

2022

Standards
for
Quality
Nurse
Practitioner
Education
6th Edition

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National Task Force on Quality Nurse Practitioner Education

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Endorsements

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

- Accreditation Commission for Education in Nursing
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- Commission on Collegiate Nursing Education
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- International Society of Psychiatric-Mental Health Nurses
- National Association of Neonatal Nurse Practitioners
- National Association of Nurse Practitioners in Women's Health
- National Association of Pediatric Nurse Practitioners
- National Certification Corporation
- National Organization of Nurse Practitioner Faculties
- National League for Nursing Commission for Nursing Education Accreditation
- Pediatric Nursing Certification Board

Standards for Quality Nurse Practitioner Education, 6th Edition

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Preamble

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

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

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

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

Review and Revision Process

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

Major Influences and Changes

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

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

The second influence is the inclusion of [interprofessional education](#)

Chapter I. Mission and Governance

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

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

Required Evidence:

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

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

Required Evidence:

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

Criterion I.C. The NP program

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

Required Evidence:

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

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

Required Evidence:

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

Criterion I.F. For each NP population focused track, the institution employs an NP faculty member who holds an institutional appointment to Retention plan with measn--US

Chapter II: Resources

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

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

Required Evidence:

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

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

Required Evidence:

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

Criterion II.C. The NP program has sufficient human capital, including appropriately qualified faculty, preceptors, and staff, to provide quality NP education. This is to include:

- One full-time equivalent (FTE) faculty teaching in the NP Program, not to exceed 24 matriculated NP students.
- NP faculty-to-student ratio for oversight of clinical learning not to exceed a ratio of 1:8 within the NP program's faculty workload formula.

Required Evidence for Faculty Resources:

- Overall faculty workload and method for determining faculty workload for all clinical and non-clinical education. Examples of formulas for determining faculty workload, faculty-to-student ratio for overall NP program, and faculty-to-student ratio for clinical oversight are shown in Appendix F.
 - Method used for NP program faculty-to-student ratio document of one FTE faculty teaching in the NP program not to exceed 24 matriculated NP students

Required Evidence for Clinical Preceptors:

- Number and qualifications of clinical **preceptors** to facilitate students' clinical learning experiences in the **population foci** of the program.
- Documentation of formal orientation for new **preceptors**, which can be written, verbal, virtual, or face-to-face.
- Communication between faculty and clinical **preceptors** regarding course materials and demonstrated understanding of the course objectives, **clinical hours**, evaluation forms, and competencies the student is expected to achieve.
- A statement describing the specific responsibilities of the clinical **preceptor**.
- Current **contractual agreements** between **institutions**/nursing program and clinical **preceptors** and/or clinical sites where **preceptors** practice and/or are employed.
- Documentation of clinical **preceptors'** preparation and current expertise to support each student's development of NP professional role and student achievement of expected program clinical outcomes.
 - Relevant biography/**curriculum vitae** of clinical **preceptors**

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

Required Evidence:

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

Criterion II. G. The program secures clinical sites and preceptors to ensure students enrolled in clinical courses have experiences

III: Curriculum

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

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

Required Evidence:

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

Criterion III.B.

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

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

Required Evidence:

- [Curriculum](#) plan that demonstrates course sequencing that includes 0.1 (ean C95 4mne370 BDC 2hluencini2225)T090 10 6 (epar)10 (

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

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

Required Evidence:

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

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

Required Evidence:

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

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

Required Evidence:

- Documentation of faculty oversight of student progress using formative and summative methods in didactic and clinical courses.
- Faculty evaluation of student clinical competencies, including frequency and methods for observations used, as well as direct student clinical site observations, recorded encounters, and competency evaluations.

Glossary

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

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

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

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

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

Advanced Practice Registered Nursing (APRN) Core: Essential broad-based curriculum content for all APRN students in the areas of advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology. This content must be presented as three separate, comprehensive graduate-level courses in the APRN curriculum. Descriptions of each course and content area are provided in the Consensus Model for APRN Regulation: D24 (t)ssogyp (ed Nursing)Arsing4 (t)creditation, Certi cation & Ed

Certi cation:

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

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

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

Curriculum Evaluation: The review process that is used at regularly scheduled intervals to review and update courses based on student evaluations and changes in health care. The process serves to assure accuracy and relevancy of learning experiences.

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

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

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

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

Dual Track Program: A graduate education program whose curricular design allows students to major in two NP population focused clinical tracks or in primary care and acute care NP tracks in the same population focused area of practice. The program prepares graduates to meet education eligibility requirements to sit for two national NP certification examinations.

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

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

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

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

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

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

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Appendices

Appendix A:
Criteria for Evaluation of Nurse Practitioner Programs
Evidence Checklist

Criterion	Documentation	Documentation Present - if yes
<p>Criterion I.F. For each NP population focused track, the institution employs an NP faculty member who holds an institutional appointment to provide direct oversight of the track. This individual is doctorally prepared, currently licensed or authorized to practice, and nationally board certified as an NP in the population focus including either primary or acute care.</p>	<p>Required Evidence:</p> <ul style="list-style-type: none"> • The population focused faculty member with track oversight has clear role and duty guidelines as evidenced with the following documentation: <ul style="list-style-type: none"> – Work assignment with dedicated time to provide administrative, resources, curriculum and evaluation oversight for the population focused track. – Track-specific position responsibilities of the faculty member who provides direct oversight to the NP population focused track, including expectations for input and decision-making related to curriculum and program outcomes. • Curriculum vitae of the NP faculty member who provides oversight for the population focused track. • Current unencumbered license or other authorization to practice as an NP as required by the state or territory. • Doctoral degree from an institution of higher education that is accredited by an agency officially recognized by the U.S. Secretary of Education at the time the degree was conferred. • Exception: If not doctorally prepared, documentation of: <ul style="list-style-type: none"> – Enrollment in a doctoral education program, with anticipated completion date specified, and; – Letter of appointment prior to date of implementation of 	

II. Resources

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

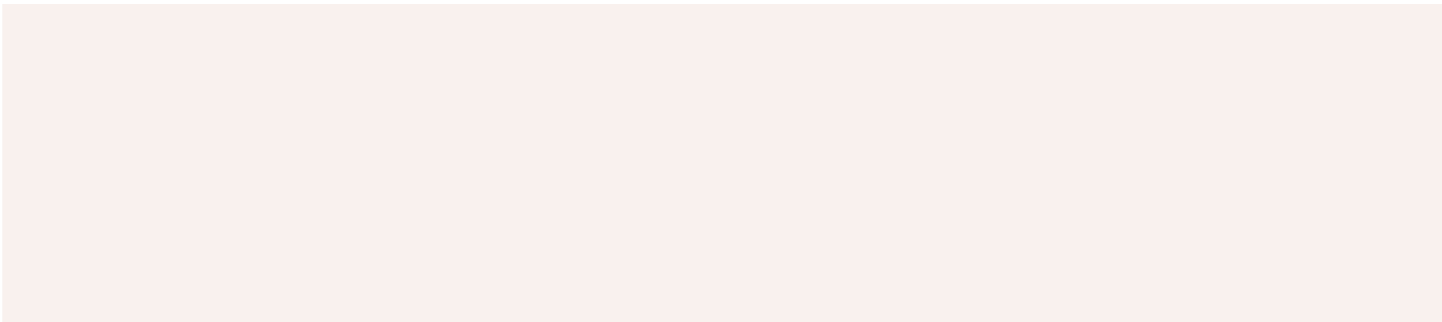
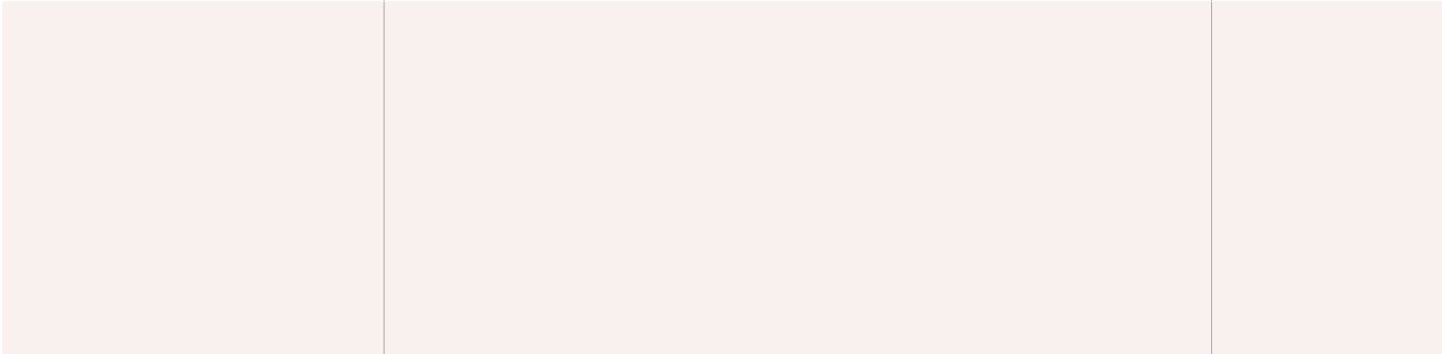
Criterion	Documentation	Documentation Present - if yes
<p>Criterion II.A. The institution has sufficient fiscal resources to support the NP program.</p>	<p>Required Evidence:</p> <ul style="list-style-type: none"> • Budget allocations/expenditures for the NP program inclusive of human, student support, physical, technological, and learning resources. • Process for NP program faculty to provide input regarding the budgetary and other resource needs. 	<p style="text-align: center;">C</p> <p style="text-align: center;">C</p>
<p>Criterion II.B. The institution has sufficient resources to provide ongoing support for NP program students, staff, faculty, and preceptors to address DEI.</p>	<p>Required Evidence:</p> <ul style="list-style-type: none"> • Strategies, activities, and resources provided on a consistent basis for students, staff, faculty, and preceptors. • A mechanism to promote and coordinate DEI initiatives. 	<p style="text-align: center;">C</p> <p style="text-align: center;">C</p>
<p>Criterion II.C. The NP program has sufficient human capital, including appropriately qualified faculty, preceptors, and staff, to provide quality NP education. This is to include:</p> <ul style="list-style-type: none"> • One full-time equivalent (FTE) faculty teaching in the NP Program, not to exceed 24 matriculated NP students. • NP faculty-to-student ratio for oversight of clinical learning not to exceed a ratio of 1:8 within the NP program's faculty workload formula. 	<p>Required Evidence for Faculty Resources:</p> <ul style="list-style-type: none"> • Overall faculty workload and method for determining faculty workload for all clinical and non-clinical education. Examples of formulas for determining faculty workload, faculty-to-student ratio for overall NP program, and faculty-to-student ratio for clinical oversight are shown in Appendix F. <ul style="list-style-type: none"> – Method used for NP program faculty-to-student ratio document of one FTE faculty teaching in the NP program not to exceed 24 matriculated NP students. NP program faculty to include all faculty, who may or may not be NPs, who teach didactic or clinical courses. • The methods used to determine sufficiency of NP faculty-to student ratio for clinical oversight not to exceed a ratio of 1:8 within the NP program's faculty workload formula. • Methods to determine adequate clinical oversight, supervision, and evaluation of students, preceptors, and clinical learning experiences. • Description of the specific responsibilities of the faculty members who teach in the NP program. • Documentation demonstrating that all NP faculty teaching in the NP program have the preparation, credentialing, and current expertise to support the NP program curriculum. <ul style="list-style-type: none"> – Curriculum vitae of faculty. – Degree(s), national certification(s), and licenses or other authorization to practice as an NP in the state or territory of practice. • Documentation of clinical practice for faculty teaching in diagnosis and management or clinical courses. 	<p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p>

Criterion	Documentation	Documentation Present - if yes
<p>Criterion II.D. The NP program provides access to comprehensive academic support services that facilitate quality education by addressing student needs and challenges to timely progression and graduation from the NP program, regardless of delivery modality.</p>	<p>Required Evidence:</p>	

Criterion	Documentation	Documentation Present - if yes
<p>Criterion III.A. The NP program prepares graduates to meet education eligibility requirements for authorization to practice in one (or more) states and for one (or more) national NP certification examinations that correspond with the role and population focus of the NP program.</p>	<p>Required Evidence:</p> <ul style="list-style-type: none"> • Written statement listing specific NP role and population focused certifications for which graduates are eligible to apply is published, at a minimum, in the university or college catalog and NP program website. 	<p>C</p>
<p>Criterion III.B. The NP faculty have input into admission criteria for each NP population focused track and degree/certificate program.</p>	<p>Required Evidence:</p> <ul style="list-style-type: none"> • Documentation that NP faculty are providing input into admission criteria for the NP program and/or tracks. • Admission criteria for the NP program and/or individual population focused tracks that differ from the overall school of nursing graduate degree program are clearly defined, explained, and accessible to the public. 	<p>C</p> <p>C</p>
<p>Criterion III.C. The NP faculty provide input for any progression and completion criteria specific to the NP population focused track.</p>	<p>Required Evidence:</p> <ul style="list-style-type: none"> • Documents affirming that NP faculty provide input into progression and completion criteria specific to the NP program and/or tracks. • Student progression and completion criteria, including the overall 	

Criterion	Documentation	Documentation Present - if yes
<p>Criterion III.E. The NP curriculum provides the student broad-based, comprehensive graduate educational preparation for the role and at least one population focused area of study. The curriculum is consistent with and meets national standards/competencies for graduate-level nursing education, APRN education, NP specific role, and population focused education (See Appendix B).</p>	<p>Required Evidence:</p> <ul style="list-style-type: none"> • Description of NP curriculum that provides the student broad educational preparation and follows current nationally recognized standards and competencies for advanced-level nursing education, NP role preparation, and population focus preparation. • Nationally recognized NP education standards and competency documents used for the development of the curriculum components, which should include: <ul style="list-style-type: none"> – Adv10 0 0 10 192.282a-h3 569 Tm[(lev)10 (el nursing educa)4.1 (10 0 0 1L 2rsCiyu/MCID 2841 BDC B 	

Criterion	Documentation	Documentation Present - if yes
<p>Criterion III.H. The NP population focused track has a minimum of 750 direct patient care clinical hours to prepare the graduate with competencies for full scope of NP population focused practice.</p> <p>Direct patient care clinical hours may include student provision of care delivered to the patient through telehealth and global health experiences delivered to Simulation is not direct patient care, and these hours may not be included in the 750 direct</p>		



Criterion	Documentation	Documentation Present - if yes
<p>Criterion III.N. Post-graduate NP certificate program prepares graduates to meet the same end-of-program outcomes as the degree granting program including the education requirements for national NP certification examinations that correspond to the role and population focus of the post-graduate certificate. The post-graduate NP certificate program must:</p> <ul style="list-style-type: none"> • Meet the institution's requirements for granting a post-graduate certificate. • Include for each student a formal gap analysis of past graduate education (didactic and clinical hours and courses) to determine the additional didactic courses and faculty supervised clinical hours to meet the NP program outcomes. At a minimum, a total of 750 direct patient care clinical hours as defined in Criterion III. H. are to be included in the past APRN graduate education program and post-graduate certificate program specifically to meet the outcomes. 		

Criterion	Documentation	Documentation Present - if yes
Criterion IV.J. The NP program (T)Lang (en-US)/MCID 3428 BDC BT/u9MCID 34e0d0 0		

Appendix B:

National Standards/Competency Documents in support of Several Criteria

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

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

Appendix C:

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

T C A a P a R N. D a-L C (AACN, 2017) were developed by a multiorganizational group convened by the American Association of Colleges of Nursing (AACN). The group representing APRN licensure, accreditation, certification, and education was tasked to develop a common taxonomy for APRN competencies. The competencies developed are observable and measurable in 8 domains or areas of practice. For each competency, two progression indicators (Time 1 and Time 2) or behaviors are identified. The first progression indicator (Time 1) describes the expected level of achievement when the student begins the first meaningful clinical experience where the student provides direct patient care management under preceptor or faculty supervision. The second progression indicator (Time 2) describes the expected level of performance at completion of the student's APRN doctoral program (graduation).

To meet the NTFS Criterion III F only the Domain 1: Patient Care competencies Time 1 behaviors are expected to be demonstrated by NP students prior to beginning the direct patient care hours defined in Criterion III.G. These competencies may be attained and demonstrated by a student using any faculty facilitated experiences. These competencies and Time 1 behaviors are shown below. The entire document can be accessed at

Appendix D:

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

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

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

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

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

Appendix E:

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

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

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

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

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

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

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

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

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

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

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

Student Name: _____

Previously Completed Graduate Program Institution Name: _____

Previously Completed APRN or NP Program/Population Completed: _____

Year of graduation: _____

Postgraduate NP Program Institution: _____

Postgraduate NP Population: _____

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

Program Director Printed Name

Program Director Signature

Date

For Illustrative Purposes Only

Student Name: _____ *Ma a S* _____

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

Previously Completed APRN or NP Program/Population Completed: _____ *A -G NP* _____

Year of graduation: _____ *1999* _____

Postgraduate NP Program Institution: _____ *PQR U* _____

Postgraduate NP Population: _____ *P a -M a H a NP* _____

List all required courses (didactic and clinical) from your institution required for the identified postgraduate certificate program (include NP role and population focused courses.) List each course separately.	List the courses and/or clinical hours, accepted from student's prior graduate program that align with the course in the 1st column. Add an explanatory note when the course title does not fully describe the expected content.	List all courses and clinical hours the student completed to fulfill the NP postgraduate program requirements for your institution.
<i>E a : NURS 694 C a I , E Ba Pa</i>	<i>N</i>	<i>NURS 694 C a I , E Ba Pa</i>
<i>E a : NURS 601 A a Pa</i>	<i>NRS 500 A a P A (DEF U) N : P a / a .</i>	<i>N</i>
<i>E a : NURS 695 R APRN</i>	<i>N</i>	<i>NURS 695 R APRN</i>
<i>E a : NURS 701 PMHNP C a I</i>	<i>NRS 638 PMHC (150) A</i>	<i>NURS 701 PMHNP C a I (150)</i>
<i>E a : NURS 702 PMHNP C a II</i>		<i>NURS 702 PMHNP C a II (300) (T a a , a a a a 500 a a a a a a .)</i>
<i>E a : NURS 705 L a</i>	<i>N</i>	<i>NURS 705 L a</i>
<i>E a : PHARM 740 A a Pa a</i>	<i>N</i>	<i>PHARM 740 A a P a a</i>

Program Director Printed Name

Program Director Signature

Date

Appendix F

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

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

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

Variable | WLU Formula

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

How to Calculate WLUs for a Course or Program

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

Step 1			
Hours in Course	÷	Credit Hours Per WLU for Course	= WLU per Section of the Course
Step 2			
Course Enrollment	÷	Students Per Faculty for Course	=

Program One

Program Description

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

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

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

Calculations

Clinical Courses

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

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

Programmatic Sta ng

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

ation(s) Documentation of Preceptor Information or Specialty Area of Practice No. of Students Precepted Concurrently (Includes APRNs and

Sample Form D: In support of Criterion II.C.						
ation(s)	Documentation of Preceptor Information	or Specialty Area of Practice	No. of Students Precepted Concurrently (Includes APRNs and			

Sample Form E: In support of Criteria I. F. and II.C.

Nurse Practitioner Program Faculty Profile for all Faculty

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

Name: _____ Credentials: _____

Academic Rank: _____ Academic Title: _____

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

List Certification with national certification board and expiration dates:

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

Academic NP Program(s) Completed: _____

Graduation Date: _____ NP Population Focus/Foci: _____

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

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

Teaching Responsibilities:

Clinical and Didactic Courses

No. of Students

Dates

Workload assigned to teaching courses: _____

List of other faculty responsibilities with workload assigned:

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

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

Preceptor Expectations of Faculty

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

Completion of Clinical Rotation	Completed



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