2012

Criteria for Evaluation of Nurse Practitioner Programs

A REPORT OF THE
NATIONAL TASK FORCE
ON QUALITY
NURSE PRACTITIONER EDUCATION

A Report of the
National Task Force on Quality Nurse Practitioner Education

CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS 2012

4th Edition

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Electronic and printed copies of the document are also available from many of the organizations represented on the National Task Force on Quality Nurse Practitioner Education and organizations endorsing the evaluation criteria.

National Task Force on Quality Nurse Practitioner Education. (2012). *Criteria for evaluation of nurse practitioner programs*. Washington, DC: National Organization of Nurse Practitioner Faculties.

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Task Force members are committed to ensuring excellence and stability in nurse practitioner education. We have worked in a collegial manner and have sought to build consensus in our process. Our major strength has been the desire to prepare highly qualified, competent nurse practitioner graduates. We believe that this document advances that purpose.

Endorsements

The National Task Force on Quality Nurse Practitioner Education (NTF) continues to see organizational endorsement of the "Criteria for Evaluation of Nurse Practitioner Programs." Endorsement is defined as a general philosophical agreement with the evaluation criteria. Endorsing organizations, as of August 2012, include:

American Academy of Nurse Practitioners Certification Program

American Association of Colleges of Nursing

American Association of Critical Care Nursing

American Nurses Credentialing Center

American Psychiatric Nurses Association

Association of Faculties of Pediatric Nurse Practitioners

Commission on Collegiate Nursing Education

International Society of Psychiatric Mental Health Nurses

National Association of Neonatal Nurse Practitioners

National Association of Nurse Practitioners in Women's Health

National Certification Corporation

National Council of State Boards of Nursing

National League for Nursing Accrediting Commission

National Organization of Nurse Practitioner Faculties

Pediatric Nursing Certification Board

CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS, 4th Edition 2012

INTRODUCTION

The fourth edition of this document is the culmination of a year of review by the National Task Force on Quality Nurse Practitioner Education (NTF) to ensure that these national, consensus-based evaluation standards remain current. The organizations represented on the NTF share a commitment to maintaining the high quality of nurse practitioner education through the sustained efforts for periodic review and updating of the *Criteria for Evaluation of Nurse Practitioner Programs.* This document offers an important resource for those involved in the preparation, credentialing, and licensing of nurse practitioners. The evaluation criteria, combined with accreditation standards for graduate programs in advanced practice nursing, provide a basis for evaluating all nurse practitioner (NP) programs.

Revision Process

The National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) reconvened the National Task Force in spring 2011. The National Task Force (NTF) includes representatives of fourteen organizations whose activities are related to NP education, certification, or accreditation. In addition, the NTF invited representation from the National Council of State Boards of Nursing and the Division of Nursing within the Health Resources and Services Administration as Friends of the NTF. Through a series of face-to face meeting, conference calls, and e-mail correspondence, the National Task Force completed a review and discussion of the evaluation criteria.

Revisions in this edition mainly clarify original language in the criteria or provide further elaboration as to definition or strategies for documentation. Particular emphasis was given to the use of the evaluation criteria in the accreditation of programs and the feedback obtained from this use over the past several years. The revisions in this edition also reflect greater consideration of changes in learning formats within NP education (e.g., use of simulation, increased distance learning opportunities, and more). These changes afford programs enhanced flexibility to best address their unique design and learning formats to meet student and community needs.

One notable change throughout the document is refinement of the documentation for each criterion. Previous editions had identified "required" and "supporting" documentation; this edition delineates only the required or minimal documentation needed to provide evidence of meeting each criterion. This change was in response to feedback from the accreditors about questions and misunderstandings about the documentation.

The NTF updated and made minor edits to the sample forms provided as accompaniments to the evaluation criteria. No new sample forms are introduced with this edition. The NTF also reiterated that the forms are only samples and can be modified or replaced as needed for programs' use in preparing the required documentation of meeting criteria.

Endorsements

In an ongoing effort to strengthen national support for the evaluation criteria, the organizations participating in the NTF work were asked to endorse formally the evaluation criteria. Endorsement is defined as "a general philosophical agreement with the content and intent" of the evaluation criteria. As of August 2012, fifteen national nursing organizations have endorsed the revised evaluation criteria. See page iii for the listing.

Recommendations

Use of the criteria

The revised criteria serve the same purpose as the original criteria published in 1997. The intent is to use the criteria to evaluate NP programs, in combination with other criteria for accreditation of graduate programs. Based on these considerations, the NTF recommends the following uses of the criteria:

- to evaluate nurse practitioner programs, in combination with a national accreditation review process;
- as a complement to role, population foci, and specialty NP competencies for program development;
- to assist in planning new nurse practitioner programs; and
- for self- evaluation of new and existing programs for continuous quality improvement.

Review of the criteria

The NTF remains committed to upholding the timeliness of this document and will continue the cycle of review and revisions every 3-5 years, unless rapid changes in NP education should necessitate an earlier review.

Future Considerations

This edition of the *Criteria for Evaluation of Nurse Practitioner Programs* retains the requirement of a minimum of 500 supervised, direct patient care clinical hours in a program (see Criterion III.E). The emphasis is on this being a *minimum* expectation with many programs exceeding this number, particularly as they move to the doctoral level. Although NP education is built around the APRN core, NP role core, and NP population competencies, the NTF reconfirmed that it was of value and important to continue to define a minimum expectation of supervised direct patient care clinical hours as guidance to NP programs. The NTF recognizes that as NP programs move to improved outcome assessment methods the greater emphasis will be on attainment of competencies rather than minimum hours. The NTF will monitor the progress of this in NP education and will readdress the issue in the next review and updating of the *Criteria for Evaluation of Nurse Practitioner Programs*.

CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS 2012

The purpose of this document is to provide a framework for the review of all nurse practitioner educational programs. Nurse practitioner (NP) programs shall be at the graduate level. The program must be accredited by a nationally recognized nursing accrediting body. If it is a new program, it is assumed that it will work to meet these criteria and must be preapproved by either CCNE or NLNAC prior to admitting students.

This document will focus on faculty, curriculum, evaluation, students, organization and administration, and clinical resources/experiences for all NP educational programs. Although not addressed in this document, the program shall meet nationally recognized accreditation standards basic to a graduate program, e.g., philosophy, mission, program outcomes, organization & administration, student admission & progression, dismissal and grievance policies, and faculty recruitment, appointment, and organization.

Definitions of italicized terms can be found in the "Glossary" (see page 16).

I: ORGANIZATION AND ADMINISTRATION

Criterion I.A: The director/coordinator of the NP program is nationally *certified* as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.

Elaboration:

The individual who provides overall leadership (who may hold the title of director or coordinator or other title recognizing the leadership role) of the NP program must be nationally *certified* in a particular NP *population focused* area of practice. In programs with multiple tracks, this individual (the director/coordinator of the NP program) may be certified in only one NP *population-focused* area of practice but have responsibility of leadership for all of the NP tracks. Therefore, in larger multi-track programs, the faculty member who provides direct oversight for a *population-focused* track should have the NP certification in that population-focused area whereas the overall program director may be *certified* in another NP *population-focused* area of practice. It is recommended that the director/coordinator of the NP program have doctoral-level preparation to support the responsibilities of leadership for the program.

Required Evidence of Meeting Criterion:

- Curricula vitae of the individual who provides overall leadership of the NP program (e.g. director or coordinator).
- Documentation of *credentialing* as an NP in the state (or territory) of practice.
- Proof of national certification as an NP in at least one *population-focused* area.
- A statement describing the program director's responsibilities to the program.

Criterion I.B: The *faculty* member who provides direct oversight for the nurse practitioner educational component or track is nationally *certified* in the same *population-focused* area of practice.

Elaboration:

Curriculum and program development should be carried out by faculty who understand the scope and direction of NP education. Whereas in programs with multiple tracks a program director/coordinator may provide overall leadership for all NP tracks, each *population-focused* track must identify a faculty member who has certification in the same *population-focused* area (primary or acute care, as appropriate). If there is a diversion from this criterion, the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track. Examples may include:

- A FNP who has spent all of his/her work career in caring for the adult population and provides direct oversight for the Adult-Gerontology NP track.
- A nationally-certified psychiatric-mental health CNS who oversees a psychiatric-mental health NP track.

Required Evidence of Meeting Criterion:

- Curricula vitae of *NP faculty* who provide oversight for each *population-focused* track.
- Documentation of *credentialing* as an NP in the state (or territory) of practice.
- Proof of national certification as an NP in the *population-focused* area and in primary or acute care, as appropriate.
- A statement describing the lead NP faculty member's responsibilities to the program.

Criterion I.C: Institutional support ensures that N*P faculty* teaching in clinical courses maintain currency in clinical practice.

Elaboration:

NP faculty members must evaluate students, interface with preceptors, and serve as role models. Faculty members who teach clinical components of the NP program/track must maintain currency in practice. It is intended that institutions provide administrative support for faculty to practice the required clinical hours to obtain and maintain national *certification*. This support might include faculty practice models, a reduced teaching or service load, and/or opportunities for faculty to maintain currency in practice through activities in addition to direct patient care (e.g., community-based initiatives, public health practice, patient/group health education activities, occupational health programs).

Required Evidence of Meeting Criterion:

- (1) A copy of institutional policies or guidelines that support or document NP faculty's ability to practice; **OR**
  (2) A letter of support from the chief nurse administrator (e.g., dean) or a copy of the policy that allows *NP faculty* to practice as part of the workload.
- Documentation of faculty practice plan or arrangements, if applicable.

II: STUDENTS

Criterion II.A: Any admission criteria specific to the NP program/track reflect ongoing involvement by *NP faculty*.

Elaboration:

NP programs/tracks may have unique admission criteria. *NP faculty* have knowledge and expertise regarding the role responsibilities for all respective NP programs and are qualified to develop student related admission criteria appropriate for each NP program. *NP faculty* should have ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of admission criteria specific to the NP program.

Required Evidence of Meeting Criterion:

- A copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall graduate degree program, identify program criteria.
- Examples of documents that demonstrate *NP faculty* are providing input into admission criteria specific to the NP program/track.

Criterion II.B: Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by *NP faculty*.

Elaboration:

NP programs may have unique progression and graduation criteria for full-time, part-time, and/or post-graduate study. *Nurse practitioner faculty* have the best perspective on specific progression and graduation criteria for the NP program/track and thus should have an ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of specific progression and graduation criteria.

Required Evidence of Meeting Criterion:

- Student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, identify the graduate program criteria. Document the criteria for full-time, part-time, and post-graduate study.
- Examples of documents that demonstrate *NP faculty* are providing input into progression and graduation criteria specific to the NP program/track.
- A copy of the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress.

III: CURRICULUM

Criterion III.A: *NP faculty* members provide ongoing input into the development, evaluation, and revision of the NP *curriculum*.

Elaboration:

NP faculty members have the best perspective on what is required for effective nurse practitioner education. Development, evaluation, and revision of the NP program/track are directed by the lead NP faculty. There needs to be an ongoing opportunity for NP faculty to have meaningful input into *curriculum* development and revision.

Required Evidence of Meeting Criterion:

- Examples of curriculum committee minutes documenting that *NP faculty* members are developing, evaluating, and revising the curriculum.

Criterion III.B: The *curriculum* is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and *population-focused* NP competencies.

Elaboration:

A clear *curriculum* plan (both didactic and clinical) consistent with nationally recognized core role and *population-focused* competencies should be in place. Nurse practitioner *curriculum* must reflect the essential elements of a *graduate nursing* and *advanced practice registered nursing (APRN) core curriculum*, in addition to the *nurse practitioner role* and *population-focused* component. National, professionally recognized standards used in *curriculum* development should be identified. The NP curriculum should provide broad educational preparation of the individual which includes *graduate core*, *APRN core*, NP role/ core competencies, and the competencies specific to the *population focus* of the area of practice.

Programs/tracks should identify methods used in the delivery of the *curriculum*, including guidelines for distance learning. NP programs/tracks delivered through alternative delivery methods, such as Web-based learning activities, are expected to meet the same academic program and learning support standards as programs provided in face-to-face formats.

A *single track nurse practitioner program* includes content in one *population-focused* area and prepares students who are eligible for national *certification* in that *population-focused* area of practice.

Dual track nurse practitioner programs (two NP *population-focused* areas of practice, or both primary care and acute care in the same population) include content and clinical experiences in the role and both *population-focused* areas or in both primary care and acute care. Dual track NP programs prepare students who are eligible for *certification* in two population-focused areas. There is an expectation that the number of didactic hours will be greater than for a single *population-focused* program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in each *population-focused* area of practice. At graduation, students fulfill the criteria for sitting for national certification in each program/track.

In addition to preparation for national *certification* in the role and at least one *population-focused* area of practice, programs may prepare students to practice in a *specialty* or more limited area of practice. Preparation in a *specialty* must have additional didactic and clinical hours beyond those required for preparing graduates in the NP role and one *population-focused* area.

Required Evidence of Meeting Criterion:

- The nationally recognized standards and competencies used for developing curriculum for graduate, APRN, and NP role/*population-focused* content.
- The national standards used for developing curriculum for *specialty* content, if appropriate.
- The program of study for the graduate and/or post-graduate (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate.
- A brief overview, including course description and objectives for each course, identifying where nationally recognized *graduate core*, *APRN core,* and NP role/*population-focused* core competencies are included.
- A brief overview, including course description and objectives for each course, identifying where nationally recognized specialty competencies are included, when applicable.

Criterion III.C.1: The NP educational program must prepare the graduate to be eligible to sit for a national NP *certification* that corresponds with the role and *population focus* of the NP program.

Elaboration:

Graduates of an NP educational program must be eligible to sit for at least one nationally recognized *certification* that corresponds to the NP role and *population focus* for which the student was prepared in the program. This national *certification* must assess the broad educational preparation of the individual which includes graduate core, *APRN core*, NP role/ core competencies, and the competencies specific to the *population focus* of the area of practice.

Required Evidence of Meeting Criterion:

- Written statement provided to students identifying the role and population-focused certification for which they would be eligible to apply upon successful completion of the program.
- Documentation demonstrating that a program meets the educational eligibility criteria for the national certification exam(s) for each NP track.

Criterion III.C.2: Official documentation must state the NP role and *population focus* of educational preparation.

Elaboration:

Official documentation (e.g., transcript or official letter with institutional seal) must state the NP role and *population focus* of educational preparation. The official transcript is preferred as it is the only permanent documentation of the student's coursework and graduation from an education program.

Required Evidence of Meeting Criterion:

- A sample transcript for a NP graduate showing educational preparation for the NP role and at least one (1) *population focus*

and/or

- A sample of an official letter with institutional seal used to specify the educational preparation for the NP role and at least (1) *population focus.*

Criterion III.D: The curriculum plan evidences appropriate course sequencing.

Elaboration:

The curriculum plan should document the course sequencing and prerequisites designed to promote development of competencies. Clinical experiences should be supported by preceding or concurrent didactic content. A student should complete the basic graduate coursework and APRN core coursework (advanced pharmacology, advanced health assessment, and advanced physiology/pathophysiology) prior to or concurrent with commencing clinical course work.

Required Evidence of Meeting Criterion:

- The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites.

Criterion III.E: The NP program/track has a minimum of 500 supervised *direct patient care clinical hours* overall. *Clinical hours* must be distributed in a way that represents the population needs served by the graduate.

Elaboration:

Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals & families in one of the six *population-focused* areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. For example, a FNP student should receive experiences with individuals/families across the life span, and the adult-gerontology NP student should receive experiences with adults across the entire adult age spectrum from young adult to older adult, including the frail elderly. In addition, whereas 500 *direct patient care clinical hours* is regarded as a minimum, it is expected that programs preparing NPs to provide *direct care* to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement.

Combined nurse practitioner/clinical nurse specialist programs include content in both the CNS and NP roles and *population-focused* areas of practice and must prepare students to be eligible for certification in a NP population-focused area. Content and clinical experiences in both the CNS and NP areas of practice must be addressed and clinical experiences in both role areas must be completed. There is an expectation that a minimum of 500 *direct patient care* clinical hours is needed specifically to address NP competencies in the preparation of the NP role and *population-focused* area of practice.

Dual track nurse practitioner programs include content in two NP *population-focused* areas or in both primary care and acute care and prepare students who are eligible for *certification* in these same two NP population-focused areas or for both primary care and acute care NP practice. Content and clinical experiences in both *population-focused* areas must be addressed and clinical experiences in both areas must be completed. While a minimum of 500 clinical hours is needed in each single *population-focused* area of practice to meet the NP competencies, an overlap of clinical hours might occur across the two roles (primary care and acute care) or the two NP *population-focused* areas. However, NP programs must document how the clinical hours address the preparation for the two areas of practice. The population foci of the dual tracks will determine the extent to which overlap may occur.

NP programs preparing graduates to practice in a *specialty* area of practice in addition to the *population-focus* must document how content and clinical experiences in both the *population-focus* and additionally in the specialty areas of practice are addressed within the curriculum. Clinical experiences in both population-focus and specialty must be completed. There is an expectation that the number of didactic hours will be greater than for a single *population-focused* program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in the *population-focus* and specialty area of practice.

Required Evidence of Meeting Criterion:

- Documentation of the process used to verify student learning experiences and clinical hours.
- An overview of the curriculum.
- An overview of the number of required clinical/preceptor hours. For dual NP and combined programs, demonstration of areas of overlap among clinical hours. (See Sample Form E).
- A description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive.

Criterion III.F: Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic *graduate NP program* through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised *direct patient care clinical hours.*

Elaboration:

Post-graduate certificate students must successfully attain graduate didactic objectives and clinical competencies of a graduate degree-granting NP program through a formal graduate level certificate or a degree-granting graduate level NP program. A "formal graduate-level certificate program" is defined by the ability of the program or school to issue a certificate of completion and document successful completion on the formal transcript. Courses may be waived only if the individual's transcript indicates that the required NP course or its equivalent has already been successfully completed, including graduate level courses in advanced physiology/pathophysiology, advanced pharmacology, and advanced health assessment.

NPs returning for a post-graduate certificate or an academic degree in a population-focused area in which they currently practice but are not nationally certified:
Consideration may be given to NPs who are currently practicing in a population-focused area of practice who are seeking national certification in that population by allowing them to challenge selected courses and experiences. However, didactic and clinical experiences shall be sufficient to allow the student to master the competencies and meet the criteria for national certification in the population-focused area of practice. These students should complete a sufficient number of *direct patient care clinical hours* to establish/demonstrate competency in the population-focused area of practice. Programs must document credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

PMH CNSs returning for a post-graduate certificate or an academic degree as a PMH NP
To address a period of transition and consistency with the Consensus Model on APRN Regulation, consideration for challenging selected courses and experiences may be given to those Psychiatric-Mental Health CNSs who are seeking national certification as a Psychiatric-Mental Health NP. However, didactic and clinical experiences shall be sufficient for the student to master the NP competencies and meet the criteria for certification as a PMH NP. These students should complete a sufficient number of *direct patient care clinical hours* to establish/demonstrate competency in the role and population-focused area of practice. Programs must document credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

NPs returning for a post-graduate certificate or academic degree in an NP population-focused area in which they are not currently practicing or certified:
Special consideration should be given to NPs expanding into another NP *population-focused* area of practice by allowing them to challenge selected courses and experiences; however, didactic and clinical experiences shall be sufficient to allow the student to master the competencies and meet the criteria for national certification in the new population-focused area of practice. These students must complete a sufficient number of *direct patient care clinical hours* to establish competency in the new *population-focused* area of practice. Programs must document credit granted for prior didactic and precepted clinical experiences for individual students through a gap analysis.

NPs returning for a post-master's DNP degree
Separate courses in the APRN core (advanced pharmacology, advanced health assessment, and advanced physiology/pathophysiology) are not required by students enrolled in a post-master's DNP program who are nationally certified and currently practicing as a NP. Post-master's DNP students who are NPs and who are seeking certification in a population-focused area of practice in which they are not currently practicing or certified must complete a minimum of 500 *direct*

patient clinical hours and meet the criteria for national certification in the new population-focused area of practice.

Required Evidence of Meeting Criterion:

- A completed gap analysis for each post-graduate certificate candidate who was granted waivers or exceptions. (See Sample Form F.)
- Evidence of school's ability to issue a certificate of completion.
- A sample transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) *population focus* and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).

IV: RESOURCES, FACILITIES, & SERVICES

Criterion IV.A: Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.

Elaboration:

To implement/maintain an effective NP program/track, there must be an adequate number of faculty, facilities, and services that support NP students.

Required Evidence of Meeting Criterion:

- Description of student and faculty numbers and the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.

Criterion IV.A.1: Faculty resources support the teaching of the didactic components of the NP program/track.

Elaboration:

There must be a sufficient number of faculty with the necessary expertise to teach in the NP program/track.

Required Evidence of Meeting Criterion:

- Description of the faculty-student ratio in the didactic component of the program providing the rationale of how the ratio meets the educational needs of students.

Criterion IV.A.2: Facilities and physical resources support the implementation of the NP program/track.

Elaboration:

As a necessary part of the educational process, access to adequate classroom space, models, clinical simulations, audiovisual aids, computer technology, and library resources is critical. When utilizing alternative delivery methods, a program is expected to provide or ensure that resources are available for the students' successful attainment of program objectives.

Required Evidence of Meeting Criterion:

- Description of facilities and physical resources directly available to the NP program/track.

Criterion IV.B: Clinical resources support NP educational experiences.

Elaboration:

Adequate faculty, clinical sites, and preceptors are available to support the NP clinical, educational experiences. The program/track provides evidence of contractual agreements with agencies or individuals used for students' clinical experiences. These contractual agreements are part of established policies that protect appropriately the clinical site, the educational program, and students while at sites. Contracts include maintenance of liability insurance.

Required Evidence of Meeting Criterion:

- A list of clinical facilities utilized specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification), including the name of the site, type of site (e.g., community health, private practice, rural clinic), and client characteristics. (See Sample Forms A & B.)
- A sample of a contractual agreement, including a statement on liability coverage.
- A copy of the policy covering student rotations at clinical sites.

Criterion IV.B.1: A sufficient number of faculty members is available to ensure quality clinical experiences for NP students. *NP faculty* have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.

Elaboration:

Faculty supervision may be direct or indirect. Direct supervision occurs when *NP program faculty* function as on-site clinical preceptors. Indirect supervision has three components: (1) to supplement the clinical preceptor's teaching, (2) to act as a liaison to a community agency, and (3) to evaluate the student's progress. Whether through direct or indirect roles, faculty members are responsible for all NP students in the clinical area.

Schools should describe how faculty members are assigned to ensure adequate teaching time for NP students. The recommended on-site faculty/student ratio (direct supervision) is 1:2 if faculty members are not seeing their own patients and 1:1 if faculty members are seeing their own patients. The recommended ratio for indirect faculty supervision, which encompasses coordinating the clinical experience, interacting with the preceptor, and evaluating the student, is 1:6; however, each school/program should document how they assign faculty members based on a defined faculty workload or amount of designated faculty time. Thus, ratios may vary relative to certain practice areas, the individual faculty member, use of technology, curriculum design, and school policy. The intent of the faculty/student ratio designation is based on the premise that preparing competent health care providers is a faculty intense process that requires considerable faculty role modeling and direct student evaluation to determine competence. The ratio should take into account the cumulative teaching/administrative duties of the faculty member and his/her clinical practice.

NP program/track faculty should provide oversight of the clinical learning environment, which may include, but is not limited to, site visits, email, and phone consultations with the preceptor and agency administrators, and the student's appraisal of the clinical learning environment. A mechanism should be in place to ensure the clinical setting provides the opportunity to meet learning objectives and to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience should be conducted regularly and documented.

Required Evidence of Meeting Criterion:

- Documentation of the school/program policy or process used for assigning faculty to ensure adequate teaching time for NP students.
- Documentation and explanation of the faculty/student ratio for the program.

- Documentation of the method and criteria for student evaluation including *intensives* or site visits (e.g., face-to-face and technology supported visits) made by *NP program faculty* during an academic term.
- Evidence of faculty and student assessment of the clinical experience to meet learning objectives.

Criterion IV.B.2: Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.

Elaboration:

Clinical educational experiences for students should be approved by *NP faculty*/preceptors. Sites should be evaluated on an ongoing basis for adequacy of experiences, patient type and mix, and preceptor/student interactions to ensure that students engage in experiences sufficient to meet the NP role and *population-focused* competencies.

Required Evidence of Meeting Criterion:

- Records for the process used to document student learning experiences and clinical hours.
- Copies of policies relevant to clinical placement.

Criterion IV.B.3: *NP faculty* may share the clinical teaching of students with qualified preceptors.

Elaboration:

The supervision of students may be shared with other clinicians serving as clinical preceptors. Programs may use a mix of clinicians to provide *direct clinical teaching* to students appropriate to the range of clinical experiences required to meet the program objectives. This mix of preceptors may enhance the interprofessional experience for the student. Over the course of the program the student should have a majority of clinical experiences with preceptors from the same *population-focused* area of practice in primary care and/or acute care, as appropriate, such as child, adult, or across the lifespan. In addition, over the course of the program the student must have clinical experiences with an APRN preceptor and preferably an NP with expertise in the *population-focused* area of practice in primary care and/or acute care, as appropriate.

Required Evidence of Meeting Criterion:

- Preceptor profiles, including title, discipline, credentials, evidence of licensure/approval/recognition, education, years in role, site,(e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and the number of students supervised concurrently. (See Sample Form B.)

Criterion IV.B.3.a: A preceptor must have authorization by the appropriate state licensing entity to practice in his/her *population-focused* and/or *specialty* area.

Elaboration:

An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives. However, each preceptor used, both nurse practitioner and non-nurse practitioner preceptors, must be credentialed and licensed to practice in his/her *population-focused* and/or *specialty* area of practice. In addition, this area of practice should be clearly relevant to meeting the objectives of the NP program/track.

Required Evidence of Meeting Criterion:

- (1) A copy of each preceptor's current state authorization to practice and national certification, as appropriate; **OR**

(2) Documentation of the method for verifying that preceptor licenses are current and available at the clinical facility if not submitted directly to the program.

Criterion IV.B.3.b: A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.

Elaboration:

Each preceptor must have educational preparation or extensive clinical experience in the clinical or content area in which he/she is teaching or providing clinical supervision. A newly prepared clinician should have at least one year of clinical experience in the *population-focused* practice area and role prior to providing clinical supervision.

Required Evidence of Meeting Criterion:

- Preceptor profiles, including title, discipline, credentials, evidence of licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and the number of students supervised concurrently. See Sample Form B.

Criterion IV.B.3.c: Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.

Elaboration:

Clinical preceptors should be oriented so they understand the learning goals of the clinical experience and the level of progression that the student has attained. The *NP faculty* must interface closely with preceptors to assure appropriate clinical experiences for students.

Required Evidence of Meeting Criterion:

- Description of the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors.
- A copy of preceptor orientation information.

V: FACULTY AND FACULTY ORGANIZATION

Criterion V.A.1: NP programs/tracks have sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.

Elaboration:

For successful implementation of the *curriculum*, faculty members must have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Recognizing that no individual faculty member can fill all roles, NP programs/tracks need to maintain a sufficient number of qualified faculty members who have the knowledge and competence appropriate to the area of teaching responsibility and to meet the objectives of the program and individual population-focused tracks.

Required Evidence of Meeting Criterion:

- Copies of faculty profiles including *credentials*, licensure/approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities. (See Sample Form C.)

Criterion V.A.2: ***NP program faculty*** **members who teach the clinical components of the program/track maintain current licensure and national *certification*.**

Elaboration:

NP program faculty should include a mix of individuals with expertise and emphasis in research, teaching, and/or clinical practice. While it may be difficult for some faculty members to balance research, practice, and teaching responsibilities, all faculty members are encouraged to maintain national certification. It is imperative, however, that faculty members who teach clinical components maintain appropriate professional credentialing.

Required Evidence of Meeting Criterion:

- Evidence of or documentation that copies of each faculty member's state license/approval/ recognition and national certification are maintained in a file, as appropriate.

Criterion V.A.3: ***NP faculty*** **demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty members.**

Elaboration:

NP faculty members may participate in or undertake various types of practice in addition to *direct patient care* to maintain currency in practice. Maintaining this currency is important to ensuring clinical competence in the area of teaching responsibility.

In the event that an *NP faculty* member has less than one year of experience, it is expected that a senior or experienced faculty member will mentor this individual in both clinical and teaching responsibilities. Mentoring new and inexperienced faculty is a positive experience that assists NPs to transition into the role of NP faculty educator. Opportunities for continued development in one's area of research, teaching, and clinical practice should be available to all faculty.

Required Evidence of Meeting Criterion:

- A copy of the faculty development plan for the school/program.

Criterion V.B: Non-NP faculty members have expertise in the area in which they are teaching.

Elaboration:

Similar to NP faculty, other faculty in the NP program must have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Required Evidence of Meeting Criterion:

- An overview of non-NP faculty detailing their *credentials*, position, *population-focus* or *specialty*, area of content responsibility, and teaching responsibilities. (See Sample Form D.)

VI: EVALUATION

Criterion VI.A: There is an evaluation plan for the NP program/track.

Elaboration:

If the evaluation plan from the institution is used for the NP program/track, apply the plan for implementation in the NP program/track

Required Evidence of Meeting Criterion:

- A copy of the evaluation plan used for the NP program/track, including evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.

Criterion VI.A.1: Evaluate courses at regularly scheduled intervals.

Elaboration:

To ensure that students can achieve successful program outcomes, programs should establish a process for regularly scheduled review of courses in the NP program/track.

Required Evidence of Meeting Criterion:

- Documentation of current course evaluation process and review schedule.

Criterion VI.A.2: Evaluate *NP program faculty* competence at regularly scheduled intervals.

Elaboration:

NP program faculty members should be evaluated at regularly scheduled intervals for competence in all role areas, including teaching, research, and clinical competence, as applicable.

Required Evidence of Meeting Criterion:

- Documentation of mechanisms or processes and schedule for review used to evaluate *NP program faculty* members (e.g., current list of certifications, student evaluations, peer review).

Criterion VI.A.3: Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.

Elaboration:

Each student should be evaluated as he/she progresses through the NP program/track. Separate evaluations should be done in the didactic and clinical components of the curriculum. Progression of students through the program is important to ensure that sufficient and adequate resources are provided to support timely student progression through the program.

Required Evidence of Meeting Criterion:

- Documentation of frequency and methods used to evaluate aggregate and individual students' progression throughout the program.
- Copies of evaluation forms used.

Criterion VI.A.4: Evaluate students' attainment of competencies throughout the program.

Elaboration:

Evaluation of students' attainment of competencies is the responsibility of the *NP faculty* member throughout the didactic and clinical components of the program.

Required Evidence of Meeting Criterion:

- Documentation of methods used to evaluate students' attainment of competencies throughout the program (e.g., use of performance evaluation, case studies, etc.)

Criterion VI.A.5: Evaluate students cumulatively based on *clinical observation* of student competence and performance by *NP faculty* and/or preceptor assessment.

Elaboration:

Student evaluation is the responsibility of the *NP faculty* with input from the preceptor. Direct *clinical observation* of student performance is essential by either the faculty member or the clinical preceptor. *Clinical observation* may be accomplished using direct and/or indirect evaluation methods such as student-faculty conferences, computer simulation, videotaped sessions, clinical simulations, or other appropriate telecommunication technologies.

Required Evidence of Meeting Criterion:

- Copies of the forms used for preceptor and NP faculty evaluation of the student's clinical performance.
- Documentation of the availability of completed evaluations.
- Documentation of the frequency and process used for evaluation of the student's clinical performance.

Criterion VI.A.6: Evaluate clinical sites at regularly scheduled intervals.

Elaboration:

Evaluation of clinical sites will provide the necessary information about the quality of student learning experiences. This should form the basis for NP faculty to make changes in student assignments.

Required Evidence of Meeting Criterion:

- Documentation of how clinical sites are evaluated.

Criterion VI.A.7: Evaluate preceptors at regularly scheduled intervals.

Elaboration:

Preceptors provide a very important part of the educational experience for students. Evaluations should be used by NP faculty to define ongoing preceptor relationships and development programs. Evaluations should also provide the basis for making student assignments.

Required Evidence of Meeting Criterion:

- Documentation of how preceptors are evaluated.

Criterion VI.B: Formal NP *curriculum evaluation* should occur every 5 years or sooner.

Elaboration:

The overall NP curriculum and program of study should be formally evaluated in no more than 5 year cycles (3-5 years recommended).

Required Evidence of Meeting Criterion:

- Documentation of frequency of curriculum evaluation
- Documentation of curricular decisions based upon evaluation.

Criterion VI.C: There is an evaluation plan to measure outcomes of graduates.

Elaboration:

Programs should develop an ongoing system of evaluation of graduates. It is recommended that the first interval should be set at one year, or no later than 2 years, post-graduation.

Required Evidence of Meeting Criterion:

- Documentation of the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation. Other measures may be used to support further the outcomes of the program.

GLOSSARY

Terms italicized within the evaluation criteria

APRN (Advanced Practice Registered Nursing) Core – essential broad-based curriculum content for all APRN students in the areas of advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology. This content must be presented as three separate comprehensive graduate-level courses in the APRN curriculum. Descriptions of each course and content area are provided in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education* (2008). [The specific outcome competencies in each of these three areas are delineated in American Association of Colleges of Nursing (1996) *The Essentials of Master's Education for Advanced Practice Nursing*, pp. 12-14, or AACN (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice*, pp.23-24.]

Certification - a psychometrically sound and legally defensible method which meets nationally recognized accreditation standards for certification programs. When used for regulatory purposes, the certification method demonstrates acquisition of the APRN core and role competencies across at least one population focus of practice. An individual's educational preparation (role/population focus) must be congruent with the certification examination/process.

Clinical Hours – those hours in which direct clinical care is provided to individuals and families in 1 of 6 population-focused areas of NP practice and in primary care or acute care as appropriate. (See definition of "population focus.")

Clinical Observation – observation of the student interacting face-to-face with a real patient in a clinical setting.

Combined Nurse Practitioner/Clinical Nurse Specialist Program – graduate educational programs in which, by curricular design, graduates are prepared with the core role competencies for both the NP and the CNS roles. Graduates are eligible to sit for one NP national certification exam and one CNS national certification exam, (e.g. adult-gerontology acute care NP and adult-gerontology CNS).

Credentials – titles or degrees held by an individual, indicating the level of education, certification, or licensure.

Curriculum – the overall didactic and clinical components that make up courses for the programs of study.

Direct Clinical Teaching – teaching that occurs face-to-face with the student in one-on-one direct client/patient care situations (e.g., demonstration, example, role modeling, coaching, etc.).

Direct Patient Care – involves assessment, diagnosis, treatment, and evaluation of a real client/patient – not simulations or lab exercises with trained patient actors.

Dual Track Nurse Practitioner Program – graduate educational programs whose curricular design allows students to major in two NP population-focused clinical tracks or in primary care and acute care NP tracks in the same population-focused area of practice. Graduates are eligible to sit for two national NP certification examinations (e.g., adult-gerontology nurse practitioner and family/lifespan nurse practitioner or pediatric primary care and pediatric acute care.)

Evaluation of Curriculum – the review process that is used at regularly scheduled intervals to review and update courses based on student evaluations and changes in health care. The process serves to ensure accuracy and currency of learning experiences. Revision of curriculum takes place every 3-5 years and is a more in-depth review, leading to substantive curricular changes as deemed necessary.

Graduate Core – foundational core outcomes deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus. These outcomes are delineated in the American Association of Colleges of Nursing (2011) *The Essentials of Master's Education in Nursing* or AACN (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice.*

Graduate NP Program/Track – basic nurse practitioner program in nursing to prepare advanced practice registered nurses at the graduate level, including the graduate core, advanced practice registered nursing core, and nurse practitioner role and population-focused courses.

Intensives – concentrated simulated or designed experiences used for evaluation in which NP student demonstrates knowledge, skill, and competencies in practice. These opportunities allow faculty to evaluate the NP student on a variety of aspects of care, including critical thinking skills on cases the student may not have encountered in a clinical setting.

NP Faculty – faculty who teach in the NP program/track who are nurse practitioners.

NP Program Faculty – all faculty who teach didactic or clinical courses in the graduate NP program/track.

Population Focus – the broad area of practice for which national competencies exist to build on the core role population. Nurse practitioner educational preparation and the corresponding national certification are grounded in the broad advanced practice nursing essentials, NP core competencies, and competencies for a population focus. When the term population focus is used in the document, it refers to providing care to individuals within the population. The six population-foci are adult-gerontology (primary care or acute care), pediatrics (primary care or acute care), family/across the lifespan, neonatal, women's health/gender specific, and psychiatric-mental health.

Single Track Nurse Practitioner Program – graduate educational program whose curricular design allows students to major in one NP clinical track. Graduates are eligible to sit for the national NP certification examination in that population-focused practice area.

Specialty - the more narrow focus of practice that may be an added emphasis of educational preparation in addition to the role and population focus (e.g., oncology, palliative care).

Specialty courses/curriculum – clinical and didactic learning experiences that prepare an individual in a specialty area of practice. These courses are in addition to the APRN core, NP role core, and population-focused clinical and didactic learning experiences.

APPENDICES TO THE CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS

Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

The checklist provides a mechanism for documenting that criteria have been met and the required documentation provided. This form is provided as one example of a tool for tracking whether or not criteria are met. If using the checklist, additional materials and narrative must accompany the form in order to provide full documentation. The location of required and/or supporting documentation should be indicated within the accompanying narrative. Programs/ tracks may wish to use this checklist as presented or adapt it to meet their specific needs.

CRITERION I: Organization & Administration	Documentation	Documentation Present √ if yes
I.A The director/coordinator of the NP program is nationally *certified* as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.	Required Evidence of Meeting Criterion: • Curricula vitae of the individual who provides overall leadership of the NP program (e.g. director or coordinator). • Documentation of *credentialing* as an NP in the state (or territory) of practice. • Proof of national certification as an NP in at least one *population-focused* area. • A statement describing the program director's responsibilities to the program.	❑ ❑ ❑ ❑
I.B The *faculty* member who provides direct oversight for the nurse practitioner educational component or track is nationally *certified* in the same *population-focused* area of practice.	Required Evidence of Meeting Criterion: • Curricula vitae of *NP faculty* who provide oversight for each *population-focused* track. • Documentation of *credentialing* as an NP in the state (or territory) of practice. • Proof of national certification as an NP in the *population-focused* area and in primary or acute care, as appropriate. • A statement describing the lead NP faculty member's responsibilities to the program.	❑ ❑ ❑ ❑
I.C Institutional support ensures that *NP faculty* teaching in clinical courses maintain currency in clinical practice.	Required Evidence of Meeting Criterion: • (1) A copy of institutional policies or guidelines that support or document NP faculty's ability to practice; **OR** (2) A letter of support from the chief nurse administrator (e.g., dean) or a copy of the policy that allows NP faculty to practice as part of the workload. • Documentation of faculty practice plan or arrangements, if applicable.	❑ ❑

CRITERION II: Students	Documentation	Documentation Present √ if yes
II.A Any admission criteria specific to the NP program/track reflect ongoing involvement by *NP faculty*.	Required Evidence of Meeting Criterion: • A copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall graduate degree program, identify program criteria. • Examples of documents that demonstrate NP faculty are providing input into admission	❑ ❑

CRITERION II: Students	Documentation	Documentation Present √ if yes
	criteria specific to the NP program/track.	
II.B Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by *NP faculty*.	Required Evidence of Meeting Criterion: • Student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, identify the graduate program criteria. Document the criteria for full-time, part-time, and post-graduate study. • Examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/track. • A copy of the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress.	❑ ❑ ❑

CRITERION III: Curriculum	Documentation	Documentation Present √ if yes
III.A *NP faculty* members provide ongoing input into the development, evaluation, and revision of the NP *curriculum*.	Required Evidence of Meeting Criterion: • Examples of curriculum committee minutes documenting that NP faculty members are developing, evaluating, and revising the curriculum.	❑
III.B The *curriculum* is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and *population-focused* NP competencies.	Required Evidence of Meeting Criterion: • The nationally recognized standards and competencies used for developing curriculum for graduate, APRN, and NP role/*population-focused* content. • The national standards used for developing curriculum for *specialty* content, if appropriate. • The program of study for the graduate and/or post-graduate (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate. • A brief overview, including course description and objectives for each course, identifying where nationally recognized graduate core, APRN core, and NP role/*population-focused* core competencies are included. • A brief overview, including course description and objectives for each course, identifying where nationally recognized specialty competencies are included, when applicable.	❑ ❑ ❑ ❑ ❑
III.C.1 The NP educational program must prepare the graduate to be eligible to sit for a national NP *certification* that corresponds with the role and *population focus* of the NP program.	Required Evidence of Meeting Criterion: • Written statement provided to students identifying the role and population-focused certification for which they would be eligible to apply upon successful completion of the program.	❑

CRITERION III: Curriculum	Documentation	Documentation Present √ if yes
	• Documentation demonstrating that a program meets the educational eligibility criteria for the national certification exam(s) for each NP track.	❑
III.C.2 Official documentation must state the NP role and *population focus* of educational preparation.	Required Evidence of Meeting Criterion: • A sample transcript for a NP graduate showing educational preparation for the NP role and at least one (1) *population focus*; **and/or** A sample of an official letter with institutional seal used to specify the educational preparation for the NP role and at least (1) *population focus*.	❑
III.D The curriculum plan evidences appropriate course sequencing.	Required Evidence of Meeting Criterion: • The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites.	❑
III.E The NP program/track has a minimum of 500 supervised *direct patient care clinical hours* overall. *Clinical hours* must be distributed in a way that represents the population needs served by the graduate.	Required Evidence of Meeting Criterion: • Documentation of the process used to verify student learning experiences and clinical hours. • An overview of the curriculum. • An overview of the number of required clinical/preceptor hours. For dual NP and combined programs, demonstration of areas of overlap among clinical hours. **(See Sample Form E.)** • A description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive.	❑ ❑ ❑ ❑
III.F Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic *graduate NP program* through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised *direct patient care clinical hours*.	Required Evidence of Meeting Criterion: • A completed gap analysis for each post-graduate certificate candidate who was granted waivers or exceptions. **(See Sample Form F.)** • Evidence of school's ability to issue a certificate of completion/ • A sample transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) *population focus* and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).	❑ ❑ ❑

CRITERION IV: Resources, Facilities, & Services	Documentation	Documentation Present √ if yes
IV.A Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.	Required Evidence of Meeting Criterion: • Description of student and faculty numbers and the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.	❑

CRITERION IV: Resources, Facilities, & Services	Documentation	Documentation Present √ if yes
IV.A.1 Faculty resources support the teaching of the didactic components of the NP program/track.	Required Evidence of Meeting Criterion: • Description of the faculty-student ratio in the didactic component of the program providing the rationale of how the ratio meets the educational needs of students.	❑
IV.A.2 Facilities and physical resources support the implementation of the NP program/track.	Required Evidence of Meeting Criterion: • Description of facilities and physical resources directly available to the NP program/track.	❑
IV.B Clinical resources support NP educational experiences.	Required Evidence of Meeting Criterion: • A list of clinical facilities utilized specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification), including the name of the site, type of site (e.g., community health, private practice, rural clinic), and client characteristics. **(See Sample Forms A & B.)** • A sample of a contractual agreement, including a statement on liability coverage • A copy of the policy covering student rotations at clinical sites.	❑ ❑ ❑
IV.B.1 A sufficient number of faculty members is available to ensure quality clinical experiences for NP students. *NP faculty* have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.	Required Evidence of Meeting Criterion: • Documentation of the school/program policy or process used for assigning faculty to ensure adequate teaching time for NP students. • Documentation and explanation of the faculty/student ratio for the program. • Documentation of the method and criteria for student evaluation including *intensives* or site visits (e.g., face-to-face and technology supported visits) made by *NP program faculty* during an academic term. • Evidence of faculty and student assessment of the clinical experience to meet learning objectives.	❑ ❑ ❑ ❑
IV.B.2 Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.	Required Evidence of Meeting Criterion: • Records for the process used to document student learning experiences and clinical hours. • Copies of policies relevant to clinical placement.	❑ ❑
IV.B.3 *NP faculty* may share the clinical teaching of students with qualified preceptors	Required Evidence of Meeting Criterion: • Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site,(e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc), type of clinical supervision, and the number of students supervised concurrently.**(See Sample Form B.)**	❑
IV.B.3.a A preceptor must have authorization by the appropriate state licensing entity to practice in his/her *population-focused* and/or *specialty* area.	Required Evidence of Meeting Criterion: (1) A copy of each preceptor's current state authorization to practice and national certification, as appropriate; **OR** (2) Documentation of the method for verifying that	❑ ❑

CRITERION IV: Resources, Facilities, & Services	Documentation	Documentation Present √ if yes
	preceptor licenses are current and available at the clinical facility if not submitted directly to the program.	
IV.B.3.b A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience	Required Evidence of Meeting Criterion: • Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc), type of clinical supervision, and the number of students supervised concurrently. **(See Sample Form B)**	❑
IV.B.3.c Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.	Required Evidence of Meeting Criterion: • Description of the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors. • A copy of preceptor orientation information.	❑ ❑

CRITERION V: Faculty & Faculty Organization	Documentation	Documentation Present √ if yes
V.A.1 NP programs/tracks have sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.	Required Evidence of Meeting Criterion: • Copies of faculty profiles including *credentials*, licensure/approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities. **(See Sample Form C.)**	❑
V.A.2 *NP program faculty* members who teach the clinical components of the program/track maintain current licensure and national *certification*.	Required Evidence of Meeting Criterion: • Evidence or documentation that a copy of each faculty member's state license/approval/ recognition and national certification, are maintained in a file, as appropriate.	❑
V.A.3 *NP faculty* demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty members.	Required Evidence of Meeting Criterion: • A copy of the faculty development plan for the school/program.	❑
V.B. Non-NP faculty members have expertise in the area in which they are teaching.	Required Evidence of Meeting Criterion: • An overview of non-NP faculty detailing their credentials, position, population focus or specialty, area of content responsibility, and other teaching responsibilities. **(See Sample Form D.)**	❑

CRITERION VI: Evaluation	Documentation	Documentation Present √ if yes
VI.A There is an evaluation plan for the NP program/track.	Required Evidence of Meeting Criterion: • A copy of the evaluation plan used for the NP program/track, including evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.	❑

CRITERION VI: Evaluation	Documentation	Documentation Present √ if yes
VI.A.1 Evaluate courses at regularly scheduled intervals.	Required Evidence of Meeting Criterion: • Documentation of current course evaluation process and review schedule.	❑
VI.A.2 Evaluate NP program faculty competence at regularly scheduled intervals.	Required Evidence of Meeting Criterion: • Documentation of mechanisms or processes and schedule for review used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, peer review).	❑
VI.A.3 Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.	Required Evidence of Meeting Criterion: • Documentation of frequency and methods used to evaluate aggregate and individual students' progression throughout the program. • Copies of evaluation forms used.	❑ ❑
VI.A.4 Evaluate students' attainment of competencies throughout the program.	Required Evidence of Meeting Criterion: • Documentation of methods used to evaluate students' attainment of competencies throughout the program (e.g., use of performance evaluation, case studies, etc.)	❑
VI.A.5 Evaluate students cumulatively based on *clinical observation* of student competence and performance by *NP faculty* and/or preceptor assessment.	Required Evidence of Meeting Criterion: • Copies of the forms used for preceptor and NP faculty evaluation of the student's clinical performance. • Documentation of the availability of completed evaluations. • Documentation of the frequency and process used for evaluation of the student's clinical performance.	❑ ❑ ❑
VI.A.6 Evaluate clinical sites at regularly scheduled intervals.	Required Evidence of Meeting Criterion: • Documentation of how clinical sites are evaluated.	❑
VI.A.7 Evaluate preceptors at regularly scheduled intervals.	Required Evidence of Meeting Criterion: • Documentation of how preceptors are evaluated.	❑
VI.B Formal NP curriculum evaluation should occur every 5 years or sooner.	Required Evidence of Meeting Criterion: • Documentation of frequency of curriculum evaluation. • Documentation of curricular decisions based upon evaluation.	❑ ❑
VI.C There is an evaluation plan to measure outcomes of graduates.	Required Evidence of Meeting Criterion: • Documentation of the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation. Other measures may be used to support further the outcomes of the program.	❑

Sample Forms

The forms found in the following pages are **examples** of how programs can document that various criteria are met. Sample Forms A and B are examples of how to document the required information for Criterion IV.B. Sample Form C is an example of how a program can document that it meets Criterion V.A.1. Sample Form D is an example of how to record the documentation for Criterion V.B. Sample Forms E and F are examples of how to document meeting Criteria III.E and III.F, respectively.

The intent is for the sample forms to provide a guide to programs in documenting evidence of how they meet the various criteria; programs may adapt these forms or develop other processes to meet their needs.

SAMPLE FORM A

For documentation relative to Criterion IV.B

CLINICAL SITES

NAME OF SITE	TYPE OF SITE (e.g., rural clinic, private practice, public health)	CHARACTERISTICS OF PATIENTS (e.g., gender, age, ethnicity)	EXPERIENCES AVAILABLE (e.g., acute, chronic, in-hospital)

SAMPLE FORM B

For documentation relative to Criterion IV.B

PRECEPTORS

Name and Credentials of Preceptor(s) at each site	Population Focus (& Specialty, if applicable) Area of Practice	Certification* *Specify Type & Certifying body (as appropriate)*	Years of Practice in the Population-focused or Specialty Area	# Students Precepted Concurrently	State Licensure/ Approval/ Recognition*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

* Copy on file, as appropriate, or program/track has method of verifying documentation.

SAMPLE FORM C

For documentation relative to Criterion V.A.1

Nurse Practitioner Faculty Profile

All NP Faculty Complete This Form

Attach CV of lead NP faculty for the program/track. CVs or resumés for other faculty available on request

Name: _____ **Credentials:** _____ **State License/Approval/Recognition # RN:** _____ **APRN:** _____

Certification (List certification body & exp. date): _____

_____

Copy of current national certification and state license/approval/recognition available on file: ○ Yes ○ No

Academic NP Program Completed: _____ Graduation Date: _____ NP Track/Major: _____

Faculty Appointment: % of FTE in NP track: _____ % of Time in School of Nursing: _____

Clinical Teaching Responsibilities: (Include past academic year and current responsibilities)

Clinical Course	# Students	Clinical Sites	Dates

Didactic Teaching Responsibilities: (Include past academic year and current responsibilities)

Didactic Course	# Students	Dates

List Other Faculty Responsibilities: (e.g. other teaching, committee work, thesis/dissertation supervision, research, etc.)

_____

Continued next page

SAMPLE FORM C

For documentation relative to Criterion V.A.1

NP Practice Experience: (List last 5 years with current practice first)

_____

_____

_____

_____

_____

_____

_____

Are you practicing now? ____ Yes ____ No

If yes, describe the following: Setting _____

Patient Population _____

Practice _____

Approximate current # of hours per week/month: _____ or hours per year: _____

Approximate # hours last year per week/month: _____

If you have less than 1 year of clinical practice experience as a graduate NP, who is your faculty mentor?

_____

SAMPLE FORM D

For documentation relative to Criterion V.B

NP Program Faculty (not NP certified)*

Complete form

Name/Credentials	Title/Position	Population Focus, Area of Specialty Practice or Educational Preparation	Course Content/Teaching Responsibility

* Faculty having teaching responsibility for any courses required for graduation from a graduate level NP program. This includes full-time or part-time faculty from nursing and other disciplines and major guest lecturers only.

SAMPLE FORM E

For documentation relative to Criterion III.E

CLINICAL EXPERIENCES FOR DUAL NP-NP PREPARATION

Use this form to document the areas of overlap in clinical curricula if the program offers the opportunity for preparation in dual areas of NP Population-focused preparation or for dual NP primary care and acute care preparation in the same population-focused area of practice.

NP Population-Focus Area 1: _____

NP Population -Focus Area 2: _____

CLINICAL EXPERIENCE (description of sites, patient characteristics, type of experiences)	# HOURS UNIQUE TO NP Population-focused AREA 1	# HOURS UNIQUE TO NP Population-focused AREA 2	# HOURS RELEVANT TO BOTH population-focused AREA 1 and 2

Signature of Program Director: _____

SAMPLE FORM F
For documentation relative to Criterion III.F

GAP ANALYSIS FOR POST-GRADUATE NP STUDENT

Name of Candidate:_____

New National NP Certification Sought: _____

NP National Certification Previously Completed: _____ **School:** _____ **Yr:** _____

Instructions:
Use this form for a student who is a nationally certified NP seeking partial credit or waiver of coursework towards completion of a post-master's certificate in another NP practice area (e.g., a Pediatric NP seeking certification as a Family NP, or Adult PMH NP seeking across the lifespan PMH NP certification.). The form should be completed after a thorough analysis of completed coursework and clinical experiences compared with the program requirements and national NP competencies necessary for certification in the second NP population-focused area of practice.

- In column 1, list the courses for the standard required program of study required for preparation in the DESIRED NP area of practice.
- In column 2, list courses from the student's transcript that will be used to waive courses from column 1. List the course on the same or equivalent line as the course in column 1
- In column 3, identify and describe clinical hours and experiences needed to meet the required competencies for the new or desired area of NP practice. The student must meet the clinical course requirements of the program of study using both clinical courses previously taken and indicated on the transcript and courses to be completed.
- List all coursework to be completed for the certificate (all courses from column 1 not waived). This column, in combination with column 3, will constitute the student's individualized program of study.

See Next Page

SAMPLE FORM F

For documentation relative to Criterion III.F

GAP ANALYSIS FOR POST-GRADUATE NP STUDENT

List Required Courses for the DESIRED NP area of practice	List Courses from Transcript that Satisfy Required Courses listed in Column 1	Type and Number of Clinical Experiences Needed by Student	Coursework to be Completed by the Student for the Certificate

Signature of Program Director: _____