

June 2026



National League for Nursing Commission for Nursing Education Accreditation Standards of Accreditation



Caring



Diversity and Inclusion



Integrity



Excellence

2600 Virginia Avenue NW, Washington, DC 20037

cnea.nln.org

NLN CNEA Accreditation: A Mark of Quality and Excellence in Nursing Education

The National League for Nursing (NLN) has a long and distinguished history of championing quality nursing education to prepare a competent and skilled nursing workforce. Since 1952, the NLN has provided leadership in establishing quality assurance and improvement processes in nursing education through the development of professional accreditation standards, that when applied through the accreditation process, provide nursing programs with a public mark of educational quality.

With the establishment of the NLN Commission for Nursing Education Accreditation (CNEA) as a programmatic accrediting body in September 2013, the NLN's commitment to setting standards that foster quality and excellence in nursing education continues through an accreditation process that is infused with the NLN core values of caring, diversity and inclusion, integrity, and excellence.

According to the U.S. Department of Education (2025), accreditation is “the status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's standards and requirements” (Subpart A 602.3). The Council for Higher Education Accreditation (CHEA) expands upon this definition by describing accreditation as an external quality review ... for quality assurance and commitment to quality improvement (CHEA, 2021). Program self-assessment is an important component of the process. Engaging in systematic self-assessment provides a collective opportunity to reflect and identify strengths and areas for improvement to support continuous quality improvement in their educational mission.

The NLN CNEA accreditation process encourages the development of a culture of continuous quality improvement as evidenced by the NLN mission statement. Through the establishment of CNEA, an autonomous accreditation division that conducts its work by setting forth accreditation standards infused with the NLN core values, the NLN continues its presence of over a century of effecting and advocating for quality patient care through ensuring quality nursing education.

NLN CNEA Mission

The National League for Nursing Commission for Nursing Education Accreditation (CNEA) promotes excellence and integrity in nursing education globally through an accreditation process that respects the diversity of program mission, curricula, students, and faculty; emphasizes a culture of continuous quality improvement; and influences the preparation of a caring and skilled nursing workforce.

NLN CNEA Accreditation Process and NLN Core Values

The NLN Commission for Nursing Education Accreditation (CNEA) implements its mission and conducts its accreditation activities guided by the NLN's core values – caring, diversity and inclusion, integrity, and excellence – as applied to the accreditation process.

A **culture of caring** is demonstrated through an accreditation process that reflects a culture of advocacy for quality assurance in nursing education, and is implemented in a collegial, collaborative context with communities of interest. NLN CNEA staff, governance board, committee members, and evaluation teams demonstrate through their interactions with communities of interest that accreditation standards can be upheld in a rigorous, yet caring and respectful manner.

A **culture of diversity and inclusion** is evidenced by a commitment to accredit all types of nursing programs, including practical/vocational, diploma, associate degree, bachelor's, master's, post-graduate certificate, and practice doctoral education. The NLN CNEA accredits all delivery formats for programs (e.g., face-to-face, blended/hybrid, fully online). NLN CNEA's accreditation standards reflect a respect for the diversity of programs' mission, curricula, faculty, and students that can be found to exist in nursing education nationally and internationally.

A **culture of integrity** exists throughout NLN CNEA with a commitment to exercising personal, professional, and organizational integrity throughout the accreditation process. This is evidenced, in part, by ensuring transparency and ethical decision-making in all accreditation activities and demonstrating open communication and timely responsiveness to communities of interest.

A **culture of excellence** is promoted through establishing clarity of purpose in the accreditation process with an emphasis on fostering continuous quality improvement in nursing programs. The outcome of a culture of excellence collaboratively instilled in programs through participation in the accreditation process is the creation of a student-centered learning environment that prepares a caring and skilled nursing workforce.

NLN CNEA's Standards of Accreditation

There are five standards, which when considered together, comprehensively address the foundational elements essential to ensuring quality academic programs. These five standards are: 1) Culture of Excellence – Program Outcomes; 2) Culture of Integrity and Accountability – Mission, Governance, and Resources; 3) Culture of Excellence and Caring – Faculty; 4) Culture of Excellence and Caring – Students; and 5) Culture of Learning – Curriculum and Evaluation Processes. The standards are explicated through 25 quality indicators and accompanying interpretive guidelines for each quality indicator. Each program under review must meet all quality indicators to achieve and maintain accreditation.

Drawing upon a national survey, the NLN released an updated version of the seminal *Hallmarks of Excellence in Nursing Education* (NLN, 2020). Survey findings confirmed that the hallmarks continue to provide a tool for excellence in nursing education for all programs and institutions and they serve as a framework that schools and faculty could use to continuously improve in their pursuit of excellence in nursing education (NLN, 2020). The *Hallmarks of Excellence in Nursing Education* (2020) addresses quality indicators in the following components of nursing education:

- 1) engaged students,
- 2) diverse, well-prepared faculty,
- 3) culture of continuous quality improvement,
- 4) innovative, evidence-based curriculum,
- 5) innovative, evidence-based approaches to facilitate and evaluate learning,
- 6) resources to support program goal attainment,

- 7) commitment to pedagogical scholarship, and
- 8) effective institutional and professional leadership.

The *Hallmarks of Excellence in Nursing Education* (2020) continue to define outstanding performance of high-quality programs and remain relevant for all types of institutions and programs. They provide a comprehensive framework for the NLN CNEA Standards of Accreditation, thus ensuring quality in nursing education programs across the academic spectrum.

The following paragraphs briefly address – from an organizational, professional, and philosophical perspective – the significance of the standards’ elements in fostering quality in higher education, and nursing education, in particular. The NLN CNEA Standards of Accreditation are unique in that, taken together, they create a culture of excellence committed to the formation of nursing professionals rather than a listing of impersonal rules and data. These perspectives are integrated throughout the NLN CNEA standards and quality indicators.

The National League for Nursing CNEA Standards of Accreditation apply to all types of nursing programs regardless of delivery format.

Standard I: Culture of Excellence – Program Outcomes

Establishing clear program outcomes is an essential first step in benchmarking and evaluating a program’s success in achieving and sustaining a quality educational environment for faculty and students. Program outcomes can be defined as the results achieved in response to goals set by the program. For example, program goals and related outcomes may be associated with faculty achievement; curriculum; student learning and achievement; and any other indicator of program quality that faculty determine to be important to the overall success of the program. Collectively engaging in the identification and development of expected program outcomes and determining the benchmarks to measure success, ensures that the program administrators, faculty, staff, and students are working collaboratively to achieve and maintain program excellence.

Standard II: Culture of Integrity and Accountability – Mission, Governance, and Resources

The mission of the institution describes its purpose and provides a statement of how the institution views its reason for existence and the students it seeks to serve. An institution’s mission will guide the goal setting, decision-making, and actions that occur within the institution, articulating the values that the institution holds as primary to educating students and supporting faculty and staff. The program is aligned with the institution, and all program core values, mission, and goals espouse the institution’s core values, mission, and goals, creating an organizational climate that is congruent for students, faculty, and staff.

The governance structures within the institution and program are designed to work collaboratively to support implementation of the institution and program mission. Faculty participate in and provide leadership at varying levels of governance within the educational environment, considering the goals of the institution and program. Student input and participation in institution and program governance is actively encouraged and sought out by faculty and administration. Decisions regarding institution and program resource allocation are made from a mission-focused perspective and with the intent to ensure adequate resources for the pursuit of quality and excellence within the program (Adams et al., 2022).

Standard III: Culture of Excellence and Caring – Faculty

Well-prepared faculty are essential to ensuring excellence and achieving distinction in nursing education as the faculty's expertise determine the program's potential for creating excellence in the learning environment (McMillian-Bohler, 2022). Defining the appropriate faculty complement (e.g., teachers, clinicians, and researchers) for a program is dependent upon the institution's mission and thus will vary amongst institutions and programs. To maintain competence as a nurse educator, faculty pursue systematic self-evaluation and improvement in the role and commit to lifelong learning (Christensen & Simmons, 2027). Faculty are provided with opportunities and resources by the institution and program to engage in professional development and lifelong learning to maintain role effectiveness.

Standard IV: Culture of Excellence and Caring – Students

A student-centered learning environment is cultivated within the program and students are recognized and supported within a caring environment. A system of student support exists within the institution and program with a goal of meeting individualized learning needs and fostering student success. The learning environment is created to facilitate the professional development of students and socialize them to the nursing role for which they are being prepared (Christensen & Simmons, 2027).

Standard V: Culture of Learning – Curriculum and Evaluation Processes

Faculty hold the responsibility for ensuring that the program curricula is logically organized, internally consistent, yet flexible. The curriculum should also help students strengthen their knowledge, support skill development, and challenge their thinking (Valiga, 2022). Built upon a foundation of professional standards, the curricula must be kept up to date to reflect current and emerging trends, issues, and practices (Christensen & Simmons, 2027). The input of communities of interest is solicited regularly to inform curricular decision-making and revisions and maintain the relevance of the curricula.

The NLN's evidence-based *Education Competencies Model* (2010) provides a broad-based framework that can guide the development of curricula of all types of programs, ranging from pre-licensure nursing education to practice doctoral education. Focused on four general program outcomes, the model further defines and elaborates upon six integrating concepts: context and environment; knowledge and science; personal and professional development; quality and safety; relationship-centered care; and teamwork (NLN, 2010). The NLN *Education Competencies Model* is an academic model and useful guide to faculty who are designing and revising curricula for all types of nursing programs.

The teaching, learning, and evaluation processes that are implemented within the curricula are varied, and evidence-based. These approaches facilitate interaction between faculty, students, and others involved in the teaching-learning process (NLN, 2020).

The NLN CNEA five Standards of Accreditation provide a national and global quality assurance framework through which programs of all types and all delivery formats can act to implement and achieve excellence in nursing education.

References

- Adams, M. H., Frith, K., & Lanz, A. S. (2022). Resources to support program goal attainment: Essential to achieve excellence and distinction in nursing education. In M. H. Adams & T. M. Valiga (Eds.), *Achieving distinction in nursing education* (pp. 87-105). National League for Nursing.
- Christensen, L. S., & Simmons, L. E. (2027). *The scope of practice for academic nurse educators and academic clinical nurse educators* (4th ed.). National League for Nursing.
- Council for Higher Education Accreditation [CHEA]. (2021). *Understanding CHEA recognition*. <https://www.chea.org/undertanding-chea-recognition>
- McMillian-Bohler, J. (2022). Diverse, well-prepared faculty: Essential to ensuring excellence and achieving distinction in nursing education. In M. H. Adams & T. M. Valiga (Eds.), *Achieving distinction in nursing education* (pp. 35-47). National League for Nursing.
- National League for Nursing (2010). *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing*. Author.
- National League for Nursing. (2020). *Hallmarks of excellence in nursing education*. <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resources/hallmarks-of-excellence>
- U.S. Department of Education (2025). *Code of federal regulations. 34 CFR Part 602.3*. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-VI/part-602/subpart-A/section-602.3>
- Valiga, T. M. (2022). Achieving excellence and distinction in nursing education through innovative, evidence-based curricula. In M. H. Adams & T. M. Valiga (Eds.), *Achieving distinction in nursing education* (pp. 61-72). National League for Nursing.

Standard I: Culture of Excellence – Program Outcomes

The program engages in ongoing and systematic assessment and evaluation based on data collection processes relative to expected outcomes. These data collection processes are used to inform data-based program decisions. The decisions made by the program demonstrate a commitment to continuous quality improvement in achieving outcomes.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>I-A. Faculty and staff engage in an ongoing systematic, evidence-based process to evaluate achievement of program outcomes.</p>	<ul style="list-style-type: none"> ➤ Faculty and staff engage in an ongoing systematic, evidence-based process. ➤ The evidence-based process consists of elements related to identified program outcomes; benchmarks; multiple strategies for data collection from communities of interest; established timelines; persons responsible for recording and analyzing data; findings; dissemination of findings; actions taken in response to findings; and analysis of the effectiveness of the actions taken. ➤ Program outcomes include, but are not limited to, program completion rates, licensure or certification pass rates, and graduate employment rates. ➤ The systematic process used to gather and analyze data is reviewed at regular intervals for continued relevance and revised as needed for continuous quality improvement. ➤ Demonstration of actions implemented in response to feedback received from the process are documented, along with the outcomes achieved by the actions taken. ➤ Programs not meeting any established benchmarks have completed an analysis of contributing factors, developed a plan of action to address identified factors impacting each compliance concern, and included actions and timelines for achieving each benchmark. 	<ul style="list-style-type: none"> ➤ Systematic evaluation plan with required elements. ➤ Examples of faculty and staff engaging in regularly scheduled review of identified program outcome data, resulting decisions, and evaluation plans. ➤ Examples of data-driven decisions based on the review and analysis of achievement of program outcomes. ➤ Plans of action in place for program outcomes not meeting established benchmarks.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
I-B. Communities of interest report program effectiveness.	<ul style="list-style-type: none"> ➤ Quantitative and/or qualitative data collection processes are in place to gather faculty, student, alumni, and employer data on program effectiveness using a regular schedule. ➤ Benchmarks are in place. ➤ Data analysis reports program effectiveness. ➤ A record of continuous quality improvement efforts documents faculty responses to data analysis and areas indicating a need for improvement, as appropriate, in response to communities of interest feedback. 	<ul style="list-style-type: none"> ➤ Data collection tools, methods, and analysis procedures. ➤ Documentation of faculty, students, alumni, and employers reporting program effectiveness. ➤ Program actions taken in response to program effectiveness data.
I-C. The program achieves expected completion rates.	<ul style="list-style-type: none"> ➤ Faculty set the benchmark for the program completion rate based on consideration of factors like student demographics and program type and level. ➤ Program provides rationale for their identified program completion rate benchmark. ➤ Program should have data collection and analysis plans in place to demonstrate achievement of the established benchmark. ➤ Program achieves established benchmarks. ➤ New programs that have not yet produced graduates have set a benchmark and have developed and implemented a plan to ensure successful attainment of the identified outcome. 	<ul style="list-style-type: none"> ➤ Data collection tools, methods, and analysis procedures. ➤ Documentation of completion rate formula, benchmark, and rationale. ➤ Data a) averaged over the most recent three-year period OR b) single-year for the most recent year. ➤ Completion rate data. Program will report overall completion rate per program, but completion rates specific to tracks and locations should be available if they are requested.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>I-D. The program achieves expected licensure or certification pass rates.</p>	<ul style="list-style-type: none"> ➤ The program achieves a minimum licensure or certification pass rate of 80% among first-time takers either a) averaged over the most recent three-year period OR b) single-year for the most recent year. ➤ First-time takers must have taken the examination within two years of degree conferral. ➤ Programs must also comply with their state regulatory agencies regarding minimum licensure or certification pass rates. ➤ New programs that have not yet produced graduates have set a benchmark and have developed and implemented a plan to ensure successful attainment of the identified outcome. 	<ul style="list-style-type: none"> ➤ Data collection tools, methods, and analysis procedures. ➤ Data a) averaged over the most recent three-year period OR b) single-year for the most recent year. ➤ Program will report overall licensure or certification pass rate per program, but licensure or certification pass rates specific to tracks and locations should be available if they are requested. ➤ Data regarding licensure or certification pass rates as documented by the issuing regulatory body.
<p>I-E. The program achieves expected graduate employment rates in the area of program preparation.</p>	<ul style="list-style-type: none"> ➤ Faculty set the graduate employment rate benchmark based upon workforce data analysis. ➤ Programs should provide a rationale for their established benchmark, including how they ensure graduates are employed in the area of program preparation. ➤ Programs are given the option for tracking and excluding graduates who have continued formal education within 12 months of degree conferral. ➤ Program should have data collection and analysis plans in place to demonstrate achievement of the established benchmark. ➤ Program achieves established benchmarks. ➤ New programs that have not yet produced graduates have set a benchmark and have developed and implemented a plan to ensure successful attainment of the identified outcome. 	<ul style="list-style-type: none"> ➤ Data collection tools, methods, and analysis procedures. ➤ Documentation of graduate employment rate formula, benchmark, and rationale. ➤ Data a) averaged over the most recent three-year period OR b) single-year for the most recent year. ➤ Graduate employment rate data. Program will report overall employment rate per program, but employment rates specific to tracks and locations should be available if they are requested.

Standard II: Culture of Integrity and Accountability – Mission, Governance, and Resources

A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources. The missions of the institution and program are aligned, creating an environment enabling the achievement of expected outcomes. Governance supports the attainment of outcomes and reflects faculty, student, and community of interest participation. The institution and program have adequate resources to enable continuous quality improvement efforts and meet program outcomes.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>II-A. Faculty and staff define the program's core values, mission, and goals, ensuring alignment with the institution.</p>	<ul style="list-style-type: none"> ➤ The faculty and staff define a clear and unified vision of the program's core values, mission, and goals of the program. ➤ The missions of the institution and program are aligned with each other. ➤ Expected program outcomes are evident and appropriate for the program mission and type. ➤ The program's core values, mission, and goals are publicly shared with communities of interest. ➤ Faculty and staff conduct regularly scheduled reviews of the core value, mission, and goal statements and expected program outcomes to ensure continued relevance. 	<ul style="list-style-type: none"> ➤ Documents describing core values, mission, and goals of the program. ➤ Documents demonstrating alignment between institution and program mission. ➤ Evidence of public dissemination of core values, mission, and goals to communities of interest. ➤ Committee minutes document the review process and decision-making related to maintaining relevant core value, mission, and goal statements. ➤ Documents describe regularly scheduled reviews of the core values, mission, and goals for continued relevance.
<p>II-B. The structure of the institution and program provides the opportunity for faculty and students to be involved in governance.</p>	<ul style="list-style-type: none"> ➤ Organizational support for faculty and students to participate in the governance of the institution and the program. ➤ Faculty and students have opportunities to engage in governance activities, including those at a distance. ➤ Faculty and students articulate examples of how their engagement in governance activities impacts program improvement. 	<ul style="list-style-type: none"> ➤ Evidence of opportunities for faculty and student participation in institutional and program governance activities in meeting minutes, committee membership rosters, invitations to provide input, and student governance activities. ➤ Evidence of feedback provided by students and faculty and documentation of program improvement changes made as a result of that input. ➤ Copies of the organizational structure of the institution and program.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>II-C. Communities of interest provide feedback which is used to inform decision-making about the educational preparation of students.</p>	<ul style="list-style-type: none"> ➤ The program seeks and utilizes feedback from communities of interest to inform program development and decision-making about the educational preparation of students. ➤ Partnerships among communities of interest and the program promote a sense of cohesiveness and collaboration. 	<ul style="list-style-type: none"> ➤ Program definition of community of interest. ➤ Evidence of how communities of interest provide feedback and how such feedback is used to inform program development and decision-making including data collection tools and methods. ➤ Evidence of communities of interest providing input into program planning and decision-making about the quality of the program, with documented examples (e.g., meeting minutes, program reports, evaluation materials, such as surveys and course reports). ➤ Evidence of outcomes related to partnership collaboration between program and communities of interest.
<p>II-D. Program publications, documents, and policies are clear, current, accurate, and accessible.</p>	<ul style="list-style-type: none"> ➤ All program publications are clear, current, and accurately reflect program practices. ➤ Regular review and revision of program publications, documents, and policies. The means of access to these materials are clearly delineated for communities of interest. ➤ A process is developed and implemented to notify communities of interest of changes in publications, documents, and policies in a timely fashion. ➤ Accreditation status is communicated accurately to the public, including contact information for NLN CNEA. 	<ul style="list-style-type: none"> ➤ Copies of program publications, documents, and policies, with documentation of regular reviews and resulting actions. ➤ Evidence of notification of policy changes to communities of interest. ➤ Documentation of how communities of interest gain access to program publications, documents, and policies. ➤ Copies of publications (e.g., websites) providing accurate information regarding accreditation status and NLN CNEA contact information.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>II-E. The program is led by a chief academic nurse administrator who is qualified and has the authority to help meet expected outcomes.</p>	<ul style="list-style-type: none"> ➤ The curriculum vitae of the chief academic nurse administrator provides evidence of practice, leadership, and academic expertise which qualifies them to lead the program. ➤ The chief academic nurse administrator holds an active and unencumbered nursing license. ➤ The chief academic nurse administrator holds appropriate academic credentials appropriate for the program type and level and meets regulatory (e.g., state board of nursing) and professional nursing requirements. ➤ The program has written policies that describe the administrative role and responsibilities of the chief academic nurse administrator, including the responsibility to manage the procurement and allocation of the program's resources and budget. 	<ul style="list-style-type: none"> ➤ Copy of chief academic nurse administrator's curriculum vitae. ➤ Position description of chief academic nurse administrator. ➤ Examples of chief academic nurse administrator's outcomes and accomplishments in the role. ➤ Documentation of compliance with regulatory (e.g., state board of nursing) and professional nursing organization requirements for chief academic nurse administrator qualifications. ➤ Evidence of the chief academic nurse administrator's financial management of the program, including budgetary responsibilities.
<p>II-F. The program has the necessary budgetary resources that are regularly reviewed and allocated to meet expected program outcomes.</p>	<ul style="list-style-type: none"> ➤ Adequate budgetary resources are available, including personnel, instructional, and administrative resources. ➤ There is documentation of the systematic review of program resources with data used to allocate resources as appropriate to sustain an environment of continuous quality improvement and to meet expected program outcomes. 	<ul style="list-style-type: none"> ➤ Copies of the program budget for the past three years. ➤ Examples of adequate or expanded budgetary resources including personnel, instructional, and administrative resources. ➤ Documentation reflecting the regular review of the adequacy of resources and evidence of actions taken.

Standard III: Culture of Excellence and Caring – Faculty

Full- and part-time faculty and preceptors demonstrate a culture of excellence and caring that enables the program to achieve expected outcomes. Faculty and preceptors are qualified and adequate in number to meet program outcomes. Faculty support promotes the achievement of individual and collective outcomes that are aligned with the institution and program missions.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>III-A. Faculty are qualified and adequate in number to meet program outcomes.</p>	<ul style="list-style-type: none"> ➤ Faculty qualifications pertaining to content and pedagogical expertise are defined by the program. ➤ Faculty demonstrate content expertise related to their area of teaching responsibility. ➤ Faculty demonstrate pedagogical expertise related to best practices in teaching, learning, and evaluation. ➤ Faculty meet regulatory (e.g., state board of nursing) and professional organization requirements for teaching. ➤ Faculty have relevant licensures or certifications as applicable to the program they teach. ➤ Advanced practice programs employ an adequate number of faculty who possess the practice expertise and hold national professional certification credentials in the role and population focus of the program. ➤ There is an adequate number of faculty to meet program outcomes, including faculty/student ratios which support teaching, learning, and evaluation. 	<ul style="list-style-type: none"> ➤ List of all full- and part-time faculty by name, including credentials, degrees and granting institutions, certifications, honorary designations, and other pertinent qualifications. ➤ Evidence of faculty content and pedagogical expertise in individual and aggregate form. ➤ Definitions of faculty role and copies of job descriptions. ➤ Documentation of compliance with regulatory (e.g., state board of nursing) and professional nursing organization requirements for faculty qualifications. ➤ Advanced practice programs provide evidence of current faculty practice experience that aligns with the role and population focus of the program. ➤ For advanced practice programs, documentation of compliance with professional nursing organizations (e.g., APRN Consensus Model for APRN Regulation, NTF Standards) requirements. ➤ Descriptions of faculty/student ratios in classroom, laboratory, simulation, and clinical settings and rationale for ratios. ➤ Description of full-time equivalent (FTE) calculation and number of faculty FTEs committed to the program.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>III-B. Preceptors are qualified, prepared, and adequate in number to facilitate student learning.</p>	<ul style="list-style-type: none"> ➤ The program provides rationale for the use of preceptors. ➤ The program defines required preceptor qualifications, roles, and responsibilities, and documents compliance with regulatory and professional guidelines. ➤ The preceptor's qualifications, roles, and responsibilities are clearly described and shared with all members of the learning community. ➤ Preceptor roles and responsibilities are differentiated from the faculty role. Faculty are responsible for evaluating students. ➤ Preceptors are oriented and supported. ➤ The program has established processes to evaluate preceptors. ➤ The program ensures students have access to an adequate number of qualified preceptors. 	<ul style="list-style-type: none"> ➤ Description of expected preceptor qualifications, roles, and responsibilities. ➤ Documentation of compliance with state board of nursing rules and regulations regarding preceptor qualifications. ➤ Statement about preceptor versus faculty roles and responsibilities. ➤ Examples of orientation materials and supports. ➤ Examples of preceptor evaluation processes. ➤ Documentation of adequate number of preceptors.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>III-C. Faculty achieve individual and collective outcomes.</p>	<ul style="list-style-type: none"> ➤ Program establishes individual and collective faculty outcomes in areas such as teaching, practice, research, scholarship, and service. Program may choose to define different outcomes for full- and part-time faculty. ➤ Faculty outcomes are aligned with the mission of the institution and program. ➤ Faculty are provided support such as orientation, mentoring, professional development opportunities, and resources like technology assistance, enabling attainment of faculty outcomes. ➤ A regular faculty evaluation process is in place to measure individual and collective outcomes. ➤ Data describing individual faculty outcomes are gathered and analyzed at designated intervals and used to measure individual faculty achievements. ➤ Data describing collective faculty outcomes gathered and analyzed at designated intervals and used to measure aggregate faculty achievements. ➤ Faculty outcome data are used to make ongoing program improvements. 	<ul style="list-style-type: none"> ➤ Individual and collective faculty outcomes for full- and part-time faculty are defined in areas such as teaching, practice, research, scholarship, and service which are aligned to the mission of the institution and program. Program may choose to define different outcomes for full- and part-time faculty. ➤ Examples of faculty support related to faculty expectations. ➤ Evidence that a regular faculty evaluation process is in place. ➤ Documentation of individual faculty outcome data related to expectations. This involves what each individual faculty member has accomplished. ➤ Documentation of collective faculty outcome data related to expectations. This involves what the collective faculty has accomplished as a whole. ➤ Evidence of faculty participation in ongoing professional development. ➤ Examples of changes made in response to faculty outcomes data.

Standard IV: Culture of Excellence and Caring – Students

The institution and program are committed to providing student-centered services sufficient to create a supportive learning environment focused on full- and part-time student success. The program has clearly delineated student policies which conform with institutional policies. The program processes complaints in accordance with policies and maintains secure and confidential student records, thereby demonstrating a commitment to creating a caring environment supportive of student success.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>IV-A. Student-centered services are available and regularly reviewed to foster student success.</p>	<ul style="list-style-type: none"> ➤ Students enrolled in face-to-face and distance education programs have access to student services to facilitate their achievement of learning outcomes. ➤ Student support services are available which include but are not limited to, academic advising; tutoring; financial aid; guidance; personal counseling; career guidance; and technology support. ➤ Ongoing review and revision of the effectiveness of student support services with attention to fostering student success. 	<ul style="list-style-type: none"> ➤ Copies of student handbooks, bulletins, catalogs, describing services related to recruitment, admission, retention, progression, graduation, and career preparation. ➤ Descriptions of program and institutional support services that are available to students. ➤ Evidence that students have knowledge of and access the support services available to them. ➤ Examples of data collection tools, methods, and data analysis procedures. ➤ Examples of evaluation plans for student services and documentation of actions taken in response to the review.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>IV-B. The program's student policies conform with the institution, and are regularly reviewed to meet expected program outcomes.</p>	<ul style="list-style-type: none"> ➤ Student policies conform with the institution's policies. There is an explanation with accompanying rationale related to any existing differences between institutional and programmatic student policies and expected program outcomes. ➤ Student policies are implemented in a consistent and uniform manner. ➤ There is a plan for regularly scheduled review and revision of policies and documentation of outcomes resulting from decision-making in response to the regular reviews. ➤ Students are notified of policy changes in a timely manner. 	<ul style="list-style-type: none"> ➤ Examples of program policies' alignment with the institution's policies. ➤ Examples of consistent and equitable application of student policies. ➤ Evidence of regularly scheduled review of student policies and resulting actions. ➤ Examples of adequate notice of policy changes to students.
<p>IV-C. Faculty and staff process formal student complaints using policies and procedures that are clearly delineated.</p>	<ul style="list-style-type: none"> ➤ The program provides a process for addressing formal student complaints in accordance with institution and program policies. ➤ The institutional and program definition, policies, and procedures associated with filing a formal complaint are accessible. ➤ Information regarding formal complaints is maintained by the program and addresses due process and actions taken to resolve the complaint. ➤ The program provides records of student complaints accrued from the most recent three years. 	<ul style="list-style-type: none"> ➤ Copy of formal complaint process. ➤ Records of formal student complaints and their outcomes from the most recent three years. ➤ Examples of changes made in response to complaint data.
<p>IV-D. Student records are maintained in a secure, confidential manner in accordance with the policies of the institution, program, and regulatory guidelines.</p>	<ul style="list-style-type: none"> ➤ Established written policies and processes to ensure security and confidentiality of student records. ➤ Student record policies adhere to policies of the institution, program, and regulatory guidelines. ➤ All faculty and staff follow student record processes to ensure confidentiality and security of student information. 	<ul style="list-style-type: none"> ➤ Copies of policies and procedures regarding document security and confidentiality. ➤ Evidence student record policies adhere to institution, program, and regulatory guidelines. ➤ Copies of policies and procedures followed by faculty and staff to maintain confidentiality of student records and examples of compliance with policies and processes.

Standard V: Culture of Learning – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that supports the progressive achievement of expected program and student learning outcomes. The program clearly integrates professional standards, competencies, and guidelines and uses teaching, learning, and evaluation strategies that are evidence-based, current, and appropriate for the program type. Distance learning programs are held to the same standards as face-to-face programs.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>V-A. The curriculum is designed to foster achievement of learning outcomes that are aligned with the program.</p>	<ul style="list-style-type: none"> ➤ Program learning outcomes are clearly delineated and appropriate for the program. ➤ Student learning outcomes are clearly delineated and appropriate for the program. ➤ The curriculum design includes learning outcomes that are student-centered and support student progression. ➤ Faculty describe student learning outcomes, their relationship to program learning outcomes, and can provide examples of how the curriculum facilitates attainment of these outcomes. 	<ul style="list-style-type: none"> ➤ Copies of program learning outcomes for each program type. ➤ Course syllabi with examples of student learning outcomes, learning activities, and evaluation strategies. ➤ Faculty articulate examples of student learning outcomes in relation to program learning outcomes and how the curriculum fosters the attainment of these expected outcomes.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>V-B. The curriculum incorporates professional standards, competencies, and guidelines.</p>	<ul style="list-style-type: none"> ➤ Faculty identify and adopt appropriate professional, regulatory, and other professional standards, competencies, and guidelines. ➤ Adopted standards, competencies, and guidelines have been systematically integrated throughout the curriculum. ➤ The curriculum has been designed to address current licensure or certification criteria. ➤ Faculty can articulate which professional and regulatory standards, competencies, and guidelines have been integrated into the curriculum and cite examples of how they are applied. ➤ Graduate programs preparing advanced practice nurses incorporate established professional standards, competencies, and guidelines (e.g., APRN Consensus Model for APRN Regulation, NTF Standards) into the curriculum to ensure student eligibility to achieve national certification for intended practice roles, including minimum number of supervised clinical hours. NOTE: When specialty accreditation options are available, each degree or certificate program is required to seek accreditation by an agency recognized by the U.S. Department of Education for the specific nursing practice role. 	<ul style="list-style-type: none"> ➤ Examples of evidence that demonstrates the integration of professional and regulatory nursing, and other professional standards, competencies, and guidelines into the curriculum (e.g., tables, crosswalks, syllabi, etc.). ➤ Copies of course syllabi. ➤ Evidence of graduate APRN curricular elements addressing alignment with APRN populations (e.g., APRN Consensus Model for APRN Regulation, NTF Standards), including degree transcript designations and attainment of minimum number of supervised clinical hours. ➤ Copies of professional standards, regulatory standards, competencies, and guidelines, and evidence of how they are integrated. ➤ NOTE: Appendix B lists example professional standards, competencies, and guidelines that faculty should integrate into curricula. Faculty should select professional standards, competencies, and guidelines appropriate to program type and level, as well as role, population, and specialty for which graduates are prepared.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>V-C. The curriculum supports progressive achievement of learning outcomes.</p>	<ul style="list-style-type: none"> ➤ Pre-licensure programs incorporate a foundation of nursing arts and sciences. ➤ Post-licensure programs build upon the previous nursing program. ➤ Faculty can describe how courses taken to fulfill the general education, basic sciences, social sciences, and human sciences curricular requirements support student achievement of learning outcomes. ➤ The curriculum is sequenced and designed to promote student progression through the program without duplication. 	<ul style="list-style-type: none"> ➤ Curriculum plan with rationale for sequencing. ➤ Pre-licensure programs provide rationale for selection of general education, basic sciences, social sciences, and human sciences courses chosen to support student achievement of learning outcomes. ➤ Post-licensure programs provide rationale for selection of courses that build upon the previous nursing program. ➤ Faculty provide examples of student achievement of learning outcomes.
<p>V-D. The curriculum is evidence-based and reflects current and emerging trends, issues, and practices.</p>	<ul style="list-style-type: none"> ➤ Faculty design, review, and revise the curriculum based on consideration of current and emerging societal and health care trends and issues, research findings, and educational practices. ➤ The curriculum undergoes a regular review. 	<ul style="list-style-type: none"> ➤ Examples of syllabi or teaching/learning activities that demonstrate integration of contemporary practices. ➤ Faculty articulate identified trends, issues, and practices and examples of integration into the curriculum. ➤ Examples of data-driven curriculum review, revisions, and resulting actions are documented in minutes or reports.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>V-E. The curriculum provides students with experiential learning opportunities that support achievement of learning outcomes.</p>	<ul style="list-style-type: none"> ➤ The faculty design and implement experiential learning opportunities throughout the curriculum that foster the acquisition of learning outcomes specific to the nursing role for which they are being prepared. ➤ Partnerships and agency agreements with health care and community organizations support acquisition of learning outcomes. 	<ul style="list-style-type: none"> ➤ Examples of experiential learning activities in settings like classroom, clinical, laboratory, and simulation-based environments that foster learning outcome achievement and competency development. ➤ Copies of agency agreements (i.e., contracts, memorandum of understanding, affiliation agreements). ➤ Copies of course syllabi and other course documents exhibiting experiential learning. ➤ Examples of experiential teaching-learning strategies that foster the acquisition of learning outcomes specific to the nursing role for which they are being prepared.
<p>V-F. The faculty use teaching and learning strategies that support student achievement of learning outcomes.</p>	<ul style="list-style-type: none"> ➤ Teaching and learning-strategies in all settings and delivery formats are implemented based upon best practices in education. ➤ Faculty facilitate learning activities that support achievement of learning outcomes and role-specific learning outcomes. ➤ Teaching and learning strategies undergo a regular review. 	<ul style="list-style-type: none"> ➤ Examples of teaching and learning strategies that are used in all settings like classroom (face-to-face or distance), clinical, laboratory, and simulation-based environments. ➤ Course syllabi and other documents which outline teaching and learning strategies. ➤ Evidence of the regular review of teaching and learning strategies. ➤ Tools and data that demonstrate review of teaching and learning activities.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>V-G. The faculty use evaluation strategies that measure student achievement of learning outcomes.</p>	<ul style="list-style-type: none"> ➤ Evaluation strategies in all settings and delivery formats are focused on student achievement of learning outcomes. ➤ Faculty retain the responsibility for evaluation. ➤ Grading policies, scales, and criteria are clearly defined and communicated to all students. ➤ Grading policies, scales, and criteria are consistently applied by faculty. ➤ If standardized testing is used, it is consistent with a student-centered approach designed to support achievement of learning outcomes. ➤ Evaluation strategies undergo a regular review. 	<ul style="list-style-type: none"> ➤ Examples of evaluation strategies that measure student achievement of learning outcomes. ➤ Examples of grading policies, scales, and criteria as well as how they are communicated to students. ➤ Examples of assignments with student feedback that demonstrates consistent use of evaluation strategies. ➤ Description of the use of standardized testing, if any, and examples of how testing is used to support student achievement of learning outcomes. ➤ Evidence of the regular review of evaluation strategies like course evaluation tools with data.

Appendix A – Glossary of Terms

Administrative resources – Operational support for the program including items like utilities, accreditation and licensing fees, marketing, recruitment, and support services.

Advanced practice nurse – A nurse practitioner, clinical nurse specialist, nurse anesthetist, or nurse midwife who holds a master's degree in nursing or higher, in addition to the initial nursing education and licensing requirements of an entry-level nurse (American Nurses Association, 2026). Requirements for certification and scope of practice vary depending on the type of advanced practice nurse and the state in which they practice.

Caring – “A culture of caring, as a fundamental part of the nursing profession, characterizes ... concern and consideration for the whole person, ... commitment to the common good, and ... outreach to those who are vulnerable. All organizational activities are managed in a participative and person-centered way” (National League for Nursing, 2025, para. 3).

Chief academic nurse administrator or CANA – Individual who is authorized to act on behalf of the nursing program and is the point of contact for communications with the NLN CNEA. Many alternate terms can be used by programs to describe the CANA including titles like dean, director, and chair. The CANA should be a licensed nurse with appropriate academic credentials and have practice, leadership, and academic expertise. The CANA should also hold fiscal responsibility.

Collective faculty outcomes – Expectations of the faculty as a whole, including full- and part-time faculty. Expectations can be in areas such as teaching, practice, research, scholarship, and service, depending on the institution and program. Program can choose to define different outcomes for full- and part-time faculty. An example collective faculty outcome could include that ‘all faculty will attend at least one professional conference each year.’

Community of interest – As defined by the program, the community of interest represents categories of individuals, institutions, organizations, and practitioners, internal and external to the program, who collectively share a vested interest in the outcomes of the program.

Competency – “A principle of professional practice that identifies the expectations required for safe and effective performance of a task or implementation of a role” (National League for Nursing, 2020, para. 6).

Completion rate – The percentage of students in a given cohort who complete degree requirements within a specific timeframe, usually expressed as a specific percentage of the usual time to program completion (e.g., 100%, 150%). The completion rate may be adjusted for acceptable exclusions like dropping out of a program due to personal reasons.

Continuous quality improvement (CQI) – “A comprehensive, sustained, and integrative approach to system assessment and evaluation that aims toward continual improvement and renewal of the total system” (National League for Nursing, 2020, para. 6).

Core values – Essential belief that guides the behaviors manifested within the institution, program, and individuals within those organizations, and influences organizational and individual decision-making and actions. Core values are individualized and specific to the institution and program.

Curriculum – “The interaction among learners, teachers, and knowledge – occurring in an academic environment – that is designed to accomplish goals identified by the learners, the teachers, and the profession the learners expect to enter” (National League for Nursing, 2020, para. 6).

Distance education – NLN CNEA adheres to the U.S. Department of Education definition of distance education: 34 CFR Part 600.2 (U.S. Department of Education, 2025).

Evidence-based practice – The “best available science is combined with the healthcare professional's clinical experience and the patient's values” to deliver quality care (Tenny & Varacallo, 2024, para. 1).

Excellence – “A culture of excellence reflects a commitment to continuous growth, improvement, and understanding. It is a culture where transformation is embraced, and the status quo and mediocrity are not tolerated” (National League for Nursing, 2025, para. 6).

Experiential learning – An educational approach that provides students with authentic, real-world experiences that promote active engagement, reflection, and analysis to enhance learning and support the achievement of role-specific competencies. Experiential learning can occur in a variety of settings, such as classrooms, clinical environments, laboratories, virtual settings, and simulation-based environments.

Faculty – Educators who are responsible for program activities like teaching, research, scholarship, and service. This includes individuals employed full- and part-time and individuals who may have different job titles such as clinical instructor, clinical professor, instructor, faculty, lecturer, and professor.

Goals – What the program wants to accomplish.

Individual faculty outcomes – Expectations of each faculty individually, including full- and part-time faculty. Expectations can be in areas such as teaching, practice, research, scholarship, and service, depending on the institution and program. Program can choose to define different outcomes for full- and part-time faculty. An example individual faculty outcome could include that ‘the full-time faculty member will submit one article for publication each year.’

Integrity – “A culture of integrity is evident when organizational principles of open communication, ethical decision-making, and humility are encouraged, expected, and demonstrated consistently” (National League for Nursing, 2025, para. 4). Organizational integrity involves staying aligned to the stated core values, mission, and goals espoused by the institution and program and creating an organizational environment that fosters student, faculty, and staff success.

Instructional resources – Learning materials to facilitate the teaching-learning process including items like supplies, equipment, simulation labs, classroom space, course materials, technology, software, and technology infrastructure.

Learning community – A group of individuals (e.g., students, teachers, practitioners) who come together in the learning process with a common goal of facilitating the achievement of expected learning outcomes.

Mission statement – The unique purpose for which the institution and program exists.

Nursing program – An educational offering, contained within an institution which is approved to offer post-secondary education, designed to prepare students for their intended nursing role including theoretical and experiential learning opportunities. The nursing program has an organized plan of study that enables students to meet professional practice standards and licensure or certification requirements as applicable. The program results in a degree or a diploma. The program can have multiple pathways or specializations (Tracks) that lead to the attainment of the nursing degree or diploma.

Personal and professional development – “Lifelong process of learning, refining, and integrating values and behaviors that a) are consistent with the profession's history, goals, and codes of ethics; b) serve to distinguish the practice of nurses from that of other health care providers; and c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession's ongoing viability” (National League for Nursing, 2010, p. 68).

Personnel resources – Support for faculty and staff, including items like salaries, benefits, and professional development funds.

Preceptor – A nursing professional who is not a program faculty member but who facilitates, in collaboration with program faculty, student achievement of learning outcomes. Many alternate terms can be used by programs to describe preceptors including clinical coach, mentor, and other supervisory personnel.

Program effectiveness – Extent to which the program achieves its intended goals.

Program learning outcomes – Statement that describes 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, which are the end result of the program.

Program outcomes – Results achieved in response to goals set by the program. For example, outcomes may be associated with faculty, curriculum, support services and resources, student learning and achievement (for example, completion rates, retention rates, licensure pass rates, certification pass rates), and any other measure of program quality that is important to the success of the program.

Quality and safety – “The degree to which health care services 1) are provided in a way consistent with current professional knowledge; 2) minimize the risk of harm to individuals, populations, and providers; 3) increase the likelihood of desired health outcomes; and 4) are operationalized from an individual, unit, and systems perspective” (National League for Nursing, 2010, p. 68).

Simulation-based experiences – Structured learning activities where participants are guided through realistic, interactive scenarios in a controlled learning environment. These experiences integrate prebriefing, active participation, and guided debriefing, which enables learners to safely develop in their roles and obtain needed competencies.

Staff – Individuals who are responsible for operational, technical, administrative, and support services for the program but who do not have faculty responsibilities. This includes individuals employed full- and part-time. For example, staff may be administrative assistants, simulation technicians, or other staff who support the educational needs of students but do not hold a faculty title.

Standardized testing – A test which is administered, scored, and interpreted in a consistent manner. In nursing education, standardized tests are often used as one element of program admission criteria, or to help prepare students for licensure or certification examinations. These tests are frequently offered by nursing education companies help to assess or evaluate student knowledge and guide student learning support

Student-centered environment – A pedagogical approach that focuses on the learner and their success, keeping them actively engaged in learning. This approach shifts the educational emphasis away from the teacher and to the learner.

Student learning outcomes – Statement that describes what a student should be able to do, know, or value after the completion of a course. Student learning outcomes are measured in many settings.

Student support services – “Services that promote the comprehensive development of the student and help strengthen learning outcomes by reinforcing and extending the educational institution’s influence beyond the classroom. Such services include but are not limited to admissions, financial aid, registration, orientation, advisement, tutoring, counseling, discipline, health, housing, placement, student organizations and activities, cultural programming, childcare, security and athletics” (National League for Nursing, 2020, para. 6).

Track – Educational pathway or specialization within a nursing program.

Glossary References

- American Nurses Association. (2026). *Advanced Practice Registered Nurse (APRN)*.
<https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/aprn/>
- National League for Nursing (2010). *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing*. Author.
- National League for Nursing (2020). *Hallmarks of excellence in nursing education*.
<http://www.nln.org/education/teaching-resources/professional-development-programsteaching-resources/hallmarks-of-excellence>
- National League for Nursing (2025). *Core values*. www.nln.org/about/core-values
- Tenny, S., & Varacallo, M. A. (2024). *Evidence-based medicine*. StatPearls [Internet].
<https://www.ncbi.nlm.nih.gov/books/NBK470182/>
- U.S. Department of Education. (2025). *Code of federal regulations. 34 CFR Part 600.2*.
<https://www.ecfr.gov/current/title-34/subtitle-B/chapter-VI/part-600/subpart-A/section-600.2>

Appendix B – Professional Nursing Standards, Competencies, and Guidelines (Examples)

The following list provides **examples** of professional nursing standards, competencies, and guidelines that faculty can integrate into their program curricula. This is not meant to be an all-inclusive listing; programs may elect to incorporate other professional standards, competencies, and guidelines. Faculty should select professional standards, competencies, and guidelines appropriate to program type and level, as well as role, population, and specialty for which graduates are prepared.

- AONL Nurse Leader Core Competencies (AONL, 2022)
- CNS Statement for Clinical Nurse Specialist Practice and Education (NACNS, 2019)
- Code of Ethics for Nurses (ANA, 2025)
- Competencies for the Women’s Health and Perinatal Clinical Nurse Specialist (2023)
- Competency Framework for Pediatric Nurse Practitioners (2020)
- Core Competencies for Interprofessional Collaborative Practice (IPEC, 2023)
- Hallmarks of Excellence (NLN, 2020)
- Healthcare Simulation Standards of Best Practice® (INACSL, 2025)
- Nurse Practitioner Core Competencies (NONPF, 2022)
- Nursing: Scope and Standards of Practice (ANA, 2021)
- Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master’s, Practice Doctorate and Research Doctorate Programs in Nursing (NLN, 2010)
- Program Outcomes and Competencies for Graduate Academic Nurse Educator Preparation (NLN, 2017)
- Quad Council Competencies for Community/Public Health Nursing (Quad Council Coalition, 2018)
- Quality and Safety Education for Nurses (QSEN, 2020)
- Standards for Quality Nurse Practitioner Education (National Task Force (NTF) for Quality Nurse Practitioner Education, 2022)
- The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021)
- The Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators (NLN, 2027)