



National League for Nursing Accrediting Commission, Inc.

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CANDIDACY INFORMATION FORM

Governing Organization: _____

Nursing Education Unit: _____

Request for NLNAC to review the following nursing program(s) for candidacy status:

- Clinical Doctorate
- Master's/Post Master's Certificate
- Baccalaureate
- Associate
- Diploma
- Practical

Demographic Information:

Name, Credentials and Title of Chief Executive Officer of Governing Organization

Name, Credentials and Title of Nurse Administrator

Street Address

City

State

Zip Code

Phone Number

Fax

Email

Evening/Weekend Phone#
(Emergency Only)

General information – Governing Organization

1. Indicate the agency by which the governing organization is accredited
(Full Accreditation or Candidate)

a. For Master's, Baccalaureate, Associate Degree, or Practical Nursing Programs:

- Middle States Association of Schools and Colleges
- New England Association of Colleges and Schools
- North Central Association of Colleges and Schools
- Northwest Association of Schools and Colleges
- Southern Association of Colleges and Schools
- Western Association of Schools and Colleges
- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Commission of Career Schools and Colleges of Technology (ACCSCCT)
- Accrediting Commission of the Distance Education and Training Council

b. For Diploma or Practical Nursing Programs:

- Joint Commission on Accreditation of Health Care Organizations
- Health Care Facilities Accreditation Program of the American Osteopathic Association (HFAP)

c. For Practical Nursing Programs:

- Council on Occupational Education
- State Department of Education/State Department of Vocation-Technical Education
- State Agencies recognized by the USDOE for postsecondary vocational education:
 - ___ Kansas State Department of Education;
 - ___ Minnesota State Colleges and Universities;
 - ___ Missouri State Board of Education;
 - ___ New York State Board of Regents (Vocational Education Unit);
 - ___ Oklahoma Department of Vocational & Technical Education;
 - ___ Oklahoma State Regents for Higher Education;
 - ___ Puerto Rico Human Resources & Occupational Development Council;
 - ___ Utah State Board for Applied Technology

Other (please specify): _____

2. Date of **last** governing organization (institutional) review: _____

3. Date of **next** governing organization (institutional) review: _____

a. Include a copy of the current Governing Organization accreditation status document.

Identify the *Carnegie Classification* of the governing organization (where applicable):

Doctorate Universities. Includes institutions that award at least 20 doctoral degrees per year.

- RU/VH Research Universities (very high research activity)
- RU/H Research Universities (high research activity)
- DRU Doctoral/Research Universities

Master's Colleges and Universities. Includes institutions that award at least 50 master's degrees per year. Excludes Special Focus Institutions and Tribal Colleges Excludes Special Focus Institutions and Tribal Colleges

- Master's/L Master's Colleges and Universities (larger programs)
- Master's/M Master's Colleges and Universities (medium programs)
- Master's/S Master's Colleges and Universities (smaller programs)

Baccalaureate: Includes institutions where baccalaureate degrees represent at least 10 percent of all undergraduate degrees and that award fewer than 50 master's degrees or fewer than 20 doctoral degrees per year. Excludes Special Focus Institutions and Tribal Colleges.

- Bac/A&S Baccalaureate Colleges - Arts & Sciences
- Bac/Diverse Baccalaureate Colleges - Diverse Fields
- Bac/Assoc Baccalaureate/Associate's Colleges

Associate's Colleges: Includes institutions where all degrees are at the associate's level, or where bachelor's degrees account for less than 10 percent of all undergraduate degrees. Excludes institutions eligible for classification as Tribal Colleges or Special Focus Institutions

- Assoc/Pub-R-S Associate's - Public Rural-serving Small
- Assoc/Pub-R-M Associate's - Public Rural-serving Medium
- Assoc/Pub-R-L Associate's - Public Rural-serving Large
- Assoc/Pub-S-SC Associate's - Public Suburban-serving Single Campus
- Assoc/Pub-S-MC Associate's - Public Suburban-serving Multicampus
- Assoc/Pub-U-SC Associate's - Public Urban-serving Single Campus
- Assoc/Pub-U-MC Associate's - Public Urban-serving Multicampus
- Assoc/Pub-Spec Associate's - Public Special Use
- Assoc/PrivNFP Associate's - Private Not-for-profit
- Assoc/PrivFP Associate's - Private For-profit
- Assoc/Pub2in4 Associate's - Public 2-year Colleges under Universities
- Assoc/Pub4 Associate's - Public 4-year, Primarily Associate's
- Assoc/PrivNFP4 Associate's - Private Not-for-profit 4-year, Primarily Associate's
- Assoc/PrivFP4 Associate's - Private For-profit 4-year, Primarily Associate's

Special Focus Institutions. Institutions awarding baccalaureate or higher-level degrees where a high concentration of degrees is in a single field or set of related fields. Excludes Tribal Colleges.

- Spec/Faith Theological seminaries, Bible colleges, and other faith-related institutions
- Spec/Medical Medical schools and medical centers
- Spec/Health Other health profession schools
- Spec/Engg Schools of engineering
- Spec/Tech Other technology-related schools
- Spec/Bus Schools of business and management
- Spec/Arts Schools of art, music, and design
- SpecYLaw Schools of law
- Spec/Other Other special-focus institutions

* Taken from the [2007 Higher Education Directory](#)

4. Check all the following characteristics that describe the governing organization:

- Private
- Public
- Religious affiliated
- Single Purpose
- Hospital
- Vocational/Technical School
- Public School System
- Non-Profit
- For Profit

General Information - Nursing Programs:

5. **State Board of Nursing:** Provide current approval information for the nursing program (where applicable)

Name of State Board of Nursing

Program Type	Approval Status	Date of Next Review
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- a. Include a copy of the current State Board of Nursing approval status document.

6. Total nursing student enrollment for each program type:

- Clinical Doctorate _____
- Master's / PMC _____
- Baccalaureate _____
- Associate _____
- Diploma _____
- Practical _____

7. Date of graduation for the first nursing class _____
If no graduates, anticipated date of graduation for the first class _____

8. Check any that apply

- Campuses /satellites offering the nursing program – Number _____
- Distance education program(s) / options
- Completion Program(s) / options
- Advanced Practice options:
 - nurse practitioner
 - clinical specialist
 - nurse anesthetist
 - nurse midwife
- Post-Master's Certificate
- Participate in a state-wide curriculum
- Participate in a state-wide articulation agreement

9. Organization of the Governing Organization and Nursing Education Unit

- a. include a copy of the Organization Chart for the Governing Organization
- b. include a copy of the Organizational Chart for the Nursing Education Unit
- c. if multiple campuses: a chart demonstrating the lines of authority between and among the locations for both the governing organization and the nursing education unit

Signature of Individual Completing Form

Date