# Substantive Change:Merger or Acquisition of Nursing Program(s)

## General Information

**Submission Date:**

**Name of Institution:**

**Summary of Substantive Change:**

In one to two sentences, please describe the substantive change being addressed in the notification:

|  |
| --- |
| Insert text here. |

**Degree Program(s) Affected:**

|  |  |
| --- | --- |
| [ ]  | Baccalaureate |
| [ ]  | Master’s |
| [ ]  | Doctor of Nursing Practice |
| [ ]  | Post-Graduate APRN Certificate |

## Enrollments and Campus Locations

Regardless of which program(s) are affected by the substantive change, please identify all baccalaureate, master’s, Doctor of Nursing Practice, and post-graduate APRN certificate tracks offered by the nursing unit. For each track, list current enrollment data. The institution may add or delete rows in the following tables as necessary.

**Baccalaureate Program**

|  |  |
| --- | --- |
| [ ]  | The institution does not offer a baccalaureate degree program in nursing. |

*Only include nursing students (not pre-nursing students).*

|  |  |  |  |
| --- | --- | --- | --- |
| Track(s) | Year Track Became Operational | # Students Enrolled | Locations/Campuses Offered |
| Generic/Traditional/Pre-licensure |  |  |  |
| RN-BSN/Post-licensure |  |  |  |
| Second Career/Fast Track/Accelerated |  |  |  |
| Other *(specify)*:  |  |  |  |

**Master’s Program**

|  |  |
| --- | --- |
| [ ]  | The institution does not offer a master’s degree program in nursing. |

|  |  |  |  |
| --- | --- | --- | --- |
| Track(s) | Year Track Became Operational | # Students Enrolled | Locations/Campuses Offered |
| Track Name:  |  |  |  |
| Track Name:  |  |  |  |
| Track Name:  |  |  |  |

**Doctor of Nursing Practice Program**

|  |  |
| --- | --- |
| [ ]  | The institution does not offer a Doctor of Nursing Practice program. |

|  |  |  |  |
| --- | --- | --- | --- |
| Track(s) | Year Track Became Operational | # Students Enrolled | Locations/Campuses Offered |
| Track Name:  |  |  |  |
| Track Name:  |  |  |  |
| Track Name:  |  |  |  |

**Post-Graduate APRN Certificate**

|  |  |
| --- | --- |
| [ ]  | The institution does not offer a post-graduate APRN certificate program. |

|  |  |  |  |
| --- | --- | --- | --- |
| Track(s) | Year Track Became Operational | # Students Enrolled | Locations/Campuses Offered |
| Track Name:  |  |  |  |
| Track Name:  |  |  |  |
| Track Name:  |  |  |  |

***Please note:*** *This cover sheet cannot be used for the submission of self-study documents or continuous improvement progress reports*.

## Notification

Provide an overview of the change:

|  |
| --- |
| Insert text here. |

Indicate the anticipated effective date for the merger or acquisition:

|  |
| --- |
| Insert text here. |

Indicate which nursing degree(s) and track(s), if any, are offered by the other institution that is participating as part of the merger or acquisition:

|  |
| --- |
| Insert text here. |

If programs were noted above, please indicate which programs are CCNE-accredited, if any:

|  |  |
| --- | --- |
| [ ]  | Baccalaureate |
| [ ]  | Master’s |
| [ ]  | Doctor of Nursing Practice |
| [ ]  | Post-Graduate APRN Certificate |

Has the merger or acquisition been approved by the Board of Nursing?

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |
| [ ]  | Decision pending |
| [ ]  | Not applicable |

If “decision pending” was selected, indicate the timeframe of when the decision is anticipated to occur:

|  |
| --- |
| Insert text here. |

Identify the institutional accrediting agency or agencies that accredit each of the participating institutions:

|  |
| --- |
| Insert text here. |

Has the merger or acquisition been approved by the institutional accrediting agency?

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |
| [ ]  | Decision pending |

If “decision pending” was selected, indicate the timeframe of when the decision is anticipated to occur:

|  |
| --- |
| Insert text here. |

Describe how the merger or acquisition will affect **curricula**:

|  |
| --- |
| Insert text here. |

Describe how the merger or acquisition will affect **fiscal resources** (Key Element II-A):

|  |
| --- |
| Insert text here. |

Describe how the merger or acquisition will affect **faculty resources** (Key Element II-F):

|  |
| --- |
| Insert text here. |