



National League for Nursing Accrediting Commission, Inc.

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CANDIDACY INFORMATION FORM

Governing Organization: _____
(College/University)

Nursing Education Unit: _____

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

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

Demographic Information:

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

Name, Credentials, and Title of Nurse Administrator

Street Address

City

State

Zip Code

Phone Number for Governing Organization

Phone Number for Nurse Administrator

Fax

Email for Nurse Administrator

Evening/Weekend Phone#
(Emergency Only)

General information – Governing Organization

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

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

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

b. For Diploma or Practical Nursing Programs:

- The Joint Commission
- Health Care Facilities Accreditation Program of the American Osteopathic Association (HFAP)
- DNV Healthcare

c. For Practical Nursing Programs:

- Council on Occupational Education
- State Department of Education/State Department of Vocation-Technical Education
- State Agencies recognized by the USDOE for postsecondary vocational education:

Name

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

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

- Attach a copy of the current Governing Organization accreditation status document.

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

- Private
- Public
- Religious-Affiliated
- Single Purpose
- Hospital/Medical Center/Health System
- Vocational/Technical School
- Public School System
- Non-Profit
- For-Profit

General Information - Nursing Programs

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

Name of State Board of Nursing

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

6. Total nursing student enrollment for each program type:

Program Type	Current Enrollment	Anticipated Enrollment Increases	Date of Anticipated Increases
Clinical Doctorate	_____	_____	_____
Master's/PMC	_____	_____	_____
Baccalaureate	_____	_____	_____
Associate	_____	_____	_____
Diploma	_____	_____	_____
Practical	_____	_____	_____

7. Date of graduation for the first nursing graduates of the program seeking accreditation

If your program has not yet had a graduating class, please list the anticipated date of graduation for the first group of students _____

8. Does your program have more than one location? Yes No
 Locations offering the nursing program

Specify the name of each location and the distance of each from the main campus.

Name of Location	Distance from Main Campus
_____	_____
_____	_____
_____	_____
_____	_____

9. Specify distance education modalities/options utilized at the program (if applicable).

10. Program Options

- Entry options (e.g., LPN-RN, RN to BSN, generic, accelerated, second degree)

- Advanced Practice options:

- nurse practitioner
- clinical nurse specialist
- nurse anesthetist
- nurse midwife

- Post-Master's Certificate

Please specify types:

11. Organization of the Governing Organization and Nursing Education Unit

- Include a copy of the organizational chart for the Governing Organization
- Include a copy of the organizational chart for the Nursing Education Unit

 Nurse Administrator Signature

 Date