

Accreditation Program Application Form – Nurse Practitioner Programs

Instructions to school head:

Complete all three parts of the application form and submit it to CASN C/O accreditation staff with the relevant appendices prior to the preferred date of the on-site visit.

**PART 1:** **APPLICATION FORM**

1. Name of school:

Address:

Telephone:

Website address:

Link to brochure or to student information about the program:

List the site(s) in which classes take place (include a map of the sites as Appendix A).

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1. Educational Program(s)\* for Review:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Length of the Program | Number of Years Offered by the Unit | Sites that Offer the program and Length of Time Spent at Each Site | If new, insert the year of First Graduates | Expiry Date of Current Accreditation |
|  |  |  |  |  |
|  |  |  |  |  |

For the purposes of accreditation, a program is a course of study that has a single and unique university degree conferred on the student by a single degree-granting institution; a single organization curriculum framework; and/or a single sequence of defined courses with single course descriptions and specified options to meet a single and specific set of program outcomes. A program also has a set of specified admission requirements.

1. Preferred Date of On-Site Visit

The preferred date of the review is the week of :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_.

Note that students in all years of the programs being reviewed must be present in both class and clinical settings during the period of the visit. The preferred date excludes statutory holidays and reading or study week(s). It is best to consult with CASN accreditation staff regarding the availability of reviewers during the school’s preferred week.

1. Applicant Declaration

I declare that I am the school head and that I am authorized to commit the aforementioned school to CASN’s accreditation process. I have identified all nursing education program, options, tracks and streams for accreditation review in this application. I have read <name of accreditation manual> and agree to comply with all CASN policies, procedures, guidelines and fees.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II EDUCATIONAL UNIT DESCRIPTION**

* Describe the educational unit (administrative structure) that supports the program.
* Briefly describe the learning resources that are made available to students such as the library, computers and learning laboratories.
* Describe the academic criteria and admission assessment process for each program to be reviewed. Only Nurse Practitioner programs at the master’s or post-master’s level will be accepted for accreditation.
* List the contact information (names, position, telephone and fax numbers and e-mail addresses) regarding the school head, administrative assistant and other personnel who will be involved with CASN accreditation in Appendix B.

**PART III NURSE PRACTITIONER EDUCATIONAL PROGRAM DESCRIPTION**

Provide information about the educational program under the following headings. This information should also be placed into the beginning of the self-assessment document to aid reviewers in their understanding of the program.

* **Program**
	+ - Briefly describe the program to be reviewed.
		- List the program outcomes for each program.
		- Describe the admissions criteria for students.
		- Describe the process used to assess credits from other schools or faculties.
		- Describe how the school addresses prior learning assessment of students.
		- Describe the curriculum of each program.
		- Provide a brief overview of the courses within each program and their sequence.
		- Describe how clinical placement for students is addressed.
* **Faculty**
* List the number of full-time and part-time faculty; and contractual faculty.
* Summarize academic qualifications of faculty (diploma, PhD, Masters, baccalaureate prepared).
* **Distance Education Program Delivery**
* For each program using distance delivery, identify the mode of delivery with percentage of face-to-face classes (i.e. correspondence, teleconferencing, videoconferencing, online web-based course).
* **Students**
* Provide the total number of full-time and part-time learners in each program and at each site and the number of admissions to each program in the current year.
* Describe the evaluation of students in clinical and theoretical courses.
* **Clinical Settings**
* Describe the location of clinical sites.
* Describe how consistency and quality is achieved for the clinical settings.

Please return the completed form to Joni Boyd, Managing Director, Accreditation & Evaluation, CASN