



CLINICAL DOCTORATE/DNP SPECIALIST CERTIFICATE

Legend for changes:

Deletions have strikethrough and highlighted in yellow.

Additions are in red text.

All programs with APRN options are also expected to adhere to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations as they apply to the current ACEN Standards and Criteria.

STANDARD 1 Mission and Administrative Capacity		
2013	2017	COMMENTS
<p style="text-align: center;">Mission and Administrative Capacity</p> <p>The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.</p>	<p style="text-align: center;">Mission and Administrative Capacity</p> <p>The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.</p>	<p>Reviewed; not changed.</p> <p>For Standard 1, adherence to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations, when applicable, for program options.</p>
<p>1.1</p> <p>The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.</p>	<p>1.1</p> <p>The mission and philosophy of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.</p>	<p>1.1</p> <p>Clarification only. No change in content or application.</p>
<p>1.2</p> <p>The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance</p>	<p>1.2</p> <p>The governing organization and nursing education unit ensure representation of the nurse administrator and</p>	<p>1.2</p> <p>Reviewed; not changed.</p>

<p>activities; opportunities exist for student representation in governance activities.</p>	<p>nursing faculty in governance activities; opportunities exist for student representation in governance activities.</p>	
<p>1.3</p> <p>Communities of interest have input into program processes and decision-making.</p>	<p>1.3</p> <p>The assessment of end-of-program student learning outcomes and program outcomes is shared with communities of interest, and the communities of interest have input into program processes and decision-making.</p>	<p>1.3</p> <p>Criterion 1.3 was combined with Criterion 6.3. No change in content or application. See Glossary for definition – “Communities of Interest.”</p>
<p>1.4</p> <p>Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.</p>	<p>1.4</p> <p>Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.</p>	<p>1.4</p> <p>Reviewed; not changed.</p>
<p>1.5</p> <p>The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.</p>	<p>1.5</p> <p>The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.</p>	<p>1.5</p> <p>Reviewed; not changed.</p>
<p>1.6</p> <p>The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.</p>	<p>1.6</p> <p>The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.</p>	<p>1.6</p> <p>Reviewed; not changed.</p>
<p>1.7</p> <p>When present, nursing faculty who coordinate or lead program options/tracks are academically and experientially qualified.</p>	<p>1.7</p> <p>When present, nursing faculty who coordinate or lead program options/tracks are academically and experientially qualified.</p>	<p>1.7</p> <p>Reviewed; not changed.</p>
<p>1.8</p>	<p>1.8</p>	<p>1.8</p>

<p>The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.</p>	<p>The nurse administrator has authority and responsibility for the development and administration of the program and has sufficient time and resources to fulfill the role responsibilities.</p>	<p>Clarification only. No change in content or application.</p>
<p>1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.</p>	<p>1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.</p>	<p>1.9 Reviewed; not changed.</p>
<p>1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.</p>	<p>1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program.</p>	<p>1.10 Clarification only. No change in content or application.</p>
<p>1.11 Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.</p>	<p>1.11 Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.</p>	<p>1.11 Reviewed; not changed.</p>

**STANDARD 2
Faculty and Staff**

2013	2017	COMMENTS
<p align="center">FACULTY AND STAFF</p> <p>Qualified and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff are available to support the nursing education unit.</p>	<p align="center">FACULTY AND STAFF</p> <p>Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of-program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.</p>	<p align="center">FACULTY AND STAFF</p> <p>Clarification only. No change in content or application.</p> <p>For Standard 2, adherence to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations, when applicable, for program options.</p>

	<p>Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.</p>	
<p>2.1</p> <p>Full-time faculty hold a graduate degree with a major in nursing; a minimum of 75% of the full-time faculty hold earned doctorates.</p> <p>Full- and part-time faculty include those individuals teaching and/or evaluating students in classroom, clinical, or laboratory settings.</p>	<p>2.1</p> <p>Full-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.</p>	<p>2.1</p> <p>A specific percentage of full-time faculty with a graduate degree in nursing and holding an earned doctorate is no longer required.</p> <p>All full-time faculty must meet the requirements of the governing organization, the state, and the governing organization's accrediting agency.</p> <p>All full-time faculty must be qualified to teach all assigned nursing courses.</p> <p>See the faculty profile table for required information and instructions for completing the faculty profile table.</p> <p>See Glossary for definition – “Faculty” and “The State.”</p>
<p>2.2</p> <p>Part time faculty hold a minimum of a graduate degree with a major in nursing; a minimum of 50% of the part-time faculty hold earned doctorates or are currently enrolled in doctoral study.</p>	<p>2.2</p> <p>Part-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.</p>	<p>2.2</p> <p>A specific percentage of part-time faculty with a graduate degree in nursing, holding an earned doctorate, or currently enrolled is no longer required.</p> <p>All part-time faculty must meet the requirements of the governing organization, the state, and the governing organization's accrediting agency.</p> <p>All part-time faculty must be qualified to teach all assigned nursing courses.</p> <p>See the faculty profile table for required information and instructions for completing the faculty profile table.</p> <p>See Glossary for definition – “Faculty” and “The State.”</p>

<p>2.3</p> <p>Faculty (full- and part-time) credentials reflect expertise in their area(s) of teaching and advanced practice certifications when required.</p>	<p>2.3</p> <p>Non-nurse faculty teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.</p>	<p>2.3</p> <p>The topic of non-nurse faculty was moved from Criterion 2.7 to now be a separate Criterion.</p> <p>All non-nurse faculty must meet the requirements of the governing organization, the state, and the governing organization's accrediting agency.</p> <p>All non-nurse faculty must be qualified to teach all assigned nursing courses.</p> <p>See the faculty profile table for required information and instructions for completing the faculty profile table.</p> <p>See Glossary for definition – “Faculty” and “The State.”</p>
<p>2.4</p> <p>Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.</p>	<p>2.4</p> <p>Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.</p>	<p>2.4</p> <p>Reviewed; not changed.</p> <p>See Glossary for definition – “Preceptor.”</p>
<p>2.5</p> <p>The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.</p>	<p>2.5</p> <p>The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.</p>	<p>2.5</p> <p>Clarification only. No change in content or application.</p> <p>See Glossary for definition – “Sufficient Full-Time Faculty.”</p>
<p>2.6</p> <p>Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.</p>	<p>2.6</p> <p>Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.</p>	<p>2.6</p> <p>Reviewed; not changed.</p>

<p>2.7</p> <p>The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.</p>	<p>2.7</p> <p>The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.</p>	<p>2.7</p> <p>The topic of non-nurse faculty was removed from Criterion 2.7 and is now a separate Criterion – See Criterion 2.3.</p> <p>Criterion 2.7 now applies only to staff within the nursing education unit that support the nursing program.</p> <p>Staff are non-faculty personnel who facilitate the attainment of the goals and outcomes of the nursing education unit, including laboratory personnel, clerical personnel, and other support persons.</p> <p>See the laboratory personnel profile table for required information and instructions for completing the laboratory personnel profile table.</p> <p>See Glossary for definition – “Faculty,” “Laboratory Personnel,” “Staff,” and “Sufficient.”</p>
<p>2.8</p> <p>Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.</p>	<p>2.8</p> <p>Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.</p>	<p>2.8</p> <p>Reviewed; not changed.</p>
<p>2.9</p> <p>Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.</p>	<p>2.9</p> <p>Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization’s policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.</p>	<p>2.9</p> <p>Clarification only. No change in content or application.</p>
<p>2.10</p> <p>Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.</p>	<p>2.10</p> <p>Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.</p>	<p>2.10</p> <p>Reviewed; not changed.</p> <p>See Glossary for definition – “Instructional Technology.”</p>

**STANDARD 3
Students**

2013	2017	COMMENTS
<p align="center">Students</p> <p>Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.</p>	<p align="center">Students</p> <p>Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.</p>	<p>Clarification only. No change in content or application.</p> <p>For Standard 3, adherence to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations, when applicable, for program options.</p>
<p>3.1</p> <p>Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by student learning outcomes and program outcomes.</p>	<p>3.1</p> <p>Policies for nursing students are congruent with those of the governing organization as well as the state, when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.</p>	<p>3.1</p> <p>Clarification only. Policies must be congruent with those of the governing organization and the state.</p> <p>Policies must be publicly accessible and non-discriminatory.</p> <p>Policies must be consistently applied.</p> <p>For students enrolled in the nursing program, the differences between the governing organization policies and the nursing program policies must be justified by the end-of-program student learning outcomes and program outcomes for the nursing program. Differences may include but are not limited to criminal background checks, drug testing, immunizations, and attendance.</p>
<p>3.2</p> <p>Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.</p>	<p>3.2</p> <p>Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.</p>	<p>3.2</p> <p>Reviewed; not changed.</p>

<p>3.3</p> <p>Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.</p>	<p>3.3</p> <p>Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.</p>	<p>3.3</p> <p>Reviewed; not changed.</p>
<p>3.4</p> <p>Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.</p>	<p>3.4</p> <p>Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.</p>	<p>3.4</p> <p>Reviewed; not changed.</p>
<p>3.5</p> <p>Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.</p>	<p>3.5</p> <p>Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.</p>	<p>3.5</p> <p>Reviewed; not changed.</p>
<p>3.6</p> <p>Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.</p> <p>3.6.1</p> <p>A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.</p> <p>3.6.2</p> <p>Students are informed of their ethical responsibilities regarding financial assistance.</p> <p>3.6.3</p>	<p>3.6</p> <p>Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.</p> <p>3.6.1</p> <p>A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.</p> <p>3.6.2</p> <p>Students are informed of their ethical responsibilities regarding financial assistance.</p> <p>3.6.3</p>	<p>3.6</p> <p>3.6.1</p> <p>3.6.2</p> <p>3.6.3</p> <p>Clarification only. No change in content or application.</p>

Financial aid records are maintained in compliance with the policies of the governing organization, state, and federal guidelines.	Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.	
3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.	3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.	3.7 Reviewed; not changed.
3.8 Orientation to technology is provided, and technological support is available to students.	3.8 Orientation to technology is provided, and technological support is available to students.	3.8 Reviewed; not changed.
3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.	3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.	3.9 Reviewed; not changed.

**STANDARD 4
Curriculum**

2013	2017	COMMENTS
CURRICULUM The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments.	CURRICULUM The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.	Clarification only. No change in content or application. For Standard 4, adherence to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations, when applicable, for program options.
4.1 The curriculum is congruent with established standards for clinical doctorate programs, including appropriate advanced nursing practice competencies, role-specific professional standards	4.1 Consistent with contemporary practice , the curriculum is congruent with established standards for clinical doctorate programs, including appropriate advanced nursing practice competencies, role-specific professional	4.1 The curriculum must be consistent with contemporary practice for clinical doctorate programs.

<p>and guidelines, and certification requirements, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice.</p>	<p>standards and guidelines, and certification requirements, and has clearly articulated end-of-program student learning outcomes.</p>	<p>The curriculum must be congruent with contemporary established standards for clinical doctorate programs.</p> <p>The curriculum must be congruent with contemporary advanced practice competencies.</p> <p>The curriculum must be congruent with contemporary role-specific professional standards and guidelines.</p> <p>The curriculum must be congruent with contemporary certification requirements.</p> <p>The end-of-program student learning outcomes must be consistent with contemporary practice.</p> <p>See Glossary for definition – “Contemporary Nursing Practice” and “Professional Standards/Guidelines for Nursing Practice.”</p>
<p>4.2</p> <p>The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.</p>	<p>4.2</p> <p>The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.</p>	<p>4.2</p> <p>Evaluation of students was mentioned in Criterion 4.2 and Criterion 4.7. Evaluation of students is now included in Criterion 4.7 only.</p> <p>Clarification only. No change in content or application.</p>
<p>4.3</p> <p>The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.</p>	<p>4.3</p> <p>The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.</p>	<p>4.3</p> <p>Reviewed; not changed.</p>
<p>4.4</p> <p>The curriculum is designed to prepare graduates to practice from an evidence-based perspective in their role through effective use and collaborative production of clinically-based scholarship.</p>	<p>4.4</p> <p>The curriculum is designed to prepare graduates to practice from an evidence-based perspective in their role through effective use and collaborative production of clinically-based scholarship.</p>	<p>4.4</p> <p>Reviewed; not changed.</p>

<p>4.5</p> <p>The curriculum is designed so that graduates of the program are able to practice in a culturally and ethnically diverse global society.</p>	<p>4.5</p> <p>The curriculum is designed so that graduates of the program are able to practice in a culturally and ethnically diverse global society.</p>	<p>4.5</p> <p>Reviewed; not changed.</p>
<p>4.6</p> <p>The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.</p>	<p>4.6</p> <p>The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.</p>	<p>4.6</p> <p>Reviewed; not changed.</p> <p>See Glossary for definition – “Interprofessional.”</p>
<p>4.7</p> <p>Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.</p>	<p>4.7</p> <p>Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.</p>	<p>4.7</p> <p>Evaluation of students was mentioned in Criterion 4.2 and Criterion 4.7. Evaluation of students is now included in Criterion 4.7 only.</p> <p>Clarification only. No change in content or application.</p>
<p>4.8</p> <p>Program length is congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.</p>	<p>4.8</p> <p>The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the governing organization, the state, and the governing organization's accrediting agency.</p>	<p>4.8</p> <p>The total number of credit/quarter hours required to complete the defined nursing program of study must be congruent with the attainment of the end-of-program student learning outcomes and program outcomes.</p> <p>The total number of credit/quarter hours required to complete the defined nursing program of study must be consistent with the policies of the governing organization, the state, and the governing organization's accrediting agency.</p> <p>See Glossary for definition – “Nursing Program Length.”</p>
<p>4.9</p> <p>Practice learning environments support the achievement of student learning outcomes and program outcomes.</p>	<p>4.9</p> <p>Student clinical experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and</p>	<p>4.9</p> <p>Criterion 4.9 and Criterion 4.10 were combined.</p>

<p>4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.</p>	<p>safety goals; and support the achievement of the end-of-program student learning outcomes.</p>	<p>All programs and program options must have face-to-face practice learning/clinical experiences.</p> <p>The practice learning environments and the clinical experiences students receive in the practice learning environments must provide students with evidence-based contemporary practice experiences.</p> <p>The clinical experiences students receive in the practice learning environments must be appropriate and adequate so students are able to achieve the end-of-program student learning outcomes.</p> <p>See Glossary for definition – “Clinical/Practicum Learning Experiences,” “Contemporary Nursing Practice,” “Evidence-Based,” “Practice Learning Environments,” “Practice Learning Experiences,” “End-of-Program Student Learning Outcomes,” “Program Outcomes,” and “Professional Standards/Guidelines for Nursing Practice.”</p>
<p>4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.</p>	<p>4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.</p>	<p>4.10 Renumbered due to combining of Criterion 4.9 and Criterion 4.10.</p>
<p>4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.</p>	<p>4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.</p>	<p>4.11 Clarification only. No change in content or application.</p> <p>Renumbered due to combining of Criterion 4.9 and Criterion 4.10.</p>
<p>Standard 5 Resources</p>		
<p>2013</p>	<p>2017</p>	<p>COMMENTS</p>
<p>RESOURCES</p>	<p>RESOURCES</p>	

<p>Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the student learning outcomes and program outcomes of the nursing education unit.</p>	<p>Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.</p>	<p>Clarification only. No change in content or application.</p> <p>For Standard 5, adherence to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations, when applicable, for program options.</p>
<p>5.1</p> <p>Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.</p>	<p>5.1</p> <p>Fiscal resources are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.</p>	<p>5.1</p> <p>Clarification only. No change in content or application.</p>
<p>5.2</p> <p>Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes, and meet the needs of the faculty, staff, and students.</p>	<p>5.2</p> <p>Physical resources are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the faculty, staff, and students.</p>	<p>5.2</p> <p>Clarification only. No change in content or application.</p>
<p>5.3</p> <p>Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.</p>	<p>5.3</p> <p>Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.</p>	<p>5.3</p> <p>Reviewed; not changed.</p>
<p>5.4</p> <p>Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.</p>	<p>5.4</p> <p>Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.</p>	<p>5.4</p> <p>Reviewed; not changed.</p>
<p>STANDARD 6 Outcomes</p>		
<p>2013</p>	<p>2017</p>	<p>COMMENTS</p>

OUTCOMES

Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.

6.1 The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following:

- student learning outcomes;
- Program outcomes;
- Role-specific graduate competencies; and
- The ACEN Standards.

The systematic plan of evaluation contains specific, measurable expected levels of achievement; frequency of assessment; appropriate assessment methods; and a minimum of three years of data for each component within the plan.**

6.2 Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.

6.3 Evaluation findings are shared with communities of interest.

6.4 The program demonstrates evidence of achievement in meeting the program outcomes.

- Performance on certification exams
- Program completion
- Graduate program satisfaction
- Employer program satisfaction

OUTCOMES

Program evaluation demonstrates that students have achieved each end-of-program student learning outcome/role-specific professional competency and each program outcome.

The nursing program has a current systematic plan of evaluation. The systematic plan of evaluation contains:

- a. Specific, measurable expected levels of achievement for each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- b. Appropriate assessment method(s) for each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- c. Regular intervals for the assessment of each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- d. Sufficient data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- e. Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.

Standard 6 was completely rewritten.

All programs must have a systematic plan of evaluation (SPE). The only required components in the SPE are the assessment of:

- a. end-of-program student learning outcomes/role-specific professional competencies
- b. program outcomes that include the certification pass rate for each certification examination, as applicable

In the SPE, including the assessment of the ACEN Standards and Criteria, graduate satisfaction and employer satisfaction in undergraduate and graduate programs is no longer required. However, those programs with APRN options, graduate and employer satisfaction data must continue to be collected to demonstrate compliance with the NTF guidelines.

A program is expected to always be in compliance with the ACEN Standards and Criteria. However, documenting the compliance in the SPE is no longer required.

The SPE must contain the following:

- a. Specific, measurable expected levels of achievement for each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- b. Appropriate assessment method(s) for each end-of-program student learning outcome/role-specific professional competency and each program outcome.
- c. Regular intervals for the assessment of each end-of-program student learning

• Professional job placement/role-related positions

*Newly established programs are required to have data from the time of the program's inception.

Programs seeking initial accreditation are required to have data from the time that the program achieves candidacy with the ACEN.

- outcome/role-specific professional competency and each program outcome.
- d. Sufficient data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome*.
 - e. Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome.
 - f. Documentation demonstrating the use of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency and each program outcome

* Programs seeking initial accreditation are required to have data from the time that the program achieves candidacy with the ACEN.

For Standard 6, adherence to the current National Task Force Guidelines for Evaluation of Nurse Practitioner Programs as well as other requirements of the specialty organizations, when applicable, for program options. However, those programs with APRN options, graduate and employer satisfaction data must continue to be collected to demonstrate compliance with the NTF guidelines.

6.1

The program demonstrates evidence of students' achievement of each end-of-program student learning outcome/role-specific professional competency.

Each end-of-program student learning outcome/role-specific professional competency must have a specific, measurable expected level of achievement.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome/role-specific professional competency.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome/role-specific professional competency.

Each end-of-program student learning outcome/role-specific professional competency must be assessed using appropriate assessment method(s).

The program faculty are expected to assess the extent to which graduates achieve each end-of-program student learning outcome/role-specific professional competency.

All end-of-program student learning outcomes must be assessed at regular intervals. Every end-of-program student learning outcome/role-specific professional competency does not have to be assessed every year. As an example, two (2) to three (3) end-of-program student learning outcomes/role-specific professional competencies may be assessed each year, with all end-of-program student learning outcomes/role-specific professional competencies are assessed over three (3) to five (5) years.

There must be sufficient end-of-program student learning outcome/role-specific professional competency data to inform the program faculty members' decision-making for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency.

The program faculty are expected to analyze the end-of-program student learning outcome/role-specific professional competency data and use the analysis of data to make decisions for the maintenance and improvement of each end-of-program student learning outcome/role-specific professional competency.

See Glossary for definition – “Outcomes” and “Sufficient.”

See ACEN Policy #29 Advertising and Recruitment of Students -

http://www.acenursing.net/manuals/Policies_March2016.pdf.

		<p>See ACEN website for guidelines for publishing student outcome data - http://www.acenursing.org/publishing-student-achievement-outcome-data/.</p>
	<p>6.2</p> <p>The program demonstrates evidence of graduates' achievement on each certification examination.</p> <p>For each certification examination, the annual pass rate for all first-time test-takers will be at or above the national mean for the same three-year period; in the absence of a national mean, the pass rate for each certification examination will be at least 80% for all first-time test-takers during the same 12-month period.</p> <p>There is ongoing assessment of the extent to which graduates succeed on certification examination(s).</p> <p>There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on certification examination(s).</p> <p>There is a minimum of the three (3) most recent years of available certification examination pass rate data, and data are aggregated for the program as a whole as well as disaggregated by program option/certification examination, location, and date of program completion.</p>	<p>The three-year mean for each certification examination pass rate was retained. If there is not a three-year mean for a certification examination, the program's most recent annual certification examination pass rate for the program overall (aggregated for the program as a whole as reported by the certifying agency) for a certification examination must be at least 80% for all first-time test-takers during the same 12-month period.</p> <p>For all certification examinations, programs must include all first-time test takers in their certification examination pass rate data. For all certification examinations, programs may not eliminate any first-time test takers in their certification examination pass rate data.</p> <p>The three-year mean and/or 80% ELA benchmark is not a bright line rule. The certification examination pass rate must be considered holistically. The holistic view should consider, but is not limited to factors such:</p> <ul style="list-style-type: none"> • Are the aggregated cohort certification examination pass rates trending up, trending down, or remaining the same? • If there are program options (e.g., certified nurse educator, nurse practitioner. etc.), are the certification examination pass rates for each option trending up, trending down, or remaining the same? • If there are multiple locations the program is offered (e.g., main campus and an off-campus instructional site), are the certification examination pass rates for each location trending

- up, trending down, or remaining the same? Is a single location impacting the aggregated data?
- Are faculty implementing appropriate data-driven changes based on the trend of the aggregated certification examination pass rate data?
 - As applicable, are faculty implementing appropriate data-driven changes based on the trend of the disaggregated certification examination pass rate data (e.g., program option and/or location)?

A decline in the annual certification examination pass rate that places the nursing program below the three year mean and/or 80% must be reported to the ACEN per Policy #14 Reporting Substantive Changes.

Certification agencies use different reporting timeframes such as October 1st to September 30th or January 1st to December 31st. The program must report data for each certification examination pass rate for the same 12-month period used by the certification agency.

The program must report a minimum of the three (3) most recent years of available certification examination pass rate data (three-year mean for each certification examination or 80% for each certification examination) disaggregated for each location at which the nursing program is taught and by date of completion.

The ACEN may request that a program provide verification by an external source of its certification examination data.

The program faculty are expected to continually assess the extent to which graduates succeed on each certification examination.

The program faculty are expected to analyze each certification examination pass rate data and use the analysis of data to make decisions for the maintenance and improvement of graduates'

		<p>success on each certification examination for the program as a whole as well as for each program option and location.</p> <p>See Glossary for definition – “Pass Rates.” See ACEN Policy #29 Advertising and Recruitment of Students - http://www.acenursing.net/manuals/Policies_March2016.pdf.</p> <p>See ACEN website for guidelines for publishing student outcome data - http://www.acenursing.org/publishing-student-achievement-outcome-data/</p>
	<p>6.3</p> <p>The program demonstrates evidence of students' achievement in completing the nursing program. The expected level of achievement for program completion is determined by the faculty and reflects student demographics.</p> <p>There is ongoing assessment of the extent to which students complete the nursing program.</p> <p>There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.</p> <p>There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion or entering cohort.</p>	<p>The program completion outcome must have a specific, measurable expected level of achievement (ELA).</p> <p>The definition used by the ACEN for the program completion rate is the number of students who complete each program option in no more than 150% of the stated program length for each program option beginning with enrollment in the first nursing course in each program option. For example, for a clinical doctorate program, the program completion ELA may be “70% of the students who begin the first nursing course will graduate from the clinical doctorate nursing program within 150% of the timeframe allotted for the program.”</p> <p>The program must provide a rationale for the specified ELA (e.g., 70% within three (3) years). The rationale must be appropriate for the program. In setting the ELA for the program completion rate, the program may consider reasons such as the historical completion rate for the program, the governing organization's completion rate for all students, state completion rate for similar programs, group of peer programs, ACEN data, etc. The ELA should be high enough as to be genuine and encourage continuous improvement but not so high</p>

as to be idealistic and, thus, unachievable. Peer evaluators will make a professional judgment regarding the appropriateness of the program's ELA.

The program's ELA is not a bright line rule. The achievement of the ELA must be considered holistically. The holistic view should consider, but is not limited to factors such:

- Are the aggregated cohort completion rates trending up, trending down, or remaining the same?
- If there are program options (e.g., certified nurse educator, nurse practitioner. etc.), are the aggregated cohort completion rates for each option trending up, trending down, or remaining the same? Is a single program option impacting the aggregated data?
- If there are multiple locations the program is offered (e.g., main campus and an off-campus instructional site), are the aggregated cohort completion rates for each location trending up, trending down, or remaining the same? Is a single location impacting the aggregated data?
- Are faculty implementing appropriate data-driven changes based on the trend of the aggregated cohort completion rate data?
- As applicable, are faculty implementing appropriate data-driven changes based on the trend of the aggregated cohort completion rates data (e.g., program option and/or location)?

A decline in the program completion rate that places the nursing program below its ELA must be reported to the ACEN per Policy #14 Reporting Substantive Changes.

The program completion outcome must be assessed using appropriate assessment method(s).

The program must report a minimum of the three (3) most recent years of annual program completion data aggregated for the program as a whole by date of completion.

		<p>The program must report a minimum of the three (3) most recent years of annual program completion data disaggregated by each program option and by date of completion.</p> <p>The program must report a minimum of the three (3) most recent years of annual program completion data disaggregated for each location at which the nursing program is taught and by date of completion.</p> <p>The ACEN may request that a program provide verification by an external source of its program completion data.</p> <p>The program faculty are expected to continually assess the extent to which graduates complete the program.</p> <p>The program faculty are expected to analyze the program completion data and use the analysis of data to make decisions for the maintenance and improvement of students' completion of the program as a whole as well as for each program option and location.</p> <p>See Glossary for definition – “Program Completion Rate.”</p> <p>See ACEN Policy #29 Advertising and Recruitment of Students - http://www.acenursing.net/manuals/Policies_March2016.pdf.</p> <p>See ACEN website for guidelines for publishing student outcome data - http://www.acenursing.org/publishing-student-achievement-outcome-data/</p>
	<p>6.4</p> <p>The program demonstrates evidence of graduates' achievement in job placement.</p>	<p>Note: The job placement outcome applies to all programs and all program options.</p>

The expected level of achievement for job placement is determined by the faculty and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.

The job placement outcome must have a specific, measurable expected level of achievement (ELA).

The ACEN definition of the job placement rate is the percentage of graduates employed in a position for which the program prepared them. For example, the ELA could be "90% of students will be employed within one (1) year of graduation."

The program must provide a rationale for the ELA (e.g., 90% within one year). The rationale must be appropriate for the program. In setting the ELA, the program may consider reasons such as the historical job placement rate for the program, the governing organization's job placement rate for students in other health science programs, state job placement rate for similar programs, group of peer programs, ACEN data, etc. The ELA should be high enough as to be genuine and encourage continuous improvement but not so high as to be idealistic and, thus, unachievable. Peer evaluators will make a professional judgment regarding the appropriateness of the program's ELA.

The program's ELA is not a bright line rule. The achievement of the ELA must be considered holistically. The holistic view should consider, but is not limited to factors such:

- Are the aggregated job placement rates trending up, trending down, or remaining the same?
- Are faculty implementing appropriate data-driven changes based on the trend of the aggregated cohort job placement data?

A decline in the program job placement rate that places the nursing program below its ELA must be reported to the ACEN per Policy #14 Reporting Substantive Changes.

The job placement outcome must be assessed using appropriate assessment method(s). For whatever methodology is used, the program must disclose the

response rate. For example, if survey methodology is used to assess job placement, the response rate is the number of surveys returned divided by the number of surveys distributed (number of graduates for that year). For example, 25% response rate = surveys sent to 100 graduates from 2014 and 25 surveys returned.

The program must report a minimum of the three (3) most recent years of annual job placement data aggregated for the program as a whole and by date of completion.

The ACEN may request that a program provide verification by an external source of its job placement data.

The program faculty are expected to continually assess the extent to which graduates are employed.

The program faculty are expected to analyze the job placement data and use the analysis of data to make decisions for the maintenance and improvement of graduates' employment.

See Glossary for definition – “Job Placement Rate.”
See ACEN Policy #29 Advertising and Recruitment of Students -

http://www.acenursing.net/manuals/Policies_March2016.pdf.

See ACEN website for guidelines for publishing student outcome data -

<http://www.acenursing.org/publishing-student-achievement-outcome-data/>