CNEA

NLN Commission for Nursing Education Accreditation

Substantive Change Form

Submit to: CNEAsubstantivechanges@nln.org

Programs that have been pre-accredited or accredited by the NLN CNEA are responsible for notifying the NLN CNEA when substantive changes are implemented within the parent institution, nursing academic unit, or nursing program that have the potential to impact the program's ability to comply with the standards of accreditation or that have an organizational, fiscal, curricular, or human resource impact on the nursing program outcomes and quality. Upon notification of a substantive change, the NLN CNEA reserves the right to request additional information regarding the reported change and/or conduct additional data gathering such as a focused on-site program evaluation visit to determine the impact of the substantive change on program outcomes and ongoing compliance with accreditation standards.

For full information regarding substantive changes, including potential Board of Commissioners' actions in response to substantive changes, refer to the NLN CNEA Accreditation Handbook, Policies and Procedures, Section 5-I. The Accreditation Handbook is available on the NLN CNEA website: https://cnea.nln.org/resources

Directions

Complete all sections. If you have more than one substantive change to report, a separate form should be completed per substantive change. The NLN CNEA staff will review the materials for completeness, notify the program of receipt, and then forward the materials for the NLN CNEA Executive Committee and Board of Commissioners for review.

Decisions regarding substantive changes will be provided within 30 days of the next regularly scheduled Board of Commissioners meeting. The meeting schedule is available on the NLN CNEA website: https://cnea.nln.org/meeting-dates

Any questions do not hesitate to let us know. We're here to help.

CNEAsubstantivechanges@nln.org

Substantive Change Form

PROGRAM INFORMATION

Institution Name _____

Institution Address _____

Institution CEO _____ Credentials _____

Program Name _____

Program Address _____

Program Chief Academic Nurse Administrator _____

Credentials _____

Program Chief Academic Nurse Administrator Email _____

SUBSTANTIVE CHANGE (Select One)

*The following substantive changes require notification **30 DAYS in advance***

- ☐ Change in delivery method or delivery location of the program
- ☐ The addition of program(s) that represents a significant departure from the existing offerings or educational programs such as a program track that differs from those that were offered or used when the program was last evaluated by NLN CNEA
- ☐ The addition, revision, or deletion of academic courses resulting in significant curricular revision as depicted by a change in program curricular outcomes
- ☐ The addition of graduate programs by an institution that previously offered only undergraduate programs or certificates
- ☐ A substantial increase or decrease in credit or clock hours within a program which increases or decreases the length of time to program completion
- ☐ A change in the way the institution measures student progress (e.g., clock or credit hours, semesters, trimesters, or quarters)

*The following substantive changes require notification **within 30 DAYS of occurrence***

- ☐ Any change regarding the institution or program's established mission or objectives
- ☐ Any change in the legal status, form of control, or ownership of the institution or program
- ☐ Any change in regulatory approval/recognition status of the institution or program or any actions taken by a regulatory agency such as the state board of nursing
- ☐ Any change in the accreditation status of the institution, or the accreditation awarded by any specialized nursing accreditor
- ☐ The establishment of any branch campuses or off-campus instructional sites by which 50% or more of the program is delivered
- ☐ The addition of one or more distance education programs resulting in a degree or certificate, or the conversion of an existing degree or certificate granting program to distance education
- ☐ The addition, suspension, or closure of a program†
- ☐ Any change in the organizational structure of the institution or program that affects the authority of the Chief Academic Nurse Administrator
- ☐ The acquisition of any other institution, program, or location or branch campus of another institution
- ☐ Any change in institutional contact information (email addresses, website address, phone numbers)
- ☐ A change in the Chief Academic Nurse Administrator (permanent or temporary)*

Substantive Change Form

NOTES:

† For closure of a program, a teach-out agreement must be submitted within 90 days of closure. The NLN CNEA Accreditation Handbook Section 3-VII covers requirements. The current Accreditation Handbook is available at https://cnea.nln.org/resources.

* For change in the Chief Academic Nurse Administrator of the program, include the following:
- Orientation plan for the Chief Academic Nurse Administrator of the program;
- CV for the Chief Academic Nurse Administrator of the program;
- Any additional documentation to satisfy Standard II, Quality Indicator II-E "The program is led by a chief academic nurse administrator who is qualified and has the authority to help meet expected outcomes" (NLN CNEA Standards of Accreditation, 2026, p. 12).

DESCRIPTION OF SUBSTANTIVE CHANGE

Date substantive change scheduled to take or took place _____

Date NLN CNEA formally notified of substantive change _____

Attach the following to this form:

- Current Chief Academic Nurse Administrator information including full name, credentials, job title, email, and phone number
- If applicable, Incoming Chief Academic Nurse Administrator information including full name, credentials, job title, email, and phone number
- Current CEO information including full name, credentials, job title, email, and phone number
- If applicable, Incoming CEO information including full name, credentials, job title, email, and phone number
- Description of the substantive change
  - ❖ See notes above for additional **specific information** needed for the following substantive changes:
    1. *Closure of a program*
    2. *Change in the Chief Academic Nurse Administrator*
- Outcome evaluation plan to measure impact of change

_____ _____

Signature of the Chief Academic Nurse Administrator Date