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Program Description Report

[Click here](https://www.dropbox.com/request/Vt5rKCepvM7yscnX1l8I) to upload documents.

The Program Description Report (PDR) is the method for the program to supply evidence to verify compliance with 21 NCAC 36. 0300. The program shall file with the North Carolina Board of Nursing (NCBON) records, data, and reports in order to furnish information concerning the operation of the program as prescribed in the rules in this Section including: The Board shall review approved programs at least every ten years as specified in G.S. 90-171.40. Reviews of individual programs shall be conducted at shorter intervals upon request from the individual institution or as considered necessary by the NCBON.

1. The PDR should be completed in a narrative format. Included are templates and tables to assist with the development of the report.
2. Minimum 12-point font size.
3. Do not change names or delete headings on each page or template.
4. All pages must be numbered sequentially with page numbers visible on each page.
5. Provide a table of contents with each section and page number noted.
6. Sections should be clearly labeled with each PDR section as a separate document with the required evidence/appendix.
7. The evidence which must be included in the report relative to compliance with rules, is specified underneath each section heading. The evidence may relate to more than one rule.
8. Do not duplicate evidence in more than one section.
9. Be sure to note where the evidence is located in the report.
10. In the Appendices, enter data in tables as labeled at the top of each column.
11. If you have specific questions, please contact your NCBON consultant and reference the item number or page number included within the application.

**EVIDENCE TO HAVE AVAILABLE FOR THE ON-SITE SURVEY**

* Meeting minutes (nursing faculty, nursing faculty committee, nursing student body) - past 2 years.
* Evaluation of learning experiences in affiliating clinical agencies.
* College/university faculty handbook and program faculty handbook.
* Emergency preparedness plan that includes a reduction in the availability of clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.
* All current nursing faculty vitae (full and part-time) using NCBON faculty vitae.
* Summaries of all completed nursing course/program evaluation tools identified in the program.
* Comprehensive program evaluation and copies of outcomes measures (nursing faculty and student evaluation of courses, nursing student evaluation of class and clinical instruction) - past 2 years.
* Data collected for program improvement - past 2 years.
* All exams for each course for the last offering include the range and distribution of grades for the course.
* Samples of completed nursing student assignments from each course for the last offering including nursing faculty evaluation of student clinical performance. Samples should be representative of grade distribution for the course.
* Documentation related to any nursing student or faculty appeals - last 2 years.
* Records for all nursing students currently enrolled in the program and the last graduating class. Records may remain in usual locations but should be readily available to facilitate the review. Hard copies of computer documents should be made available if requested.

PROGRAM DESCRIPTIVE REPORT CONTENTS OVERVIEW

21 NCAC 36 .0317 ADMINISTRATION

(Section Label: Administration)

Provide the program Comprehensive Evaluation plan according to the rule below.

Comprehensive Program Evaluation Plan 21 NCAC 36 .0317(e). Label file name Comprehensive

Program Evaluation Plan.

A nursing education program shall implement, for quality improvement, a comprehensive program

in writing that shall include the following:

1. students' achievement of program outcomes;
2. description of program resources, including fiscal, physical, human, clinical, and technical learning resources; student support services; and the availability of clinical sites and the viability of those sites adequate to meet the objectives of the program;
3. measures of program outcomes for graduates;
4. the public’s access to accurate program information;
5. how the program and the controlling institution achieve concurrent outcomes;
6. an attestation from the program director that all program faculty meet Board qualifications and are sufficient in number to achieve program outcomes;
7. reporting of collected evaluative data used in implementing quality improvement activities; and
8. description of student participation in program planning, implementation, evaluation, and continuous improvement.

Evidence to include in PDR administration section

1. Organizational chart for the: (1) college (2) program.
2. Administrator of the program position description and qualifications.
3. Describe administrative support services for the program. Include the number and type (administrative, faculty members, full and part-time) of people supported, responsibilities outside of the program, and comparison with other academic units within the college/university. Include other resources available to the program.
4. Provide the last 2 years' data on the student appeals template. (APPENDIX A)

21 NCAC 36 .0318 FACULTY

(Section Label: Faculty)

Evidence to include in PDR faculty section

1. Program faculty profile table that includes name, date of appointment, education, licensure, teaching/non-teaching responsibilities, and clinical/practical experience. (APPENDIX B)
2. Program provides workshops and presentations devoted to faculty development.
3. Position descriptions for all full and part-time faculty members of the program.
4. Provide faculty vitae for all current full and part-time nursing faculty. (APPENDIX C)
5. Statement ensuring that interdisciplinary faculty who teach in the program hold licenses or certifications in the content areas in which they teach.
6. Describe the process used in the evaluation of nursing faculty.
7. Describe the process used for the evaluation of the program director.
8. Describe how the program curriculum is planned by members of the program faculty.
9. Provide data on student/faculty clinical ratios. (APPENDIX D)

21 NCAC 36 .0320 STUDENTS

(Section Label: Students)

Evidence to include in PDR student section

1. Provide college catalog, nursing student handbook, and other documents relative to published admission criteria for the college and program.
2. Data on current class. (APPENDIX E)
3. Data on nursing student dismissals. (APPENDIX F)
4. Data on criteria for progression. (APPENDIX G)
5. Provide the NCLEX® pass rates for the past three years (APPENDIX H)
6. Provide copy of the physical/mental health assessment the program utilizes.

21 NCAC 36 .0321 CURRICULUM

(Section Label: Curriculum)

Evidence to include in PDR curriculum section

1. Provide a copy of the program philosophy, purposes, and objectives.
2. Provide a copy of the curriculum documents, which include all syllabi, objectives, calendars, and clinical evaluation tools for all clinical courses.
3. Provide clinical rotation schedules for nursing clinical courses that indicate agency by name, clinical faculty, students, dates, days, and time. (APPENDIX I)
4. Provide hours for each nursing course with clinical experience. (APPENDIX J)
5. Provide remediation strategies for each course and include processes to remediate errors in the clinical setting.
6. Provide written policies and procedures on the following: (1) short-term and long-term plans for integrating simulation into the curriculum; (2) method of debriefing for each simulated activity; and (3) a plan for orienting faculty to simulation.
7. Experiences substituted for clinical experience time on the following: (1) demonstrate that simulation faculty have been formally educated and maintain the competencies in simulation and debriefing; and (2) provide a simulation environment with faculty, space, equipment, and supplies that stimulate realistic clinical experiences to meet the curriculum and course objectives.
8. Describe how the program uses external standardized examinations and how it is incorporated into the syllabi.

21 NCAC 36 .0323 RECORDS AND REPORTS

(Section Label: Records and Reports)

Evidence to include in PDR records and reports section

1. Describe how the program maintains official records consistent with the policies of the controlling institution.
2. Describe the process and who controls access for current and permanent student records that are kept secured and prevents physical damage and unauthorized access.

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PROGRAM DESCRIPTIVE REPORT  
COVER SHEET

|  |  |
| --- | --- |
|  | |
| Program Name |  |
| Program Address |  |
|  |  |
| Program Director Signature |  |
| Program Director Title |  |
| Submission Date |  |

APPENDIX A  
STUDENT APPEALS  
**(Two years)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Submit student appeals data for the previous two years to date. Enter data in the columns below. Add more rows as needed.** | | | |
| Policy | Was Published Appeal Policy Followed | Nature of Formal Challenges/Appeal(s) | Outcome  Appeal Granted or Denied |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Appendix B**

**Faculty Profile Table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Submit current faculty names and enter data in the columns below. Add more rows as needed.** | | | | | |
| **Name** | **Date of Appointment** | **Education** | **Licensure** | **Teaching/Non-Teaching Responsibilities** | **Clinical/Practical Experience** |
|  |  |  |  |  |  |
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APPENDIX C

**Faculty Vitae**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Director Name** | | | | | | **Name of Program** | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| **Faculty Name** | | | | | | **Date of Appointment** | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| **Full-Time** | **Part-Time** | | | **FTE** | **0.25** | **0.50** | | **0.75** | | **1.0** | | | **Other** | | |
|  |  | | |  |  | |  | |  | | |  | | |
| **Provide the appropriate license number and expiration date.** | | | | | | | | | | | | | | | |
| **NC RN License Number** | | | **Expiration Date** | | | **Compact License Number and State** | | | | | | | | **Expiration Date** | |
|  | | | | | |  | | | | | | | | | |
| ***Faculty vitaes may be requested for review by the NC Board of Nursing.*** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **21 NCAC 36 .0318 FACULTY (c)(5)** (5) prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to faculty assignment. Once completed, this education need not be repeated if the employing organization is changed. This education may be demonstrated by one of the following:(A) completion of 45 contact hours of Board-approved continuing education courses;(B) completion of a certificate program in nursing education;(C) nine semester hours of graduate course work in adult learning and learning principles;(D) national certification in nursing education; or(E) documentation of completion of structured, individualized development activities of at least 45 contact hours approvedby the Board. Criteria for approval shall include content in the faculty role within in the curriculum implementation,curricular objectives to be met and evaluated, review of strategies for identifiedstudent population, and expectations of student and faculty performance. (F) individuals with prior teaching experience in an academic setting seeking a faculty position shall be evaluated by the  Program Director to assess each individual’s prior teaching experience commensurate with formal education in teaching  and learning principles for adult education including curriculum development, implementation, and evaluation,  appropriate to faculty assignment. | | | | | | | | | | | | | | | |
| **The faculty member meets the teaching/learning preparation requirement by selecting one of the following options listed below within the first three years of employment in nursing education.** | | | | | | | | | | | | | | | |
| **Place check here if applicable:** | | A. Completion of 45 contact hours of continuing education courses. Specify from the list of Approved Programs. ([Click here](https://www.ncbon.com/myfiles/downloads/education/provider-listing.pdf) to download list). | | | | | | | | | | | | | |
| Specify Course | | | | | | | Specify Course Completion Date | | | | | | |
|  | | | | | | |  | | | | | | |
| **Place check here if applicable:** | | B. Completion of a certificate program in nursing education | | | | | | | | | | | | | |
| Specify Name of College or University | | | | | | | | | | | | | |
| **Place check here if applicable:** | | C. Nine Semester Hours of Education Course Work | | | | | | | | | | | | | |
| Specify Name of College or University | | | | | | | | | | | | | |
| **Place check here if applicable:** | | D. National Certification in Nursing Education (NLN’s Certified Nurse Educator) | | | | | | | | | | | | | |
| **Place check here if applicable:** | | E. Documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. **This option must be pre-approved by your assigned education consultant.** | | | | | | | | | | | | | |
| **Place check here if applicable:** | | F. Prior teaching experience in an academic setting seeking a faculty position shall be evaluated by the Program Director to assess each individual’s prior teaching experience commensurate with formal education in teaching and learning principles for adult education including curriculum development, implementation, and evaluation, appropriate to faculty assignment. | | | | | | | | | | | | | |
| **EDUCATION** | | | | | | | | | | | | | | | |
| **Date**  **Month/Year** | | **Degree** | | **Area of Focus, Specialty, or Concentration for Graduate Study** | | | | | | | **Institution** | | | | |
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| **PREVIOUS CLINICAL PRACTICE EXPERIENCE AS RN** | | | | | | | | | | | | | | | |
| **Employment Dates Month/Year to Month/Year** | | **FT/PT** | | **Title** | | | **Agency** | | | | **Role/Responsibility** | | | | |
|  | |  | |  | | |  | | | |  | | | | |
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| ***All clinical experience must equate to two years of full-time experience.*** | | | | | | | | | | | | | | | |
| **PREVIOUS EXPERIENCE TEACHING IN A PRE-LICENSURE RN OR PN NURSING PROGRAM** | | | | | | | | | | | | | | | |
| **Employment Dates Month/Year to Month/Year** | | **FT/PT** | | **Title** | | | **College/University** | | | | | **Role/Responsibility** | | | |
|  | |  | |  | | |  | | | | |  | | | |
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| **CURRENT TEACHING RESPONSIBILITY IN THIS PROGRAM** | | | | | | | | | | | | | | | |
| **Semester/Year** | **Course No.** | | | **Course Name** | | | **Theory/Clinical** | | | | | **Do you participate in simulation?** | | | |
|  |  | | |  | | |  | | | | | **Yes – Complete section** | | | **If no – check here** |
|  |  | | |  | | |  | | | | | | | | |
|  |  | | |  | | |  | | | | | | | | |
| **21 NCAC 36 .0321(o)(1) Simulation Faculty Formal Education (as applicable)** | | | | | | | | | | | | | | | |
| **Date** | **Formal Education Received** | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |

APPENDIX D

FACULTY/STUDENT RATIO IN CLINICAL GROUPS FOR LAST OFFERING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provide data on student/faculty clinical ratios. Enter data in the columns below. Add more rows as needed. | | | | | |
| Course Number | Enrollment | Number of Clinical Groups | Number of Students per Clinical Group | Number FTE Full-Time Faculty (if assigned more than one group) | Number of FTE Part-Time Faculty (if assigned more than one group) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Appendix E**

**CURRENT CLASS SIZE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Provide current class data. Enter data in the columns below. Add more rows as needed.** | | | | | | | | | |
| **Maximum number of students approved by NCBON** | | | | | | |  | | |
| **Current number of first year nursing students** | | | | | | |  | | |
| **Current number of second year nursing students** | | | | | | |  | | |
| **Total number of nursing students actively enrolled in the program** | | | | | | |  | | |
| **Total number of nursing students to graduate in this academic year** | | | | | | |  | | |
| **Class/Year** | **Number Admitted** | **Number Readmitted** | **Number of Transfers** | **Number Advanced Placement** | **Voluntary Withdrawal** | **Academic Dismissal or Other Involuntary Withdrawal** | | **Number Currently Enrolled** | **Attrition %** |
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**APPENDIX F**

**ALL NURSING STUDENT DISMISSALS FOR THE PREVIOUS TWO YEARS**

**Identify Each Occurrence**

|  |  |  |
| --- | --- | --- |
| All Nursing Student Dismissals | | |
| Academic Term | Policy Invoked (specify academic versus clinical) | Level of Student in Program |
|  |  |  |
|  |  |  |
|  |  |  |

APPENDIX G

CRITERIA FOR PROGRESSION

|  |  |
| --- | --- |
| Provide data for criteria of progression. Enter data in the columns below. Add more rows as needed. | |
| Grade required in nursing theory course for progression (number or grade) |  |
| Grade required in clinical for progression |  |
| GPA required for lower division courses |  |
| GPA required for graduation |  |

APPENDIX H  
NCLEX PASS RATES

|  |  |
| --- | --- |
| **List NCLEX pass rates for the past three years.** | |
| **Year 1 (most recent)** |  |
| **Year 2** |  |
| **Year 3** |  |

APPENDIX I

CLINICAL ROTATION SCHEDULE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name | Unit | Course | # Faculty | # Students | Day(s) of Week |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

APPENDIX J  
CLINICAL HOURS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Allocation of Course Time | | | | | |  | | | |
| Course ID | Credits | Class Hours/Week | Lab Hours/Week | Clinical Hours/Week | Simulation % of course clinical hours | Faculty Ratio | | | |
| Class | Lab | Simulation | Clinical |

Revised 2/2025