Overview of the CCNE Accreditation Process

Scope: CCNE accredits bachelor of science in nursing (BSN) and graduate nursing programs that are located in institutions of higher education accredited by an accrediting agency recognized by the U.S. Department of Education (DOE).

Purpose: The purpose is to accredit BSN and graduate nursing programs that are in compliance with standards and to monitor programs’ continuous quality improvement (CQI) efforts.

General Process: A self-study addressing compliance with CCNE’s standards is written, which for BSN programs includes compliance with the American Association of Colleges of Nursing (AACN) baccalaureate standards.

- An evaluation team visits the program.
- The team prepares a report.
- The program responds to the team report and can include additional information.
- These three documents are reviewed by the Accreditation Review Committee (ARC), which makes a recommendation regarding accreditation to the board.
- The CCNE's Board of Directors grants, denies, reaffirms or withdraws accreditation, or issues a show cause directive.
- This process is reinitiated every 10 years or sooner.

Monitoring Process: CCNE periodically reviews accredited programs between onsite evaluations in order to monitor continued compliance with CCNE standards, as well as progress in improving the quality of the educational program (midpoint of term: 2.5 years for five-year term and five years for 10-year term).

Reports: CCNE will always share with BONs program accreditation decisions and any adverse actions taken.

Action Letter: This letter indicates the final accreditation action taken by the CCNE Board of Directors. Actions could include accreditation, accreditation denied, accreditation withdrawn, show cause, termination of accreditation, closed programs, voluntary withdrawal from accreditation or adverse actions. Specifics of these actions can be found at www.aacn.nche.edu/ccne-accreditation/Procedures.pdf.

Annual Reports: Includes statistical data and other information about the parent institution, program(s), faculty and students that is reported annually to AACN. These data are evaluated and referred as needed. This information would be beneficial for BONs to use if they require annual reports, though they might ask for additional information.

Continuous Improvement Progress Reports (CIPR): Includes evidence of CQI and is submitted in year five of a 10-year accreditation period or at the midpoint of any other designated accreditation period. The program should also provide information on its progress in correcting any areas of concern that were specifically identified by the BON in the accreditation action letter. The report contains documentation and statistical data about policy revisions; new or revised planning documents; significant increase or decrease in resources available to the program; significant increase or decrease in enrollment or student achievement; addition or deletion of any tracks within the program(s); and the decision to cease offering a school nurse option at the master’s level. CIPRs are reviewed by the Report Review Committee (RRC) and makes recommendations to the BON.

Self-study: This report would be beneficial for BONs to use as they make continued approval decisions, though they may require additional information. See general process.

Special Reports: Required for programs that did not meet one or more of the standards. Program must satisfactorily address the area(s) of concern and demonstrate compliance with the standard(s) within two years. If a program fails to do so, the BON will take adverse action. The report will be reviewed by the RRC, which will make a recommendation to the BON.

Substantive Change Notification: Includes usual program changes but also includes an explanation and action plan for any of the following: degree completion less than 80 percent; annual NCLEX-RN® pass rates for all test takers (first time and repeat) over a three-year period that are less than 80 percent; job placement rates within 12 months following degree completion that are less than 80 percent; and certification pass rates for all test takers (first time and repeat) for any specialty area over a three-year period are less than 80 percent.
Team Reports: Includes the findings from CCNE’s visit. This report has not been verified and some information could be inaccurate, so this is a poor report for BONs to rely on. There is also a program’s response to team report, which would clarify any mistakes that had been reported in the Team Report. See general process.

Other Reports: As needed, may be submitted to provide additional information, clarification, or an update regarding any matter about which the BON has concerns or questions.

Initial Accreditation: Institutions that seek initial accreditation, and institutions that have had accreditation withdrawn and desire to regain accreditation must first submit an application for accreditation. New applicants are eligible for a maximum term of five years. New applicant status signifies an affiliation with CCNE, not a status of accreditation. Accreditation decisions are retroactive to the first day of the program’s most recent onsite evaluation.

Communication: CCNE shares information regarding accreditation actions, including decisions to award or reaffirm accreditation and adverse actions with other appropriate accrediting agencies, appropriate state and territorial agencies, and the U.S. Department of Education. CCNE also, upon request, shares with other appropriate recognized accrediting agencies, and recognized state licensing and approval agencies information about the accreditation status of a program and any adverse actions it has taken against a program.

Systematic Review of Standards: CCNE has in place a systematic, planned and ongoing program of review to determine the effectiveness of the standards used in the accreditation process. The standards are reviewed every five years or sooner, if needed. The Standards Committee assists in coordinating the review of the standards. The systematic review of the standards incorporates notification about the opportunity for CCNE constituents and other interested parties to validate the current standards, and provide input about any problems in the interpretation or application of the standards or any gaps that might exist. It also incorporates broad-based surveys about the standards that solicit input by relevant constituencies to include academics (faculty and administrators), practicing nurses, students, graduates, leaders of nursing organizations, employers of nurses, and representatives of licensing and accrediting agencies.

References

Personal Communication with Jennifer Butlin, executive director, CCNE.