

---

# Critical Substantive Change Form

---

Programs that have been pre-accredited or accredited by NLN CNEA are responsible for notifying NLN CNEA when critical substantive changes are implemented within the parent institution, nursing academic unit, or nursing program. This Critical Substantive Change form is to be filed with NLN CNEA staff *no later than 60 days after the change is scheduled to take effect*. Filing of a critical substantive change report may generate a request for additional data and/or, in the case of accredited programs, a focused on-site program evaluation visit.

## **SECTION ONE: PROGRAM INFORMATION**

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Institution CEO: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program Chief Academic Nurse Administrator: \_\_\_\_\_

## **SECTION TWO: DESCRIPTION OF CRITICAL SUBSTANTIVE CHANGE**

Please indicate the critical substantive change being reported:

Operational change regarding the institution or program's established mission or objectives

Change in the legal status or regulatory approval/recognition status of the institution or program (attach letter documenting change)

Change in the accreditation status of the institution, or the accreditation status awarded by any specialized nursing accreditor (attach letter documenting change)

Change in the form of control or ownership of the institution or program

Establishment of any branch campuses or off-campus instructional sites by which 50% or more of the program is delivered

Addition of distance education program(s) granting a degree or certificate; or conversion of an existing degree or certificate granting program to distance education

Addition, suspension or closure of a program

Change in the organizational structure of the institution or program that affects the authority of the chief academic nurse administrator or any change in the chief academic nurse administrator of the program

Establishment or change in contractual arrangements to develop and/or deliver curricula

**SECTION THREE: DESCRIPTION OF CRITICAL SUBSTANTIVE CHANGE**

1. Date critical substantive change scheduled to take place: \_\_\_\_\_
2. Date NLN CNEA formally notified of critical substantive change: \_\_\_\_\_
3. Please attach the following to this form:
  - Description of the critical substantive change
  - Outcome evaluation plan to measure impact of change

\_\_\_\_\_  
Signature of chief academic nurse administrator

\_\_\_\_\_  
Date