GUIDELINES FOR THE PREPARATION AND SUBMISSION OF
PLANNED AND UNPLANNED SUBSTANTIVE CHANGE REPORTS

SUBMISSION OF THE REPORT

One (1) paper copy and one (1) electronic copy (USB flash drive) of the Substantive Change Report is to be sent to the ACEN no later than four (4) months prior to the planned implementation date. For unplanned changes, notification is required immediately/at the time the change occurs.

Directions for Electronic Copies:

- The Substantive Change Report must be in a single/file document. This one (1) file document should address all of the required components for the substantive change and any appendices in the order that they would appear in a paper copy.
- The preferred file formats are Portable Document Format (PDF) or Microsoft Word.

STAFF REVIEW AND RECOMMENDATION

The ACEN professional staff will review the detailed report submitted by the program to ensure all areas related to compliance with the Standards and Criteria are clearly documented prior to implementation of the change. Acceptance of the report is granted when compliance is demonstrated with all Standards.

After reviewing the information the program has submitted regarding a substantive change, the ACEN staff will notify the program of one or more of the following:

- the need for additional information;
- the requirement of a focused visit;
- a recommendation being made to the Board of Commissioners to change the date of the next scheduled accreditation site visit and/or accreditation status; and/or
- ACEN acceptance of the Report.

PROGRAMS WITH QUESTIONS REGARDING SUBSTANTIVE CHANGE SHOULD CONTACT A MEMBER OF THE ACEN PROFESSIONAL STAFF FOR GUIDANCE.
PLANNED SUBSTANTIVE CHANGES

Information to be included in ALL planned substantive change reports:

1. The name of the governing organization and nursing education unit;
2. Current teaching locations for the program and all program options;
3. Current program enrollment and any plans for changes in enrollment;
4. The name, credentials, and contact information of the nurse administrator;
5. The date the planned change will become effective;
6. The rationale for the change;
7. Documentation of Board of Nursing approval, acceptance, or notification (if indicated); and
8. Copies of notification sent to students and/or other constituents (as appropriate).
9. The program’s licensure examination pass rates for the previous three (3) years.

In addition to the information listed above, the following specific information is needed when reporting the following planned changes.

**Change in Ownership**

1. Legal documentation for transfer;
2. Governing Organization/Institution Accrediting Agency approval; and
3. Description of how the change in ownership affects each of the six (6) Accreditation Standards with particular attention to Standards 1, 3, and 5.

**Change in Mission or Objectives**

1. Copy of Governing Organization/Institution Accrediting Agency approval (for changes at the governing organization level);
2. Documentation of faculty involvement in decision-making;
3. Documentation of internal approval processes; and
4. Description of how the change in mission or objectives affects compliance with all six (6) Accreditation Standards.

**Change in Organizational Structure of the Nursing Education Unit**

1. Letter must be on letterhead of the governing organization and signed by an upper-level administrator;
2. Copies of approved organizational charts with effective date indicated; and
3. Description of how the change in organizational structure affects compliance with all six (6) Accreditation Standards.

**Implementation of Distance Education**

1. Descriptions of courses to be offered by distance education;
2. The percentage of the nursing courses and/or program to be offered by distance education;
3. Documentation of faculty preparation and/or expertise in distance education pedagogy;
4. Documentation of faculty involvement in decision-making;
5. Documentation of internal approval processes;
6. Documentation of Governing Organization/Institution Accrediting Agency approval; and
7. Description of how the implementation of distance education impacts all six (6) Accreditation Standards with particular attention to Standard 2 (faculty preparation or expertise in distance education pedagogy); Standard 3 (change[s] in information to students); and Standard 5 (adequacy of learning resources).
Addition of Courses or Program Different in Context or Method of Delivery from what was previously offered and accepted

1. Descriptions of new courses or program to be added that are different in context or method of delivery;
2. Documentation of faculty preparation and/or expertise in distance education pedagogy;
3. Documentation of faculty involvement in decision-making;
4. Documentation of internal approval processes;
5. Documentation of Governing Organization/Institution Accrediting Agency approval; and
6. Description of how the implementation of new courses or program added that are different in context or method of delivery impacts all six (6) Accreditation Standards.

Addition of a Program with a Different Level of Credentials than previously offered

1. Description of new program to be offered;
2. Identification of the program of study for the new program (including all courses and credit allocations);
3. Enrollment projections and planning for the new program;
4. Intent to seek initial accreditation through the Candidacy process for the new program;
5. Documentation of faculty involvement in decision-making;
6. Documentation of internal approval processes;
7. Documentation of Governing Organization/Institution Accrediting Agency approval; and
8. Description of how the addition of a new program impacts all six (6) Accreditation Standards for the currently accredited program(s) and students.

Change in Length of Program and Fees in Relation to Program and Credentials

1. Comparison of old to new program length and/or fees;
2. Rationale for the proposed change;
3. Program of study (for change in length of program);
4. Schedule of fees (for change in fees);
5. Documentation of faculty involvement in decision-making;
6. Documentation of internal approval processes;
7. Documentation of Governing Organization/Institution Accrediting Agency approval (if required); and
8. Description of how the change in program length and/or fees impacts all six (6) Accreditation Standards.

Change in Enrollment by Headcount (≥25% for each program offered OR ≥50% in the governing organization) in One (1) Academic Year

1. Comparison of old to new program enrollment or governing organization enrollment by headcount;
2. Enrollment projections and enrollment management plan;
3. Documentation of faculty involvement in decision-making;
4. Documentation of internal approval processes;
5. Documentation of Governing Organization/Institution Accrediting Agency approval; and
6. Description of how the change of enrollment (by headcount) impacts all six (6) Accreditation Standards with particular attention to Standard 2 (faculty workload); Standard 4 (clinical agency placement/utilization); and Standard 5 (adequate resources).
Change in Method of Academic Measurements (clock or credit), or Change in the Number of Clock or Credit Hours

1. Rationale or justification for the change;
2. Comparison of old to new methods of academic measurement or change in the number of clock or credit hours;
3. Description of transition and contingency plans;
4. Documentation of faculty involvement in decision-making;
5. Documentation of internal approval processes;
6. Documentation of Governing Organization/Institution Accrediting Agency approval; and,
7. Description of how the change in method of academic measurement or change in the number of clock or credit hours affects all six (6) Accreditation Standards.

Relocation or Establishment of an Additional Location

1. Description of additional location including address and ownership of property;
2. Photographs of the new space or additional location;
3. Documentation of faculty involvement in decision-making;
4. Documentation of internal approval processes;
5. Documentation of Governing Organization/Institution Accrediting Agency approval and State Board approval (if required); and
6. Description of how the relocation or establishment of an additional location impacts all six (6) Accreditation Standards.

Program Closing

Refer to ACEN Policy #16 Program Closing.

Change of Nurse Administrator

1. Letter must be on letterhead of the governing organization and signed by an upper-level administrator; and
2. Include a copy of the new nurse administrator’s curriculum vitae.
3. Documentation of the Governing Organization/Institution plan for orientation and/or mentoring process.
UNPLANNED SUBSTANTIVE CHANGES

Information to be included in ALL unplanned substantive change reports:

1. The name of the governing organization and nursing education unit;
2. Current teaching locations for the program and all program options;
3. Current program enrollment and any plans for changes in enrollment;
4. The name, credentials, and contact information of the nurse administrator;
5. The date the unplanned change became effective;
6. The circumstances of the unplanned change;
7. Documentation of Board of Nursing notification (as indicated); and
8. Copies of notification sent to students and/or other constituents (as appropriate).
9. The program’s licensure examination pass rates for the previous three (3) years.

In addition to the information listed above, the following specific information is needed when reporting an unplanned change.

Change in State Board of Nursing Approval Status
1. Submit copies of all reports required by and/or submitted to the State Board of Nursing;
2. Submit copies of correspondence from/to the State Board of Nursing;
3. Detailed description of how the change in State Board of Nursing approval status impacts all six (6) Accreditation Standards.

Adverse Action by Appropriate Governing Organization/Institution Accrediting Agency
1. Submit copies of all official documentation of the adverse status notification;
2. Submit copies of all official documentation of the adverse status resolution;
3. Description of the governing organization’s response to the adverse action and the nursing education unit’s participation in responding;
4. Submit a copy of the program’s systematic plan for evaluation if the adverse action is related to outcomes; and
5. Description of how the change in accreditation status and/or action by the Governing Organization/Institution accrediting agency affects all six (6) Accreditation Standards.

Program Identified Pattern of Declining Performances on NCLEX-PN/RN, Certifying Examinations, Program Completion Rates, and/or Employment Rates
1. Submit outcome data for a minimum of last three (3) years for all program outcomes;
2. Submit a written plan for addressing the declining outcomes;
3. Submit a written plan for monitoring identified declining outcomes;
4. Documentation of faculty involvement in decision-making; and
5. Description of how the pattern of declining outcomes affects all six (6) Accreditation Standards.

Change in Title IV Participant Compliance Including
• Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies;
• Fraud and abuse;
• Adverse action following financial or compliance audits, program review, or other information that becomes available; or
• Entering into a contract with an educational organization that is not eligible to participate in Title IV.
1. Description of the governing organizations’ response to the change in Title IV participant compliance;
2. Submit copies of all official documentation of the notification of change in compliance status; and
3. Submit copies of all official documents and decisions related to the resolution of the change in compliance status.