2022

Standards *for* Quality Nurse Practitioner Education

6th Edition

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

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National Task Force on Quality Nurse Practitioner Education

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Endorsements

The National Task Force is seeking endorsement of the *Standards for Quality Nurse Practitioner Education, 6th Edition, A Report of the National Task Force on Quality Nurse Practitioner Education (2022)*. Endorsement is defined as "a general philosophical agreement with the content and intent" of the standards and criteria.

- Accreditation Commission for Education in Nursing
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- National Certification Corporation
- National Organization of Nurse Practitioner Faculties
- National League for Nursing Commission for Nursing Education Accreditation
- Pediatric Nursing Certification Board

Standards for Quality Nurse Practitioner Education, *6th Edition*

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

Preamble

Since 1997 the National Task Force (NTF) for Quality Nurse Practitioner Education, a multi-organization collaboration, has been committed to the initiation and maintenance of high-quality nurse practitioner (NP) education through periodic review and modifications in standards and criteria. The consensus-based **2022 NTF Standards for Quality Nurse Practitioner Education** (abbreviated **NTFS**)**,** *6th Edition*, sets new standards and revised criteria to facilitate program quality and ongoing quality improvement through quality assessment, maintenance, and planning. This document delineates national standards for the development and assessment of NP programs.

Four standards, Mission and Governance, Resources, Curriculum, and Evaluation, provide a framework for the development, maintenance, and assessment of NP education programs. With each standard, specific criteria for achieving the standard are delineated. Required evidence for each criteria is also delineated.

Standard One focuses on the institutional mission/philosophy/values and governance needed to advance NP program excellence, including faculty involvement in governance, program quality, as well as improvement processes, and diversity, equity, and inclusion (DEI). Standard Two focuses on the resources - fiscal, human, student support services, learning, and physical resources - required for a quality program. Standard Three focuses on the curriculum necessary to prepare students for the NP role, mandating the necessity of meeting national standards and outlining the depth and breadth of requisite knowledge and skills for student success. Standard Four focuses on the systematic evaluation process for ongoing quality improvement through assessment of program outcomes, resources, curriculum, faculty, and students. These standards and criteria apply to all NP education programs, and this document remains degree neutral.

As of April 2022, the national organizations listed on page 4 have endorsed the 6th Edition of the NTFS.

Review and Revision Process

The National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) convened the 6th NTF in December 2019. The task force included 19 organizations, whose activities are related to NP education, program accreditation, certification, licensure, or practice. The NTF members (organizational representatives) met through face-to-face and virtual meetings, using web-based technology and email communications to advance their work. By December 2020, the NTF had completed an initial review and revision of the 6th Edition of the NTFS. The NTF representatives then shared the draft document with their respective organizational leadership for comment. Organizational representatives served as conduits for information and feedback between the NTF and the organizations' leadership and membership. The NTF addressed organizational comments in further revisions to the document and incorporated changes before releasing the document for public review and comments in August 2021. After additional revision, the final document was issued in February 2022. The NTF, which remains committed to upholding the timeliness of this document, will continue the cycle of review and revision every three to five years unless rapid changes in NP education warrant more frequent review.

Major Influences and Changes

Finalized in 2008, the Advanced Practice Registered Nurses (APRN) Consensus Model (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008) continues to inform the NTFS, specifically as it relates to the NP roles and population focus areas. The target date for full implementation of this Regulatory Model and all embedded recommendations was the year 2015.

As part of its initial assessment, the NTF explored major influences in health care, health professions, and higher education. The NTF subsequently focused primarily on those influencing health professions education. The first influence is the transition to time-variable, competency-based education (CBE). The NTF engaged in robust study and discussion regarding this transition and supports the transition to CBE. However, the consensus of the NTF is that NP education has not developed CBE and assessment processes sufficiently to support the transition to time-variable education and the elimination of a minimum number of direct patient care clinical hours for quality education.

The second influence is the inclusion of interprofessional education (IPE) in NP educational programs. The NTF agrees that IPE experiences are essential for preparing NPs for interprofessional practice (IP). The NTFS states that all NP students have IPE clinical experiences.

The third influence is the advancement of simulation for health professions education. The NTF agrees that simulation has a role in the learning and assessment of NP students. However, additional evaluation of its appropriate, reliable uses for NP learning and assessment is needed. Therefore, simulation may support, but not replace, direct patient care experiences. The NTFS addresses the use of simulation to support learning and assessment, particularly for the development of competencies prior to engaging in precepted direct care experiences.

Finally, the fourth influence is the need for increased emphasis on DEI in health professions education. The NTFS addresses institution and program policies and practices related to DEI. In addition, NP programs are strongly encouraged to view its program, policies, curriculum, faculty, and student experiences through a lens of DEI, as well as through the social determinants of health.

The 6th Edition of the NTFS includes major changes that emerged from the rigorous and lengthy review and revision process. The single most substantial change is the move to a format based on standards for NP quality education. Six chapters of criteria became four chapters, one for each standard, by merging existing and new criteria, aligning required evidence, and eliminating the elaboration sections. The NTF revised the glossary definitions and appendices to augment and reflect the document intent and changes.

In an ongoing effort to strengthen national support for the evaluation standards and criteria, the NTF sought endorsement of the final standards and criteria from relevant professional associations and organizations. Endorsement is defined as "a general philosophical agreement with the content and intent" of the standards and criteria. Endorsing organizations are listed at the beginning of this document on page 4.

Chapter I. Mission and Governance

Standard: The NP Program is aligned with the institution's mission/philosophy/values and governance that support educational excellence through a structure that addresses quality assurance and improvement; diversity, equity, and inclusion (DEI); and input from the community of interest. Effective, ongoing formal processes, including faculty input, are in place for self-assessment and planning for the purpose of program improvement. Institutional policies commit to supporting quality within the NP program.

Criterion I.A. The mission/philosophy/values of the institution promote academic excellence and support NP education at the graduate level.

Required Evidence:
- The NP curriculum, delivery modality, and program outcomes reflect the mission/philosophy/values statements of the governing institution and nursing education unit.
- The mission/philosophy/values statements of the institution and the nursing education unit are accessible to the public.

Criterion I.B. The governance structure within the institution facilitates ongoing quality improvement through participation in the development, implementation, maintenance, and evaluation of the NP program by a community of interest, including administrators, faculty, students, and practice partners.

Required Evidence:
- NP program defines the community of interest and shows a clear pathway of inclusion and opportunity to provide input, virtually or in person, regarding the governance of the NP program.
- Minutes or similar documentation of meetings with the community of interest.
- Minutes of meetings documenting development, implementation, maintenance, and evaluation of the NP program, which demonstrate how the community of interest has been engaged.
- Minutes reflecting ongoing input and documentation of actions taken for quality improvement based on input from the community of interest.

Criterion I.C. The NP program maintains accessible, updated written policies and procedures that reflect equitable and non-discriminatory practices.

Required Evidence:
- Processes for review of policies and procedures to ensure policies and implementation are equitable and non-discriminatory.
- Policies and procedures, including date reviewed, that establish:
  - Published materials for student recruitment, including program length, tuition, and fees.
  - Admission, progression, and graduation requirements.
  - Selection of clinical sites and minimum preceptor qualifications.
  - Selection and use of simulation for learning in alignment with the national best practices and/or standards identified by the NP program.
  - Ongoing faculty input into curriculum development and revision.
  - Faculty, preceptor, clinical site, and student evaluation.
  - Timelines for review of policies, procedures, and handbooks.
- Relevant handbooks or program materials that inform and support faculty, students and preceptors.

Criterion I.D. The NP Program has policies and/or initiatives or follows institutional policies and/or initiatives that support a diverse, equitable, and inclusive working and learning environment.

Required Evidence:
- Published DEI policy or written statement.
- Strategies, activities, and resources to address DEI.
- Institutional or program human resource policies supporting inclusive and diverse faculty and staff recruitment and hiring processes.

Criterion I.E. The institution engages in ongoing, systematic, and focused recruitment and retention activities to achieve mission-appropriate diversity among its students, faculty, administrative staff, and other relevant members of the academic and clinical community.

Required Evidence:
- Policy goals and outcomes for achieving mission-appropriate DEI.
- Policies, processes, and actions for recruitment and retention of diverse faculty, administrative staff, students, preceptors, and other relevant members of the academic and clinical community.
- Retention plan with measurable DEI outcomes.

Criterion I.F. For each NP population focused track, the institution employs an NP faculty member who holds an institutional appointment to provide direct oversight of the track. This individual is doctorally prepared, currently licensed or authorized to practice, and nationally board certified as an NP in the population focus including either primary or acute care.

Required Evidence:
- The population focused faculty member with track oversight has clear role and duty guidelines as evidenced with the following documentation:
  - Work assignment with dedicated time to provide administrative, resources, curriculum and evaluation oversight for the population focused track.
  - Track-specific position responsibilities of the faculty member who provides direct oversight to the NP population focused track, including expectations for input and decision-making related to curriculum and program outcomes.
- Curriculum vitae of the NP faculty member who provides oversight for the population focused track.
- Current unencumbered license or other authorization to practice as an NP as required by the state or territory.
- Doctoral degree from an institution of higher education that is accredited by an agency officially recognized by the U.S. Secretary of Education at the time the degree was conferred.
- Exception: If not doctorally prepared, documentation of:
  - Enrollment in a doctoral education program, with anticipated completion date specified, and;
  - Letter of appointment prior to date of implementation of these criteria.
- National board certification(s) as an NP in the population focused area of the track, specifying primary and/or acute care if certified in adult-gerontology or pediatrics.
  - If the faculty member is an NP but is not nationally board certified as an NP in the population focus of the NP track, to include primary or acute care distinctions, documentation must be provided of the qualifications and experiences of the individual overseeing the track. This documentation should demonstrate that the other NP faculty members teaching in the track have expertise to cover the full scope of the population focus.
  - A Clinical Nurse Specialist (CNS) may provide oversight of a Psychiatric Mental Health (PMH) NP program with documentation of degree(s) and national certification(s) as a PMH CNS.

Criterion I.G. The institution's policies and expectations for NP faculty are consistent with other faculty in the institution with the same academic rank and role regarding allocated time for teaching, service, scholarship, and faculty development within the context of the institution's mission.

Required Evidence:
- Clearly articulated institutional policies or guidelines for academic rank and role of NP faculty.
- Institutional policies or guidelines supportive of the NP faculty workload for successful teaching, scholarship, service, and faculty development.
- Delineated faculty workload formulas to determine assignments for the academic unit.

Criterion I.H. The institutional policies support NP faculty teaching didactic courses with a clinical component and/or clinical courses by supporting faculty practice to maintain clinical expertise.

Required Evidence:
- Institutional guidelines and/or policies that support clinical practice for those teaching in didactic courses with a clinical component or clinical courses that focus on diagnostic management.

Criterion I.I. The NP Program has a policy that supports the completion of an NP workforce needs assessment and enrollment capacity assessment prior to initiating a new NP program or new population focus.

Required Evidence:
- Policy or statement detailing the process for conducting a needs assessment for new NP programs or a new population focus.
- Needs assessment completed prior to starting a new program or a new population focus with input from community of interest.
- Capacity assessment to implement new program or population focus based on the NTFS.

Criterion I.J. The NP Program has a comprehensive written policy/plan to address current and anticipated needs for clinical placement sites for all matriculated students to meet the learning, progression, and graduation expectations of the program.

Required Evidence:
- Policy and plan on record for attainment of clinical sites, including identification of individuals responsible for identifying, evaluating, and contracting with site management.
- Program policies that delineate processes for selection and evaluation of NP clinical sites.
- Program policies that delineate processes for NP student clinical placements to provide student experiences that meet role and population focused learning objectives.
- Delineation of faculty responsibilities for clinical placements if not described in the plan provided for bullet #1 above.
- Plan for identifying new clinical sites for students in a new or growing population focused track or for students whose current site is no longer available due to unanticipated events.

Criterion I.K. The NP program has policies for recruiting, selecting, orienting, and evaluating preceptors to enable students to meet learning outcomes and progress on a timely basis toward program completion.

Required Evidence:
- Program policies or other written documentation that delineate processes for selecting, orienting, and evaluating preceptors.
- Preceptor orientation materials/program.
- Policies for assigning clinical placements that meet learning outcomes and support progress toward program completion.

Chapter II: Resources

Standard: Institutional resources are sufficient for the NP program's matriculated students, and they reflect ongoing commitment to quality education leading to progression and graduation as competent nurse practitioners ready for population focused health care. Resources necessary to sustain a quality NP program are inclusive of fiscal, human, student support services, learning, and physical/technology resources, regardless of delivery modality.

Criterion II.A. The institution has sufficient fiscal resources to support the NP program.

Required Evidence:
- Budget allocations/expenditures for the NP program inclusive of human, student support, physical, technological, and learning resources.
- Process for NP program faculty to provide input regarding the budgetary and other resource needs.

Criterion II.B. The institution has sufficient resources to provide ongoing support for NP program students, staff, faculty, and preceptors to address DEI.

Required Evidence:
- Strategies, activities, and resources provided on a consistent basis for students, staff, faculty, and preceptors.
- A mechanism to promote and coordinate DEI initiatives.

Criterion II.C. The NP program has sufficient human capital, including appropriately qualified faculty, preceptors, and staff, to provide quality NP education. This is to include:
- One full-time equivalent (FTE) faculty teaching in the NP Program, not to exceed 24 matriculated NP students.
- NP faculty-to-student ratio for oversight of clinical learning not to exceed a ratio of 1:8 within the NP program's faculty workload formula.

Required Evidence for Faculty Resources:
- Overall faculty workload and method for determining faculty workload for all clinical and non-clinical education. Examples of formulas for determining faculty workload, faculty-to-student ratio for overall NP program, and faculty-to-student ratio for clinical oversight are shown in Appendix F.
  - Method used for NP program faculty-to-student ratio document of one FTE faculty teaching in the NP program not to exceed 24 matriculated NP students. NP program faculty to include **all** faculty, who may or may not be NPs, who teach didactic or clinical courses.
- The methods used to determine sufficiency of NP faculty-to student ratio for clinical oversight not to exceed a ratio of 1:8 within the NP program's faculty workload formula.
- Methods to determine adequate clinical oversight, supervision, and evaluation of students, preceptors, and clinical learning experiences.
- Description of the specific responsibilities of the faculty members who teach in the NP program.
- Documentation demonstrating that all NP faculty teaching in the NP program have the preparation, credentialing, and current expertise to support the NP program curriculum.
  - Curriculum vitae of faculty.
  - Degree(s), national certification(s), and license(s) or other authorization to practice as an NP in the state or territory of practice.
- Documentation of clinical practice for faculty teaching in diagnosis and management or clinical courses.
- Documentation that all non-NP faculty teaching in the NP program have the preparation, credentialing, and current expertise to support the NP program.
  - Curricula vitae of faculty who teach in the NP program.
  - Degree(s), authorization to practice by the state, and national certification(s) as applicable.
- Development opportunities to support faculty in the role, such as student assessment, evaluation, learning, teaching modalities, and advances in health care.
- Formal orientation and mentoring of all newly hired NP faculty and those individuals new to teaching.

Required Evidence for Clinical Preceptors:
- Number and qualifications of clinical preceptors to facilitate students' clinical learning experiences in the population foci of the program.
- Documentation of formal orientation for new preceptors, which can be written, verbal, virtual, or face-to-face.
- Communication between faculty and clinical preceptors regarding course materials and demonstrated understanding of the course objectives, clinical hours, evaluation forms, and competencies the student is expected to achieve.
- A statement describing the specific responsibilities of the clinical preceptor.
- Current contractual agreements between institutions/nursing program and clinical preceptors and/or clinical sites where preceptors practice and/or are employed.
- Documentation of clinical preceptors' preparation and current expertise to support each student's development of NP professional role and student achievement of expected program clinical outcomes.
  - Relevant biography/curriculum vitae of clinical preceptors that addresses current qualifications.
  - Documentation of degree(s), unencumbered license or other state authorization to practice in the state or territory in which they practice, and national certification of preceptor, including but not limited to NP, physician, physician assistant, clinical nurse specialist, certified registered nurse anesthetists, certified nurse midwife, social worker, or other healthcare providers.

Required Evidence for Staff:
- Documentation of sufficient numbers of appropriately prepared staff in the following areas to support students and faculty for successful achievement of program outcomes:
  - Administrative
  - Clinical placement
  - Instructional design
  - Technology

Criterion II.D. The NP program provides access to comprehensive academic support services that facilitate quality education by addressing student needs and challenges to timely progression and graduation from the NP program, regardless of delivery modality.

Required Evidence:
- Documentation of services available to NP students, including:
  - Financial aid
  - Counseling
  - Writing instruction and support
  - Health and wellness
  - Academic advisement
  - Technology use
- Mechanisms to allow for safe reporting on such topics as bias, hostility, and discrimination.

Criterion II.E. The NP program has sufficient learning resources to facilitate quality didactic and clinical experiences for NP students to achieve program outcomes, attain national NP competencies for the role and population, and ensure timely completion of the NP program, regardless of delivery modality.

Required Evidence:
- Library and/or resources to support students and faculty to achieve the program outcomes.
- Documentation that simulation resources used are in alignment with national best practices or standards identified by the NP program including:
  - Preparation of faculty/staff to facilitate simulation.
  - Physical and fiscal resources to support the use of simulation, such as standardized patients, supporting technology, and equipment.
- Documentation of learning resource technology and support for its use, including electronic clinical logs/encounters and e-portfolios.

Criterion II. F. The NP program has access to sufficient institutional physical resources that support quality educational experiences for NP students to achieve program outcomes and timely completion of the NP program regardless of delivery modality.

Required Evidence:

- Facilities, equipment, and supplies available and accessible to faculty, students, and staff to support quality education experiences, regardless of program delivery modality.

Criterion II. G. The program secures clinical sites and preceptors to ensure students enrolled in clinical courses have experiences to meet learning objectives and demonstrate expected course competencies with timely completion of the NP program. The NP students' clinical placements are aligned with the program role and population focus. Faculty assess and approve all clinical placements for appropriateness for meeting course objectives, including those sites and preceptors identified by the students or others.

Required Evidence:

- Sufficient number of appropriate clinical placement sites to support enrolled students' direct care clinical experiences and learning outcomes for the population foci and timely completion of the NP program.
- Documentation of the faculty role in ensuring clinical placement of students and oversight to ensure appropriateness of clinical sites, preceptors, and experiences.
- Documentation of the faculty communications/meetings with preceptor(s) regarding the expectations for the student experience and assessment of student progression.

III: Curriculum

Standard: The NP program curriculum contains all educational experiences that facilitate expected outcomes of NP graduates. The NP faculty designs, reviews, revises, and evaluates the curriculum to maintain current relevancy and meet national standards. The curriculum addresses competencies, as delineated by specialty nursing organizations, NP organizations, and nursing education organizations, to promote student achievement of learning and program outcomes. The curriculum establishes the depth and breadth of requisite knowledge and skills for student success in the NP program as demonstrated through NP student learning experiences, testing, and overall evaluation.

Criterion III. A. The NP program prepares graduates to meet education eligibility requirements for authorization to practice in one (or more) states and for one (or more) national NP certification examinations that correspond with the role and population focus of the NP program.

Required Evidence:
- Written statement listing specific NP role and population focused certifications for which graduates are eligible to apply is published, at a minimum, in the university or college catalog and NP program website.

Criterion III.B. The NP faculty have input into admission criteria for each NP population focused track and degree/certificate program.

Required Evidence:
- Documentation that NP faculty are providing input into admission criteria for the NP program and/or tracks.
- Admission criteria for the NP program and/or individual population focused tracks that differ from the overall school of nursing graduate degree program are clearly defined, explained, and accessible to the public.

Criterion III.C. The NP faculty provide input for any progression and completion criteria specific to the NP population focused track.

Required Evidence:
- Documents affirming that NP faculty provide input into progression and completion criteria specific to the NP program and/or tracks.
- Student progression and completion criteria, including the overall graduate degree program and programmatic differences unique to the NP program or the population focused tracks.
- Criteria for full-time, part-time, and postgraduate study as pertinent.
- Faculty-designed plans for students to address content mastery deficiencies that adversely affect student progression.

Criterion III.D NP faculty provide input to the development, implementation, evaluation, and revision of the entire curriculum, including the graduate nursing core courses, APRN core courses, and NP population focused courses.

Required Evidence:
- Formal committee minutes documenting that NP faculty are developing, evaluating, and revising the curriculum.
- Lists of resources used, including professional standards, competencies, and guidelines.

Criterion III.E. The NP curriculum provides the student broad-based, comprehensive graduate educational preparation for the role and at least one population focused area of study. The curriculum is consistent with and meets national standards/competencies for graduate-level nursing education, APRN education, NP specific role, and population focused education. (See Appendix B).

Required Evidence:
- Description of NP curriculum that provides the student broad educational preparation and follows current nationally recognized standards and competencies for advanced-level nursing education, NP role preparation, and population focus preparation.

- Nationally recognized NP education standards and competency documents used for the development of the curriculum components, which should include:
    – Advanced-level nursing competencies.
    – Separate APRN graduate core courses in advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology.
    – NP core role competencies.
    – NP population focused competencies.

Criterion III.F. The NP curriculum includes interprofessional educational experiences (IPE).

Required Evidence:
- Curriculum plan that demonstrates how the program prepares graduates with nationally recognized interprofessional (IP) education competencies.
- Curriculum plan that includes NP students' didactic and/or clinical experiences with other health professions students.
- Student logs, reflections, and evaluation of learning experiences that demonstrate integration of IP experiences or documentation of IP scholarly work.

Criterion III.G. The NP program prepares students with nationally recognized patient care competencies, at the beginning advanced-practice level, through faculty-guided learning experiences prior to beginning the direct patient care hours defined in III.H.

Required Evidence:
- Documentation that illustrates how the curriculum prepares students with the expected Domain 1, Patient Care for Time 1, Common Advanced Practice Registered Nurse Doctoral-Level Competencies (AACN, 2017; See Appendix C).

Criterion III.H. The NP population focused track has a minimum of 750 direct patient care clinical hours to prepare the graduate with competencies for full scope of NP population focused practice.

Direct patient care clinical hours may include student provision of care delivered to the patient through telehealth and global health experiences. Simulation is not direct patient care, and these hours may not be included in the 750 direct patient care total. Time spent attaining the competencies addressed in Criterion III.G are not included in the 750 direct patient care clinical hours.

Required Evidence:
- Description of courses that show distribution of direct patient care clinical hours in each course and the area(s) of practice or population(s) being addressed in each course that prepare the graduate with the nationally recognized NP and population focused competencies.
- Faculty review of students' clinical encounters for breadth, depth, and type to ensure students have experiences across the role and population focus.
- Description and expected outcomes of telehealth and global health experiences if those hours are included in the direct patient care total.

Criterion III.I. The NP curriculum reflects appropriate course sequencing and the integration of population focused didactic and clinical courses with continuous progression throughout the program. The NP curriculum requires that students successfully complete the three APRN core courses (advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology) prior to progressing to the NP population coursework that focuses on diagnosis and management of health problems.

Required Evidence:
- The full- and part-time program of study including didactic and clinical courses designed with a logical course sequencing and prerequisites to promote achievement of APRN, NP role, and population focus competencies across the curriculum (See Appendix B).

- Program of study with advanced-level nursing core courses preceding or simultaneous with the direct care NP and population focused courses and clinical experiences as evidenced in the program of study.
- Documentation that the three APRN core courses (advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology) precede NP population coursework that focuses on diagnosis and management of health problems (i.e., not concurrent with).
- Clinical placements aligned with the student's program of study to provide learning opportunities for meeting course and program objectives.
- Curriculum map of overall NP program and individual tracks.
- Plan for student progression and timely completion following a break in the program of study.

Criterion III.J. The program of study includes a concentrated/immersive clinical practice experience near the end of the program that prepares graduates for the full scope of NP practice. The immersive experience focuses on all aspects of the NP role and demonstrates integration of program competencies into practice. Direct patient care hours included in the concentrated experience may be included in the 750 direct patient care clinical hours described in Criterion III.H.

Required Evidence:
- Curriculum plan that demonstrates course sequencing that includes concentrated clinical practice experience near the end of the program.
- Process for assigning, tracking, and evaluation of the concentrated clinical placements.

Criterion III.K. The NP program's use of simulation, which follows national best practices and/or standards identified by the NP program, and supports student learning, competency development, and evaluation. Simulation is not included in the minimum direct patient care hours.

Required Evidence:
- Examples of simulation activities to support competency development and evaluation.
- Examples of methods used for briefing and debriefing student learning that meet national best practices.
- Identification of national best practices and/or standards used to inform NP program simulation.

Criterion III.L. The NP program is supported by academic-practice partnerships to provide a strong foundation for curriculum development and to inform clinical experiences.

Required Evidence:
- Formal partnership agreements.
- Description of the NP program's and practice partners' engagement in delivery of service, research, and/or education.
- Minutes and/or reports of collaboration by academic and practice partners to design, implement, and evaluate the curriculum and student experiences.

Criterion III.M. Dual-track programs prepare the graduates to meet the required outcome criteria for two NP population foci and the educational requirements for two national NP certifications corresponding to the NP role (acute or primary care) and each population foci.

Required Evidence:
- Formal institution-approved dual-track program of study.
- Cross walk of both didactic and clinical courses to determine the common or overlapping content, course(s), competencies, and clinical experiences to meet the outcomes for each of the two NP population foci (See Appendix D).

Criterion III.N. Post-graduate NP certificate program prepares graduates to meet the same end-of-program outcomes as the degree granting program including the education requirements for national NP certification examinations that correspond to the role and population focus of the post-graduate certificate. The post-graduate NP certificate program must:

- Meet the institution's requirements for granting a post-graduate certificate.
- Include for each student a formal gap analysis of past graduate education (didactic and clinical hours and courses) to determine the additional didactic courses and faculty supervised clinical hours to meet the NP program outcomes. At a minimum, a total of 750 direct patient care clinical hours as defined in Criterion III. H. are to be included in the past APRN graduate education program and post-graduate certificate program specifically to meet the same end-of-program outcomes for the new NP role and/or new population.

Required Evidence:
- A completed gap analysis for each postgraduate candidate (See Appendix E).
- The policies or procedures used for student evaluation to demonstrate national competencies necessary to grant credit for prior academic didactic and faculty supervised clinical hours, as well as the process to determine additional academic didactic and clinical hours needed to meet expected outcomes.
- Sample certificate of completion or a transcript for a post-graduate student showing educational preparation for the NP role and at least one population focus, to include primary or acute care or both for adult and pediatric programs and to include completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).

Criterion III.O. Official documentation of successful completion of the NP program clearly states the NP role and population focus of educational preparation.

Required Evidence:
- A sample transcript for an NP graduate showing educational preparation for the NP role and at least one population focus to include a primary or acute care designation or both for adult- gerontology and pediatric programs OR
- A sample official letter used to specify the educational preparation for the NP role and at least one population focus to include a primary or acute care designation or both for adult-gerontology and pediatric programs.

Chapter IV: Evaluation

Standard: The NP program has a formal comprehensive and systematic program evaluation plan that determines program quality and the ongoing quality improvement (QI) process. The QI process includes a plan for the overall assessment of the program, its policies and resources, including faculty and students, curriculum, and evaluation with indicated revisions.

Criterion IV.A. The NP program uses a systematic process to assess program outcomes.

Required Evidence:
- Plan for evaluating program outcomes.
  - Evaluation plan with methods, metrics, measures, and specified interval not to exceed five years.
  - Aggregate program data, including first-time and repeat test takers' certification pass rates; progression, attrition, and completion rates; employment data; and alumni surveys.
- Actual program outcomes (i.e., the findings of the assessment of expected program outcomes).
- Continuous QI plan and strategies for addressing opportunities in and challenges to program outcomes.

Criterion IV.B. The NP program regularly scheduled evaluation plan assesses whether resources are sufficient to achieve program outcomes.

Required Evidence:
- Results of the regularly scheduled review of NP program resources, including evaluation of faculty, clinical sites, and preceptors to determine sufficient number and type of learning experiences to meet program outcomes.
- Implementation of ongoing QI processes to address concerns, deficiencies, and gaps.

Criterion IV.C. The NP program evaluation plan assesses DEI among its students, graduates, faculty, staff, and others in the community of interest.

Required Evidence:
- Documentation that shows how DEI is included in assessments of students, graduates, faculty, staff, clinical sites, preceptors, and work/learning environments.
- DEI assessment results and trends in students, graduates, faculty, staff, clinical sites, preceptors, and work/learning environments.
- Documentation that learning resources have been reviewed for biases, including unintended biases.

Criterion IV.D. The NP program, with input from the community of interest, evaluates the current relevancy and revises the NP curriculum every five years or sooner, to reflect current knowledge and practice.

Required Evidence:
- Plan for curriculum review, including intervals for review.
- Results of curriculum review of each track or population focused program.
- Process of including review of curriculum to reflecting current NP practice and trends in health care.
- Evidence of input from its community of interest.

Criterion IV.E. The NP program faculty who are responsible for course design and implementation evaluate the individual courses based on the overall program evaluation plan.

Required Evidence:
- Documentation of course coordination and sequencing review.
- Documentation of faculty review at the completion of teaching the course, including student success and current relevancy of course.
- Course syllabi that reflect updates based on review.

Criterion IV.F. In accordance with institutional policy, annual individual NP program faculty evaluations include competence in areas of responsibility, including teaching, service, scholarship, and practice; faculty workload expectations; and plans for development.

Required Evidence:
- The evaluation plan and schedule of individual NP program faculty competency in area of responsibility.
- Evaluation of faculty by students and others as appropriate to role expectations.
- Individual faculty development plans in alignment with the evaluation.
- Record of certification and area of practice, as applicable.

Criterion IV.G. The NP program faculty perform ongoing formative and summative evaluations of student progress inclusive of attainment of expected competencies in both didactic and clinical courses.

Required Evidence:
- Documentation of faculty oversight of student progress using formative and summative methods in didactic and clinical courses.
- Faculty evaluation of student clinical competencies, including frequency and methods for observations used, as well as direct student clinical site observations, recorded encounters, simulation, and/or remote observation using communication technologies.
- Electronic logs and/or e-portfolios documenting clinical encounters to show student progress and competency attainment.
- Plan for each student to address identified deficiencies in progression and competency attainment.
- Communications sharing individual formative and summative evaluations with the student.

Criterion IV.H. The NP faculty evaluate student clinical experience(s) in each clinical course.

Required Evidence:
- Methodology and outcomes for NP faculty evaluation of student clinical experiences, including preceptor feedback of the student; students' completed evaluations of the preceptor and site; and the number, type, and quality of experiences.
- Documentation of joint faculty, preceptor, and student meeting(s) regarding student progress in clinical courses.
- Documentation of preceptor(s) and faculty interactions to determine needs, information, and support to improve experiences for preceptor and/or student.

Criterion IV.I. The NP faculty evaluate all clinical sites and preceptors new to the NP program prior to NP student placement, including preceptor qualifications and types of services/experiences available. All clinical sites and precepted experiences are evaluated collaboratively by faculty, students, and preceptors early in the placement/rotation.

Required Evidence:
- Plan and process for clinical site evaluation with input from clinical NP faculty, preceptors, and students.
- Site evaluation documents.
- Plans for clinical site reevaluation and process for improving clinical site experiences for students and/or preceptors.

Criterion IV.J. The NP program faculty evaluate the use of simulation across the program.

Required Evidence:
- Plan and methods for the evaluation of simulation use in the curriculum, including assessment of participants (teachers/learners/support team), delivery process/methods, and materials/equipment.
- Use of simulation for student evaluation and learning experiences.
- Metrics demonstrating how simulation use aligns with national guidelines or standards.
- Plan for ongoing improvement as indicated.

Glossary

This glossary contains a list of terms with definitions and explanations as to how each relates to *Standards for Quality Nurse Practitioner Education, 6th Edition: A Report of the National Task Force on Quality Nurse Practitioner Education (2022).*

Academic-Practice Partnerships: Mechanism for advancing nursing practice to improve the health of the public. Intentional and formalized relationships are based on mutual goals, respect, and shared knowledge. An academic-practice partnership is developed between a nursing education program and a care setting. Such relationships are defined broadly and may include partnerships within nursing, and with other professions, corporations, government entities, and foundations (AACN-AONE, 2012).

Academic Rank: Rank/position of a faculty member in a college or university, such as professor, associate professor, assistant professor, or instructor.

Academic Service or Service: A professional contribution to the NP program, school/college/program of nursing, the institution, the profession, or the community which advances an academic mission. If service is required, the NP program must allow a reasonable portion of the workload effort for these duties.

Advanced Nursing Education Competencies: Foundational core competencies deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus (AACN, 2021).

Advanced Practice Registered Nursing (APRN) 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).

Certification: A psychometrically sound and legally defensible method that 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 Experiences: Health care delivered by NPs to individuals, families, and groups.

Clinical Hours: Those hours in which direct clinical care is provided to individuals and families in one of the six population focused areas of NP practice and in primary care or acute care as appropriate. (See definition of "population focus.")

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of a nursing unit and the unit's effectiveness in achieving these objectives. The community of interest comprises the stakeholders of the program and may include both internal groups (e.g., current students, institutional administration, etc.) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, other healthcare providers, clients, employers, the community/public, etc.). The community of interest may also encompass individuals and populations of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program (CCNE, 2018).

Competence: Array of abilities, such as knowledge, skills, and attitudes (KSA), across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multidimensional and dynamic, changing with time, experience, and setting (Frank, 2010).

Competency: An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Because competencies are observable, they can be measured and assessed to document acquisition (Frank, 2010).

Continuous Quality Improvement: An evaluation plan and process for review of all aspects of the NP education unit including the NP program and each population focused track. The plan includes evaluation elements that are regularly recurring and those that require continuous quality surveillance and revision. The faculty assess and analyze actual outcomes in relation to expected outcomes to validate or revise policies, practices, and curricula as appropriate.

Contractual Agreement: Formal agreement between an education program/institution and a clinical agency that legally protects, as appropriate, the clinical site, the education program, and students during educational experiences.

Credentials: Titles or degrees held by an individual indicating level of education, certification, or licensure.

Criterion: A measure or test by which to judge NP program quality in accordance with the Standards and Criteria for Evaluation of Nurse Practitioner Programs.

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Curriculum Evaluation: 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 assure accuracy and relevancy of learning experiences.

Curriculum Mapping: Review process for the identification and correction of redundancies and omissions of content and activities throughout a curriculum. The mapping process includes review of courses, activities, exams before and after degree completion, relationships among curricular components, and flow of courses and content within the document.

Direct Patient Care Clinical Hours: Hours/time in which direct clinical care is provided to individuals, families, and groups in one (1) of the six (6) population focused areas of NP practice and in primary care or acute care as appropriate. (See definition of "population focus.")

Direct Oversight of an NP track: NP faculty leadership and management role for advancing educational excellence through continuous quality improvement of the NP population focused track. In addition to providing and advocating for faculty support as indicated, the individual is accountable for communication with all faculty teaching in the track and organization as well as agency partners, other individuals leading tracks, and administrators. Direct oversight includes but is not limited to process and outcomes surveillance of NP student admission, progression, graduation data; faculty-student ratios; clinical placements and preceptors; and leadership of track revisions.

Diversity, Equity, and Inclusion (DEI): Diversity references a broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; physical, functional, and learning abilities; religious beliefs; and socioeconomic status. Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace, not tolerate, differences. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments. More broadly, equity is interrelated with diversity and inclusion. Equity is the ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness (Kranich, 2001).

Dual Track Program: A graduate education program 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. The program prepares graduates to meet education eligibility requirements to sit for two national NP certification examinations.

Faculty Development: A set of processes provided to refresh existing competencies, gain new competencies, and maintain overall competence of a faculty member as a clinician, educator, and NP scholar. Examples of faculty development include but are not limited to faculty practice; online and face-to-face lectures and discussion; simulated scenarios for practice and assessment; workshops; and peer group learning communities.

Gap Analysis: A gap analysis is a thorough analysis of a student's previously completed post licensure graduate courses and clinical experiences compared to requirements for your institution and NP program requirements and national NP competencies to complete the program of study. The gap analysis is used to determine the program of study for a student to meet the requirements of the institution, NP program and national NP and population focused competencies (UCLA Health, 2016).

Governance: Set of structures and processes to gain accountability; transparency; responsiveness; rules; stability; equity and inclusiveness; empowerment; and broad-based participation of NP faculty, staff, and students within a program and track. Governance attributes form a culture for authority, and the administrative and management leadership of an organization where faculty participation helps to maintain and adapt that culture as the environment and health care change. Documents that reflect governance include organizational charts; committee rosters and corresponding minutes; attendance records; and bylaws.

Institution: Defined as an educational institution accredited by an agency officially recognized by the U.S. Secretary of Education to grant academic degrees.

Interprofessional Education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

Licensure: The process by which boards of nursing grant permission to an individual to engage in nursing practice after determining that the applicant has attained the competency necessary to perform a unique scope of practice (NCSBN, 2021).

Matriculated NP Students: Matriculation refers to when a student enrolls or registers as a student at a university or college in a degree or postgraduate certificate-awarding NP program.

Needs Assessment: The process of collecting and analyzing information that can influence the decision to initiate a new program or revise an existing one (UCLA Health, 2016).

NP Faculty: Faculty who teach in the NP program or track who are NPs and have an academic appointment.

NP Program Faculty: All faculty who teach didactic or clinical courses in the NP program or track.

NP Program: NP courses leading to a degree or certificate, to include the graduate (advance nursing education) core, APRN core, and NP role and population focused courses.

NP Track: NP courses leading to a degree or certificate for a specific population focus as defined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (2008). The six current population foci are adult-gerontology (primary care or acute care), pediatrics (primary care or acute care), family/individual across the lifespan, neonatal, women's health/gender related, and psychiatric-mental health across the lifespan.

NP Program Outcomes: Measurable student outcomes, faculty outcomes, and other outcomes identified by the program, generating data on program effectiveness used to foster ongoing continuous quality program improvement (CCNE, 2018).

Nursing Education Unit: Administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Population Focus/Foci: One of the six broad areas of practice delineated in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (2008) for which national competencies exist and build on NP role competencies. The NP 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 this document, it refers to providing care to individuals within a specific population. The six population foci are adult-gerontology (primary care or acute care), pediatrics (primary care or acute care), family/individual across the lifespan, neonatal, women's health/gender related, and psychiatric-mental health across the lifespan.

Preceptor: A qualified clinician [health care professional] who collaborates with faculty to facilitate and supervise NP student clinical learning experiences in a faculty approved clinical setting. The preceptor meets eligibility criteria set by the faculty.

Program Outcomes: Measurable outcomes that include student outcomes, faculty outcomes, and other outcomes identified by the program, and generate data on program effectiveness used to foster ongoing program continuous quality improvement.

Service or Academic Service: A professional contribution to the NP program, school/college/program of nursing, the institution, the profession, or the community which advances an academic mission. If service is required, the NP program must allow a reasonable portion of the workload effort for these duties.

Simulation: A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions (Lioce, 2020).

Simulation National Best Practices and/or Standards: Recommendations incorporating what is currently known based on research and/or expert opinion. Simulation best practices provide learners with a curriculum and learning objectives that scaffolds learning and expectation to support the attainment of NP competencies. Best practices include faculty development and faculty oversight with briefing and debriefing. National guidelines include those developed by the International Nursing Association for Clinical Simulation and Learning (https://www.inacsl.org/healthcare-simulation-standards, 2021) and the Society for Simulation in Healthcare (https://www.ssih.org, 2021).

Staff Development: Set of processes provided to refresh existing competencies, gain new competencies, and maintain overall competence of an NP program staff based on assigned function and expectations. Associate development includes but is not limited to online and face-to-face lectures and discussion; simulated scenarios for practice and assessment; workshops; and peer group learning communities.

Timely Completion: The shortest time to complete a program according to the published layout of the NP program of study. This timeframe may include an extension, determined by the program/institution, for the full-time program or an extension for part-time program of study. Extensions can be due to student issues only and not deficits in the program. Student progression to graduation should not be subjected to delays due to lack of sufficient and appropriate clinical placement opportunities.

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National Task Force on Quality Nurse Practitioner Education

2022

Appendices

Appendix A:

Criteria for Evaluation of Nurse Practitioner Programs Evidence 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. Additional materials and narrative should accompany the form if used in order to provide full documentation for accreditation.

I. Mission and Governance

Standard: The institution's mission/philosophy/values and governance achieve educational excellence through a structure that addresses quality assurance, quality improvement, and diversity, equity, and inclusion (DEI). Effective, ongoing formal processes are in place for self-assessment and planning for the purpose of program improvement. Through faculty governance, institutional policies commit to supporting quality within the NP program.

Criterion	Documentation	Documentation Present - √ if yes
Criterion I.A. The mission/philosophy/values of the institution promote academic excellence and support NP education at the graduate level.	**Required Evidence:** • The mission/philosophy/values statements of the governing institution and nursing education unit. • The mission/philosophy/values statements of the institution and nursing education unit are reflected across the NP curriculum, delivery modality, and program outcomes. • The mission/philosophy/values statements of the institution are accessible to the public.	☐ ☐ ☐
Criterion I.B. The governance structure within the institution facilitates ongoing quality improvement through participation in the development, implementation, maintenance, and evaluation of the NP program by a community of interest, including administrators, faculty, students, and practice partners.	**Required Evidence:** • NP program defines the community of interest and shows a clear pathway of inclusion and opportunity to provide input, virtually or in person, regarding the governance of the NP program. • Minutes of meetings held with the community of interest. • Minutes of meetings documenting development, implementation, maintenance, and evaluation of the NP program, which depict how input from the community of interest has been utilized. • Minutes reflecting ongoing input and documentation of actions based on data collected from the community of interest.	☐ ☐ ☐ ☐

Criterion	Documentation	Documentation Present - √ if yes
Criterion I.C. The NP program maintains accessible, updated written policies and procedures that reflect equitable and non-discriminatory practices.	**Required Evidence:** • Processes for review of policies and procedures to ensure policies and implementation are equitable and non-discriminatory. • Policies and procedures, including date reviewed, that establish: – Published materials for student recruitment, including program length, tuition, and fees. – Admission, progression, and graduation requirements. – Selection of clinical sites and minimum preceptor qualifications. – Selection and use of simulation for learning in alignment with the national best practices and/or standards identified by the NP program. – Ongoing faculty input into curriculum development and revision. – Faculty, preceptor, clinical site, and student evaluation. – Timelines for review of policies, procedures, and handbooks. • Relevant handbooks or program materials that inform and support faculty, students and preceptors.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Criterion I.D. The NP Program has policies and/or initiatives or follows institutional policies and/or initiatives that support a diverse, equitable, and inclusive working and learning environment.	**Required Evidence:** • Published DEI policy or written statement. • Strategies, activities, and resources to address DEI. • Institutional or program human resource policies supporting inclusive and diverse faculty and staff recruitment and hiring processes.	☐ ☐ ☐
Criterion I.E. The institution engages in ongoing, systematic, and focused recruitment and retention activities to achieve mission-appropriate diversity among its students, faculty, administrative staff, and other relevant members of the academic and clinical community.	**Required Evidence:** • Policy goals and outcomes for achieving mission-appropriate DEI. • Policies, processes, and actions for recruitment and retention of diverse faculty, administrative staff, students, preceptors, and other relevant members of the academic and clinical community. • Retention plan with measurable DEI outcomes.	☐ ☐ ☐

Criterion	Documentation	Documentation Present - √ if yes

Criterion I.F. For each NP population focused track, the institution employs an NP faculty member who holds an institutional appointment to provide direct oversight of the track. This individual is doctorally prepared, currently licensed or authorized to practice, and nationally board certified as an NP in the population focus including either primary or acute care.	**Required Evidence:**
	• The population focused faculty member with track oversight has clear role and duty guidelines as evidenced with the following documentation:
	  – Work assignment with dedicated time to provide administrative, resources, curriculum and evaluation oversight for the population focused track.
	  – Track-specific position responsibilities of the faculty member who provides direct oversight to the NP population focused track, including expectations for input and decision-making related to curriculum and program outcomes.
	• Curriculum vitae of the NP faculty member who provides oversight for the population focused track.
	• Current unencumbered license or other authorization to practice as an NP as required by the state or territory.
	• Doctoral degree from an institution of higher education that is accredited by an agency officially recognized by the U.S. Secretary of Education at the time the degree was conferred.
	• Exception: If not doctorally prepared, documentation of:
	  – Enrollment in a doctoral education program, with anticipated completion date specified, and;
	  – Letter of appointment prior to date of implementation of these criteria.
	• National board certification(s) as an NP in the population focused area of the track, specifying primary and/or acute care if certified in adult-gerontology or pediatrics.
	  – If the faculty member is an NP but is not nationally board certified as an NP in the population focus of the NP track, to include primary or acute care distinctions, documentation must be provided of the qualifications and experiences of the individual overseeing the track. This documentation should demonstrate that the other NP faculty members teaching in the track have expertise to cover the full scope of the population focus.
	  – A Clinical Nurse Specialist (CNS) may provide oversight of a Psychiatric Mental Health (PMH) NP program with documentation of degree(s) and national certification(s) as a PMH CNS.
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Criterion I.G. The institution's policies and expectations for NP faculty are consistent with other faculty in the institution with the same academic rank and role regarding allocated time for teaching, service, scholarship, and faculty development within the context of the institution's mission.	**Required Evidence:** • Clearly articulated institutional policies or guidelines for academic rank and role of NP faculty. • Institutional policies or guidelines supportive of the NP faculty workload for successful teaching, scholarship, service, and faculty development. • Delineated faculty workload formulas to determine assignments for the academic unit.	☐ ☐ ☐

Criterion	Documentation	Documentation Present - √ if yes
Criterion I.H. The institutional policies support NP faculty teaching didactic courses with a clinical component and/or clinical courses by supporting faculty practice to maintain clinical expertise.	**Required Evidence:** • Institutional guidelines and/or policies that support clinical practice for those teaching in didactic courses with a clinical component or clinical courses that focus on diagnostic management.	☐
Criterion I.I. The NP Program has a policy that supports the completion of an NP workforce needs assessment and enrollment capacity assessment prior to initiating a new NP program or new population focus.	**Required Evidence:** • Policy or statement detailing the process for conducting a needs assessment for new NP programs or a new population focus. • Needs assessment completed prior to starting a new program or a new population focus with input from community of interest. • Capacity assessment to implement new program or population focus based on the NTFS.	☐ ☐ ☐
Criterion I.J. The NP Program has a comprehensive written policy/plan to address current and anticipated needs for clinical placement sites for all matriculated students to meet the learning, progression, and graduation expectations of the program.	**Required Evidence:** • Policy and plan on record for attainment of clinical sites, including identification of individuals responsible for identifying, evaluating, and contracting with site management. • Program policies that delineate processes for selection and evaluation of NP clinical sites. • Program policies that delineate processes for NP student clinical placements to provide student experiences that meet role and population focused learning objectives. • Delineation of faculty responsibilities for clinical placements if not described in the plan provided for bullet #1 above. • Plan for identifying new clinical sites for students in a new or growing population focused track or for students whose current site is no longer available due to unanticipated events.	☐ ☐ ☐ ☐ ☐
Criterion I.K. The NP program has policies for recruiting, selecting, orienting, and evaluating preceptors to enable students to meet learning outcomes and progress on a timely basis toward program completion.	**Required Evidence:** • Program policies or other written documentation that delineate processes for selecting, orienting, and evaluating preceptors. • Preceptor orientation materials/program. • Policies for assigning clinical placements that meet learning outcomes and support progress toward program completion.	☐ ☐ ☐

II. Resources

Standard: Institutional resources are sufficient for the NP program's matriculated students, and they reflect ongoing commitment to quality education leading to progression and graduation as competent nurse practitioners ready for population focused health care. Resources necessary to sustain a quality NP program are inclusive of fiscal, human, student support services, learning, and physical/technology resources, regardless of delivery modality.

Criterion	Documentation	Documentation Present - √ if yes
Criterion II.A. The institution has sufficient fiscal resources to support the NP program.	**Required Evidence:** • Budget allocations/expenditures for the NP program inclusive of human, student support, physical, technological, and learning resources. • Process for NP program faculty to provide input regarding the budgetary and other resource needs.	☐ ☐
Criterion II.B. The institution has sufficient resources to provide ongoing support for NP program students, staff, faculty, and preceptors to address DEI.	**Required Evidence:** • Strategies, activities, and resources provided on a consistent basis for students, staff, faculty, and preceptors. • A mechanism to promote and coordinate DEI initiatives.	☐ ☐

Criterion II.C. The NP program has sufficient human capital, including appropriately qualified faculty, preceptors, and staff, to provide quality NP education. This is to include:
• One full-time equivalent (FTE) faculty teaching in the NP Program, not to exceed 24 matriculated NP students.
• NP faculty-to-student ratio for oversight of clinical learning not to exceed a ratio of 1:8 within the NP program's faculty workload formula.
	Required Evidence for Faculty Resources:
	• Overall faculty workload and method for determining faculty workload for all clinical and non-clinical education. Examples of formulas for determining faculty workload, faculty-to-student ratio for overall NP program, and faculty-to-student ratio for clinical oversight are shown in Appendix F.
	  – Method used for NP program faculty-to-student ratio document of one FTE faculty teaching in the NP program not to exceed 24 matriculated NP students. NP program faculty to include **all** faculty, who may or may not be NPs, who teach didactic or clinical courses.
	• The methods used to determine sufficiency of NP faculty-to student ratio for clinical oversight not to exceed a ratio of 1:8 within the NP program's faculty workload formula.
	• Methods to determine adequate clinical oversight, supervision, and evaluation of students, preceptors, and clinical learning experiences.
	• Description of the specific responsibilities of the faculty members who teach in the NP program.
	• Documentation demonstrating that all NP faculty teaching in the NP program have the preparation, credentialing, and current expertise to support the NP program curriculum.
	  – Curriculum vitae of faculty.
	  – Degree(s), national certification(s), and licenses or other authorization to practice as an NP in the state or territory of practice.
	• Documentation of clinical practice for faculty teaching in diagnosis and management or clinical courses.
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Criterion	Documentation	Documentation Present - √ if yes

Criterion II.C. The NP program has sufficient human capital, including appropriately qualified faculty, preceptors, and staff, to provide quality NP education. This is to include:
• One full-time equivalent (FTE) faculty teaching in the NP Program, not to exceed 24 matriculated NP students.
• NP faculty-to-student ratio for oversight of clinical learning not to exceed a ratio of 1:8 within the NP program's faculty workload formula.
	• Documentation that all non-NP faculty teaching in the NP program have the preparation, credentialing, and current expertise to support the NP program.
	  – Curricula vitae of faculty who teach in the NP program.
	  – Degree(s), authorization to practice by the state, and national certification(s) as applicable.
	• Development opportunities to support faculty in the role, such as student assessment, evaluation, learning, teaching modalities, and advances in health care.
	• Formal orientation and mentoring of all newly hired NP faculty and those individuals new to teaching.
	Required Evidence for Clinical Preceptors:
	• Number and qualifications of clinical preceptors to facilitate students' clinical learning experiences in the population foci of the program.
	• Documentation of formal orientation for new preceptors, which can be written, verbal, virtual, or face-to-face.
	• Communication between faculty and clinical preceptors regarding course materials and demonstrated understanding of the course objectives, clinical hours, evaluation forms, and competencies the student is expected to achieve.
	• A statement describing the specific responsibilities of the clinical preceptor.
	• Current contractual agreements between institutions/nursing program and clinical preceptors and/or clinical sites where preceptors practice and/or are employed.
	• Documentation of clinical preceptors' preparation and current expertise to support each student's development of NP professional role and student achievement of expected program clinical outcomes.
	  – Relevant biography/curriculum vitae of clinical preceptors that addresses current qualifications.
	  – Documentation of degree(s), unencumbered license or other state authorization to practice in the state or territory in which they practice, and national certification of preceptor, including but not limited to NP, physician, physician assistant, clinical nurse specialist, certified registered nurse anesthetists, certified nurse midwife, social worker, or other healthcare providers.
	Required Evidence for Staff:
	• Documentation of sufficient numbers of appropriately prepared staff in the following areas to support students and faculty for successful achievement of program outcomes:
	    – Administrative
	    – Clinical placement
	    – Instructional design
	    – Technology
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Criterion	Documentation	Documentation Present - √ if yes

Criterion II.D. The NP program provides access to comprehensive academic support services that facilitate quality education by addressing student needs and challenges to timely progression and graduation from the NP program, regardless of delivery modality.	**Required Evidence:**
	• Documentation of services available to NP students, including:
	  – Financial aid
	  – Counseling
	  – Writing instruction and support
	  – Health and wellness
	  – Academic advisement
	  – Technology use
	• Mechanisms to allow for safe reporting on such topics as bias, hostility, and discrimination.
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Criterion II.E. The NP program has sufficient learning resources to facilitate quality didactic and clinical experiences for NP students to achieve program outcomes, attain national NP competencies for the role and population, and ensure timely completion of the NP program, regardless of delivery modality.	**Required Evidence:**
	• Library and/or resources to support students and faculty to achieve the program outcomes.
	• Documentation that simulation resources used are in alignment with national best practices or standards identified by the NP program including:
	  – Preparation of faculty/staff to facilitate simulation.
	  – Physical and fiscal resources to support the use of simulation, such as standardized patients, supporting technology, and equipment.
	• Documentation of learning resource technology and support for its use, including electronic clinical logs/encounters and e-portfolios.
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Criterion II. F. The NP program has access to sufficient institutional physical resources that support quality educational experiences for NP students to achieve program outcomes and timely completion of the NP program regardless of delivery modality.	**Required Evidence:** • Facilities, equipment, and supplies available and accessible to faculty, students, and staff to support quality education experiences, regardless of program delivery modality.	☐
Criterion II. G. The program secures clinical sites and preceptors to ensure students enrolled in clinical courses have experiences to meet learning objectives and demonstrate expected course competencies with timely completion of the NP program. The NP students' clinical placements are aligned with the program role and population focus. Faculty assess and approve all clinical placements for appropriateness for meeting course objectives, including those sites and preceptors identified by the students or others.	**Required Evidence:** • Sufficient number of appropriate clinical placement sites to support enrolled students' direct care clinical experiences and learning outcomes for the population foci and timely completion of the NP program. • Documentation of the faculty role in ensuring clinical placement of students and oversight to ensure appropriateness of clinical sites, preceptors, and experiences. • Documentation of the faculty communications/meetings with preceptor(s) regarding the expectations for the student experience and assessment of student progression.	☐ ☐ ☐

III. Curriculum

Standard: The NP program curriculum contains all educational experiences that facilitate expected outcomes of NP graduates. The NP faculty designs, reviews, revises, and evaluates the curriculum to maintain current relevancy and meet national standards. The curriculum addresses competencies, as delineated by specialty nursing organizations, NP organizations, and nursing education organizations, to promote student achievement of learning and program outcomes. The curriculum establishes the depth and breadth of requisite knowledge and skills for student success in the NP program as demonstrated through NP student learning experiences, testing, and overall evaluation.

Criterion	Documentation	Documentation Present - √ if yes
Criterion III. A. The NP program prepares graduates to meet education eligibility requirements for authorization to practice in one (or more) states and for one (or more) national NP certification examinations that correspond with the role and population focus of the NP program.	**Required Evidence:** • Written statement listing specific NP role and population focused certifications for which graduates are eligible to apply is published, at a minimum, in the university or college catalog and NP program website.	☐
Criterion III.B. The NP faculty have input into admission criteria for each NP population focused track and degree/certificate program.	**Required Evidence:** • Documentation that NP faculty are providing input into admission criteria for the NP program and/or tracks. • Admission criteria for the NP program and/or individual population focused tracks that differ from the overall school of nursing graduate degree program are clearly defined, explained, and accessible to the public.	☐ ☐
Criterion III.C. The NP faculty provide input for any progression and completion criteria specific to the NP population focused track.	**Required Evidence:** • Documents affirming that NP faculty provide input into progression and completion criteria specific to the NP program and/or tracks. • Student progression and completion criteria, including the overall graduate degree program and programmatic differences unique to the NP program or the population focused tracks. • Criteria for full-time, part-time, and postgraduate study as pertinent. • Faculty-designed plans for students to address content mastery deficiencies that adversely affect student progression.	☐ ☐ ☐ ☐
Criterion III.D NP faculty provide input to the development, implementation, evaluation, and revision of the entire curriculum, including the graduate nursing core courses, APRN core courses, and NP population focused courses.	**Required Evidence:** • Formal committee minutes documenting that NP faculty are developing, evaluating, and revising the curriculum. • Lists of resources used, including professional standards, competencies, and guidelines.	☐ ☐

Criterion	Documentation	Documentation Present - √ if yes

Criterion III.E. The NP curriculum provides the student broad-based, comprehensive graduate educational preparation for the role and at least one population focused area of study. The curriculum is consistent with and meets national standards/competencies for graduate-level nursing education, APRN education, NP specific role, and population focused education (See Appendix B).	**Required Evidence:**
	• Description of NP curriculum that provides the student broad educational preparation and follows current nationally recognized standards and competencies for advanced-level nursing education, NP role preparation, and population focus preparation.
	• Nationally recognized NP education standards and competency documents used for the development of the curriculum components, which should include:
	  – Advanced-level nursing competencies.
	  – Separate APRN graduate core courses in advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology.
	  – NP core role competencies.
	  – NP population focused competencies.
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Criterion III.F. The NP curriculum includes interprofessional educational experiences (IPE).	**Required Evidence:** • Curriculum plan that demonstrates how the program prepares graduates with nationally recognized interprofessional (IP) education competencies. • Curriculum plan that includes NP students' didactic and/or clinical experiences with other health professions students. • Student logs, reflections, and evaluation of learning experiences that demonstrate integration of IP experiences or documentation of IP scholarly work.	☐ ☐ ☐
Criterion III.G. The NP program prepares students with nationally recognized patient care competencies, at the beginning advanced-practice level, through faculty-guided learning experiences prior to beginning the direct patient care hours defined in III.H.	**Required Evidence:** • Documentation that illustrates how the curriculum prepares students with the expected Domain 1, Patient Care for Time 1, Common Advanced Practice Registered Nurse Doctoral-Level Competencies (AACN, 2017; See Appendix C).	☐

Criterion	Documentation	Documentation Present - √ if yes
Criterion III.H. The NP population focused track has a minimum of 750 direct patient care clinical hours to prepare the graduate with competencies for full scope of NP population focused practice. Direct patient care clinical hours may include student provision of care delivered to the patient through telehealth and global health experiences. Simulation is not direct patient care, and these hours may not be included in the 750 direct patient care total. Time spent attaining the competencies addressed in Criterion III.G are not included in the 750 direct patient care clinical hours.	**Required Evidence:** • Description of courses that show distribution of direct patient care clinical hours in each course and the area(s) of practice or population(s) being addressed in each course that prepare the graduate with the nationally recognized NP and population focused competencies. • Faculty review of students' clinical encounters for breadth, depth, and type to ensure students have experiences across the role and population focus. • Description and expected outcomes of telehealth and global health experiences if those hours are included in the direct patient care total.	☐ ☐ ☐
Criterion III.I. The NP curriculum reflects appropriate course sequencing and the integration of population focused didactic and clinical courses with continuous progression throughout the program. The NP curriculum requires that students successfully complete the three APRN core courses (advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology) prior to progressing to the NP population coursework that focuses on diagnosis and management of health problems.	**Required Evidence:** • The full- and part-time program of study including didactic and clinical courses designed with a logical course sequencing and prerequisites to promote achievement of APRN, NP role, and population focus competencies across the curriculum (See Appendix B). • Program of study with advanced-level nursing core courses preceding or simultaneous with the direct care NP and population focused courses and clinical experiences as evidenced in the program of study. • Documentation that the three APRN core courses (advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology) precede NP population coursework that focuses on diagnosis and management of health problems (i.e., not concurrent with). • Clinical placements aligned with the student's program of study to provide learning opportunities for meeting course and program objectives. • Curriculum map of overall NP program and individual tracks. • Plan for student progression and timely completion following a break in the program of study.	☐ ☐ ☐ ☐ ☐

Criterion	Documentation	Documentation Present - √ if yes
Criterion III.J. The program of study includes a concentrated/immersive clinical practice experience near the end of the program that prepares graduates for the full scope of NP practice. The immersive experience focuses on all aspects of the NP role and demonstrates integration of program competencies into practice. Direct patient care hours included in the concentrated experience may be included in the 750 direct patient care clinical hours described in Criterion III.H.	**Required Evidence:** • Curriculum plan that demonstrates course sequencing that includes concentrated clinical practice experience near the end of the program. • Process for assigning, tracking, and evaluation of the concentrated clinical placements.	☐ ☐
Criterion III.K. The NP program's use of simulation, which follows national best practices and/or standards identified by the NP program, and supports student learning, competency development, and evaluation. Simulation is not included in the minimum direct patient care hours.	**Required Evidence:** • Examples of simulation activities to support competency development and evaluation. • Examples of methods used for briefing and debriefing student learning that meet national best practices. • Identification of national best practices and/or standards used to inform NP program simulation.	☐ ☐ ☐
Criterion III.L. The NP program is supported by academic practice partnerships to provide a strong foundation for curriculum development and to inform clinical experiences.	**Required Evidence:** • Formal partnership agreements. • Description of the NP program's and practice partners' engagement in delivery of service, research, and/or education. • Minutes and/or reports of collaboration by academic and practice partners to design, implement, and evaluate the curriculum and student experiences.	☐ ☐ ☐
Criterion III.M. Dual-track programs prepare the graduates to meet the required outcome criteria for two NP population foci and the educational requirements for two national NP certifications corresponding to the NP role (acute or primary care) and each population foci.	**Required Evidence:** • Formal institution-approved dual-track program of study. • Cross walk of both didactic and clinical courses to determine the common or overlapping content, course(s), competencies, and clinical experiences to meet the outcomes for each of the two NP population foci (See Appendix D).	☐ ☐

Criterion	Documentation	Documentation Present - √ if yes
Criterion III.N. Post-graduate NP certificate program prepares graduates to meet the same end-of-program outcomes as the degree granting program including the education requirements for national NP certification examinations that correspond to the role and population focus of the post-graduate certificate. The post-graduate NP certificate program must: • Meet the institution's requirements for granting a post-graduate certificate. • Include for each student a formal gap analysis of past graduate education (didactic and clinical hours and courses) to determine the additional didactic courses and faculty supervised clinical hours to meet the NP program outcomes. At a minimum, a total of 750 direct patient care clinical hours as defined in Criterion III. H. are to be included in the past APRN graduate education program and post-graduate certificate program specifically to meet the same end-of-program outcomes for the new NP role and/or new population.	**Required Evidence:** • A completed gap analysis for each postgraduate candidate (See Appendix E). • The policies or procedures used for student evaluation to demonstrate national competencies necessary to grant credit for prior academic didactic and faculty supervised clinical hours, as well as the process to determine additional academic didactic and clinical hours needed to meet expected outcomes. • Sample certificate of completion or a transcript for a post-graduate student showing educational preparation for the NP role and at least one population focus, to include primary or acute care or both for adult and pediatric programs and to include completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).	☐ ☐ ☐
Criterion III.O. Official documentation of successful completion of the NP program clearly states the NP role and population focus of educational preparation.	**Required Evidence:** • A sample transcript for an NP graduate showing educational preparation for the NP role and at least one population focus to include a primary or acute care designation or both for adult-gerontology and pediatric programs OR • A sample official letter used to specify the educational preparation for the NP role and at least one population focus to include a primary or acute care designation or both for adult-gerontology and pediatric programs.	☐ ☐

IV. Evaluation

Standard: The NP program has a formal comprehensive and systematic program evaluation plan that determines program quality and the ongoing quality improvement (QI) process. The QI process includes a plan for the overall assessment of the program, its policies and resources, including faculty and students, curriculum, and evaluation with indicated revisions.

Criterion	Documentation	Documentation Present - √ if yes

Criterion IV.A. The NP program uses a systematic process to assess program outcomes.	**Required Evidence:**
	• Plan for evaluating program outcomes.
	  – Evaluation plan with methods, metrics, measures, and specified interval not to exceed five years.
	  – Aggregate program data, including first-time and repeat test takers' certification pass rates; progression, attrition, and completion rates; employment data; and alumni surveys.
	• Actual program outcomes (i.e., the findings of the assessment of expected program outcomes).
	• Continuous QI plan and strategies for addressing opportunities in and challenges to program outcomes.
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Criterion IV.B. The NP program regularly scheduled evaluation plan assesses whether resources are sufficient to achieve program outcomes.	**Required Evidence:** • Results of the regularly scheduled review of NP program resources, including evaluation of faculty, clinical sites, and preceptors to determine sufficient number and type of learning experiences to meet program outcomes. • Implementation of ongoing QI processes to address concerns, deficiencies, and gaps.	☐ ☐
Criterion IV.C. The NP program evaluation plan assesses DEI among its students, graduates, faculty, staff, and others in the community of interest.	**Required Evidence:** • Documentation that shows how DEI is included in assessments of students, graduates, faculty, staff, clinical sites, preceptors, and work/learning environments. • DEI assessment results and trends in students, graduates, faculty, staff, clinical sites, preceptors, and work/learning environments. • Documentation that learning resources have been reviewed for biases, including unintended biases.	☐ ☐ ☐
Criterion IV.D. The NP program, with input from the community of interest, evaluates the current relevancy and revises the NP curriculum every five years or sooner, to reflect current knowledge and practice.	**Required Evidence:** • Plan for curriculum review, including intervals for review. • Results of curriculum review of each track or population focused program. • Process of including review of curriculum to reflecting current NP practice and trends in health care. • Evidence of input from its community of interest.	☐ ☐ ☐
Criterion IV.E. The NP program faculty who are responsible for course design and implementation evaluate the individual courses based on the overall program evaluation plan.	**Required Evidence:** • Documentation of course coordination and sequencing review. • Documentation of faculty review at the completion of teaching the course, including student success and current relevancy of course. • Course syllabi that reflect updates based on review.	☐ ☐ ☐

Criterion	Documentation	Documentation Present - √ if yes
Criterion IV.F. In accordance with institutional policy, annual individual NP program faculty evaluations include competence in areas of responsibility, including teaching, service, scholarship, and practice; faculty workload expectations; and plans for development.	**Required Evidence:** • The evaluation plan and schedule of individual NP program faculty competency in area of responsibility. • Evaluation of faculty by students and others as appropriate to role expectations. • Individual faculty development plans in alignment with the evaluation. • Record of certification and area of practice, as applicable.	☐ ☐ ☐ ☐

Criterion IV.G. The NP program faculty perform ongoing formative and summative evaluations of student progress inclusive of attainment of expected competencies in both didactic and clinical courses.	**Required Evidence:**
	• Documentation of faculty oversight of student progress using formative and summative methods in didactic and clinical courses.
	• Faculty evaluation of student clinical competencies, including frequency and methods for observations used, as well as direct student clinical site observations, recorded encounters, simulation, and/or remote observation using communication technologies.
	• Electronic logs and/or e-portfolios documenting clinical encounters to show student progress and competency attainment.
	  – Plan for each student to address identified deficiencies in progression and competency attainment.
	  – Communications sharing individual formative and summative evaluations with the student.
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Criterion IV.H. The NP faculty evaluate student clinical experience(s) in each clinical course.	**Required Evidence:** • Methodology and outcomes for NP faculty evaluation of student clinical experiences, including preceptor feedback of the student; students' completed evaluations of the preceptor and site; and the number, type, and quality of experiences. • Documentation of joint faculty, preceptor, and student meeting(s) regarding student progress in clinical courses. • Documentation of preceptor(s) and faculty interactions to determine needs, information, and support to improve experiences for preceptor and/or student.	☐ ☐ ☐
Criterion IV.I. The NP faculty evaluate all clinical sites and preceptors new to the NP program prior to NP student placement, including preceptor qualifications and types of services/experiences available. All clinical sites and precepted experiences are evaluated collaboratively by faculty, students, and preceptors early in the placement/rotation.	**Required Evidence:** • Plan and process for clinical site evaluation with input from clinical NP faculty, preceptors, and students. • Site evaluation documents. • Plans for clinical site reevaluation and process for improving clinical site experiences for students and/or preceptors.	☐ ☐ ☐

Criterion	Documentation	Documentation Present - √ if yes
Criterion IV.J. The NP program faculty evaluate the use of simulation across the program.	**Required Evidence:** • Plan and methods for the evaluation of simulation use in the curriculum, including assessment of participants (teachers/learners/support team), delivery process/methods, and materials/equipment. • Use of simulation for student evaluation and learning experiences. • Metrics demonstrating how simulation use aligns with national guidelines or standards. • Plan for ongoing improvement as indicated.	☐ ☐ ☐ ☐

Appendix B:

National Standards/Competency Documents
in support of Several Criteria

The curriculum is to be consistent with national standards/competencies for advanced-level nursing education, APRN education, NP specific role, and population focused education. Programs are encouraged to use the current version of the national standards and competencies. The current national standards/competency documents used for the development of the curriculum for each of these four components are listed here.

- Advanced-level core nursing education competencies
  - American Association of Colleges of Nursing (2021). The Essentials: Core Competencies for Professional Nursing Education.
- APRN graduate core courses in advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology
  - Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (2008)
- NP specific role competencies
  - Nurse Practitioner Core Competencies with Content (2017)
- NP population focused competencies
  - Adult Gerontology Acute Care and Primary Care NP Competencies (2016)
  - Population Focused Competencies: Family/Across the Lifespan, Neonatal, Pediatric Acute Care, Pediatric Primary Care, Psychiatric Mental Health, Women's Health/Gender Related. (2012)

Appendix C:

Common Advanced Practice Registered Nurse Doctoral–Level Competencies, Domain 1, Patient, Time 1 Competencies in support of Criterion III.G.

The Common Advanced Practice Registered Nurse Doctoral-Level Competencies (AACN, 2017) were developed by a multiorganizational group convened by the American Association of Colleges of Nursing (AACN). The group representing APRN licensure, accreditation, certification, and education was tasked to develop a common taxonomy for APRN competencies. The competencies developed are observable and measurable in 8 domains or areas of practice. For each competency, two progression indicators (Time 1 and Time 2) or behaviors are identified. The first progression indicator (Time 1) describes the expected level of achievement when the student begins the first meaningful clinical experience where the student provides direct patient care management under preceptor or faculty supervision. The second progression indicator (Time 2) describes the expected level of performance at completion of the student's APRN doctoral program (graduation).

To meet the NTFS Criterion III F only the Domain 1: Patient Care competencies Time 1 behaviors are expected to be demonstrated by NP students prior to beginning the direct patient care hours defined in Criterion III.G. These competencies may be attained and demonstrated by a student using any faculty facilitated experiences. These competencies and Time 1 behaviors are shown below. The entire document can be accessed at https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Common-APRN-Doctoral-Competencies.pdf.

Domain 1: Patient Care

Domain Descriptor: Designs, delivers, manages, and evaluates comprehensive patient care.

Competency	Time 1
1. Perform a comprehensive, evidence-based assessment.	Performs a focused assessment of a patient with only 1-2 presenting problems, using a template and under mentored guidance.
2. Use advanced clinical judgment to diagnose.	Uses patient and clinical data to formulate common healthcare diagnosis(es) in a patient with only 1-2 presenting problems.
3. Synthesize relevant data to develop a patient-centered evidence-based plan of care.	Identifies evidence-based, patient-centered plan of care for common health problems for an individual patient.
4. Manage care across the health continuum including prescribing, ordering, and evaluating therapeutic interventions.	Identifies and evaluates the appropriate therapeutic interventions (pharmacologic and nonpharmacologic) for the management of common problems.
5. Educate patients, families, and communities to empower themselves to participate in their care and enable shared decision making.	Provides education to patients, families, and/or communities regarding their health condition and potential health risks.

Appendix D:

General Information and Guidelines
to Conduct and Document a Curriculum Analysis
for Dual Track Programs in support of Criterion III. M.

Dual track programs prepare the graduates to meet the required outcome criteria for two NP population foci and the educational requirements for two national NP certifications corresponding to the NP role(s) and population foci. Dual track NP students are required to demonstrate national NP competencies and program outcomes for two separate NP tracks (for example, pediatric primary care and pediatric acute care, or family across the lifespan and psych/mental health), completing required coursework and clinical hours for each of the chosen population foci.

Conducting a gap analysis is a critical step to identify the overlap in courses and faculty supervised clinical hours between the two NP tracks/population foci and then to determine the courses and faculty supervised clinical hours the student must complete to meet the institutional and program requirements to be eligible for national NP certification in the two NP population foci.

To conduct the gap analysis, the NP program faculty must evaluate the course(s) and clinical hours required in each track. The analysis should consist of a thorough review of the source documents, including but not limited to course descriptions, course objectives, and/or syllabi, to determine crossover or overlapping courses and/or faculty supervised clinical hours, if any. If faculty supervised clinical hours meet the requirements and fall within the scope of practice of both tracks, they may be counted toward the required clinical hours for each track. If either of the population foci cross the lifespan, courses and clinical hours required must address the lifespan as well as the full scope of practice for the role(s) and both populations.

The dual track program must meet the requirements for each of the NP focused tracks - especially as they relate to the minimum number of required credits per track designated by the institution or state licensing authority.

Sample Form A:
Curriculum Analysis Documentation Form for NP Dual Track Programs

Use the form below to document the results of a dual track curriculum evaluation and provide any additional explanation for the course(s) accepted for both tracks/populations in lieu of an APRN core course or population focused course as equivalent to a similar course in the other track curriculum.

Student Name: _____

NP Population Focus One: _____

NP Population Focus Two: _____

List all required courses (didactic and clinical) for Population 1. List each course separately.	List all required courses (didactic and clinical) for Population 2. List each course separately.	Identify the overlap of course(s) and/or content that occurs across the two NP tracks. Provide rationale regarding the overlap. Include clinical experiences, patient population, and practice settings addressed in the courses.

_____   _____   _____

Program Director Printed Name   Program Director Signature   Date

Appendix E:

General Information and Guidelines to Conduct and Document a Gap Analysis for Post–Graduate Certificate Programs in support of Criterion III. N.

Postgraduate certificate NP students are required to demonstrate the same national NP competencies and program outcomes as students in the same NP track (master's or DNP) by completing graduate-level didactic courses and faculty-supervised direct clinical hours in the chosen population focus.

Conducting a gap analysis is a critical step to determine the additional graduate courses and faculty supervised clinical hours the student must complete to meet the institution and program requirements to issue the post-graduate certificate and to prepare the student to be eligible for national NP board certification in that population focus.

To conduct the gap analysis, the NP postgraduate program faculty must evaluate the course(s) and clinical hours completed in the student's previous graduate program(s). The analysis should consist of a thorough review of the source documents, including but not limited to transcript(s), course descriptions, course objectives, and/or syllabi, to determine the additional course(s) and/or faculty supervised clinical hours required for the student to meet the post-graduate NP program outcomes as well as the national NP population competencies to grant the post-graduate certificate and help ensure eligibility for national certification.

Courses accepted must be graduate level and post licensure. Justification for courses accepted for the APRN Core Courses (commonly referred to as the 3 P's) with titles that are not clearly delineated or contain a different population or role focus should be explained. When the postgraduate program population is across the lifespan, courses and clinical hours accepted must address the lifespan.

Before accepting transfer credits, check your institutional transfer credit policies.

Faculty should be familiar with the institution's requirements to issue the postgraduate certificate (e.g., minimum number of credits).

Confirm the accreditation status of the postgraduate certificate program to assure that the postgraduate certificate program aligns with an accredited NP tract with the same role and population.

It is important to note that the education requirements for NP programs and national NP certification eligibility requirements have changed over time. Using a student's national certification as the sole evidence of meeting NP core courses and/or faculty supervised hours is **not** a reliable tool.

Sample Form B:
Gap Analysis Documentation Form for NP Post-Graduate Certificate Programs

Use the form below to document the results of your evaluation and provide any additional explanation for the course(s) accepted in lieu of an APRN core, NP role, or population focused course as equivalent to a similar course in your program.

Student Name: _____

Previously Completed Graduate Program Institution Name: _____ _____

Previously Completed APRN or NP Program/Population Completed: _____

Year of graduation: _____

Postgraduate NP Program Institution: _____ _____

Postgraduate NP Population: _____

List all required courses (didactic and clinical) from your institution required for the identified postgraduate certificate program (include NP role and population focused courses.) List each course separately.	List the courses and/or clinical hours, accepted from student's prior graduate program that align with the course in the 1st column. Add an explanatory note when the course title does not fully describe the expected content.	List all courses and clinical hours the student completed to fulfill the NP postgraduate program requirements for your institution.

_____   _____   _____

Program Director Printed Name   Program Director Signature   Date

For Illustrative Purposes Only

Student Name: _____ *Martha Smith*_____

Previously Completed Graduate Program Institution Name: _____ *DEF University* _____

Previously Completed APRN or NP Program/Population Completed: __ *Adult-Gerontology NP* _____

Year of graduation: __ *1999*_____

Postgraduate NP Program Institution: _____ *PQR University*_____

Postgraduate NP Population: _____ *Psychiatric-Mental Health NP*_____

List all required courses (didactic and clinical) from your institution required for the identified postgraduate certificate program (include NP role and population focused courses.) List each course separately.	List the courses and/or clinical hours, accepted from student's prior graduate program that align with the course in the 1st column. Add an explanatory note when the course title does not fully describe the expected content.	List all courses and clinical hours the student completed to fulfill the NP postgraduate program requirements for your institution.
Example: NURS 694 Clinical Inquiry for Evidence Based Practice	*None*	*NURS 694 Clinical Inquiry for Evidence Based Practice*
Example: NURS 601 Advanced Pathophysiology	*NRSG 500 – Advanced Physiology for the Adult (DEF University) Note: Per the course syllabi and/or course description the course content covered the lifespan.*	*None*
Example: NURS 695 Role of the APRN	*None*	*NURS 695 Role of the APRN*
Example: NURS 701 PMHNP Clinical I	*NRSG 638 – PMH Concepts of the Adult (150 hours)*	*NURS 701 – PMHNP Clinical I (150 hours)*
Example: NURS 702 PMHNP Clinical II		*NURS 702 PMHNP Clinical II (300 hours) (To support preparation for the educational certification eligibility requirements, a minimum total of 500 faculty supervised clinical hours – between the prior graduate program and the postgraduate program must be demonstrated.)*
Example: NURS 705 Leadership	*None*	*NURS 705 Leadership*
Example: PHARM 740 Advanced Pharmacology	*None*	*PHARM 740 Advanced Pharmacology*

_____   _____   _____
Program Director Printed Name   Program Director Signature   Date

Appendix F

Sample Examples of Workload Unit (WLU) Formulas
in support of Criterion II.C.

A Workload Unit (WLU) is a unit of academic effort that accounts for a variety of factors including number of students, course type and institutional expectations. The examples of WLU formulas shown here may be used to calculate overall faculty effort needed to teach the NP program. The WLU approach provides consistency, transparency, and equity in making faculty workload assignments. However, formulas used by individual schools vary and are acceptable.

Calculating WLUs requires determination of five variables, one recommended by the NTFS and four determined by the institution.

Variables needed for all WLU formulas

Variable	Guided By	Comments
Faculty:Student Ratio for Clinical Courses	NTFS Criteria	NTF guidance is a maximum of 8 students per faculty member in clinical courses
WLU:Credit Hour Ratio for Clinical Courses	Institutional Policies	The number of clinical course credit hours per WLU. For example, one WLU per 3 credit hours of clinical courses.
Faculty:Student Ratio for Didactic Courses	Institutional Policies	This expectation should be informed by the NTFS's guidance that the NP program be staffed with a minimum of 1.0 FTE per 24 matriculated students in the program.
WLU:Credit Hour Ratio for Didactic Courses	Institutional Policies	The number of didactic course credit hours per WLU. For example, one WLU per 3 credit hours of didactic courses.
Total WLU Expected per 1.0 FTE	Institutional Policies	This expectation should be informed by the NTFS's guidance that the NP program be staffed with a minimum of 1.0 FTE per 24 matriculated students in the program.

How to Calculate WLUs for a Course or Program

The WLU associated with **each course** is determined using a three step calculation.

Step 1			
Hours in Course	÷	Credit Hours Per WLU for Course	= WLU per Section of the Course
Step 2			
Course Enrollment	÷	Students Per Faculty for Course	= Number of Sections of Course
Step 3			
WLU per section of the course	X	Number of Sections of Course	= Total WLU Needed For Course

The WLU needed to determine appropriate staffing for **the program for a given year** is determined by adding together the total WLU needed for all courses to be taught in that year.

Total WLU Needed for Course 1	+	Total WLU Needed for Course 2	+	Total WLU Needed for Course 3	+	Total WLU Needed for Course 4	+ ...	= Total WLU Needed for Program

Once Total WLU Needed for Program is determined, the **total FTE needed to staff the program** can be determined.

Total WLU Needed for Program	÷	Total WLU Expected per 1.0 FTE	= Total FTE Needed to Staff the Program

The Total FTE Needed to Staff the Program can be divided between faculty working full-time (1.0 FTE) and part-time faculty.

The following are illustrative examples of the WLU and FTE calculations.

Program One

Program Description

Program One follows a 12-month academic year over three terms. All of its didactic courses are online. Clinical courses are offered under a hybrid model blending in-person simulation, online discussion sections and in-person clinical rotations.

Program One's DNP Program is 81 credits (six four-credit clinical courses [24 credits] and nineteen three-credit didactic courses [57 credits]). The program is taught over three years (total of 9 terms). There are currently a total of 90 students enrolled across the entirety of the curriculum, 30 in each of three cohorts: year one students, year two students, year three students. Each course of the curriculum is taught only once per year. So the total number of students in any one of the courses is always 30.

Faculty:Student Ratio for Clinical Courses	1:8
WLU:Credit Hour Ratio for Clinical Courses	1 WLU per 3 credit hours
Faculty:Student Ratio for Didactic Courses	1:32
WLU:Credit Hour Ratio for Didactic Courses	1 WLU per 3 credit hours
Total WLU Expected per 1.0 FTE	9 WLU per calendar year

Calculations

Clinical Courses

Course Name	Hours in Course	÷	Credit Hours Per WLU for Clinical Courses (1 WLU per 3 credit hours)	=	WLU per Section of the Course
Clinical Course 1	4	÷	3	=	1.33
Clinical Course 2	4	÷	3	=	1.33
Clinical Course 3	4	÷	3	=	1.33
Clinical Course 4	4	÷	3	=	1.33
Clinical Course 5	4	÷	3	=	1.33
Clinical Course 6	4	÷	3	=	1.33

Course Name	Course Enrollment	÷	Students Per Faculty for Clinical Courses (1:8)	=	Number of Sections of Course
Clinical Course 1	30	÷	8	=	3.75
Clinical Course 2	30	÷	8	=	3.75
Clinical Course 3	30	÷	8	=	3.75
Clinical Course 4	30	÷	8	=	3.75
Clinical Course 5	30	÷	8	=	3.75
Clinical Course 6	30	÷	8	=	3.75

Course Name	WLU per section of the course	X	Number of Sections of Course	=	Total WLU Needed for Course
Clinical Course 1	1.33	÷	3.75	=	4.99
Clinical Course 2	1.33	÷	3.75	=	4.99
Clinical Course 3	1.33	÷	3.75	=	4.99
Clinical Course 4	1.33	÷	3.75	=	4.99
Clinical Course 5	1.33	÷	3.75	=	4.99
Clinical Course 6	1.33	÷	3.75	=	4.99
Total WLU Needed for All Clinical Courses					**29.9**

Didactic Courses

Course Name	Hours in Course	÷	Credit Hours Per WLU for Didactic Courses (1 WLU per 3 credit hours)	=	WLU per Section of the Course
Didactic Course 1	3	÷	3	=	1
Didactic Course 2	3	÷	3	=	1
Didactic Course 3	3	÷	3	=	1
…		÷		=	
Didactic Course 18	3	÷	3	=	1
Didactic Course 19	3	÷	3	=	1

Course Name	Course Enrollment	÷	Students Per Faculty for Didactic Courses (1:32)	=	Number of Sections of Course
Didactic Course 1	30	÷	32	=	1 (0.94)
Didactic Course 2	30	÷	32	=	1 (0.94)
Didactic Course 3	30	÷	32	=	1 (0.94)
…		÷		=	
Didactic Course 18	30	÷	32	=	1 (0.94)
Didactic Course 19	30	÷	32	=	1 (0.94)

Course Name	WLU per section of the course	X	Number of Sections of Course	=	Total WLU Needed for Course
Didactic Course 1	1	÷	1	=	1
Didactic Course 2	1	÷	1	=	1
Didactic Course 3	1	÷	1	=	1
…		÷		=	
Didactic Course 18	1	÷	1	=	1
Didactic Course 19	1	÷	1	=	1
Total WLU Needed for All Didactic Courses					**19**

Programmatic Staffing

Total WLU Needed for All Clinical Courses	+	Total WLU Needed for All Didactic Courses	=	Total WLU Needed for Program
29.9	+	19	=	48.9

Total WLU Needed for Program	÷	Total WLU Expected per 1.0 FTE (9 WLUs per year)	=	Total FTE Needed to Staff the Program
48.9	÷	9	=	5.4

Program One would require 5.4 total FTE to adequately staff the program. This 5.4 FTE could be satisfied with a combination of fulltime and part-time faculty.

Appendix G: Other Sample Forms

Sample Form C: In support of Criteria II. G. and IV.B.

Documentation of Preceptor Information

Name of Site	Type of Site (e.g. community health, private practice, rural clinic)	Characteristics of Patients	Experience(s) Offered (e.g. primary care, acute care, chronic, long term care, rehabilitation)

Sample Form D: In support of Criterion II.C.

Documentation of Preceptor Information

Name and Credentials of Preceptor(s)	Practice Site/ Location	Population focused or Specialty Area of Practice	Certification(s)	Years of Practice in the Population focused or Specialty Area of Practice	No. of Students Precepted Concurrently (Includes APRNs and students in other professions.)	State Licensure/ Approval/ Recognition*

Nurse Practitioner Program Faculty Profile for all Faculty

This form can be used to provide evidence for Criterium II.C. Not applicable to non-NP faculty, where it applies.

Name: _____ Credentials: _____

Academic Rank: _____ Academic Title: _____

State License/Approval/Recognition Number: RN _____ APRN _____

List Certification with national certification board and expiration dates:

_____

Are copies of all certification and state license/approval/recognition on file? Yes_____ No _____

Academic NP Program(s) Completed: _____

Graduation Date: _____ NP Population Focus/Foci: _____

Are all the programs accredited by the US Secretary of Education? Yes_____ No _____

Faculty Appointment: % of FTE to NP Program _____ % of time to NP Population _____

Teaching Responsibilities:
Clinical and Didactic Courses   No. of Students   Dates

_____

Workload assigned to teaching courses: _____

List of other faculty responsibilities with workload assigned:

_____

Current Practice Site: _____ No. of Hours per Week/month: _____

Sample Form F: In support of Criterion II. G.

Faculty & Preceptor Checklist Designed to Enhance the Nurse Practitioner Student's Clinical Experience

In early 2018, the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Nurse Practitioners (AANP) collaborated to develop a tool that addressed the inconsistent relationships between NP faculty and clinical preceptors. This tool resulted in the development of guidance checklists that outlined expectations when establishing clinical rotations for NP students. The **Preceptor Expectation Checklist** and the **Faculty Expectation Checklist** include evidence-based suggestions to promote a healthy, ongoing relationship and reduce barriers experienced by the clinical preceptor, NP faculty, or NP student.

Faculty Expectations of Preceptors

Establishing Clinical Rotation	Completed
Review NP program policies regarding student placement guidelines.	
Communicate start date and time with student.	
Review documents related to the clinical course (welcome letter, clinical hours requirement, syllabus, course objectives, etc.) and clarify, if needed.	
Review Family Educational Rights and Privacy Act (FERPA).	
Orientation	**Completed**
Orient student to clinical site, clinical site policies, EHR, and clinical team prior to student's patient experiences.	
Discuss course objectives, course requirements, student learning goals, and clinical experience expectations with the student.	
Discuss with student his/her experience/background.	
Outline appropriate tasks, patient cases, and caseload for each clinical day.	
Establish plan for student progression from observing to conducting visits with minimal intervention.	
Clinical Experience	**Completed**
Model clinical skills and professional/ethical behaviors for student learning.	
Be present to observe all student clinical activities.	
Include student as a pertinent part of the healthcare team and encourage interprofessional collaboration between student and other team members.	
Encourage learning using direct questioning methods and allowing reflection on feedback.	
Verify student clinical hours.	

Communication	Completed
Guide, counsel, and encourage active student learning through clinical experiences.	
Communicate to faculty pertinent feedback regarding student performance and learning progression related to course expectations and requirements.	
Be available for virtual or face-to-face site visits.	
Evaluation	**Completed**
Complete appropriate evaluation forms at intervals outlined in course requirements.	
Discuss evaluation(s) with student providing constructive feedback on strengths, weaknesses, and plans for improvement.	
Participate in faculty-initiated plans of remediation, if necessary.	
Completion of Clinical Rotation	**Completed**
Submit all documents as outlined in the course.	

Preceptor Expectations of Faculty

Establishing Clinical Rotation	Completed
Communicate start date and time with preceptor/clinical site point of contact.	
Identify preceptor's preferred method of communication.	
Send documents related to the clinical course (welcome letter, preceptor handbook, clinical hours requirement, syllabus, course objectives, etc.) to preceptor/clinical site point of contact via mail or email.	
Provide preceptor/clinical site point of contact with student's credentials and clinical clearance paperwork.	
Discuss course objectives, course requirements, student learning goals, and clinical experience expectations with the preceptor.	
Orientation	**Completed**
Provide the contact number/information to the clinical faculty responsible for the student.	
Discuss the purpose, frequency, length, and number of site visits with the preceptor.	
Offer face-to-face or online orientation opportunities to address adult learning/teaching strategies and effective preceptor approaches.	
Clinical Experience	**Completed**
Assume primary responsibility for the student throughout the clinical experience.	
Assess student's clinical skills, knowledge and competencies throughout clinical experience and assess for appropriate progression as it relates to course and clinical objectives.	
Support students in connecting knowledge obtained in academic setting with their clinical experiences.	
Review and confirm student clinical hours.	
Communication	**Completed**
Engage in open communication with preceptor regarding student performance and learning progression related to course expectations and requirements.	
Schedule virtual or face-to-face site visits.	
Evaluation	**Completed**
Collect and review evaluation forms completed by the preceptor at intervals as outlined in course requirements.	
Collect and review preceptor evaluation forms completed by the student.	
Discuss evaluation(s) with student providing constructive feedback on strengths, weaknesses, and a plan for improvement.	
Initiate plans of remediation based on evaluations, if necessary.	

Completion of Clinical Rotation	Completed
Review final evaluation submitted by preceptor, as outlined in the course.	
Send preceptor and/or clinical site a thank you letter and/or token of appreciation, per program and/or university policy. Including but not limited to continuing education credits, monetary compensation, adjunct faculty positions, and/or access to school library resources.	
Provide preceptor with documentation of preceptorship for national certification renewal or dossier.	
Provide preceptor with feedback about preceptorship performance based on student evaluation(s).	