



COLLEGE OF  
**LICENSED PRACTICAL NURSES**  
OF ALBERTA

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# **CLPNA Operational Policy**

## **Education Program Reviews**

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Approved: November 4, 2022





**This document is linked to legislation:**

[Health Professions Act](#)

**This document is linked to related supportive documents:**

- [Advanced Practice Education Program Review](#)
- [CLPNA Establishment of a New Advanced Practice Education Program](#)
- [CLPNA Establishment of a New Practical Nurse Diploma Program](#)
- [CLPNA Establishment of a New Practical Nurse Refresher Program](#)
- [Diploma Program Review](#)
- [Refresher Program Review](#)

*The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to serve and protect the public by ensuring its registrants deliver safe, competent, and ethical nursing care. A CLPNA Operational Policy is a clear and concise statement outlining requirements and expected behaviours of CLPNA staff, committee members, or external stakeholders.*

Approval Date    November 4, 2022  
Approver        Executive Officer,  
                         Registration and Education

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## INTRODUCTION

The College of Licensed Practical Nurses of Alberta (CLPNA) has the authority under the *Health Professions Act* (HPA) to carry out its activities in a manner that protects and serves the public interest. The CLPNA is mandated to assure that graduates of practical nurse (PN) diploma programs, advanced practice education, and refresher programs have the necessary knowledge, skills, behaviours, attitudes, and judgment to competently engage in professional nursing practice.

Terms found in the glossary are **bolded** where they appear for the first time in this document.

## PURPOSE

The purpose of this policy is to explain the education program approval and review processes. This policy outlines the review process, monitoring between review cycles, the purpose and function of site visits, and potential consequences of noncompliance.

## OVERVIEW OF PROGRAM REVIEW PROCESS

CLPNA's Council approves **education standards** which PN diploma, advanced education, and refresher programs are evaluated against. The CLPNA assesses new and established programs of study against these standards, providing their reports to the Education Standards Advisory Committee (ESAC). ESAC reviews the CLPNA reports and brings forward their recommendation(s) to the **Chief Executive Officer (CEO)** or designate to be communicated to Council for consideration of approval.

### *Establishment of New Programs*

Any new PN program must be approved by the CLPNA's Council prior to program implementation. These programs could include:

- a new program,
- a new **brokering arrangement**, or
- a new **partnership arrangement**.

From the submission of the **letter of intent** to when the program is issued, a decision may take up to 24 months. For more information, please refer to the *CLPNA Establishment of a New Practical Nurse Diploma Program*, *CLPNA Establishment of a New Advanced Practice Education Program*, and the *CLPNA Establishment of a New Practical Nurse Refresher Program* documents.

### *Reviews of Established Programs*

Existing Council-approved PN programs (**established programs**) must be evaluated at least every 4 years. Each program type has a set of program specific standards and **indicators** established by ESAC. Program reviews are conducted by the CLPNA. During a program review, the program is evaluated based on compliance to the educational standards and indicators.

A program review will include an in-depth review of a program's compliance to all education standards. A review team will meet with students, faculty, graduates, clinical placement partners, and program administrators.

A review team, typically consisting of the **PN Education Coordinator** and 2 CLPNA employees, conducts a site visit. A written **summary report** and **executive summary** are presented to ESAC at ESAC's next quarterly meeting. ESAC reviews these reports and recommends a program approval status to the CEO or designate to be communicated to Council for consideration of approval.

## CLPNA POLICIES RESPECTING THE REVIEW OF EDUCATION PROGRAMS

The desired outcome of PN diploma and refresher education in Alberta is a graduate who meets the entry-level competencies as defined by the CLPNA's current *Competency Profile for Licensed Practical Nurses*. The desired outcome of advanced practice education is a graduate who meets the post entry-level and advanced practice competencies as defined by the CLPNA's current *Competency Profile for Licensed Practical Nurses*. The purpose of the CLPNA establishing operational guidelines and policies related to the program review process is to:

- Provide a process by which all programs are reviewed and **monitored**
- Guide programs in making improvements
- Guide the development of new education programs
- Establish a service standard

### *Programs Eligible for New Program Approval*

Only PN Diploma and refresher programs that are supported by a post-secondary educational institution (PSI) in the province of Alberta are eligible for program review and approval with a submission of notice of intent. For advanced education programs, the programs are required to submit a notice of intent to be eligible for program review and approval. For more information, please refer to the *CLPNA Establishment of a New Practical Nurse Diploma Program*, *CLPNA Establishment of a New Advanced Practice Education Program*, and the *CLPNA Establishment of a New Practical Nurse Refresher Program* documents.

### *Fees for Program Reviews and Approval*

The CLPNA Council approves the fee structure for program review to be considered for approval and ongoing approval. The *CLPNA Fee Schedule for Practical Nurse Education Program Review and Approval* is reviewed on a regular basis. Stakeholders will be notified of changes to the approved fee schedule.

Please refer to the *CLPNA Fee Schedule for Practical Nurse Education Program Review and Approval* for a detailed fee structure. This document may be obtained by contacting [programreview@clpna.com](mailto:programreview@clpna.com).

### *The Review of Established Programs*

Established programs are reviewed at least every 4 years to ensure their compliance with the most current education standards.

## **Review Process**

Please see *Appendix A: Program Review Process PSI Workflow*.

### **Documentation Related to Review**

The program is responsible for collecting evidence of compliance with education standards and submitting all documentation to the review team. The CLPNA developed a **self-study guide** and templates to standardize the types of evidence collected from all programs to demonstrate compliance. It is expected that all documents submitted to the review team by the program are accurate and complete and adhere to the applicable governing privacy legislation.

### **Program Review Summary Report**

In the final stage of the review process, the program is given written feedback on their compliance to education standards and indicators through the program review summary report. The **education project assistant** provides the PSI with the program review summary report once the program receives their **approval decision**. The report will include review team observations and feedback, Council's decision, and any standards or indicators which require an additional 6 month or annual reporting.

## **Site Visits**

A site visit is a tour of a program conducted by a CLPNA review team. A site visit may be conducted in-person, virtually, or both in-person and virtually. The purpose of a site visit is to **validate** the evidence the program has submitted as part of a program review. A program is responsible for ensuring review documentation is complete and submitted prior to a site visit. During a site visit, a review team will only consider documentation that was not included in the original submission at the discretion of the PN Education Coordinator.

### **Length of a Site Visit**

Site visits are typically 1-3 days but may be up to 5 days in length. The length of a site visit is contingent on a review team being able to validate evidence provided by the program through observing program operations and speaking with stakeholders. The program lead and PN Education Coordinator will negotiate a visit schedule which addresses the needs of the review team and minimizes disruption to student learning.

### **Responsibility for Site Visit Expenses**

Programs are responsible for all incurred expenses related to the site visit for each member of the review team. During the site visit, a program is responsible for the review team's hotel, provision of meals during the day, and for transportation to branch campuses and affiliated clinical placement locations. Please refer to the *CLPNA Fee Schedule for Practical Nurse Education Program Review and Approval* for a detailed fee structure. This document may be obtained by contacting [programreview@clpna.com](mailto:programreview@clpna.com).

Review members are prohibited from accepting gifts from any programs.

### *Review Team Size and Composition*

A review team will typically consist of the PN Education Coordinator and up to 2 additional review team members. The Team Lead, typically the PN Education Coordinator, is the main representative and speaks on behalf of the team and oversees the data and information collection procedures and preparation of the summary report and executive summary.

## **OUTCOMES OF PROGRAM REVIEWS**

### *Program Review Summary Report*

The report from the review team provides a comprehensive description about the education program's adherence to the education standards. The findings of a summary report are essential to informing ESAC in making recommendations to the CLPNA Council. In addition, the report includes any information that may have been missing from the self-study guide and the progress made on noncompliance standards from prior reviews. All reports are prepared using the currently approved summary report template.

### *Indicator Scoring Definitions:*

There are three possible Indicator Scores: (1) Met, (2) Met with follow-up, and (3) Unmet. "Met" and "Met with follow-up" are considered in compliance with an indicator; "Unmet" is considered non-compliant with an indicator. The definition of each Indicator Score is as follows:

1. **Met (compliant):** The required policy, process, resource, or system is in place and if required by the standard, there is evidence to indicate that it is effective.
2. **Met with follow-up (compliant):**
  - The practical nurse program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, further follow-up is required to ensure that the desired outcome has been achieved.
  - The practical nurse program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance.
3. **Unmet (non-compliant):** The practical nurse program has not met 1 or more of the requirements of the standard. The required policy, process, resource, or system either is not in place or is in place but has been found to be ineffective.

### *Recommended Actions*

Once a program review summary report and executive summary are reviewed by ESAC, this committee is responsible for making recommendations respecting program approval to the CLPNA's Council. Based on the



criteria assessment (in criteria for recommendation), ESAC will recommend an action to the CEO or designate to communicate with Council for consideration.

### *Types of Recommended Actions*

#### **Warning:**

- A warning action may be issued that specifies indicators where noncompliance may have detrimental effects on the ability of the institution to deliver the PN program (for example, legal contracts, insufficiently qualified faculty, safety concerns etc.). A warning may be issued at any point during the program review cycle. A program will be expected to comply with the terms specified. Although a program is not required to notify its students or the public about a warning action, the CEO or designate must inform the President of the institution in writing.
- Failure of an institution to comply with the warning action to the satisfaction of the CLPNA could result in a change to the current program approval status to conditional approval or approval withdrawn status.

**Full Approval:** This recommended action means that a program meets the minimum criteria (please see next section) to be recommended for full approval (for 4 years) by ESAC.

- A program with full approval is expected to continue to maintain or work towards meeting all indicators.
- Full approval may be impacted if non-attainment of any indicator may have detrimental effects on students or compromises the delivery of the PN education program.
- Full approval may not be granted despite percentages of compliance.

**Conditional Approval:** This recommended action means that the program has not met the minimum criteria (please see next section) for full approval or has failed to comply with a previous warning. Programs with conditional approval must meet conditions imposed by CLPNA's Council.

- A conditional approval letter will specify the length of approval and timelines for compliance. A program can achieve full approval if the program:
  - meets all conditions stipulated in their conditional approval,
  - provides adequate supporting evidence, and
  - meets the conditions and provides the evidence within the timeline specified.
- A change in status from full approval to conditional approval within the 4 year monitoring cycle requires there to have been a **material change in circumstances**.
  - Typically, the CEO or designate will issue a warning in writing to a program before such a change in approval status.
  - A program may be subject to such a change in status without warning where ESAC provides evidence of an imminent risk to public safety.

**Approval Withdrawn:** This recommended action means that approval is withdrawn when a program is unable to comply with conditions imposed by CLPNA's Council within the specified timeline or noncompliance with indicators are an imminent risk to public safety.

- The PN program lead and the President of the institution providing a program will receive a letter indicating the date when the withdrawal of program approval status takes effect.
  - The institution must make alternate arrangements to enable the students to complete the program.

- A change in status from full approval to approval withdrawn within the 4 year monitoring cycle requires there to have been a material change in circumstances.
  - Typically, the CEO or designate will issue a warning letter to the program in advance of withdrawing approval.
  - A program may have its approval status withdrawn where ESAC provides evidence of imminent risk to public safety.

### *Criteria for Recommendations*

The minimum criteria rubric is used to determine the approval level of a program undergoing cohort and ongoing scheduled reviews.

Minimum Criteria for Full Approval:

- **PN Diploma Program:** The program has met
  - 80% of the critical indicators; AND
  - 80% of the non-critical indicators.
- **Advanced Practice Education Program:** The program has met 87% of all indicators.
- **PN Refresher Program:** The program has met 90% of all indicators.

### *Approval Decision*

The CLPNA's Council is responsible for deciding on program approval based on ESAC recommendations and any other information to support Council's consideration of approval.

### *Reporting of CLPNA Council Actions for Program Approval*

The lead of the PN education program and the President of the supporting institution are sent the program review summary report and a letter that stipulates the program's approval status decision. In addition, there will be listed standards/indicators/sub-indicators where compliance or noncompliance performances were identified and the need for any remediation actions required.

The lead of the PN education program is required to inform the faculty, staff, and student body of the program's approval status within 1 month of receiving the letter from the CLPNA. At this time, the PN education program approval status will be made available to the public on the CLPNA website.

## **MONITORING OF PROGRAMS BETWEEN REVIEW CYCLES**

### *Periodic Progress Reports*

The CLPNA holds programs accountable for addressing their review requirements as outlined in the specific terms given to a program after a program review. Programs are required to submit a Periodic Progress Report (PPR) that document the program's progress toward completing the CLPNA's requirements. PPRs may be required every 12 months or every 6 months. For a 6 month PPR, a program is only required to report on any unmet indicators. The

CLPNA expects programs to commit to continuous improvement principles and to make every effort to work towards satisfying the indicators in the timelines specified by the terms.

### *Periodic Progress Reporting Timeframe*

PPRs are reviewed by the PN Education Coordinator. Within 10 business days of PPR submission, the program lead will receive a response informing them that the report has met requirements or that further information is required.

### *Programs Operating with “Unmet” Education Standards or Indicators*

It is expected that programs continue to make progress in demonstrating the education standards and indicators and are in full compliance with all indicators within their review cycle. Should a program have unmet indicators on a PPR, the PN Education Coordinator will initiate a risk assessment scoring the unmet indicator(s) and the program in 3 categories

- **Risk to public safety** – This is an evaluation of the impact an unmet education standard and indicator(s) has on public safety.
- **Risk to public trust** – This is an evaluation of the impact an unmet education standard and indicator(s) has on public trust.
- **Risk of continued noncompliance** – This is an evaluation of the ability of a program to respond to and address an unmet indicator, including the ability of a program to mitigate risks.

Any program which is identified to pose a high risk in any category will be reviewed by ESAC.

### *Periodic Progress Reporting Process*

Please see *Appendix B: Periodic Progress Reporting PSI Workflow*.

### *Required Notice of Change*

Approved programs are required to notify the CLPNA of planned changes to their program if the change has the potential to deviate from the initial approved program. Required notice of changes are as follows:

- change in governance or organizational structure
- expansion of existing sites or inclusion of a branch campus
- modification or introduction of a new educational initiative at the program level (operational changes which occur at the course level do not require ESAC’s review)
- major modification to program curriculum (changes at the individual course level do not require ESAC’s review)
- change in the planned number of enrolled PN students (decreases or increases of 10% in any 1 academic year or 20% in a 3 year average)
- major planned reduction in available resources for the program (infrastructure, finances, human, or support)



- intention to implement simulation in place of clinical experiences
- anticipated changes in the affiliation status of the program's clinical facilities

In addition, the program is required to inform the CLPNA of any change to the program's name, offering institution's name, or the program lead. For program lead and name change, the required forms may be accessed by emailing a request to the following address: [programreview@clpna.com](mailto:programreview@clpna.com).

### *Notice of Change Response Timeframe*

A **Notice of Change** is first reviewed by the PN Education Coordinator. If a Notice of Change has been assessed to be in alignment with the current education standards and indicators, the PN Education Coordinator will communicate with the program lead informing them to proceed with the planned changes within 10 business days of submission. If the Notice of Change is noncompliant with the current education standards and indicators, ESAC will review it at the next available ESAC meeting (meetings occur quarterly). Depending on the nature of the request change the CLPNA Council's review may be required. For this reason, some decisions may take up to 6 months to receive a decision.

### *Notice of Change Process*

Please see *Appendix C: Notice of Change PSI Workflow*.

## **CIRCUMSTANCES THAT MAY LEAD TO AN UNPLANNED PROGRAM REVIEW OR SITE VISIT**

Programs that require an unplanned program review or additional site visits related to a program change will be responsible for associated costs. Programs will be notified by the PN Education Coordinator when a site visit is required.

### *Change in Governance or Organizational Structure*

The lead of an education program must notify the CLPNA in writing if there are substantial changes that involve a separation of the program from its current supporting educational institution, transfer to the governance of another institution, or a merger with another institution. After a review of the changes in governance or organizational structure, the CLPNA may request a site visit be conducted to collect further information.

### *Expansion of Existing Sites or Inclusion of a Branch Campus*

At least 12 months before the expansion of an existing campus site or inclusion of a new branch campus is expected, the lead must notify the CLPNA in writing of the program's ability to meet the needs for increased infrastructure and services. After a review of the expansion plans, the CLPNA will decide if additional data or information is needed or if a review or site visit is warranted.

### *Modification to Program Curriculum or Introduction of New Educational Initiatives*

Programs must submit in writing to the CLPNA supporting evidence of any major curriculum or education initiative at least one year in advance. After a review of the evidence and plans for implementation of the curriculum changes

or educational initiatives, the CLPNA will decide if additional data or information is needed. A review or visit may also be warranted. Notification is not required for a curriculum change or new educational initiative at the individual course level.

### ***Increase or Decrease in Class Size***

At least 6 months before an increase in the number of students enrolled in an education program, the lead must notify the CLPNA in writing of the program's anticipated change in class size if an increase or decrease in the entry class will be 10% in any 1 academic year or 20% over 3 academic years. After a review of the expansion plans, the CLPNA will decide if additional data or information is needed or if a review or site visit is warranted.

### ***Program Receiving a Written Warning***

Programs that receive a warning, as outlined in the *Types of Recommendation Actions* section on page 9 may be subject to an unscheduled site visit.

### ***Investigation of Complaints about Program Quality or Delivery***

In the event of a **substantiated complaint** about the education program quality or delivery of services, the CLPNA will assess whether the program complies with educational standards through a written request for additional data and information or conduct a site visit. If the CLPNA subsequently determines that a complaint has implications for the quality of the program, remediation actions will be put forward, and the program's approval status may be revised.

### ***Noncompliance in Reporting***

Programs that do not submit the required PPR or submit an incomplete or inaccurate report may be subject to an unplanned program review and/or site visit.

### ***Programs not Demonstrating Progress***

Programs that have not demonstrated progress towards meeting the education standards and indicators in a defined timeframe may be subject to an unplanned program review and/or site visit.

## **OTHER GUIDELINES AND PROCEDURES**

### ***Development and Review of Program Approval Standards***

The CLPNA is dedicated to ensuring that the education programs in Alberta meet the highest standards for program quality and delivery. The CLPNA reviews the standards and guidelines at least every 4 years. Any stakeholder can make a recommendation to the CLPNA about adding or revising a standard indicator or procedure used in the evaluation and approval process. Broad stakeholder consultation will be included as part of any formal review of approval standards.

## ***Conflicts of Interest***

To prevent real or perceived conflicts of interest, all persons involved in program reviews must disclose in writing and withdraw their name for participation in a site visit or decision about a program approval if:

- There is any direct connection between the individual (or a family member) and the education program as a student, graduate, faculty member, administrator, employee, or contractor within the past 3 years.
- The individual has an appointment or work-related affiliation with the education program's supporting institution.
- Any other interest (including financial, political, or professional) that may conflict with the education program or person's involvement with the CLPNA.

## ***Confidentiality of Information and Research***

All ESAC members sign a confidentiality of information agreement when appointed to the Committee and yearly thereafter. All review team members sign a confidentiality of information agreement when hired. The data and information provided by the education program are held in strict confidence and will be stored securely throughout the review and until all aspects of the approval process are completed. Submissions to the CLPNA will be confidentially shredded within 6 months of when the approval process is completed. Electronic data will be securely deleted using the same timeframe guidelines.

The CLPNA is committed to pursuing research related to its mandate of protecting the public. The CLPNA may support research that advances knowledge and produces new discoveries related to standards of practice, education and training, registration processes, and fitness to practice. Non-identifiable information collected from post-secondary institutions, such as self-study and site visit documents, may be used in CLPNA-led research that aligns with the CLPNA's research criteria. Any information or data shared with a third party to support analysis and interpretation will be treated as confidential and will not be used for any purpose other than the stated objectives of the research study.

## ***Complaints about an Education Program***

The CEO or designate and Council will seriously consider all substantiated complaints. A complaint must be made in writing and acknowledge that the individual making the complaint may be identified as the complainant. The CEO or designate conducts an initial review of the complaint about the education program's ability to comply with education standards. If evidence is found to support a complaint, the lead of the education program will be informed in writing and will be provided with an opportunity to respond in writing within 1 month.

If the complaint is substantiated, a subsequent site visit would be used to follow up on compliance with the concerns raised in the original complaint. The complainant will not be informed of the lead's response or the result of any special or regularly scheduled site visit review conclusions.



### ***Complaints about a Program Review or Approval Process and/or Appeal of an Approval Decision***

Complaints by an institution about approval standards, indicators, or procedures used in a site visit approval process will be reviewed by the CEO or designate. All complaints must be made in writing and acknowledge that the individual making the complaint may be identified as the complainant. The CEO or designate will conduct an initial review of the complaint to substantiate the complaint. The CLPNA will review the findings and if appropriate, present recommendations to address the complaint.

### **CONCLUSION**

The CLPNA is responsible for reviewing education programs so that graduates have the necessary knowledge, skills, behaviours, attitudes, and judgment to competently engage in professional nursing practice. The CLPNA's PN Education Coordinator and review team will assess new and established programs of study and provide their reports to ESAC. ESAC will then review the CLPNA reports and bring forward their recommendation(s) to the CEO or designate to be communicated to Council.

If you have any questions about the information found in this document, please email [programreview@clpna.com](mailto:programreview@clpna.com).



## GLOSSARY OF TERMS

This glossary explains how some of the terms found in the Education Program Reviews Policy are used.

**Approval Decision:** The outcome made by the CLPNA's Council on a program's status to either be approved, approved with conditions, or approval withdrawn.

**Brokering Arrangement:** A contract where one institution administers the curriculum of an approved program from a second institution.

**Chief Executive Officer (CEO):** The person at the CLPNA who is responsible for the operations of the entire organization.

**Complete Program:** A program with full or conditional approval from the CLPNA's Council.

**Critical Indicator:** An indicator ESAC has determined to be critical to a program's success.

**Education Project Assistant:** A person at the CLPNA who is responsible for administrative aspects of program review.

**Education Standards:** Broad categories of criteria recommended by ESAC a program must meet to be considered for approval.

**Established Program:** A program which has previously received a full approval from the CLPNA's Council.

**Executive Summary:** A document which summarizes the program's overall compliance with the education standards.

**Indicators:** A set of metrics recommended by ESAC and approved by the CLPNA's Council which demonstrates compliance to the associated standard.

**Letter of Intent:** A form which a program uses to express a desire to start a practical nursing program.

**Notice of Change:** A form which helps a program propose a change request.

**Material Change in Circumstances:** A significant change in the program's ability to comply with the standards.

**Monitored:** A continuous cycle where programs are required to report on continued improvement and compliance to the education standards.

**Partnership Arrangement:** Two approved programs that enter into an agreement to offer a program.

**PN Education Coordinator:** A person at the CLPNA who is responsible for conducting and coordinating program reviews.

**Self-study Guide:** A form provided by the CLPNA to programs to guide the submission of a program review.





**Sub-indicators:** A subset of metrics recommended by ESAC and approved by the CLPNA's Council which demonstrate compliance to the associated standard.

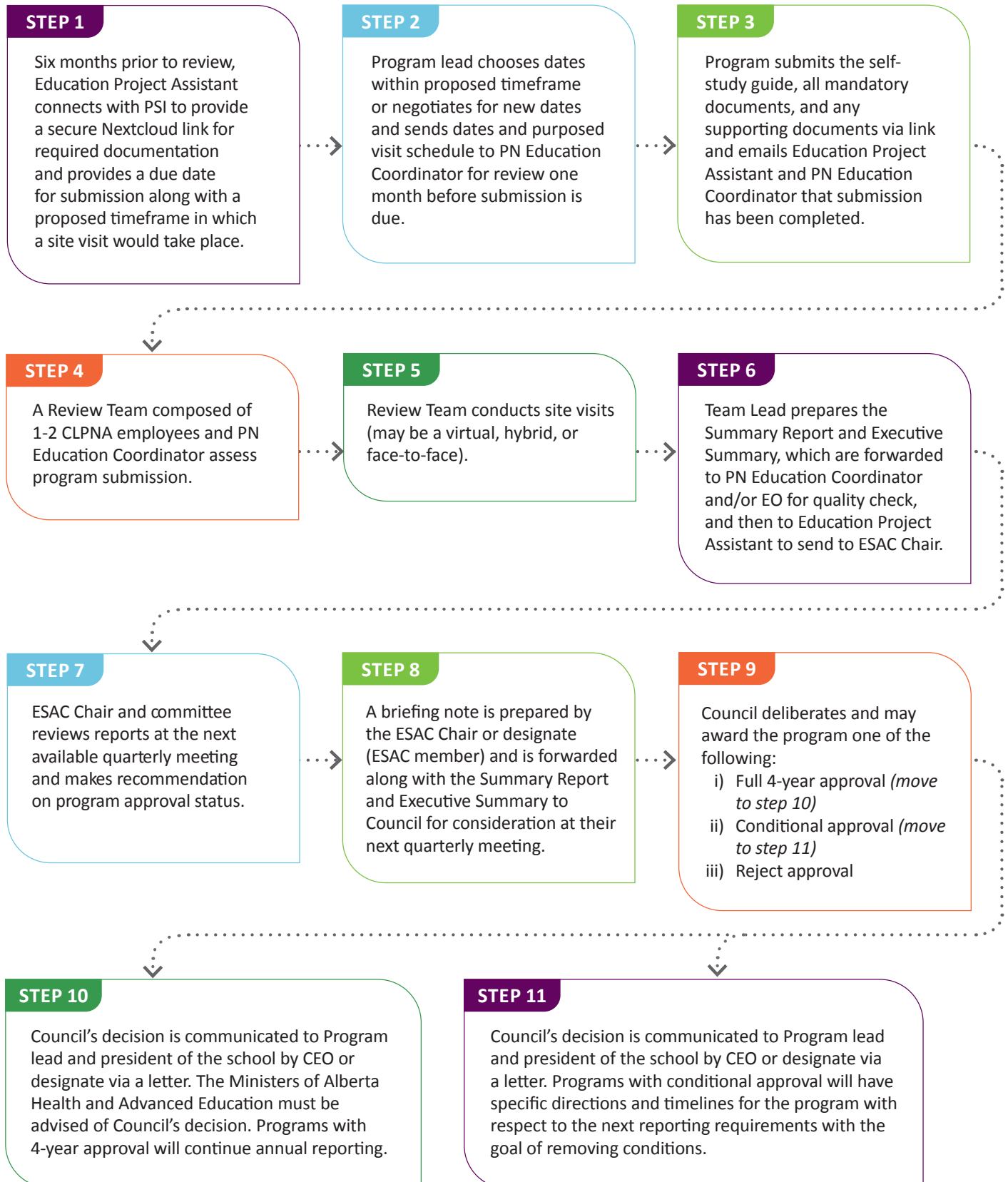
**Substantiated Complaint:** A grievance brought to the CLPNA which has been validated through investigation.

**Summary Report:** A comprehensive report of the program's compliance to the education standards.

**Validate:** the process of gathering information, identifying any gaps, and confirming evidence.

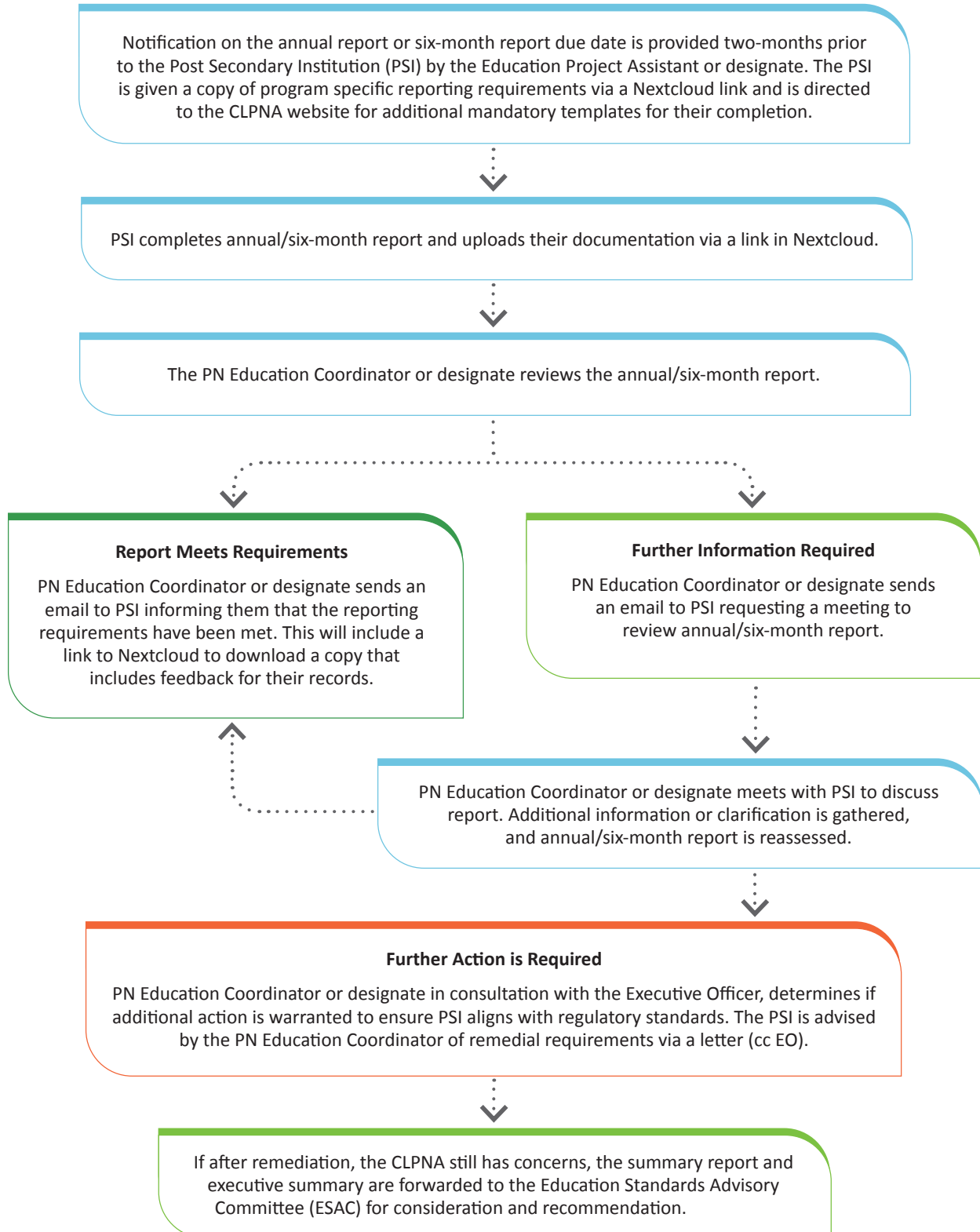


## APPENDIX A: Program Review Process PSI Workflow





## APPENDIX B: Periodic Progress Reporting PSI Workflow





## APPENDIX C: Notice of Change PSI Workflow

