

June 2026

CNEA

NLN Commission for Nursing
Education Accreditation

National League for Nursing Commission for Nursing Education Accreditation

Frequently Asked Questions (FAQs) Standards of Accreditation



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General Information

Why are the accreditation standards being updated?

As part of our continuous quality improvement process, the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) periodically reviews the accreditation standards to determine whether revisions are needed. The accreditation standards are typically updated approximately every five years. Because the most recent standards were updated in 2021, it was time to conduct a comprehensive review and update.

How were the standards updated?

The 2026 Standards of Accreditation were developed through a rigorous multiple-step review process conducted over a year. Communities of interest were invited to provide feedback about the 2021 Standards of Accreditation, and the Standards Committee carefully considered each comment. The committee also examined current literature, national data, and emerging trends in nursing education and accreditation best practices to inform their work.

Each standard, quality indicator, interpretive guideline, and evidence exemplar was systematically evaluated and revised as needed. Following the initial revisions, communities of interest were provided with an additional opportunity to review and comment on the proposed changes. The standards were then refined and finalized based on feedback received. The NLN CNEA Board of Commissioners then approved the final updated standards in June 2026.

What is the timeline for implementation of the updated standards?

All programs must comply with the 2026 Standards of Accreditation by July 1, 2027.

Can we switch to the updated standards before July 2027?

Yes, A one-year transition period will be provided following the release of the 2026 Standards of Accreditation. During this time, programs should begin aligning their processes and evaluation activities with the updated standards. Programs may transition to the 2026 Standards of Accreditation at any time; however, all programs must be fully compliant with the updated Standards by July 1, 2027.

What does our program need to do to comply with the updated standards?

Programs are expected to implement the 2026 Standards of Accreditation and revise their Systematic Evaluation Plan (SEP) and related processes as needed to align with the updated requirements. Programs should review their assessment and evaluation activities to ensure ongoing compliance with the 2026 Standards of Accreditation.

Reporting Requirements

During the transition period, some accreditation activities may be completed using either the 2021 or 2026 Standards of Accreditation, while others will require use of the 2026 Standards of Accreditation. The requirements for each accreditation activity are outlined in the questions below.

We have an upcoming site visit in Fall 2026 or Spring 2027. What standards will we need to use for our Self-study Report?

Programs hosting a site visit before July 1, 2027 may choose to use either the 2021 or 2026 Standards of Accreditation for their Self-study Report and site visit. Programs must notify NLN CNEA (CNEAaccreditation@nlm.org) of the standards they have selected. A standards crosswalk document is available on the NLN CNEA website. This crosswalk compares the 2021 and 2026 Standards of Accreditation and should help programs prepare their accreditation report. As a note, programs must choose standards in their entirety; since the accreditation standards assess quality as a whole, programs cannot pick and choose 2021 and 2026 quality indicators to address.

Our program has a Mid-cycle Report due in January 2027. What do we need to do for this report?

Programs submitting a January 2027 Mid-cycle Report can choose to use the 2021 or 2026 Standards of Accreditation. Programs must notify NLN CNEA (CNEAaccreditation@nlm.org) of the standards they have selected. A standards crosswalk document is available on the NLN CNEA website. This crosswalk compares the 2021 and 2026 Standards of Accreditation and should help programs prepare their accreditation report. As a note, programs must choose standards in their entirety; since the accreditation standards assess quality as a whole, programs cannot pick and choose 2021 and 2026 quality indicators to address.

Which standards will be used for the 2026 Annual Report (due January 2027)?

Because the Annual Report focuses primarily on reporting one year of program data and requires limited supporting documents, beginning in January 2027, all Annual Reports will be evaluated using the 2026 Standards of Accreditation.

We plan to submit a pre-accreditation application. What standards should we use for our application?

Programs submitting pre-accreditation applications in August 2026, November 2026, and April 2027 may choose to use either the 2021 or 2026 Standards of Accreditation. Programs must notify NLN CNEA (CNEAaccreditation@nlm.org) of the standards they have selected. A standards crosswalk document is available on the NLN CNEA website. This crosswalk compares the 2021 and 2026 Standards of Accreditation and should help programs prepare their pre-accreditation report. As a note, programs must choose standards in their entirety; since the accreditation

standards assess quality as a whole, programs cannot pick and choose 2021 and 2026 quality indicators to address. All pre-accreditation applications submitted on or after July 1, 2027 must use the 2026 Standards of Accreditation.

Our program was required to submit a Follow-up Report. What are the guidelines we should follow for these reports?

Programs assigned a Follow-up Report in June 2026 may choose to submit their report using either the 2021 Standards of Accreditation or the 2026 Standards of Accreditation. Programs must notify NLN CNEA (CNEAaccreditation@nlm.org) of the standards they have selected. A standards crosswalk document is available on the NLN CNEA website. This crosswalk compares the 2021 and 2026 Standards of Accreditation and should help programs prepare their Follow-up Report. As a note, programs must choose standards in their entirety; since the accreditation standards assess quality as a whole, programs cannot pick and choose 2021 and 2026 quality indicators to address. For programs electing to use the 2026 Standards of Accreditation, NLN CNEA will revise the compliance report requirements to align with the updated standards. In some cases, previously cited quality indicators may no longer apply. When follow-up is required, the report requirements will be mapped to the corresponding quality indicators in the 2026 Standards of Accreditation.

What standards will be used for Follow-up Reports submitted for the October 2026 Board meeting and beyond?

All Follow-up Reports submitted for review beginning with the October 2026 Board meeting will use the 2026 Standards of Accreditation.

Resources and Support

Will any guidance be provided to assist programs transitioning from the 2021 to 2026 Standards of Accreditation?

A crosswalk that provides a side-by-side comparison of the 2021 and 2026 Standards of Accreditation is available on the CNEA website at <https://cnea.nln.org/resources>. The crosswalk identifies standards and quality indicators that were revised, added, moved, or removed, and provides an overview of the changes incorporated into the 2026 Standards of Accreditation.

What resources will be available to assist programs during the transition?

The NLN CNEA will provide a variety of resources to support programs transitioning to the 2026 Standards of Accreditation. These resources include guidance documents, the standards crosswalk, a SEP template, and the Standard webinar series.

Beginning in August 2026, the NLN CNEA will offer monthly webinars focused on an individual accreditation standard. Each webinar will provide an overview of a specific standard, highlight key changes, and offer guidance for implementation.

Participants may register for the entire five-part webinar series for \$250 or register for individual webinars based on their interest and needs.

I want to attend the Standards Series webinars, but I will not be available when it is offered. Is there a way for me to view this at another time?

All registered participants receive access to the webinar recording. You may view the webinar at a time that is convenient for you.

I missed registering for the Standards Series webinars. Can I still access them?

Yes, you can register for any previously offered webinars, including the Standards Series webinars. Register at the NLN CNEA website (<https://cnea.nln.org/events>). Once registered, you will receive access to the webinar recording.

Can all of our faculty register and listen to the Standards Series webinars?

Each webinar registration is intended for a single participant and provides continuing education credit for that individual. Faculty who wish to participate and receive continuing education credit

should register separately. Webinar recordings should not be shared with individuals who have not registered for the webinar.

Can a group of faculty register for the Standards Series webinars?

NLN CNEA is pleased to offer group registration options for programs that wish to have multiple faculty members participate in the Standard Series webinar or other webinars. Faculty may register individually online or request an invoice for the group registration. Please email NLN CNEA at cneaaccreditation.nln.org for information about group registration options.

Are there any opportunities to work with CNEA staff as we update our SEP?

NLN CNEA will offer an in-person workshop on Wednesday, September 23, 2026, from 8 am until 12 pm ET. This hands-on workshop is designed to help programs update their SEPs to align with the 2026 Standards of Accreditation. This workshop will provide SEP templates, expert guidance, and opportunities to work directly with NLN CNEA staff as you revise your SEP. Programs are encouraged to bring a team of faculty to work collaboratively on updating the SEP during this workshop. Participants should bring a copy of their current SEP, a laptop computer, and any other relevant program evaluation materials.

This workshop will be held at the Washington Hilton, 1919 Connecticut Avenue, NW, Washington, DC. Registration information is available at <https://summit.nln.org/registration>. Discounted hotel rates are available for workshop participants. Participants may also wish to attend the NLN Summit, which begins immediately following the workshop.

Will there be microlessons available on the website to help us understand the new standards, quality indicators, and evidence exemplars?

Yes, NLN CNEA is updating the CNEA Advantage educational resource to reflect the 2026 Standards of Accreditation. New microlessons focused on the standards, quality indicators, interpretive guidelines, and evidence exemplars will be released as they become available. Because these resources require careful development and review, new content will be added over time.

What are the most significant changes between the current and revised standards?

The 2026 Standards of Accreditation include updates designed to improve clarity, streamline requirements, and reflect current trends and best practices in nursing education. While some revisions involve updated terminology and organizational changes, others include revised quality indicators, interpretive guidelines, and evidence exemplars.

Programs are encouraged to review the standards crosswalk available on the NLN CNEA website, which provides a detailed comparison of the 2021 and 2026 Standards of Accreditation. Additional information about key changes will also be provided through the Standards Series webinars and other transition resources.

I am having trouble understanding some of the terms in the 2026 Standards of Accreditation. What can I do?

The glossary included at the end of the 2026 Standards of Accreditation provides definitions of key terms used throughout the standards document. Programs are encouraged to review the glossary when interpreting standards, quality indicators, interpretive guidelines, and evidence exemplars.

Are there examples of evidence that demonstrate compliance with the new requirements?

Yes. The 2026 Standards of Accreditation continue to include interpretive guidelines and evidence exemplars for each quality indicator. These resources are intended to help programs better understand the expectations associated with each quality indicator and identify potential sources of evidence that may demonstrate compliance.

Programs should remember that the evidence exemplars are intended as examples rather than a required list of documents. Programs may use other forms of evidence that effectively demonstrate compliance with the standards.

Systematic Evaluation Plans (SEPs) and Program Reviews

How should programs revise their SEPs to align with the updated standards?

Programs should conduct a comprehensive review of their SEP using the 2026 Standards of Accreditation as a framework. This review should include evaluating existing benchmarks, assessment measures, data collection processes, reporting mechanisms, and continuous quality improvement activities.

Programs are encouraged to use the standards crosswalk available on the NLN CNEA website to identify areas requiring revision and ensure that all quality indicators are appropriately addressed within the SEP. Faculty should be actively involved in reviewing and approving revisions to the SEP and related evaluation processes.

How will peer reviewers and review committees be prepared to apply the updated standards consistently?

NLN CNEA will provide mandatory training for all peer reviewers, review committee members, and other accreditation volunteers. Training will focus on the changes incorporated into the 2026 Standards of Accreditation and the consistent application of standards, quality indicators, interpretive guidelines, and evidence exemplars.

Training will be provided through live webinar sessions, on-demand modules, and committee meetings. Volunteers will be notified of training requirements and must complete the appropriate training to continue serving in their accreditation role. The training will focus on the consistent use of the standards for their role.

How will reviewers assess programs that are partially transitioned to the updated standards?

During the transition period, reviewers will recognize that programs may be implementing revisions to their SEPs and processes. Programs should be prepared to present historical data collected under the previous SEP, as well as plans for data collection, analysis, and continuous quality improvement under the revised SEP.

Programs should clearly explain their transition timeline, the changes implemented, and how they will evaluate outcomes under the 2026 Standards of Accreditation. During this transition period, reviewers will consider both the program's current evidence and its progress toward full implementation of the updated standards.

What if our program has not fully implemented all SEP revisions by the time of our site visit or report submission?

During the transition period, NLN CNEA recognizes that programs may be at different stages of implementing revisions to their SEPs. Programs are not expected to have multiple years of data available for newly implemented measures; however, they should be able to demonstrate that they have reviewed the 2026 Standards of Accreditation, identified necessary revisions, and developed an implementation plan.

Programs should be prepared to provide evidence of their transition efforts, including SEP revisions, updated benchmarks and evaluation processes, implementation timelines, and plans for data collection and analysis. Programs should also be able to explain how data collected under the previous SEP informed continuous quality improvement activities and how the revised SEP will support ongoing compliance with the 2026 Standards of Accreditation.

Reviewers will evaluate both the program's progress toward implementation and its ability to demonstrate a systematic approach to assessment, evaluation, and continuous quality improvement.

What common pitfalls should programs avoid during implementation of the updated standards?

Common implementation challenges include:

- Revising the SEP without fully reviewing all standards and quality indicators.
- Failing to align benchmarks, assessment measures, and evaluation activities with updated requirements.
- Implementing SEP changes without sufficient faculty involvement and approval.
- Failing to establish clear plans for data collection, analysis, and continuous quality improvement.
- Waiting until a scheduled report or site visit to begin implementation activities.

Programs are encouraged to begin planning early, engage faculty throughout the transition process, and use available NLN CNEA resources to support implementation.

Will site visit protocols change?

Site visits processes and protocols will remain largely unchanged. However, programs will be expected to use the appropriate version of the Standards of Accreditation based on the established transition timeline. The program will need to notify NLN CNEA which standards will be used, and the NLN CNEA will ensure the program and site visitors have the appropriate documents for their review and reports.

Standards Changes

Standard I

What is the reporting period for program outcomes?

Programs may report program outcomes, including licensure or certification pass rates, completion rates, and employment rates, using either the most recent annual data **OR** a three-year average. Programs should apply the selected reporting methodology consistently and clearly identify the reporting period used for each outcome measure.

Do I need to report program outcomes by track and by location?

For NLN CNEA reporting purposes, programs should report aggregated data that includes all program tracks and locations. However, programs must maintain disaggregated data by campus location and program tracks and be prepared to provide that data upon request.

What is required if our program does not meet established benchmarks?

Programs that do not meet an established benchmark are expected to conduct a thorough analysis of contributing factors and use those findings to develop an action plan for improvement. The action plan should identify:

- The factors contributing to the performance gap
- Specific improvement strategies
- Individuals responsible for the implementation of the actions
- Timelines for implementation and evaluation
- Expected outcomes and measures of success

Programs should also document how progress will be monitored and how the results of improvement efforts will be incorporated into the continuous quality improvement process.

Are programs still expected to gather satisfaction data? If so, from whom?

Programs are expected to collect and analyze program effectiveness data as part of their ongoing evaluation activities. Effectiveness data should be gathered from key communities of interest members, including students, faculty, alumni, and employers.

Programs should use collected data to identify strengths, opportunities for improvement, and trends that may inform continuous quality improvement activities.

What are the expected performance benchmarks for completion rates and employment rates?

The NLN CNEA does not prescribe specific performance benchmarks for completion or employment rates. Programs vary in their mission, student population, geographic location, and

other characteristics that may influence these outcome measures.

Programs are expected to establish benchmarks appropriate to their unique context and should be supported by a clear rationale. Benchmarks should be realistic, measurable, and designed to promote continuous improvement. As part of the continuous quality improvement process, programs should also periodically evaluate whether established benchmarks remain appropriate.

Can we exclude graduates who continue their education from our employment rates?

Graduates who continue their formal education within 12 months of degree conferral may be excluded from employment rate calculations. Programs choosing to make this exclusion should clearly specify their employment rate definition, methodology for data collection, and consistently apply this definition across reporting periods. For example, a program may define its employment rates based on graduates who are actively seeking employment and exclude graduates who are enrolled in an additional formal education program within 12 months of degree conferral.

Programs should document any exclusions and be prepared to explain their calculation methods during accreditation reviews or upon request.

What is the licensure/certification benchmark?

Programs are expected to achieve a minimum first-time pass rate of 80 percent on licensure or certification examinations. The benchmark may be evaluated using either the most recent annual data **OR** a three-year average, consistent with the program's selected reporting methodology.

For reporting purposes, first-time test takers include graduates who take the applicable licensure or certification examination for the first time within two years of degree conferral. Individuals who repeat the examination are not included in the first-time pass rate calculation.

Programs are also expected to comply with any licensure or certification performance requirements established by their state regulatory agencies or other governing bodies.

Can we include pass rate data for second-time test takers when reporting licensure or certification pass rates?

Second-time test-taker data cannot be used for reporting pass rate information. There is insufficient evidence to support using this data as a measure of program quality. Additionally, some programs lack access to this data, creating reporting inequities. Programs can still monitor this information, if available, but it is no longer part of the quality indicator.

What is the timeframe for graduate employment data collection?

Programs will establish an employment rate benchmark and define the timeframe used for employment data collection. For example, the program may assess employment within 6 months of degree conferral, 12 months after graduation, or at any other reasonable data collection time frame that aligns with the program's goals and evaluation process. Programs should clearly define their employment rate methodology, apply it consistently, and ensure the selected timeframe provides meaningful information about graduate employment outcomes.

Standard II

What are the changes in engagement in governance activities for faculty and students?

The 2026 Standards of Accreditation emphasize that programs should provide opportunities for faculty and students to participate in governance activities. Programs are expected to demonstrate that faculty and students have opportunities to provide input regarding program policies, processes, and improvement initiatives. NLN CNEA recognizes that participation may vary based on individual schedules and other responsibilities. Therefore, the focus is on ensuring opportunities for engagement are available.

Programs should be prepared to demonstrate how faculty and students are invited to participate and how the feedback offered is considered in program decision-making and continuous quality improvement activities.

How should we document faculty and student input into governance activities?

Programs may use a variety of documents to demonstrate faculty and student input into governance activities. For example, meeting minutes, surveys, committee records, focus groups or advisory board notes, or other data summaries could provide evidence demonstrating participation and consideration of participant input.

Do we need to provide a link to our program publications, documents, and policies on our website?

No, the program is not required to post publication, policies or program documents on the public website. However, programs are expected to demonstrate how communities of interest, including students, faculty, and others, gain access to those materials. Access may be provided through a program website, learning management system, institutional portal, or other appropriate communication methods.

What are the qualifications needed for the chief academic nurse administrator (CANA)?

The 2026 Standards of Accreditation place increased emphasis on the CANA's demonstrated qualifications to lead the nursing program. The CANA must provide evidence of practice, leadership, and academic expertise that supports effective program administration and oversight. The CANA must also meet all applicable state and regulatory requirements.

Programs should be prepared to demonstrate how the CANA's education, professional experience, leadership background, and academic accomplishments support their ability to lead the nursing program and achieve program outcomes.

In addition, the CANA must meet all applicable state, institutional, and regulatory requirements. Programs should maintain documentation demonstrating that the CANA possesses the qualifications required to lead the nursing program.

What resources must the program demonstrate?

Programs must demonstrate that they have sufficient personnel, instructional, administrative, financial, and support resources to achieve program outcomes and support student success.

Examples of resources that may be evaluated include:

- Qualified faculty and staff
- Administrative support personnel
- Learning resources and educational technologies
- Clinical, laboratory, simulation, and classroom resources
- Student support services
- Financial resources necessary to support program operations

Programs should be prepared to provide evidence of the availability of these resources, a regular review of the resources, and how the review is used to support continuous quality improvement.

I see that Standard 2, Quality Indicator II-F refers to the adequacy of the budget, including personnel, instructional, and administrative resources. What do those budgetary categories include?

The glossary in the 2026 Standards of Accreditation provides definitions for each of these terms. Personnel resources refer to support for faculty and staff, including items such as salaries, benefits, and professional development funds. Instructional resources are the learning materials available to facilitate the teaching-learning process, including items like supplies, equipment, and simulation labs. Classroom space, course materials, technology, software, and technology infrastructure. Lastly, administrative resources provide operational support for the program, including utilities, accreditation and licensing fees, marketing, recruitment, and support services.

Standard III

Do faculty need to hold a master's degree?

Programs must demonstrate that faculty possess the pedagogical and content expertise necessary to fulfill their assigned teaching responsibilities rather than prescribing a specific educational credential.

Programs must also comply with any applicable state, institutional, and regulatory requirements. For example, if a state board of nursing requires faculty to hold a master's degree, the program must demonstrate compliance with that requirement.

Does the program need to show pedagogical and content expertise of our clinical, adjunct, and/or part-time faculty?

Programs are expected to demonstrate that all faculty members, regardless of their role, rank, appointment status, or employment category, possess the pedagogical and content expertise appropriate for their assigned responsibilities.

The type and extent of evidence may vary depending on the faculty member's role. For example, evidence supporting the qualifications of a clinical instructor may differ from that provided for a full-time faculty member who teaches only in the classroom.

How should the program demonstrate that our faculty have pedagogical expertise?

Programs may provide a variety of evidence to demonstrate faculty pedagogical expertise. Because faculty backgrounds and experiences vary, there is no single required form of documentation.

Examples of evidence may include items such as the following

- Certification as a nurse educator (e.g., CNE, CNEcl, CNEen, or CNEpv)
- Graduate coursework focused on teaching and learning
- Completion of faculty development programs, certificates, or continuing education focused on pedagogy
- Participation in structured teaching academies or educator preparation programs
- Documented teaching experience and demonstrated effectiveness in educational roles
- Ongoing professional development related to teaching, assessment, and evaluation

There is no single required form of documentation for this quality indicator. Programs may use a variety of evidence sources to demonstrate that faculty pedagogical expertise is appropriate for the faculty roles and responsibilities. Programs should be able to explain how the evidence demonstrates that each faculty meets the quality indicator.

Does the usual faculty orientation provided by our institution or program meet the requirements for faculty pedagogical expertise?

Faculty orientation is an important component of onboarding new educators and may contribute to the evidence used to demonstrate pedagogical expertise. However, orientation alone may not provide sufficient evidence of the ongoing pedagogical knowledge and skills expected of nursing faculty.

Programs should consider additional evidence of pedagogical preparation and development, such as participation in faculty development activities, educator certificate programs, continuing education focused on teaching and evaluation, graduate coursework in education, or nurse educator certification.

Programs should evaluate the scope and depth of their orientation programs and determine how those activities contribute to demonstrating faculty pedagogical expertise.

What qualifications are needed for faculty teaching in advanced practice programs?

Faculty teaching in advanced practice programs must demonstrate the same content and pedagogical expertise expected of all faculty. In addition, programs should also demonstrate that advanced practice faculty possess current practice experience that aligns with the role and population focus in the courses they teach. Programs should maintain evidence that faculty qualifications, practice experiences, and teaching responsibilities align with applicable regulatory requirements and professional standards. They should include alignment with nationally recognized guidelines, such as the APRN Consensus Model for APRN Regulation (LACE model) or National Task Force Standards as applicable.

What about content expertise? How can we demonstrate that our faculty have content expertise?

Similar to pedagogical expertise, programs may provide a variety of evidence to demonstrate faculty content expertise. Because faculty backgrounds and experiences vary, there is no single required form of documentation.

Examples of evidence may include items such as the following

- Clinical nursing experience in the content area
- Certification in their content area (e.g., CNE, CNEcl, CCRN, MEDSURG-BC, CEN)
- Graduate coursework focused on the content faculty will teach
- Completion of development programs, certificates, or continuing education focused on assigned content area
- Ongoing professional development related to content area

There is no single required form of documentation for this quality indicator. Programs may use a variety of evidence sources to demonstrate that faculty content expertise is appropriate for the faculty roles and responsibilities. Programs should be able to explain how the evidence demonstrates that each faculty meets the quality indicator.

What are the expectations for program use of preceptors for clinical teaching?

Programs that use preceptors for clinical learning experiences should demonstrate a clear rationale for preceptor use and ensure that a sufficient number of qualified preceptors are available to support student learning. Programs are expected to clearly define preceptor qualifications and document compliance with regulatory and professional guidelines. For example, if the State Board of Nursing requires a specific educational degree credential for preceptors, the program is expected to comply with those regulations. The program must also clearly define the roles and responsibilities of preceptors, keeping in mind that preceptors can provide feedback about student performance, but the faculty member is responsible for evaluating students. Lastly, the program is expected to orient, support, and evaluate preceptors.

Our faculty are confused regarding the difference between individual and collective faculty outcomes. We have an evaluation process in place for faculty. What else is needed to demonstrate compliance with Quality Indicator III-C?

This quality indicator focuses on both individual faculty performance and the collective performance of the faculty as a group.

Individual faculty outcomes assess whether each faculty member is meeting expectations for their assigned responsibilities, including teaching practice, research, scholarship, and service. A regular faculty evaluation process is an important component of assessing individual outcomes.

Collective faculty outcomes examine faculty performance at the program level. For example, programs may evaluate aggregate data. These data can help identify areas of strength, areas for improvement, or faculty development needs.

Additionally, the program should also demonstrate how faculty are supported through orientation, mentoring, resource allocation, and faculty development activities.

Can we have different performance expectations for full-time and part-time faculty, such as those who are providing clinical instruction?

Yes, it is reasonable and appropriate for programs to establish different performance expectations for faculty based on their roles, responsibilities, workloads, and appointment types. For example, expectations for a full-time faculty member may differ from those for a part-time clinical instructor, an adjunct faculty member, or a simulation educator.

Programs should clearly define the performance expectations associated with each faculty role. The program should also collect and analyze both individual and collective faculty data to determine whether faculty are meeting established benchmarks and to identify opportunities for improvement.

Standard IV

What were the major changes for this standard and quality indicators?

The revisions to this standard primarily focused on improving clarity, reducing redundancy, and simplifying the language. Several quality indicators were reorganized to improve alignment and readability, while maintaining the underlying expectations for program quality.

Standard V

There are many changes to Standard V. Can you help me to understand what is new?

Several revisions were made to Standard V to improve clarity, reduce redundancy, and provide programs with greater flexibility in curriculum design while maintaining expectations for student achievement and program quality.

One of the most significant changes is the removal of highly prescriptive language specifying curriculum content. Rather than focusing on specific content, the revised standards emphasize the program's responsibility to demonstrate that the curriculum supports achievement of program outcomes and professional practice expectations.

Additional revisions include updates to quality indicators, reorganization of content to improve readability, and clarification of expectations related to curriculum design, implementation, and evaluation.

Does the removal of prescriptive curriculum content mean programs no longer need to teach those topics?

No, the removal of prescriptive language does not imply that previously identified content areas are no longer important. Programs remain responsible for ensuring graduates achieve the knowledge, skills, and competencies expected by professional standards, regulatory requirements, and nursing practice. Programs have flexibility in determining how curricular content is organized and integrated throughout the program.

What is the difference between student learning outcomes and program learning outcomes?

Student learning outcomes are statements that describe what a student should be able to do, know, or value after the completion of a course. Student learning outcomes support the achievement of program learning outcomes. As students progress through the curriculum, learning experiences and course outcomes build toward broader knowledge, skills, and competencies that are reflected in the program learning outcomes. Program learning outcomes describe what a student should be able to do, know, or value after the completion of a program. Multiple student learning outcomes contribute to meeting program learning outcomes.

Do students still need to articulate learning outcomes?

Students should have a general understanding of learning outcomes that guide their educational experiences. However, we realize that students may have difficulty articulating these items verbatim. Programs should demonstrate that learning outcomes are clearly embedded throughout the curriculum and communicated to students through course materials, learning activities, and evaluation processes. During interviews or discussions, students should be able to describe what they are learning, how learning experiences contribute to their development, and how the curriculum prepares them for their future careers.

What standards or guidelines should we use to guide our curriculum?

NLN CNEA does not prescribe specific curriculum frameworks, standards, or guidelines that you must use. Each program should select the professional standards and guidelines that best align with its mission, goals, student population, and intended graduate outcomes. Programs should also ensure that the selected standards and guidelines are appropriate for the educational level, nursing role, and program practice expectations.

What is the difference between Quality Indicators V-D, V-E, V-F and V-G?

These quality indicators are closely related, but each focuses on a different aspect of the curriculum and learning process. Quality Indicator V-D focuses on the foundation and design of the curriculum. It addresses factors that inform curriculum development, such as healthcare trends, available resources, and nursing practices. Quality Indicator V-E focuses specifically on the experiential learning opportunities such as clinical learning experiences, laboratory, simulation, practicum, and other practice-based learning experiences. Quality Indicator V-F focuses on teaching-learning strategies. It addresses how faculty facilitate learning and engage students through instructional approaches. Finally, Quality indicator V-G focuses on student assessment and evaluation. It addresses how programs measure student achievement and determine learning outcomes and competencies that have been met. Examples may include grading policies and scales, graded student assignments, examinations, standardized testing, and other evaluation methods.

Together, these quality indicators address what is taught (curriculum), where learning occurs (experiential learning), how learning is facilitated (teaching-learning strategies), and how achievement is measured (evaluation methods).

What happened to technology use previously part of Quality Indicator V-I?

The content from V-I was moved to Quality Indicator III-C (faculty support) and Quality Indicator IV-A (student support).

I thought quality improvement activities were an important part of the NLN CNEA Standards of Accreditation. What happened to the quality indicator, interpretive guidelines, and evidence exemplars for V-J?

Yes, engaging in continuous quality improvement activities remains an important expectation within the 2026 Standards of Accreditation. The removal of Quality Indicator V-J does not eliminate curriculum evaluation or quality improvement activities. Instead, the concepts previously addressed in V-J were integrated into other quality indicators. This reorganization was intended to reduce redundancy and better align continuous quality improvement activities with the standards.

Programs are still expected to regularly review curriculum effectiveness, analyze relevant data, implement improvements, and evaluate the impact of those changes. These activities remain essential components of curriculum quality and ongoing program improvement.

Need More Help?
NLN CNEA Resources

Website

<https://cnea.nln.org/>

**Standards of Accreditation
2021 to 2026 Standards of Accreditation Crosswalk
Template for Systematic Evaluation Plans**

<https://cnea.nln.org/resources>

Workshops, Webinars, and Courses

<https://cnea.nln.org/events>

CNEA Advantage

<https://cnea.nln.org/professional-development>

CNEA Corner

<https://cnea.nln.org/cnea-corner>

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