



SURVEY REGARDING INCLUSION OF POST-GRADUATE APRN CERTIFICATE PROGRAMS IN 2014 ON-SITE EVALUATIONS

Please complete this form whether or not the institution offers a post-graduate APRN certificate program.

Official Name of Institution:

Name of Chief Nurse Administrator:

A post-graduate APRN certificate program is defined as either a post-master's or a post-doctoral certificate (not degree) program that is preparing students for an Advanced Practice Registered Nurse (APRN) role (i.e., nurse practitioner, clinical nurse specialist, nurse anesthetist, or nurse midwife).

1. Given the above definition, does the institution offer a post-graduate APRN certificate program? Yes No
2. Would you like to add the post-graduate APRN certificate program to the institution's scheduled CCNE on-site evaluation in 2014?
Important: If one post-graduate APRN certificate track is presented for accreditation, then all post-graduate APRN certificate tracks must be presented for accreditation. Yes No
3. Please complete the information below. Do not list any certificate tracks that do not prepare APRNs (e.g., nursing education or nursing administration) as these tracks are not eligible for CCNE accreditation.

List Each Track (role and population focus) in the Post-Graduate APRN Certificate Program (e.g., Post-master's FNP certificate, Post-master's community health CNS certificate).	Number of Students Enrolled in Each Track	Identify whether each track in the post-graduate APRN certificate program is also offered as a track in the graduate degree program (e.g., check "Yes" if there is an FNP certificate track and also an FNP track in the master's degree or DNP program).
Adult-Gerontology Primary Care NP	1	Yes
Adult-Gerontology Acute Care NP/CNS	2	Yes
Pediatric Primary Care NP	1	Yes
Pediatric Acute Care NP	2	Yes
Psychiatric/Mental Health NP, Family focus	15	Yes
Family NP	5	Yes

Check here to verify that the institution's profile information in the CCNE Online Community is accurate, up to date, and identifies all roles/tracks in the post-graduate APRN certificate programs, if any.

Date

Check here to verify that the Chief Nurse Administrator, identified above, has approved the contents of this form as of:

Date

Please complete and submit this form by **March 7, 2014**. To submit this survey, click "Submit Form" in the upper right corner of the survey.