



NLN Commission for Nursing
Education Accreditation

Request for Program Evaluation Visit

Submit to: CNEAaccreditation@nlm.org

Directions

Programs holding NLN CNEA pre-accreditation are eligible to apply for initial program accreditation with the NLN CNEA. Initial accreditation may be pursued at any time within the three-year pre-accreditation window of opportunity but must be timed so that all steps of the accreditation process, including the NLN CNEA Board of Commissioners' action, are completed within the three-year timeline. Refer to the NLN CNEA Initial Accreditation Policy for further information regarding initial accreditation.

Programs holding NLN CNEA initial accreditation are eligible to apply for continuing accreditation with the NLN CNEA. Continuing accreditation may be pursued at any time within the initial accreditation window but must be timed so that all steps of the accreditation process, including the NLN CNEA Board of Commissioners' action, are completed before the initial accreditation term expires. Refer to the NLN CNEA Continuing Accreditation Policy for further information regarding continuing accreditation.

Submit this program evaluation request to NLN CNEA **12 months prior** to the time you wish to schedule your program evaluation visit. Complete all sections.

International programs should complete the INTERNATIONAL ONLY sections for Required Documentation and Preferred Program Evaluation Visit Dates. As a reminder, all documentation including request, site visit, and self-study materials must be submitted in English and the site visit will be conducted in English.

Any questions, contact the NLN CNEA staff. We look forward to scheduling your visit.

CNEAaccreditation@nlm.org

INSTITUTION INFORMATION

Institution Information

Parent or Governing Institution _____

Institutional Accrediting Body _____

Institution CEO's Information

First Name _____ Last Name _____

Credentials _____ Email _____
Address _____

Job Title _____

PROGRAM INFORMATION

Nursing Program Chief Academic Nurse Administration (CANA) Information

First Name _____ Last Name _____

Credentials _____ Email _____
Address _____

Job Title _____

Nursing Program Information

Mailing Address Line 1 _____

Mailing Address Line 2 _____

City _____ State _____ Zip _____
Code _____

Phone Number _____ Fax Number _____

Identify all program/track types for the program evaluation visit

Practical/Vocational Diploma (RN)

Associate Degree, Track Names _____

Bachelor's Degree, Track Names _____

Master's Degree, Track Names _____

Post-Graduate Certificate, Track Names _____

Practice Doctorate, Track Names _____

Request for Program Evaluation Visit

Provide additional information about your program

Do you deliver any of your programs/tracks online? Yes No

If "Yes," list programs/tracks _____

Is your program offered at multiple locations/campuses? Yes No

If "Yes," list cities and states
or territories _____

Do you deliver your programs across multiple states or territories? Yes No

If "Yes," list states
or territories _____

REQUIRED DOCUMENTATION

Attach the following documentation to your request

1. Letter of intent to seek accreditation signed by the CANA and the CEO.
2. Current institutional approval letter signed by the institutional accrediting body. The letter must include the date of the last review and the due date of the next review.
3. Current program approval letter signed by the State Board of Nursing. The letter must include the date of the last review. Provide the approval for each program seeking accreditation.

Click here to attach your required
documentation to this form*

*If you are unable to attach your required documentation to this form, submit via email to: CNEAaccreditation@nlm.org

INTERNATIONAL ONLY

1. Letter of intent to seek accreditation signed by the CANA and the CEO.
2. If applicable, current institutional approval letter signed by the institutional accrediting body.
3. If applicable, current program approval letter signed by the government agency or department which oversees nursing education. Provide the approval for each program seeking accreditation.

Click here to attach your required
documentation to this form*

*If you are unable to attach your required documentation to this form, submit via email to: CNEAaccreditation@nlm.org

PREFERRED PROGRAM EVALUATION VISIT DATES

NLN CNEA site visits are generally two and a half days. These visits may begin on a Monday, ending on a Wednesday with the team traveling to the campus on Sunday; OR the visits may begin on Wednesday ending on a Friday with the team traveling to the campus on Tuesday. Fall cycle visits are usually scheduled between September – November. Spring cycle visits are usually scheduled between January – April. Summer visits may proceed with approval from the NLN CNEA Executive Director, Dr. Teresa Shellenbarger (tshellenbarger@nlm.org).

Following the above guidelines, list three preferred date ranges. **Only list dates when students and faculty will be available and clinical sites will have students.**

First Preference (3-day date range) _____

Second Preference (3-day date range) _____

Third Preference (3-day date range) _____

INTERNATIONAL ONLY

NLN CNEA site visits for international programs are conducted virtually over a two-week period. Program administrators will work with their designated team leader to schedule an agenda that meets the needs of the program and the visitors. Fall cycle visits are usually scheduled between September – November. Spring cycle visits are usually scheduled between January – April. Summer visits may proceed with approval from the NLN CNEA Executive Director, Dr. Teresa Shellenbarger (tshellenbarger@nlm.org).

Following the above guidelines, list three preferred date ranges. **Only list dates when students and faculty will be available and clinical sites will have students.**

First Preference (2-week date range) _____

Second Preference (2-week date range) _____

Third Preference (2-week date range) _____

VERIFICATION

I confirm that this information is accurate and complete to the best of my knowledge.

Signature of the Chief Academic Nurse Administrator

Date