

2008

*C*riteria

*For Evaluation*

*of Nurse*

*Practitioner*

*Programs*

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

Report of the  
National Task Force on Quality Nurse Practitioner Education

**Criteria for Evaluation  
of  
Nurse Practitioner Programs  
2008**

Third Edition

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

National Task Force on Quality Nurse Practitioner Education. (2008). *Criteria for evaluation of nurse practitioner programs*. Washington, DC: National Organization of Nurse Practitioner Faculties.

# National Task Force on Quality Nurse Practitioner Education

2006-2008

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

# Endorsements

The National Task Force on Quality Nurse Practitioner Education (NTF) continues to see organizational endorsement of the “Criteria for Evaluation of Nurse Practitioner Programs.” Endorsement is defined as a general philosophical agreement with the evaluation criteria. Endorsing organizations, as of 12/08, include:

American Academy of Nurse Practitioners Certification Program  
American Association of Colleges of Nursing  
American Association of Critical Care Nurses Certification Program  
American Nurses Credentialing Center  
Association of Faculties of Pediatric Nurse Practitioners  
Commission on Collegiate Nursing Education  
National Association of Nurse Practitioners in Women’s Health  
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing  
Specialties  
National League for Nursing Accrediting Commission  
National Organization of Nurse Practitioner Faculties  
Pediatric Nursing Certification Board

# CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS, 3<sup>rd</sup> Edition 2008

## INTRODUCTION

This current edition of the evaluation criteria reflects a review and updating by the National Task Force on Quality Nurse Practitioner Education (NTF) to ensure the currency and relevance of these national, consensus-based evaluation standards. This is the third edition of the *Criteria for Evaluation of Nurse Practitioner Programs* and again represents the collective work of organizations dedicated to maintaining the quality of nurse practitioner education. This document offers an important resource for those involved in the preparation, licensing, and credentialing of nurse practitioners. In combination with accreditation standards for graduate programs in advanced practice nursing, the criteria provide a basis for evaluating the quality of nurse practitioner (NP) programs.

### Revision Process

To comply with the recommendation of the 2002 National Task Force regarding the necessity for periodic review to retain the timeliness and usefulness of the evaluation criteria, the National Organization of Nurse Practitioner Faculty (NONPF) and the American Association of Colleges of Nursing (AACN) reconvened the National Task Force in Winter 2006. Through a series of conference calls and e-mail correspondence, the National Task Force completed a review and discussion of the evaluation criteria. Before finalizing revisions, the NTF sought and reviewed comments from the NP community at large. Revisions in this edition mainly clarify original language in the criteria or provide further elaboration as to definition or strategies for documentation. The addition of more sample forms provides additional guidance to NP programs.

The National Task Force also identified a need to incorporate wording changes to ensure consistency between this document and other national documents pertinent to advanced practice nursing education. The most significant example of these changes is the use of the term "population-focused" in describing nurse practitioner tracks. In previous editions of this document, the term "specialty" was used for describing the focus of an NP track (e.g., adult, pediatric, etc). National, consensus discussions for the future of advanced practice registered nursing (APRNs) have yielded agreement that "population focus" better describes the broad area of practice for which competencies exist to supplement the core role preparation. When the term "population focus" is used in the document, it refers to providing care to individuals within the population. Nurse practitioner educational preparation and the corresponding national certification are grounded in the broad advanced practice nursing essentials, NP core competencies, and competencies for a population focus. "Specialty" refers to the more narrow focus of practice that may be an added emphasis of educational preparation in addition to the role and population focus (e.g., oncology, palliative care).

## Endorsements

In an ongoing effort to strengthen national support for the evaluation criteria, the NTF requested endorsement of the evaluation criteria from the nursing community. NONPF and AACN are seeking endorsements, defined as “a general philosophical agreement with the content and intent” of the evaluation criteria.

## Recommendations

### Use of the criteria

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

- to evaluate nurse practitioner programs, in combination with a national accreditation review process;
- as a complement to criteria used to evaluate the role/population focus and specialty content of nurse practitioner programs;
- to assist in planning new nurse practitioner programs; and
- for self- evaluation of new and existing programs for continuous quality improvement.

### Review of the criteria

Between 1997 and 2002 specialty NP programs grew substantially.<sup>1</sup> Given the dynamic nature of the provision of health care and the critical role played by nurse practitioners in meeting health care needs, the evaluation criteria should be reviewed periodically to ensure their currency. Therefore the NTF maintains its 2002 recommendation that:

The *Criteria for Evaluation of Nurse Practitioner Programs* be reviewed every 3-5 years, or earlier if circumstances in accreditation or nurse practitioner education warrant review to ensure timeliness and accuracy.

### Future Considerations

The NTF is committed to ensuring that graduates of NP programs are qualified to provide safe and effective care to their patients. The NTF recognizes that, in light of a movement within NP educational programs towards doctoral level preparation, additional considerations will need to be addressed in the future to sustain the commitment to quality across NP programs. As well, additional areas of the evaluation criteria may need further elaboration. The NTF has identified at the end of this document (**see page 21**) topics and questions to consider in future reviews of the evaluation criteria.

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<sup>1</sup> Reported by AACN and NONPF in *Master's-Level Nurse Practitioner Educational Program. Findings from the 2000-2001 Collaborative Curriculum Survey* (Berlin, L.E., Harper, D., Werner, K.E, Stennett, J., 2002).

# CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS 2008

## Introduction

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

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

Definitions of italicized terms can be found in the “Glossary” (see page 20).

## CRITERION I: ORGANIZATION AND ADMINISTRATION

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

### Elaboration:

The director/coordinator of the NP program must be nationally *certified* in a particular NP *population focus* area of practice. In programs with multiple tracks, the director/coordinator of the NP program may be certified in only one NP *population-focused* area of practice but have responsibility of leadership for all of the NP tracks. Thus, in larger multi-track programs, lead faculty in a *population-focused* track should have the NP certification in that area while the overall program director may be *certified* in another NP *population-focused* area of practice. It is recommended that the director/coordinator of the NP program have doctoral- level preparation to support the responsibilities of leadership for the program.

### Documentation:

#### Required

- Submit curricula vitae of program director.
- Document *credentialing* as an NP in the state (or territory) of practice.
- Provide proof of national certification as an NP in at least one *population-focused* area.
- Provide a statement from the program director describing his/her responsibilities to the program.

### Supporting

- Provide NP faculty profile information.
- Provide examples of contributions to the field, such as:
  1. published papers relevant to NP practice (curricular or practice models, research) in journals or book chapters in past five (5) years,
  2. leadership/membership on health-related advisory boards,
  3. project leadership on NP training grants, and/or
  4. development of clinical guidelines or implementation of evidence-based projects.

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

### **Elaboration:**

*Curriculum* and program development should be carried out by faculty who understand the scope and direction of NP education. Whereas in programs with multiple tracks a program director/coordinator may provide overall leadership for all NP tracks, each *population-focused* track must include an identified lead faculty member who has certification in the same *population-focused* area. If there is a diversion from this criterion (for example, an FNP who has spent all of his/her work career in caring for the adult population and leads the ANP program) the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track.

### **Documentation:**

#### Required

- Submit curricula vitae of lead *NP faculty* for each *population-focused* track.
- Document *credentialing* as an NP in the state (or territory) of practice.
- Provide proof of national certification as an NP in the *population-focused* area.
- Provide a statement from the lead NP faculty member, describing his/her responsibilities to the program.

#### Supporting

- Provide NP faculty profile information.
- Provide examples of contributions to the fields, such as:
  1. published papers relevant to NP practice (curricular or practice models, research) in journals or book chapters in past five (5) years,
  2. leadership/membership on health-related advisory boards,
  3. project leadership on NP training grants, and/or
  4. development of clinical guidelines or implementation of evidence-based projects.

## **I.C Institutional support ensures that *NP faculty* teaching in clinical courses maintain currency in clinical practice.**

### **Elaboration:**

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

### **Documentation:**

#### Required

- (1) Submit a copy of institutional policies or guidelines that support or document NP faculty's ability to practice;
- OR** (2) Provide a letter of support from the Dean or a copy of the policy that allows NP faculty to practice as part of the workload

#### Supporting

- Provide evidence of faculty practice plan or arrangements.
- Provide evidence of research and practice integration.
- Provide evidence as part of promotion criteria.

## **CRITERION II: STUDENTS**

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

### **Elaboration:**

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

### **Documentation:**

#### Required

- Submit copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall master's degree program, submit program criteria.
- Provide examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track.

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

### **Elaboration:**

NP programs may have unique progression and graduation criteria for full-time, part-time, and/or post-master's study. *Nurse practitioner faculty* have the best perspective on specific progression and graduation criteria for the NP program/track and thus should have an ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of specific progression and graduation criteria. In addition, progression and graduation criteria, at a minimum should meet existing national standards.

### **Documentation:**

#### Required

- Submit student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, submit program criteria. Submit the criteria for full-time, part-time, and post-master's study.
- Provide examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/track.

#### Supporting

- Submit the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress.

## **CRITERION III: CURRICULUM**

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

### **Elaboration:**

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

### **Documentation:**

#### Required

- Provide examples of curriculum committee minutes documenting that NP faculty are designing/evaluating/and revising the curriculum.

#### Supporting

- Provide documentation that NP faculty serve on committees of the School related to curriculum development, revision, and approval.

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

**Elaboration:**

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

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

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

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

In addition to preparation for national *certification* in the role and at least one *population-focused* area of practice, programs may prepare students to practice in a *specialty* or more limited area of practice. This preparation, both in the didactic and clinical hours, must be greater in number than those preparing graduates only in the role and one *population-focused* area of practice.

**Documentation:**

Required

- Identify the national standards used for developing curriculum for graduate, APRN, and NP role/*population-focused* content.
- Identify the national standards used for developing curriculum for *specialty* content, if appropriate.

- Submit the program of study for master's and post-master's (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate.
- Submit a 2-3 page course overview including course description and objectives for each course, identifying where nationally recognized graduate core, APRN core, and NP role/*population-focused* core and *specialty* competencies are included.

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

**Elaboration:**

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

**Documentation:**

Required

- Programs must state in official documents how they meet the educational eligibility criteria for the national certification exam(s) for each NP track.

**III.C(2) The official transcript must state the NP role and *population focus* of educational preparation.**

**Elaboration:**

The student transcript must state the NP role and *population focus* of educational preparation.

**Documentation:**

Required

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

**III.D The curriculum plan evidences appropriate course sequencing.**

**Elaboration:**

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

**Documentation:**Required

- Submit a program of study for graduate degree and post-master's (full and part-time), including pre-requisites.

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

**Elaboration:**

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

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

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

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

**Documentation:**Required

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

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

**Elaboration:**

Post-master's students must successfully attain graduate didactic objectives and clinical competencies of a master's NP program through a formal graduate level certificate or master's level NP program. A "formal graduate-level certificate program" is defined by the ability of the program or school to issue a certificate of completion and document successful completion on the formal transcript. Courses may be waived only if the individual's transcript indicates that the required NP course or its equivalent has already been successfully completed, including graduate level courses in pathophysiology, pharmacology, and health assessments. Special consideration should be given to NPs expanding into another NP *population-focused* area of practice by allowing them to challenge selected courses and experiences; however, didactic and clinical experiences shall be sufficient to allow the student to master the competencies of the new area of NP practice. These students must complete a sufficient number of *clinical hours* to establish competency in the new *population-focused* area of practice. Programs should be able to document waivers and exceptions for individual students through a gap analysis.

**Documentation:**Required

- Complete a Gap Analysis for each post-master's candidate who requests waivers or exceptions. See Sample Form F
- Provide evidence of school's ability to issue a certificate of completion
- Provide a sample transcript for a Post-master's NP graduate showing educational preparation for the NP role and at least one (1) *population focus*.

## **CRITERION IV: RESOURCES, FACILITIES, & SERVICES**

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

**Elaboration:**

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

**Documentation:**

Required

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

#### **IV.A(1) Faculty resources support the teaching of the didactic components of the NP program/track.**

**Elaboration:**

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

**Documentation:**

Required

- Describe the faculty-student ratio in the didactic component of the program and provide the rationale of how the ratio meets the educational needs of students.

#### **IV.A(2) Facilities and physical resources support the implementation of the NP program/track.**

**Elaboration:**

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

**Documentation:**

Required

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

### **IV.B Clinical resources support NP educational experiences.**

**Elaboration:**

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

clinical site, the educational program, and students while at sites. Contracts include maintenance of liability insurance.

**Documentation:**

Required

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

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

**Elaboration:**

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

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

An NP program/track should have a mechanism in place to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience should be conducted regularly and documented.

**Documentation:**

Required

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

- Specify the number of site visits, including face-to-face and televisits, made by *NP program faculty* to each student's clinical site in an academic term.

Supporting

- Submit evidence of faculty and student assessment of the clinical experience.

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

**Elaboration:**

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

**Documentation:**

Required

- Submit records for the process used to document student learning experiences and clinical hours.
- Provide policies relevant to clinical placement.

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

**Elaboration:**

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

**Documentation:**

Required

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

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

**Elaboration:**

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

**Documentation:**

Required

- Have available a copy of each preceptor's current state authorization to practice and national certification, as appropriate.

**OR**

- Document the method for verifying that preceptor licenses are current and available at the clinical facility if not submitted directly to the program.

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

**Elaboration:**

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

**Documentation:**

Required

- See documentation required for IV.B.3.

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

**Elaboration:**

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

**Documentation:**

Required

- Describe the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors.
- Provide preceptor orientation information.

**CRITERION V: FACULTY AND FACULTY ORGANIZATION**

**V.A NP programs/tracks have a sufficient mix of full-time and part-time faculty to adequately support the professional role development and clinical management courses for NP practice.**

**Elaboration:**

Recognizing that no individual faculty member can fill all roles, NP programs/tracks need to maintain a mix of full-time and part-time faculty who have the knowledge and competence appropriate to the area of teaching responsibility and to meet the objectives of the program.

**Documentation:**

Required

- Submit faculty profiles including *credentials*, licensure/approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities.

**V.A(1) Faculty have preparation and current expertise appropriate to area(s) of teaching responsibility.**

**Elaboration:**

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

**Documentation:**

Required

- See required documentation in V.A

**V.A(2) NP program faculty who teach the clinical components of the program/track maintain current licensure and certification.**

**Elaboration:**

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

**Documentation:**

Required

- Maintain on file a copy of each faculty member's state license/approval/ recognition and national certification, as appropriate.

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

**Elaboration:**

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

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

**Documentation:**

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

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

**Elaboration:**

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

**Documentation:**

Required

- Submit an overview of non-NP faculty detailing their *credentials*, position, *population-focus* or *specialty*, area of content responsibility, and other teaching responsibilities.

**CRITERION VI: EVALUATION**

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

**Elaboration:**

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

**Documentation:**

Required

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

**VI.A(1) Evaluate courses annually.**

**Elaboration:**

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

**Documentation:**

Required

- Document current course evaluation process

**VI.A(2) Evaluate *NP program faculty* competence annually.**

**Elaboration:**

*NP program faculty* should be evaluated annually for competence in all role areas, including teaching, research, and clinical competence, as applicable.

**Documentation:**

Required

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

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

**Elaboration:**

Each student should be evaluated as he/she progresses through the NP program/track. Separate evaluations should be done in the didactic and clinical components of the curriculum.

**Documentation:**

Required

- Document methods used to evaluate students throughout the program (e.g., pass rates, case studies). Submit evaluation forms used.

**VI.A(4) Evaluate students cumulatively based on *clinical observation* of student performance by *NP faculty* and the clinical preceptor's assessment.**

**Elaboration:**

Student evaluation is the responsibility of the *NP faculty* with input from the preceptor. Direct *clinical observation* of student performance is essential. Direct observation can be supplemented by indirect evaluation methods such as student-faculty conferences, computer simulation, telephone, videotaped sessions, written evaluations, and/or clinical simulations.

**Documentation:**

Required

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

**VI.A(5) Evaluate clinical sites annually.**

**Elaboration:**

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

**Documentation:**

Required

- Document how clinical sites are evaluated.

**VI.A(6) Evaluate preceptors annually.**

**Elaboration:**

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

**Documentation:**

Required

- Document how preceptors are evaluated.

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

### **Elaboration:**

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

### **Documentation:**

#### Required

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

## **VI.C There is an evaluation plan to measure outcomes of graduates at 1 year and some systematic ongoing interval.**

### **Elaboration:**

Programs should develop an ongoing system of evaluation of graduates. The first interval should be set at one year post-graduation. Future evaluations may occur at 5 years, but should be at an established time or interval.

### **Documentation:**

#### Required

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

# FUTURE CONSIDERATIONS

This revision of the *Criteria for Evaluation of Nurse Practitioner Programs* reflects ongoing emphasis on the quality of nurse practitioner education. The NTF is committed to ensuring that graduates of NP programs are qualified to provide safe and effective care to their patients. The NTF recognizes that, in light of a movement within NP educational programs towards doctoral level preparation, additional considerations will need to be addressed in the future to sustain the commitment to quality across NP programs. As well, additional areas of the evaluation criteria may need further elaboration. The NTF identified the following topics and questions to consider and anticipates that additional data may be available to inform these issues by the next review of the evaluation criteria. The NTF encourages the NP community to identify data that may inform these issues:

- Evolution of NP programs to the practice doctorate - what needs to be addressed within the evaluation criteria to address this evolution? How do the criteria specific to curriculum, faculty, and resources change to describe NP educational preparation at the practice doctorate level?
- Clinical experiences – why have the number of clinical hours continued to expand at the master’s level? Do the criteria need to better describe the quality of clinical experiences? What is the role of simulation? Are there data to support an increase in a minimum number of hours for NP preparation? How does the landscape for clinical experiences in the future impact the criteria specific to clinical hours and clinical supervision? The NTF concluded that at this time data are not available to support an increase in the minimum number of clinical hours. However, the NTF identified value in conducting a factor analysis about the quality and quantity of clinical sites and experiences to inform further discussion. As well, the NTF recommends further consideration of whether it will be important to establish a minimum of clinical experiences with NP preceptors to ensure role development.
- Dual tracks – what is an acceptable range of overlap in clinical hours in preparing NP students for working with more than one population focus? How can the evaluation criteria provide sufficient specificity to address regulatory concerns yet allow for creativity and flexibility within academic programs? Again, the NTF concluded that insufficient data exist at present to address these issues further than the current revisions in the corresponding criterion.

The agenda for reconvening the NTF in the future will include consideration of these topics, as well as others that will emerge. In the interim, nurse practitioner educators need to consider these issues and questions as challenges for the future.

# GLOSSARY

Terms italicized within the evaluation criteria

**APRN (Advanced Practice Registered Nursing) Core** – essential curriculum content for all graduate degree nursing students prepared to provide direct client/patient care at an advanced level. [This content is delineated by the American Association of Colleges of Nursing in *The Essentials of Master’s Education for Advanced Practice Nursing* (1996) or *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006). ]

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

**Clinical Hours** – those hours in which direct clinical care is provided to individuals and families in the specific area of NP practice (e.g., pediatrics, etc.).

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

**Combined Nurse Practitioner/Clinical Nurse Specialist:** Graduate educational programs in which, by curricular design, the NP and CNS roles are merged in the curriculum. Graduates are eligible (upon meeting the practice requirements) to sit for one NP national certification exam and one CNS national certification exam (e.g., adult nurse practitioner and CNS in adult health).

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

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

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

**Direct Patient Care** – involves assessment, diagnosis, treatment, and evaluation of a real client/patient – not simulated situations.

**Dual Track Nurse Practitioner Program:** Graduate educational programs whose curricular design allows students to major in two NP population-focused clinical tracks. Graduates are eligible to sit for two national NP certification examinations (e.g., adult nurse practitioner and family (lifespan) nurse practitioner).

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

**Graduate Core** – foundational curriculum content deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus. [The American Association of Colleges of Nursing delineates this content in *The Essentials of Master's Education for Advanced Practice Nurses* (1996) or *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006).]

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

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

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

**Population Focus** – the broad area of practice for which competencies exist to supplement the core role population. Nurse practitioner educational preparation and the corresponding national certification are grounded in the broad advanced practice nursing essentials, NP core competencies, and competencies for a population focus. When the term population focus is used in the document refers to providing care to individuals within the population (e.g., adult).

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

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

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

**National Task Force Criteria  
DOCUMENTATION CHECKLIST**



# Criteria for Evaluation of Nurse Practitioner Programs

## Documentation Checklist

The checklist provides a mechanism for documenting that criteria have been met and the required documentation provided. This form is provided as one example of a tool for tracking whether criteria are met. If using the checklist, additional materials and narrative must accompany the form in order to provide full documentation. The location of required and/or supporting documentation should be indicated within the accompanying narrative. Programs/ tracks may wish to use this checklist as presented or adapt it to meet their specific needs.

<b>CRITERION I: Organization &amp; Administration</b>	<b>Documentation</b>	<b>Documentation Present √ if yes</b>
A. The director/coordinator of the NP program is certified as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.	<p>A. <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Submit curricula vitae of program director.</li> <li>▪ Document <i>credentialing</i> as an NP in the state (or territory) of practice.</li> <li>▪ Provide proof of national certification as an NP in at least one population-focused area.</li> <li>▪ Provide a statement from the program director describing his/her responsibilities to the program.</li> </ul> <p style="text-align: center;"><u>Supporting</u></p> <ul style="list-style-type: none"> <li>▪ Provide NP faculty profile information.</li> <li>▪ Provide examples of (1) published papers relevant to NP practice (curricular or practice models, research) in journals or book chapters in past 5 years, (2) leadership/membership on advisory boards related to NP practice, (3) project leadership on NP training grants, and/or (4) development of clinical guidelines or implementation of evidence-based projects.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
B. The lead NP faculty member is nationally certified in the same population-focused area of practice and provides direct oversight for the nurse practitioner educational component or track.	<p>A. <u>Required</u></p> <ul style="list-style-type: none"> <li>• Submit curriculum vitae of lead NP faculty for each population-focused track</li> <li>• Document credentialing as an NP in the state (or territory) of practice.</li> <li>• Provide proof of national certification as an NP in the population-focused area.</li> <li>• Provide a statement from the lead faculty member, describing his/her responsibilities to the program.</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<p><u>Supporting</u></p> <ul style="list-style-type: none"> <li>• Provide NP faculty profile information.</li> <li>• Provide examples of (1) published papers relevant to NP practice (curricular or practice models, research) in journals or book chapters</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>

	<p>in past 5 years, (2) leadership/membership on advisory boards related to NP practice, (3) project leadership on NP training grants, and/or (4) development of clinical guidelines or implementation of evidence-based projects.</p>	
<p><b>C.</b> Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.</p>	<p><b>B.</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Submit a copy of institutional policies or guidelines that support or document NP faculty's ability to practice; <b>OR</b></li> <li>• Provide a letter of support from the Dean or a copy of the policy that allows faculty to practice as part of the teaching load.</li> </ul> <p><u>Supporting</u></p> <ul style="list-style-type: none"> <li>• Provide evidence of faculty practice plan or arrangements.</li> <li>• Provide evidence of research and practice integration.</li> <li>• Provide evidence as part of promotion criteria.</li> </ul>	<p style="text-align: right;"> <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p>
<p><b>CRITERION II: Students</b></p>	<p><b>Documentation</b></p>	<p><b>Documentation Present √ if yes</b></p>
<p><b>A.</b> Any admission criteria specific to the NP program reflect ongoing involvement by NP faculty.</p>	<p><b>A.</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Submit a copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall master's degree program, submit program criteria.</li> <li>• Provide examples of documents that demonstrate NP faculty are providing input into the admission criteria specific to the NP program/track.</li> </ul>	<p style="text-align: right;"> <input type="checkbox"/>   <input type="checkbox"/> </p>
<p><b>B.</b> Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by NP faculty.</p>	<p><b>B.</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Submit student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, submit program criteria. Submit the criteria for full-time, part-time, and post-master's study.</li> <li>• Provide examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/ track.</li> </ul> <p><u>Supporting</u></p> <ul style="list-style-type: none"> <li>• Submit the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress.</li> </ul>	<p style="text-align: right;"> <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> </p>



	<p>programs, demonstrate areas of overlap among clinical hours. <b>See Sample Form E.</b></p> <ul style="list-style-type: none"> <li>• Submit a description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive.</li> </ul>	<input type="checkbox"/>
<p><b>F.</b> Post-Master's students must successfully complete graduate didactic and clinical requirements of a master's NP program through a formal graduate-level certificate or master's level NP program in the desired area of practice. Post-Master's students are expected to master the same outcome criteria as master's NP students. Post-Master's students who are not already NPs are required to complete a <b>minimum</b> of 500 supervised clinical hours.</p>	<p><b>F.</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Complete a Gap Analysis for each post-master's candidate who requests waivers or exceptions. See Sample Form F.</li> <li>• Provide evidence of school's ability to issue a certificate of completion.</li> <li>• Provide a sample transcript for a Post-Master's NP graduate showing educational preparation for the NP role and at least one (1) population focus.</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>

<b>CRITERION IV: Resources, Facilities, &amp; Services</b>	<b>Documentation</b>	<b>Documentation Present √ if yes</b>
<p><b>A.</b> Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.</p>	<p><b>A.</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Describe Student and faculty numbers and the resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.</li> </ul>	<input type="checkbox"/>
<p><b>(1)</b> Faculty resources support the teaching of the didactic components of the NP program/track.</p>	<p><b>(1)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Describe the faculty-student ratio in the didactic component and provide the rationale of how the ratio meets the educational needs of students.</li> </ul>	<input type="checkbox"/>
<p><b>(2)</b> Facilities and physical resources support the implementation of the NP program/track.</p>	<p><b>(2)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Describe facilities and physical resources directly available to the NP program/track..</li> </ul>	<input type="checkbox"/>
<p><b>B.</b> Clinical resources support NP educational experiences.</p>	<p><b>B.</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Provide a list of clinical facilities utilized specifically for the NP program/track and site-based clinical preceptors (type, degree, &amp; certification). Include name of site, type of site (e.g., community health, private practice, rural clinic) &amp; client characteristics.</li> <li>• Provide a sample contractual agreement, including a statement on liability coverage.</li> <li>• Provide the policy covering student rotations at clinical sites.</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>

CHECKLIST

<p><b>(1)</b> A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have ultimate responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.</p>	<p><b>(1)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>• Document the school/program policy or process used for assigning faculty to ensure adequate teaching time for NP students.</li> <li>• Document and explain the faculty/student ratio for the program.</li> <li>• Specify the number of site visits, including face-to-face and tele-visits, made by NP program faculty to each student's clinical site in an academic term.</li> </ul> <p style="text-align: center;"><u>Supporting</u></p> <ul style="list-style-type: none"> <li>• Submit evidence of faculty and student assessment of the clinical experience.</li> </ul>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>(2)</b> Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.</p>	<p><b>(2)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Submit records for the process used to document student learning experiences and clinical hours.</li> <li>▪ Provide policies relevant to clinical placement.</li> </ul>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>(3)</b> NP faculty may share the clinical teaching of students with qualified preceptors.</p>	<p><b>(3)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Submit preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site, type of clinical supervision (e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc.) and the number of students concurrently.</li> </ul>	<p style="text-align: center;"><input type="checkbox"/></p>
<p><b>(a)</b> A preceptor must have authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.</p>	<p><b>(a)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Have available a copy of each preceptor's current state authorization to practice and national certification, as appropriate; <b>OR</b></li> <li>▪ Document the method for verifying preceptor licenses are current and available at the clinical facility if not directly submitted to the program.</li> </ul>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>(b)</b> A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.</p>	<p><b>(b)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ See documentation required for IV.B.3</li> </ul>	<p style="text-align: center;"><input type="checkbox"/></p>
<p><b>(c)</b> Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.</p>	<p><b>(c)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Describe the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors.</li> <li>▪ Provide preceptor orientation information.</li> </ul>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>

<b>CRITERION V: Faculty &amp; Faculty Organization</b>	<b>Documentation</b>	<b>Documentation Present √ if yes</b>
A. NP programs have a sufficient mix of full-time and part-time faculty to adequately support the professional role development and clinical management courses for NP practice.	A. <u>Required</u> ▪ Submit faculty profiles including credentials, licensure/approval/recognition, clinical and didactic teaching responsibilities and other faculty responsibilities.	<input type="checkbox"/>
(1) Faculty have preparation and current expertise appropriate to area(s) of teaching responsibility.	(1) <u>Required</u> ▪ See required documentation for V.A	<input type="checkbox"/>
(2) NP program faculty who teach the clinical components of the program/track maintain current licensure and certification.	(2) <u>Required</u> ▪ Maintain on file a copy of each faculty member's state licensure/approval/recognition and national certification, as appropriate.	<input type="checkbox"/>
(3) NP program faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.	(3) <u>Required</u> ▪ Submit a copy of the faculty development plan for the school/program.	<input type="checkbox"/>
B. Non-NP faculty have expertise in the area in which they are teaching.	B. <u>Required</u> ▪ Submit an overview of non-NP faculty detailing their credentials, position, population focus or specialty, area of content responsibility, and other teaching responsibilities.	<input type="checkbox"/>
<b>CRITERION VI: Evaluation</b>	<b>Documentation</b>	<b>Documentation Present √ if yes</b>
A. There is an evaluation plan for the NP program/track.	A. <u>Required</u> ▪ Submit the evaluation plan used for the NP program/track. Include evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.	<input type="checkbox"/>
(1) Evaluate courses annually.	(1) <u>Required</u> ▪ Document current course evaluation process.	<input type="checkbox"/>
(2) Evaluate NP program faculty competence annually.	(2) <u>Required</u> ▪ Document mechanisms or processes used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, peer review).	<input type="checkbox"/>

CHECKLIST

<p><b>(3)</b> Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.</p>	<p><b>(3)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Document methods used to evaluate the students throughout the program (e.g., pass rates, case studies). Submit evaluation forms used.</li> </ul>	<p><input type="checkbox"/></p>
<p><b>(4)</b> Evaluate students cumulatively based on clinical observation of student performance by NP faculty and the clinical preceptor's assessment.</p>	<p><b>(4)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Submit the forms used for preceptor and NP faculty evaluation of the student's clinical performance.</li> <li>▪ Document the availability of completed evaluations.</li> <li>▪ Document the frequency and process used for evaluation of the student's clinical performance.</li> </ul>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>(5)</b> Evaluate clinical sites annually.</p>	<p><b>(5)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Document how clinical sites are evaluated.</li> </ul>	<p><input type="checkbox"/></p>
<p><b>(6)</b> Evaluate preceptors annually.</p>	<p><b>(6)</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Document how preceptors are evaluated.</li> </ul>	<p><input type="checkbox"/></p>
<p><b>B.</b> Formal NP curriculum evaluation should occur every 5 years or sooner.</p>	<p><b>B.</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Document frequency of curriculum evaluation.</li> <li>▪ Document curricular decisions based upon evaluation.</li> </ul>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>C.</b> There is an evaluation plan to measure outcomes of graduates at 1 year &amp; some systematic ongoing interval.</p>	<p><b>C.</b> <u>Required</u></p> <ul style="list-style-type: none"> <li>▪ Document the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation. Other measures may be used to support further the outcomes of the program.</li> </ul>	<p><input type="checkbox"/></p>



## SAMPLE FORMS

The forms found in the following pages are **examples** of how programs can document that various criteria are met. Sample Forms A and B are examples of how to document the required information for Criterion IV.B. Sample Form C is an example of how a program can document that it meets Criterion I.A and Criteria V.A. Sample Form D is an example of how to record the documentation for Criterion V.B. The intent is for the sample forms to provide a guide to programs in documenting evidence of how they meet the various criteria; programs may adapt these forms or develop other processes to meet their needs



**SAMPLE FORM A**

*For documentation relative to Criterion IV.B*

**CLINICAL SITES**

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

**SAMPLE FORM B**

*For documentation relative to Criterion IV.B*

**PRECEPTORS**

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

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

# Nurse Practitioner Faculty Profile

**All NP Faculty Complete This Form**

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

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_ State License/Approval/Recognition # RN: \_\_\_\_\_  
APRN: \_\_\_\_\_

Certification (List certification body & exp. date): \_\_\_\_\_

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

Academic NP Program Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ NP Track/Major: \_\_\_\_\_

**Faculty Appointment:** % of FTE in NP track: \_\_\_\_\_ % of Time in School of Nursing: \_\_\_\_\_

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

<u>Clinical Course</u>	<u># Students</u>	<u>Clinical Sites</u>	<u>Dates</u>

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

<u>Didactic Course</u>	<u># Students</u>	<u>Dates</u>

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

\_\_\_\_\_  
\_\_\_\_\_

**Continued next page**

**SAMPLE FORM C**

*For documentation relative to Criterion I.A and Criterion V.A*

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

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Are you practicing now?  Yes  No

If yes, describe the following: Setting \_\_\_\_\_

Patient Population \_\_\_\_\_

Practice \_\_\_\_\_

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

Approximate # hours last year per week/month: \_\_\_\_\_

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

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**NON-NP Faculty\***

Complete form

<b>Name/Credentials</b>	<b>Title/Position</b>	<b>Area of Specialty Practice or Educational Preparation</b>	<b>Course Content Responsibility</b>

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

**CLINICAL EXPERIENCES FOR DUAL NP-NP PREPARATION**

Use this form to document the areas of overlap in clinical curricula if the program offers the opportunity for preparation in dual areas of NP Population-focused preparation

NP Population-Focus Area 1: \_\_\_\_\_

NP Population -Focus Area 2: \_\_\_\_\_

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

Signature of Program Director: \_\_\_\_\_

## **GAP ANALYSIS FOR POST-MASTER'S NP STUDENT**

**Name of Candidate:** \_\_\_\_\_

**New National NP Certification Sought:** \_\_\_\_\_

**NP National Certification Previously Completed:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Yr:** \_\_\_\_\_

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

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

**See Next Page**

**SAMPLE FORM F**

*For documentation relative to Criterion III.F*

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

Signature of Program Director: \_\_\_\_\_

## **APPENDICES**

**Appendix A – 1997 National Task Force**

**Appendix B – 1997 Acknowledgements**

**Appendix C – 1997 Endorsements**

**Appendix D – Background to 1997 Evaluation Criteria**

**Appendix E – 2002 National Task Force**

**Appendix G – 2002 Endorsements**

## National Task Force on Quality Nurse Practitioner Education 1997

### **National Organization of Nurse Practitioner Faculties**

(Task Force Co-facilitators)  
Janet Allan, PhD, RN, CS, FAAN  
Charlene Hanson, EdD, FNP-CS, FAAN

### **American Academy of Nurse Practitioners**

Jan Towers, RNC, PhD

### **American Association of Colleges of Nursing**

Kathleen Long, PhD, RN, CS, FAAN  
Joan Stanley, PhD, RN, CRNP

### **American Nurses Credentialing Center**

Roberta Gropper, PhD, RN  
Carolyn Lewis, PhD, RN

### **National Association of Neonatal Nurses**

Susan McCabe, PhD, RN

### **National Association of Nurse Practitioners in Reproductive Health**

Susan Wysocki, RNC

### **National Association of Pediatric Nurse Associates and Practitioners**

Ardys Dunn, RN, PhD, PNP  
Linda Hestvik Zuckerman, MS, RN, CPNP

### **National Certification Board for Pediatric Nurse Practitioners & Nurses**

Margaret Brady, PhD, RN, CPNP  
Mary Jean Schumann, MSN, MBA, CPNP

### **National Certification Corporation**

Judith Collins, RNC, MSN, FAAN

### **National League for Nursing**

Patricia Moccia, PhD, RN, FAAN

### **National League for Nursing Accrediting Commission (joined 3/97)**

Geraldene Felton, EdD, RN, FAAN

### **Friends of the Task Force:**

### **American Association of Nurse Anesthetists Council on Accreditation of Nurse Anesthetists**

Kathleen Hanna, CRNA, MS  
Betty Horton, CRNA, MA, MSN

### **American Nurses Association**

Windy Carson, Esq, JD

### **Division of Nursing, Bureau of Health Professions, Health Resources Services Administration, Health & Human Services**

### **(BHP, HRSA, HHS)**

Audrey Koertvelyessy, MSN, RN, FNP

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

## Acknowledgements

### Funding Support

The *Criteria for Evaluation of Nurse Practitioner Programs 1997* was developed with funding from the Division of Nursing, Bureau of Health Professions, Health Resources Services Administration, U.S. Department of Health and Human Services (BHP, HRSA, HHS).

### External Review Panel

Other major contributors to the development of the document were the individuals who served as reviewers of a first draft of the evaluation criteria. The Task Force thanks the external review panel for the additional insight and useful recommendations for improvement to the document.

Carole Anderson, PhD, RN, FAAN  
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Regina Cusson, RNC, PhD, NNP  
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Carol Scott, CRNA, MN  
Carole Stone, MSN, RN, CPNP  
Frances Strodbeck, DNS, RNC, NNP  
Connie Uphold, ARNP, PhD  
Elizabeth Hawkins-Walsh, RN, MSN, CPNP  
Sandra Worthington, RNC, MSN, CNM

### Pilot Study Participants

The Task Force recognizes the significant contribution of the participants in the pilot study. These programs expended considerable time to complete the self-study using the evaluation criteria, and the results of the pilot study helped to shape the final document.

Catholic University  
Oregon Health Sciences University  
Rush University  
University of Pittsburgh

### Other

This document was also made possible through the assistance provided by Kitty Werner, Administrative Director of the National Organization of Nurse Practitioner Faculties.

# Endorsements 1997

The following organizations have endorsed the “Criteria for Evaluation of Nurse Practitioner Programs.”

American Academy of Nurse Practitioners  
American Academy of Nurse Practitioners Certification Program  
American Association of Colleges of Nursing  
American Association of Nurse Anesthetists  
American Association of Occupational Health Nurses  
American College Health Association  
American College of Nurse Practitioners  
American Nurses Association Congress of Nursing Practice  
American Nurses Credentialing Center  
American Psychiatric Nurses Association  
Association of Women’s Health, Obstetric and Neonatal Nurses  
National Alliance of Nurse Practitioners  
National Association of Neonatal Nurses  
National Association of Nurse Practitioners in Reproductive Health  
National Association of Pediatric Nurse Associates and Practitioners  
National Conference of Gerontological Nurse Practitioners  
National Council of State Boards of Nursing  
National Certification Corporation  
National Gerontological Nursing Association  
National Organization of Nurse Practitioner Faculties  
National League for Nursing  
National League for Nursing Accrediting Commission  
Oncology Nursing Society

# 1997 Criteria for Evaluation of Nurse Practitioner Programs

## Background

For over 30 years, since the initiation of the first nurse practitioner (NP) program, nurse practitioner educators have been dedicated and vigilant in their efforts to maintain the quality of educational programs. Ensuring that graduates met established competency levels for designated specialty practice areas fostered quality control. Specialty associations, such as the Association of Faculties of Pediatric Nurse Practitioner and Associate Programs (1996) and the National Association of Nurse Practitioners in Reproductive Health, in cooperation with the Association of Women's Health, Obstetric & Neonatal Nurses (1996), defined the distinctive nature of their own specialties by establishing content, standards, and competencies for graduates. More generically, the National Organization of Nurse Practitioner Faculties (NONPF) delineated the fundamental knowledge, skills, and behaviors expected of new graduates (NONPF, 1995). During the initial development of NP programs, nurse educators were successful in maintaining the quality of programs through such strategies as limited number of students, low student-to-faculty ratios, and selective admission (Harper, 1996).

In recent years, many forces have created a need to reexamine nurse practitioner educational standards. External forces such as the shift from fee-for-service to managed care, critical policy reports (O'Neil, 1993; Pew Health Professions Commission, 1995; Shugars, O'Neil, & Badger, 1991), and increased scrutiny from state regulatory agencies created educational challenges for the preparation of nurse practitioners. Internal forces such as the rapid growth of nurse practitioner programs, a growing concern regarding NP program quality, the delineation of essential components of master's education for advanced practice nurses (American Association of Colleges of Nursing [AACN], 1996), and a critical study of 176 National League for Nursing (NLN) accredited master's programs (Burns et al., 1993) have stimulated efforts among professional organizations to develop consensus on criteria for evaluation of nurse practitioner programs.

The immediate impetus for the National Task Force on Quality Nurse Practitioner Education was the National Council of State Boards of Nursing's (NCSBN) concern about variance among educational programs, including differences in the length of programs, curricula for nurse practitioner specialty areas of practice, number of required clinical hours, and faculty qualifications. In 1995, the NCSBN asserted that member state boards of nursing were reporting major difficulties licensing NPs due to these variances. A related issue for the NCSBN was the perception of certifying examinations (e.g., criteria to sit for examinations, legal defensibility, and psychometric soundness). The certifying organizations worked cooperatively and resolved these issues in an independent process. Three meetings were held prior to the formation of the National Task Force on Quality Nurse Practitioner Education:

- In June 1995, representatives of nursing organizations met in Chicago to discuss a proposal by the NCSBN to implement an entry-level core competency exam for all nurse practitioners. The consensus of the group was that another certifying exam was neither necessary nor

## Appendix D

appropriate but that there was a need to address NCSBN concerns and to determine the extent of variability among certification groups and NP educational programs.

- In July 1995, a second meeting was held in Keystone, Colorado, co-chaired by Janet Allan and Charlene Hanson from NONPF. The meeting brought together leaders from NCSBN, the four NP certifying groups (American Academy of Nurse Practitioners [AANP], American Nurses Credentialing Center [ANCC], National Certification Board of Pediatric Nurse Practitioners & Nurses [NCBPNP/N], and National Certification Corporation [NCC]), AACN, American Nurses Association (ANA), NLN, and other interested groups. The Keystone meeting generated two agreements: 1) the four NP certifying groups would work together to describe their processes, both similarities and differences, and prepare a written response for the August NCSBN meeting; and 2) NONPF, NLN, AACN, and specialty NP organizations would develop a model for program approval which could help to determine eligibility to sit for certifying exams.
- In November 1995, NONPF and NLN co-hosted a third meeting in Washington, DC, attended by representatives of NCSBN, the four certifying bodies, specialty groups, AACN, ANA, NLN, and the Division of Nursing, BHP, HRSA, HHS. This meeting resulted in the creation of a task force charged with developing standardized criteria for evaluation of NP programs.

## Methodology

Using funding provided by the Division of Nursing, BHP, HRSA, HHS and facilitated by NONPF, the Task Force conducted its work between November 1995 and July 1997 (see listing of Task Force members). The Task Force established goals to 1) develop standardized criteria for evaluation of NP programs, 2) pilot test the criteria as a self-study document, 3) develop an implementation/ dissemination plan for the criteria, and 4) seek endorsement of the criteria from participating organizations and other selected nursing organizations.

Task Force members met face-to-face, reviewed and edited draft documents through fax and mail, and held several conference calls. The group based its work on several documents, including *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996); *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education* (NONPF, 1995); *Philosophy, Conceptual Model, Terminal Competencies for the Education of Pediatric Nurse Practitioners* (Association of Faculties of PNP/A Programs, 1996); the accreditation materials of the National League for Nursing; "NANN Accreditation Task Force Draft Documents for the Council of Neonatal Nurse Practitioner Program Accreditation" (NANN, 1995); and program criteria and evaluation materials from specialty and certifying organizations. Through a process of dialogue, writing, review, and revision, the Task Force came to consensus initially on a draft document in July 1996. Task Force members recommended individuals for an external review panel who reviewed the first draft in August 1996. (See "Acknowledgements" page for external review panel members.) The Task Force considered comments received from the review panel before completing a final draft document in November 1996.

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\* American College of Nurse Practitioners (ACNP), Certification Council of Nurse Anesthetists (CCNA), National Alliance of Nurse Practitioners (NANP), National Association of Neonatal Nurses (NANN), National Association of Nurse Practitioners in Reproductive Health (NANPRH), National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

## **Pilot Study**

From late 1996 through early 1997, the Task Force implemented a pilot study to test the Criteria document and to obtain critical feedback about the program review process: specifically, how relevant the criteria were to NP education and how workable the review process and documents were for programs to utilize. Task Force members nominated institutions to participate in the pilot. Nominated programs met one or more of the following criteria: 1) new, 2) long-standing, 3) representing a newer specialty, 4) having multiple tracks, 5) having a single track, and/or 6) having other distinctive features. From these nominations, five institutions agreed to serve as test sites. Program directors and faculty from four of the five institutions completed the self-study. (See “Acknowledgements” page for participants.)

A subcommittee, appointed by the Task Force, reviewed the pilot study material, analyzed programs’ evaluative comments about the content and process, and made recommendations to the Task Force for changes in the document. At the final meeting in March 1997, the Task Force made changes to strengthen the criteria based on the subcommittee’s analysis.

## **Implementation**

At the March 1997 meeting, the Task Force agreed to publicly present the document as a report of the National Task Force on Quality Nurse Practitioner Education entitled “Criteria for Evaluation of Nurse Practitioner Programs.” Remaining Division of Nursing funds would be used to publish and initially disseminate the document to major groups and national stakeholders without cost to these groups. Additional copies will be made available to consumers at a cost that will cover printing, handling, and mailing. NONPF agreed to facilitate the publication and distribution of the document on behalf of the Task Force.

The work of the Task Force represents substantial progress toward the development of a model for evaluating the quality of nurse practitioner programs. As such, it becomes an important resource for several vital entities that play a role in the preparation, credentialing, and licensing of nurse practitioners, including:

- universities, institutions, and consultants who strive to build new nurse practitioner programs and maintain standards for current programs
- national accrediting bodies that accredit graduate programs
- state boards of nursing that license/certify nurse practitioners and monitor nurse practitioner programs
- certifying bodies that screen candidates for national certification exams
- specialty nurse practitioner organizations that approve, accredit, and/or monitor specialty nurse practitioner programs
- Division of Nursing, BHP, HRSA, HHS and others that fund and monitor nurse practitioner programs and work force projects
- students who plan to attend nurse practitioner programs

## Endorsement

At the final March 1997 meeting, the Task Force agreed to seek endorsement of the document from a broad list of nursing organizations (see list of organizations that have endorsed the document to date). Endorsement was defined as a general philosophical agreement with the intent and content of the document. The Task Force believes the document gains strength as it is endorsed by the nursing community.

## Recommendations

These evaluation criteria are intended to be applicable to basic nurse practitioner programs. The Task Force agreed that these criteria would be used in conjunction with existing criteria for accreditation of graduate programs and criteria to evaluate specialty nurse practitioner programs. With these considerations, the Task Force recommends that the criteria should be used as follows:

- to evaluate nurse practitioner programs. The intent of this Task Force is that this evaluation be combined with other accreditation/review processes.
- as a complement to specialty criteria used to evaluate specialty content of nurse practitioner programs
- to evaluate new programs being developed
- to assist in planning new nurse practitioner programs
- for self-study by existing nurse practitioner programs.

Further, the Task Force makes these recommendations:

- Nurse practitioners prepared in the specialty area of the program under review should be members of the evaluation/accreditation team(s).
- When an institution/university has multiple-track NP programs, separate evaluation of each track should be done.
- Evaluation should be conducted more frequently than the existing formal accreditation processes (e.g., every 3-5 years) to ensure program quality.

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