

CROSSWALK TABLE

Comparing the Commission on Collegiate Nursing Education’s (CCNE’s) *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2018)* and the National Task Force on Quality Nurse Practitioner Education (NTF) *Criteria for Evaluation of Nurse Practitioner Programs (2016)*

2018 Standards	NTF Criteria (2016)
<p>STANDARD I: The mission, goals, and expected program 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. Policies of the parent institution and nursing program clearly support the program’s mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.</p>	
<p>I-A: The mission, goals, and expected program outcomes are:</p> <ul style="list-style-type: none"> ▪ congruent with those of the parent institution; and ▪ reviewed periodically and revised as appropriate. 	
<p>I-B: The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.</p>	
<p>I-C: The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.</p>	
<p>I-D: The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with</p>	

institutional expectations.	
I-E: Faculty and students participate in program governance.	<p>II.A: Any admission criteria specific to the NP program/track reflect input by NP faculty.</p> <p>II.B: Any progression and completion criteria specific to the NP program/track reflect input by NP faculty.</p> <p>III.A: NP faculty provide input into the development, evaluation, and revision of the NP curriculum.</p>
<p>I-F: Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:</p> <ul style="list-style-type: none"> ▪ fair and equitable; ▪ published and accessible; and ▪ reviewed and revised as necessary to foster program improvement. 	
I-G: The program defines and reviews formal complaints according to established policies.	
I-H: Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	III.C.2: Official documentation must state the NP role and population focus of educational preparation.
STANDARD II: The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.	
II-A: Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	IV.A: Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.
II-B: Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically,	IV.A: Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.

and resources are modified as needed.	
II-C: Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	IV.A: Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.
II-D: The chief administrator of the nursing unit: <ul style="list-style-type: none"> ▪ 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. 	
II-E: Faculty are: <ul style="list-style-type: none"> ▪ sufficient in number to accomplish the mission, goals, and expected program outcomes; ▪ academically prepared for the areas in which they teach; and ▪ experientially prepared for the areas in which they teach. 	<p>I.A: The director/coordinator of the NP program is nationally certified as a NP and has the responsibility of overall leadership for the NP program.</p> <p>I.B: The faculty member who provides direct oversight for the NP educational component or track is nationally certified in the same population-focused area of practice.</p> <p>V.A.1: NP programs/tracks have sufficient faculty with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.</p> <p>V.A.2: NP program faculty who teach the clinical components of the program/track maintain current licensure and national certification.</p> <p>V.B: Non-NP faculty have expertise in the area in which they are teaching.</p>
II-F: Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.	<p>IV.B.3: NP faculty may share the clinical teaching of students with qualified preceptors.</p> <p>IV.B.3.a: A preceptor must have authorization by the appropriate state licensing entity to practice in his/her</p>

<p><i>This key element is not applicable to a degree or certificate program that does not use preceptors.</i></p>	<p>population-focused and/or specialty area. IV.B.3.b: A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience. IV.B.3.c: Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.</p>
<p>II-G: The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.</p>	<p>I.C: Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice. V.A.3: NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty members.</p>
<p>Standard III: The curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.</p>	
<p>III-A: The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:</p> <ul style="list-style-type: none"> ▪ are congruent with the program’s mission and goals; ▪ are congruent with the roles for which the program is preparing its graduates; and ▪ consider the needs of the program-identified community of interest. 	<p>III.C.1: The NP program prepares graduates to meet educational eligibility requirements to sit for a national NP certification examination that corresponds with the role and population focus of the NP program. III.F: Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.</p>

<p>III-B: Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).</p> <p><i>This key element is not applicable if the baccalaureate degree program is not under review for accreditation.</i></p>	
<p>III-C: Master’s curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> ▪ Master’s program curricula incorporate professional standards and guidelines as appropriate. <ul style="list-style-type: none"> a. All master’s degree programs incorporate <i>The Essentials of Master’s Education in Nursing</i> (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. b. All master’s degree programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016). ▪ Graduate-entry master’s program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) and appropriate graduate program standards and guidelines. <p><i>This key element is not applicable if the master’s degree program is not under review for accreditation.</i></p>	<p>III.B: The curriculum is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP educational standards and competencies.</p>

<p>III-D: DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> ▪ DNP program curricula incorporate professional standards and guidelines as appropriate. <ul style="list-style-type: none"> a. All DNP programs incorporate <i>The Essentials of Doctoral Education for Advanced Nursing Practice</i> (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program. b. All DNP programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016). ▪ Graduate-entry DNP program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) and appropriate graduate program standards and guidelines. <p><i>This key element is not applicable if the DNP program is not under review for accreditation.</i></p>	<p>III.B: The curriculum is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP educational standards and competencies.</p>
<p>III-E: Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016).</p> <p><i>This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.</i></p>	<p>III.B: The curriculum is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP educational standards and competencies.</p>

<p>III-F: The curriculum is logically structured to achieve expected student outcomes.</p> <ul style="list-style-type: none"> ▪ Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. ▪ Master’s curricula build on a foundation comparable to baccalaureate-level nursing knowledge. ▪ DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student. ▪ Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base. 	<p>III.D: The curriculum plan demonstrates appropriate course sequencing.</p>
<p>III-G: Teaching-learning practices:</p> <ul style="list-style-type: none"> ▪ support the achievement of expected student outcomes; ▪ consider the needs and expectations of the identified community of interest; and ▪ expose students to individuals with diverse life experiences, perspectives, and backgrounds. 	<p>IV.B: Clinical resources support NP educational experiences. IV.B.2: Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.</p>
<p>III-H: The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> ▪ enable students to integrate new knowledge and demonstrate attainment of program outcomes; ▪ foster interprofessional collaborative practice; and ▪ are evaluated by faculty. 	<p>III.E: The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs. III.F: Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.</p>
<p>III-I: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student</p>	<p>VI.A.3: Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter/term. VI.A.4: Evaluate students’ attainment of competencies</p>

performance are defined and consistently applied.	throughout that program. VI.A.5: Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.
III-J: The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	VI.A.1: Evaluate courses at regularly scheduled intervals. VI.A.6: Evaluate clinical sites at regularly scheduled intervals. VI.A.7: Evaluate preceptors at regularly scheduled intervals. VI.B: Formal NP curriculum evaluation occurs every five (5) years or sooner.
STANDARD IV: The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.	
IV-A: A systematic process is used to determine program effectiveness.	VI.A: There is an evaluation plan for the NP program/track. VI.C: There is an evaluation plan to measure outcomes of graduates.
IV-B: Program completion rates demonstrate program effectiveness. <i>This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.</i>	
IV-C: Licensure pass rates demonstrate program effectiveness. <i>This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.</i>	
IV-D: Certification pass rates demonstrate program effectiveness. <i>This key element is not applicable to a degree or certificate</i>	

<p><i>program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.</i></p>	
<p>IV-E: Employment rates demonstrate program effectiveness.</p> <p><i>This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.</i></p>	
<p>IV-F: Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.</p> <p><i>This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).</i></p>	
<p>IV-G: Aggregate faculty outcomes demonstrate program effectiveness.</p>	<p>VI.A.2: Evaluate NP program faculty competence at regularly scheduled intervals.</p>
<p>IV-H: Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.</p>	<p>VI.A.2: Evaluate NP program faculty competence at regularly scheduled intervals.</p>
<p>IV-I: Program outcomes demonstrate program effectiveness.</p>	
<p>IV-J: Program outcome data are used, as appropriate, to foster ongoing program improvement.</p>	