(s) for this Section

**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section
**Staff Determination:**

The agency must provide evidentiary documentation that demonstrated notice regarding a show cause action or an adverse action was published on the agency's website within 1 business day of notifying an institution.

**Analyst Remarks to Narrative:**

The agency has a clearly written policy that states it will provide written notice of a show cause action or an adverse action to the public on the agency’s website within 1 business day of notifying an institution (Exhibit 81, page 18). The agency does not have a probation or equivalent status. However, the agency did not provide evidentiary documentation that demonstrated notice regarding show cause action or an adverse action was published on the agency's website within 1 business day of notifying an institution.

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**Response:**

As evidence that CCNE posts/publishes notices regarding a show cause action or an adverse action on its website within 1 business day of notifying an institution, see Adverse Action Publication. This document contains email correspondence with the chief nurse administrator notifying the institution of an adverse action, an email exchange with the AACN/CCNE webmaster requesting that the CCNE Board action notification be posted to the CCNE website, and the CCNE Board action notification itself, all providing evidentiary documentation that the notification was posted within 1 business day of notifying an institution.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must provide evidentiary documentation that demonstrates notice regarding a show cause action or an adverse action was published on the agency's website within 1 business day of notifying an institution. In response, the agency provided an email correspondence with the chief nurse administrator notifying the institution of an adverse action (dated October 20, 2022).
and an email from the AACN/CCNE webmaster indicating the action was posted on
the website (dated October 20, 2022 (58762, Exhibit 17). The information provided
by the agency is satisfactory and no additional information is needed.

**List of Document(s) Uploaded by Analyst - Response**

No file uploaded

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**Criteria: 602.26(e)**

**Description of Criteria**

(e) For any decision listed in paragraph (c) of this section, requires the institution or program
to disclose the decision to current and prospective students within seven business days of
receipt and makes available to the Secretary, the appropriate State licensing or authorizing
agency, and the public, no later than 60 days after the decision, a brief statement
summarizing the reasons for the agency's decision and the official comments that the
affected institution or program may wish to make with regard to that decision, or evidence
that the affected institution has been offered the opportunity to provide official comment;

**Narrative:**

In the Procedures, in the section on “Accreditation Denied,” the Commission
specifies both the program’s and the Commission’s obligation to release information
related to an adverse action. The Procedures state, “The program has an obligation to
inform its students and prospective students of this adverse action within 7 business
days of notification by CCNE. CCNE will notify the U.S. Department of Education,
institutional accrediting agency, other applicable accrediting agencies, and
appropriate state agencies of the decision at the same time the program is notified and
will issue a public notification within 1 business day of notification to the program …
CCNE will make available to the U.S. Department of Education, the appropriate state
agencies, and the public, no later than 60 days after the decision, a brief statement
summarizing the reasons for CCNE’s decision and the official comments that the
affected program may wish to make with regard to that decision, or evidence that the
affected program has been offered the opportunity to provide official comment” (p.
15).

In the Procedures, in the section on “Accreditation Withdrawn,” the Commission
specifies both the program’s and the Commission’s obligation to release information
related to an adverse action. The Procedures state, “The Program has an obligation to
inform its students and prospective students of this adverse action within 7 business
days of notification by CCNE. CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agencies of the decision at the same time the program is notified and will issue a public notification within 1 business day of notification to the program … CCNE will make available to the U.S. Department of Education, the appropriate state agencies, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for CCNE’s decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has been offered the opportunity to provide official comment” (pp. 15-16).

The policies identified above were updated in CCNE Procedures to reflect and comply with the notification timelines set forth in the new federal regulations. No adverse actions have been taken by CCNE since the change in policy occurred.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must demonstrate it posts such actions in the Database of Accredited Postsecondary Institutions and Programs (e.g., screenshot).

**Analyst Remarks to Narrative:**

The agency has clearly written procedures that stipulates the program has an obligation to inform its students and prospective students of an adverse action within 7 business days of notification by the agency. The procedures also require the agency to make available to the U.S. Department of Education, the appropriate state agencies, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the decision and the official comments that the affected program may wish to make with regard to that decision, or evidence that the affected program has
been offered the opportunity to provide official comment (Exhibit 81, page 15-16). To
demonstrate application of its procedures, the agency provided board actions that
were posted on the agency’s website (Exhibit 40). The agency indicated in the
narrative that there were no adverse actions taken by the agency since the change in
policy due to the 602 regulations effective July 2020. However, the agency did not
demonstrate it posts such information in the Database of Accredited Postsecondary
Institutions and Programs (e.g., screenshot).

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

Response:

CCNE posts a brief statement summarizing the reasons for the decision and the
official comments that the affected program may wish to make with regard to that
decision, or evidence that the affected program has been offered the opportunity to
provide official comment, in the U.S. Department of Education’s Database of
Accredited Postsecondary Institutions and Programs (DAPIP). See DAPIP Screenshot –
Adverse Action Summary, which provides a screenshot of such information, as
requested.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must demonstrate it posts a brief
summary of actions in the Database of Accredited Postsecondary Institutions and
Programs (e.g., screenshot). In response, the agency provided a DAPIP screenshot of
a summary of adverse actions (58763, Exhibit 18). The agency also stated in
its original narrative that there were no adverse actions taken by the agency since the
change in policy due to the 602 regulations effective July 2020. To demonstrate the
agency uploaded into the DAPIP system the summary of reasons for the decision to
withdraw accreditation from the baccalaureate degree program in nursing at Ohio
Christian University, the agency emailed a public accreditation action summary and
screenshot from DAPIP. Department staff uploaded relevant emailed information
(Exhibit 22). The information the agency provided is satisfactory and no additional
information is needed.

**List of Document(s) Uploaded by Analyst - Response**
Criteria: 602.26(f)

Description of Criteria

(f) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program—

(1) Decides to withdraw voluntarily from accreditation or preaccreditation, within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation; or

(2) Lets its accreditation or preaccreditation lapse, within 10 business days of the date on which accreditation or preaccreditation lapses.

Narrative:

In the Procedures, in the section on “Voluntary Withdrawal of Accreditation,” the Commission specifies its obligations to inform specified entities of the action, stating, “Within 10 day of receiving written notification from an institution of its accredited program’s intent to withdraw from the accreditation process, CCNE will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action” (p. 17). Further, the Procedures state, “If a program allows its accreditation to lapse, this is considered the same as voluntary withdrawal of accreditation and the same notification requirements apply” (p. 17).

The policies identified above were updated in the CCNE Procedures to reflect and comply with related federal regulations. No program has voluntarily withdrawn from CCNE accreditation or allowed its accreditation to lapse since the change in policy occurred.

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**Document(s) for this Section**

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Analyst Worksheet- Narrative
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
The agency has a clearly written procedures that address notification of voluntary withdrawal. The procedures specify that within 10 day of receiving written notification from an institution of its accredited program's intent to withdraw from the accreditation process, the agency will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agencies, and the public of said action, and if a program allows its accreditation to lapse, it is considered the same as voluntary withdrawal of accreditation and the same notification requirements apply (Exhibit 81, page17). The agency indicated in the narrative that no program has voluntarily withdrawn from accreditation or allowed its accreditation to lapse since the change in policy occurred, in accordance with current 602 regulations.

List of Document(s) Uploaded by Analyst - Narrative
No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.27 (a)(1-4)

Description of Criteria

(a) The agency must submit to the Department—

   (1) A list, updated annually, of its accredited and preaccredited institutions and programs, which may be provided electronically;

   (2) A summary of the agency's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities related to this part;

   (3) Any proposed change in the agency's policies, procedures, or accreditation or preaccreditation standards that might alter its—

      (i) Scope of recognition, except as provided in paragraph (a)(4) of this section; or

      (ii) Compliance with the criteria for recognition;

   (4) Notification that the agency has expanded its scope of recognition to include distance education or correspondence courses as provided in section 496(a)(4)(B)(i)(I) of the HEA. Such an expansion of scope is effective on the date the Department receives the notification;
Narrative:

The Procedures, in the section titled “Disclosure,” indicate that the CCNE accreditation status of baccalaureate and graduate nursing programs is posted on the CCNE website (p. 18). This is accomplished via an electronic directory (i.e., a web listing of accredited programs) that is updated by CCNE periodically throughout the year. Any interested party can access the web listing and search for CCNE-accredited nursing programs by institution name or by state (see https://directory.ccnecomunity.org/reports/accprog.asp). The Commission provides electronic updates to CCNE’s list of accredited programs to the Department through the Department’s Database of Accredited Postsecondary Institutions and Programs.

Were the Secretary to request a summary of the agency's major accrediting activities during the previous year, one would be provided. To that end, the Procedures state that “CCNE provides 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” (p. 18). All proposed and final modifications with respect to the Commission’s standards, policies, and procedures are sent to CCNE’s community of interest, which includes the Department. This policy is stated in the Procedures in the section on “Disclosure” (p. 18). Consistent with this provision in the Procedures (p. 18), the Commission would notify the Department if it were to pursue an expansion of scope.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation (e.g., screenshot of accredited programs that were posted electronically) that demonstrates the agency posts accredited program actions in the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP).

Analyst Remarks to Narrative:

The agency provides the information in accordance with all elements of this section to the U.S. Department of Education, as outlined in its disclosure section of the procedures (Exhibit 81, page 18). However, the agency did not provide documentation (e.g., screenshot of accredited programs that were posted electronically) that demonstrates the agency posts accredited program actions in the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Response:

CCNE posts accredited program actions in the U.S. Department of Education’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). See DAPIP Screenshot – Positive Decision and DAPIP Screenshot – Initiated & Negative Decisions, which provide screenshots of such actions, as requested.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must provide documentation (e.g., screenshot of accredited programs that were posted electronically) that demonstrates the agency posts accredited program actions in the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). In response, the agency provided DAPIP screenshots of positive, and initiated negative decision and negative decisions (58759, Exhibit 14 and 58761, Exhibit 16). The information provided by the agency is satisfactory and no additional information is needed.

**List of Document(s) Uploaded by Analyst - Response**

No file uploaded

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**Criteria: 602.28 (b)**

**Description of Criteria**

(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--

1. A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;

2. A decision by a recognized agency to deny accreditation or preaccreditation;
(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or

(4) Probation or an equivalent status imposed by a recognized agency.

Narrative:

All programs that CCNE accredits are located in colleges or universities that are accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education. As a programmatic accrediting agency, the Commission addresses this regulation in its Procedures in the section on “Regard for Decisions of Institutional Accrediting Agencies and States” (Procedures, pp. 34-35). Although the Commission does not anticipate that it would grant accreditation to a program that has had its approval/accreditation placed in jeopardy by another agency, the Commission understands its obligation to inform the Secretary of the reasons why CCNE accreditation may be justified. CCNE has not granted accreditation to any such program during the recognition period. In addition, the Procedures require programs to notify CCNE of any change in status with the state board of nursing or other accrediting agency (p. 25).

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has written procedures that conform with all requirements of this section. The procedures specify that the agency is prohibited from granting initial or continued accreditation to a program if its parent institution is subject to a negative decision/action by an institutional accrediting agency or a State authorizing agency (Exhibit 81, pages 34-35). The agency indicated in the narrative that it has not granted accreditation to any such program during the recognition period.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
(c) The agency may grant accreditation or preaccreditation to an institution or program described in paragraph (b) of this section only if it provides to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the agency’s grant of accreditation or preaccreditation.

Narrative:

The Commission addresses this regulation in its Procedures in the section on “Regard for Decisions of Institutional Accrediting Agencies and States” (pp. 34-35). Although the Commission does not anticipate that it would grant accreditation to a program that has its recognition placed in jeopardy by another agency, the Commission understands its obligation to inform the U.S. Department of Education of the reasons why CCNE accreditation may be justified. CCNE has not granted accreditation to any such program during the recognition period. Specifically, the policy states that if such an agency takes an adverse action with respect to an institution or a program, and if CCNE decides not to take a similar adverse action with respect to the program, then CCNE must provide the Department with a thorough explanation for its decision within 30 days. As discussed previously, the Department is notified of all final accreditation actions within 30 days of the decision.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

In accordance with conditions outlined in 602.28(b) and consistent with the agency’s standards, the agency’s procedures require it to provide an explanation to the Secretary of Education within 30 days as to why the actions of another accrediting agency or the State agency does not preclude it from granting or continuing a program’s accreditation (Exhibit 81, page 35). The agency indicated in the narrative that it has not granted accreditation to any program that was subject to negative decisions/ actions by other accreditors or any State agency during the recognition period.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.28 (d)

Description of Criteria

(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

Narrative:

The Commission addresses this regulation in its Procedures, in the section on “Regard for Decisions of Institutional Accrediting Agencies and States” (pp. 34-35). This policy states that the CCNE Board promptly reviews the accreditation status of a nursing program if such an agency takes an adverse action or acts to place the institution or program on probation. In addition, the Procedures require programs to notify CCNE of any change in status with the institutional accrediting agency (p. 25). In such instances, the Commission monitors the institutional accrediting agency’s actions, requiring the program to notify CCNE of any further change in status with the accrediting agency. If it is determined that a probation or equivalent status has a direct impact on the accredited nursing program, the Commission will require further reporting or a focused or comprehensive on-site evaluation.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency has written procedures that conform with the requirements of this section. The procedures require the agency
to promptly review the accreditation status of a 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 (Exhibit 81, page 35). The procedures require programs to notify the agency of any change in status with the institutional accrediting agency (Exhibit 81, page 25). The agency indicated in the narrative that it has not granted accreditation to any program that was subject to negative decisions/actions by other accreditors or any State agency during the recognition period.

**List of Document(s) Uploaded by Analyst - Narrative**

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**Analyst Worksheet - Response**

**Analyst Review Status:**

**Criteria: 602.28 (e)**

**Description of Criteria**

(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.

**Narrative:**

In the section of the Procedures on “Communication of Actions to Other Agencies,” the Commission specifies its obligations to inform within 30 days the U.S. Department of Education, institutional and other accrediting agencies, appropriate state agencies, and the public of actions to grant or continue accreditation, as well as any adverse actions (p. 18). Examples of accreditation action notifications that are broadly distributed and posted on the CCNE website after each decision-making meeting are provided (see Board Action Notifications; see https://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Accreditation-Actions-Spring-2021.pdf).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section
**Staff Determination:**

The agency must provide documentation of an instance when the agency has shared, upon request, the accreditation status and/or any adverse action of a nursing program with an accrediting agency and/or a recognized state approval agency, or the agency can clarify whether it has received such a request during the recognition period.

**Analyst Remarks to Narrative:**

The agency’s accreditation procedures, under Communication of Actions to Other Agencies, require the agency to share information regarding accreditation actions, including actions to grant or continue accreditation, show cause actions, and adverse actions, with other appropriate accrediting agencies, appropriate state agencies, and the U.S. Department of Education (Exhibit 81, page 18). The agency posts final accreditation actions on its website. The Department staff uploaded the agency’s final actions that were taken at its commission meeting on May 11-14, 2021, which was posted on the agency’s website.

However, the agency did not provide documentation of an instance when the agency shared, upon request, the accreditation status and/or any adverse action of a program with an accrediting agency and/or a recognized state approval agency.

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**Response:**

On its website, CCNE posts a listing of programs that includes their CCNE accreditation status. Additionally, CCNE posts adverse actions on its website. This information is available to the public and to any accrediting agency and/or recognized state approval agency. As many accrediting agencies and state boards of nursing are familiar with CCNE’s website and how to obtain this information, CCNE has not received a written request about the accreditation status and/or any adverse action of a program from an accrediting agency and/or a recognized state approval agency.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The draft staff analysis indicated the agency must provide documentation of an instance when the agency has shared, upon request, the accreditation status and/or any adverse action of a nursing program with an accrediting agency and/or a recognized state approval agency, or the agency can clarify whether it has received such a request during the recognition period. In response, the agency indicated in the narrative that it has not received a written request about the accreditation status and/or any adverse action of a program from an accrediting agency and/or a recognized state approval agency. The information provided by the agency is satisfactory and no additional information is needed.
**List of Document(s) Uploaded by Analyst - Response**

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**3rd Party Written Comments**

There are no written comments uploaded for this Agency.

**3rd Party Request for Oral Presentation**

There are no oral comments uploaded for this Agency.