



COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

Education Program Reviews

CLPNA Operational Policy

Effective: May 2, 2024

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Education Program Reviews

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 ensure that graduates of practical nurse (PN) diploma, advanced practice, and refresher programs have the necessary knowledge, skills, behaviours, attitudes, and judgment to engage in professional nursing practice competently.

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

PURPOSE

This operational policy provides clarity on the CLPNA PN education program approval and review processes. It 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

The CLPNA Council approves the **education standards** that are used to evaluate programs of study, including PN diploma programs, advanced practice programs, and refresher programs. Based upon those education standards, each proposed or reviewed program of study is then evaluated, with the CLPNA Council making a final decision to approve or renew a program of study. Broadly, there are three steps necessary for a program approval and renewal:

1. *Assessment*: The CLPNA review team assesses a program's compliance with the education standards and prepares a report indicating the program's compliance.
2. *Recommendation*: The report is provided to the Education Standards Advisory Committee (ESAC), which reviews the reports and makes recommendations.
3. *Approval*: The recommendations are presented to the CLPNA Council, which then decides the program's approval status.

Note: Entities proposing or offering programs of study are required to provide an accurate representation of their **legal entity** to be eligible for 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**.

A decision by the Council may take up to 24 months from the submission of the **letter of intent** to when the program is approved to implement. For more information about a new program review and approval process, please refer to the CLPNA *Establishment of a New Practical Nurse Program* document.

Reviews of Established Programs

Existing Council-approved PN programs (**established programs**) are approved for a maximum of five years. A program must undergo a reapproval or complete review before the current approval status is set to expire. Each program type has a set of program-specific standards and **indicators** established by ESAC. During a program review, the program is evaluated based on compliance with the educational standards and indicators.

Program reviews are conducted by the CLPNA. A review team typically consists of the **PN Education Coordinator** (the lead) and up to two CLPNA employees. The review team conducts a site visit and will meet with students, faculty, graduates, clinical placement partners, and program administrators. Following the review, a written **summary report** and **briefing note** are presented at ESAC's quarterly meeting. ESAC reviews these findings and recommends a program approval status to the CLPNA's Council, which will make the decision on the program's approval status.

CLPNA Policies Respecting the Review of Education Programs

The desired outcome of a PN diploma and refresher education program 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 a 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, and
- establish a service standard.

Fees for Program Reviews and Approval

The CLPNA Council approves the fee structure for program review to be considered for approval.

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.

Review of Established Programs

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

Review Process

Please see *Appendix A: Program Review Process 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 an **evidence collection tool** 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, 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 with the 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 its **approval decision**. The report will include the review team's observations and feedback, the Council's decision, and any standards or indicators that require an additional six or 12 months of 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 or unplanned site visit. 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 one to three days but can last up to five days. 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 that 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 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.

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 two additional review team members. The team lead, typically the PN Education Coordinator, is the main representative, speaks on behalf of the team, and oversees the data and information collection procedures and preparation of the summary report and briefing note.

Formal Feedback to the Program

Formal feedback is provided in writing to the program leadership team in the form of a summary report, through a reporting template after a program review, unplanned site visit, or completion of periodic progress reporting. These reports are released to the program only after ESAC has reviewed them (if necessary) or after Council has made a program approval decision.

Informal Feedback to the Program

Informal feedback is provided throughout the site visit to support the program leadership team's understanding of what is required for full compliance with the program approval indicators. At the conclusion of the visit, the leadership team is provided with the next steps and expected timelines in the program approval process. The informal feedback is not a determination of ESAC's recommendation or the Council's decision regarding approval.

Feedback for the Review Team, Review Process, and Educational Indicators

The program's leadership team will be provided with a feedback survey a maximum of one week after a review team submits their final report to ESAC. The purpose of the survey is to collect feedback on the leadership team's experience with the program review process, review team, and education standards and indicators. The feedback will be reviewed to inform quality improvement of the program review process. If there are any concerns about the review process (program review, approval process, etc.), please refer to the section in this document titled *Complaints About a Program Review or Approval Process and/or Appeal of an Approval Decision*.

Outcomes of Program Reviews

Program Review Summary Report

The review team's summary report provides a comprehensive description of the program's compliance with 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 evidence collection tool and the progress made on noncompliance standards from prior reviews. All reports are prepared using the currently approved summary report template.

Program Scoring

PN programs are scored on their compliance with each applicable indicator in the PN Program Approval Standards and Indicators. Each indicator carries a maximum weight of two points. The points awarded for each indicator will be provided after the assessment of the required evidence of compliance at the time of the program review.

Indicator Scoring Criteria

Compliant: A compliant indicator receives a score of two points. To be scored as compliant, the program must provide the required evidence as identified by the evidence collection tool. The evidence submitted must demonstrate that the program has met the indicator requirements and supports that the program is able to maintain compliance.

Partially Compliant: A partially compliant indicator receives a score of one point. A partially compliant score may be given if the program:

- only partially provided the required evidence as identified by the evidence collection tool;
- provided the required evidence; however, the data is inconclusive in demonstrating that the program has met the requirements of the indicator;
- recognized it is non-compliant with an indicator and has provided a specific and realistic plan to address the issue at the time of the program review; or
- provided the required evidence to demonstrate compliance, however, a significant change is detected during the review that may impact compliance with the indicator in the near future.

Non-compliant: A non-compliant indicator receives a score of zero. The following scenarios may lead to programs being scored as non-compliant.

- The program has not provided the required evidence.
- The program has provided the required evidence; however, the data demonstrates the program has not met the requirements of the indicator.
- The review team has found the evidence provided by the program to be inaccurate.

- The program has recognized it is not compliant with the requirements of the indicator and has provided a plan to address the issue; however, the plan provided is not specific and/or realistic.

NOTE: Timeline for compliance will vary based on the indicator in question and ESAC's recommendations.

Approval Categories and Considerations

Once a new program has been in operation for long enough to have graduate data available, it will undergo a cohort review. The cohort review report will be provided to ESAC for the purpose of making a recommendation to the CLPNA Council on the program's approval status. Program approvals are valid for five years; however, they are contingent on the program continuing to comply with the program approval standards. Continuous compliance is monitored through periodic progress reports, as well as required Notices of Change.

After five years, the program must undergo a full review to be considered for another five-year approval. Reviews are initiated by the CLPNA.

Approval Categories

The possible categories for ESAC to recommend to Council, at the point of a cohort or reapproval review are outlined below.

Full Approval: PN programs that meet the minimum criteria for approval (listed below) may be awarded a five-year approval by Council. A program with full approval is expected to continue to maintain or work towards meeting all program approval standards and complete periodic progress reporting.

The minimum criteria for approval at the time of a cohort review or reapproval is as follows.

- A PN diploma, refresher, or advanced practice program must achieve a minimum compliance score of 75% on each of the six Practical Nurse Program Approval Standards (Program Leadership, Resources, Curriculum, Faculty, Student Support, and Collaborative Relationships) and an overall compliance score of 80% to be recommended for full approval.

Conditional Approval: This is a probationary status whereby programs are required to meet conditions in order to move to a Full Approval status. The Conditional Approval letter will specify the required timelines for reporting and for compliance. Probationary statuses do not have an end date unless specified by ESAC and/or are approved by Council. The program can achieve Full Approval status upon meeting all the conditions stipulated in their Conditional Approval letter within the timelines specified.

Full Approval status will only be granted up to five years. As such, if a program takes two years to meet the stipulated conditions while it is Conditionally Approved, its Full Approval status will expire after three years.

A Conditional Approval status would be recommended for the following reasons:

- a program has not met the minimum criteria for full approval;
- a program has met the minimum criteria; however, during the program review, a significant concern was identified that impacts the program's ability to comply with program approval standards; or
- a program has met the minimum criteria; however, a program's non-compliance with a program approval indicator poses a significant risk to public safety.

Approval Considerations

The possible approval considerations ESAC may recommend to Council at the time of a cohort or reapproval review are outlined below:

- a) **Warning:** A warning action may be initiated at any point in time. This action is related to specific standards or indicators where noncompliance may have detrimental effects on safety and/or student outcomes (e.g., legal contracts not being in place, insufficiently qualified faculty, safety concerns). The program will be expected to comply with the terms specified. Although the program is not required to notify the student, and a warning will not appear on the CLPNA website informing the public about a warning action, the CLPNA **Chief Executive Officer (CEO)** or designate must inform the president of the institution or agency.

Failure of the institution to meet the specified terms of the warning to the satisfaction of the CLPNA could result in the decision by Council to change the current program approval status to conditional approval or withdraw the program's approval.

- b) **Approval Withdrawn:** Approval is withdrawn when a program is unable to take corrective action within the specified timeline to achieve compliance. The PN program lead and the president of the institution will receive a letter indicating the date when the program approval status will be withdrawn and in effect. The school must make alternate arrangements to enable the students to complete the program elsewhere.

An approval status would be withdrawn for either of the following reasons:

- A program with a "Conditionally Approved" status has not made progress towards compliance with program approval standards or has not complied with reporting.
- A program's non-compliance with a program approval indicator poses a significant risk to public safety.

When the program has been established, the established program may initiate any of the following approval considerations in consultation with the CLPNA.

- a) **Approval Status Extended:** An approval extension may be issued by the CLPNA's CEO or designate when a program is facing approval expiry, but factors beyond the program's control have led to a program review needing to be delayed.
- b) **Program Expiry:** A program may choose not to seek reapproval after the current approval status expires. The program is required to inform the CLPNA in writing through a **Notice of Change** six months prior to the intent to let the approval status expire. The program must inform the CLPNA of the date of the last graduating cohort and/or alternate arrangements to enable students to complete the program elsewhere.
- c) **Program Initiated Termination:** Should a program with an approval or conditional approval status plan to stop offering the program, it must notify the CLPNA via a Notice of Change six months prior to the end date of the last cohort. The Notice of Change should include the date of the last graduating cohort and/or the alternate arrangements that have been made to enable students to complete the program elsewhere. Upon receipt, the CLPNA will advise the government. Once that phase is complete, the program's "Approval" or "Conditional Approval" status will be withdrawn.

Change in Program Approval Status for Established Programs

When a program has a change in approval status, stakeholder groups are required to be consulted or advised as part of this process. The below section outlines the responsibilities of the program and the CLPNA in performing stakeholder consultations and advisement.

The Program's Responsibilities to Notify Stakeholders

Notice to Students: The program is expected to alert current and future students of any change in their approval status.

- Failure to notify students of a change from an approved to probationary status may further jeopardize the program's probationary status.

The CLPNA's Responsibilities to Notify Stakeholders

Notice to Government: In alignment with section 132.1 of the *Health Professions Act* (HPA), the CLPNA Council consults with or advises the Ministers of Alberta Health and Advanced Education when a PN program undergoes a change in status. See Appendix A for additional information.

Notice to Public: The CLPNA is responsible for updating any change in a program's status on the CLPNA's website within five business days from when Council's approval decision has been made.

Approval Decision

The CLPNA 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 one 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 or unplanned site visit. Programs are required to submit a Periodic Progress Report that documents the program's progress toward completing the CLPNA's requirements. Periodic Progress Reports may be required every six months or every 12 months. For a six-month Periodic Progress Report, a program is only required to report on any noncompliant 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. Programs that are unable to make progress towards meeting indicators may receive a warning or have their approval status amended as a result of continued noncompliance. Please see the section titled "Approval Considerations" for more information.

Periodic Progress Reporting Timeframe

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

Periodic Progress Reporting Validation

Depending on the type of evidence required to demonstrate compliance, a program may be required to set up observations or interviews between CLPNA reviewers and stakeholder groups. Review team members may conduct validation observations or interviews in person or virtually. The program is not responsible for any cost incurred by the review team as part of report validation.

Programs Operating with "Noncompliant" 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

noncompliant indicators on a Periodic Progress Report, the PN Education Coordinator will initiate a risk assessment scoring the noncompliant indicator(s) and the program in three categories:

- Risk to public safety: an evaluation of the impact that unmet education standard(s) and indicator(s) has on public safety.
- Risk to public trust: an evaluation of the impact that unmet education standard(s) and indicator(s) has on public trust.
- Risk of continued noncompliance: 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 that 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 changes to their program if the change has the potential to deviate from the initial approved program. The CLPNA accepts Notices of Change throughout the year. All Notices of Change must be submitted a minimum of six months prior to the program change being implemented to allow for due process. A notice is required when any of the following happens.

- Change in governance or organizational structure, whereby the program governance is transferred to another institution or two or more institutions have merged. This type of change may be considered a new program and would be required to pay new program application fees and undergo a new program approval process.
- Modification or introduction of a new educational initiative at the program level whereby the total program credits are impacted (operational changes that occur at the course level do not require ESAC's review).
- Major modification to program curriculum whereby the percentage of nursing courses in the program changes, the sequencing of nursing courses changes, or the total program credits are impacted. 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 one academic year or 20% in a three-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 or increasing or decreasing a previously approved simulation replacement by 10% in any one year. For example, if the program was approved for a 25% replacement, the program could increase to a 27.25% replacement or decrease the replacement to 22.5% without reporting.

In addition, the program is required to inform the CLPNA of any change to the program's name, offering institution's name, legal name, change in benefactors (shareholders), corporate directors, or the Program Lead. The required forms may be accessed by emailing a request to 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 requested change, a review by the CLPNA Council may be required. For this reason, it may take up to six months to receive a decision.

Notice of Change Process

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

Unplanned Program Reviews or Site Visits

The CLPNA is primarily concerned with programs maintaining quality outcomes and producing competent graduates. The purpose of an unplanned site visit is to identify areas where the program's noncompliance to the standards and indicators are acting as barriers to program quality. Summary reports are then generated for review by ESAC, who may then recommend further action. This may include an amendment of a program's approval status.

An unplanned site visit may review already known areas of noncompliance or include a review of all the program approval standards and indicators. In the case of a known noncompliance issue, the program reports on the program approval indicators as directed by the PN Education Coordinator. Programs will be notified by the PN Education Coordinator when an unplanned site visit is required and will be required to pay a fee in alignment with the fee schedule.

Reasons for Initiating an Unplanned Site Visit

The Program's CPRNE Exam Results Are Trending Below the Provincial Average (Diploma Programs ONLY)

Pass rates of national licensing exams have long been validated as an unbiased indicator of a program's quality. Declining trends indicate that the program is struggling to maintain some aspect of quality, resulting in graduates not being prepared to enter the workforce. The CLPNA expects that all programs' yearly CPRNE pass rates for first-time writers exceed or align with the provincial average. Programs that

display a downward trend for more than one year will be contacted by the PN Education Coordinator to arrange for an unplanned site visit.

Written Warning

Programs that receive a written warning, as outlined in the section titled “Approval Considerations,” may be subject to an unplanned site visit.

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 connect with the program’s leadership team to request additional information, allow the program to respond, and/or initiate an unplanned site visit to assess compliance with educational standards. If the CLPNA subsequently determines that a complaint has implications for public safety, remediation actions will be put forward, and the program’s approval status may be revised.

Noncompliance in Reporting or Failure to Demonstrate Progress

Programs that do not submit a required Notice of Change, Periodic Progress Report, or submit an incomplete or inaccurate report may be subject to an unplanned site visit. Programs that have not demonstrated progress toward meeting education standards and indicators in a defined timeframe may also be subject to an unplanned 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 four 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 in the following circumstances.

- There is a 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 three 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 six 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 the Council will 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 one month.

If the complaint is substantiated, a subsequent site visit would be initiated to follow up on compliance with the concerns raised in the original complaint. The complainant will not be informed of the review team's findings.

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 engage in professional nursing practice competently. 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, please contact programreview@clpna.com. You can also reach out by phone at 780-484-8886 or 1-800-661- 5877 (toll free in Alberta).

Documents are updated frequently. For the most current version and access to related documents and resources, please visit the Knowledge Hub on 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 as approved, approved with conditions, or approval withdrawn.

Briefing Note: A document that summarizes the program's overall compliance with the education standards.

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.

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

Education Standards: Broad categories of criteria recommended by ESAC and approved by the CLPNA Council that a program must meet to be considered for approval.

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

Evidence Collection Tool: A form provided by the CLPNA to programs to guide the submission of a program review.

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

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

Legal Entity: The legal trade name and/ or formal name of a corporation of the business that can be verified on a provincial and/or federal registry.

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

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

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

PN Education Coordinator: An employee of the CLPNA who is responsible for conducting and coordinating program reviews.

Program Lead: The individual from the institution or agency who has been designated to lead communication about the program review.

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

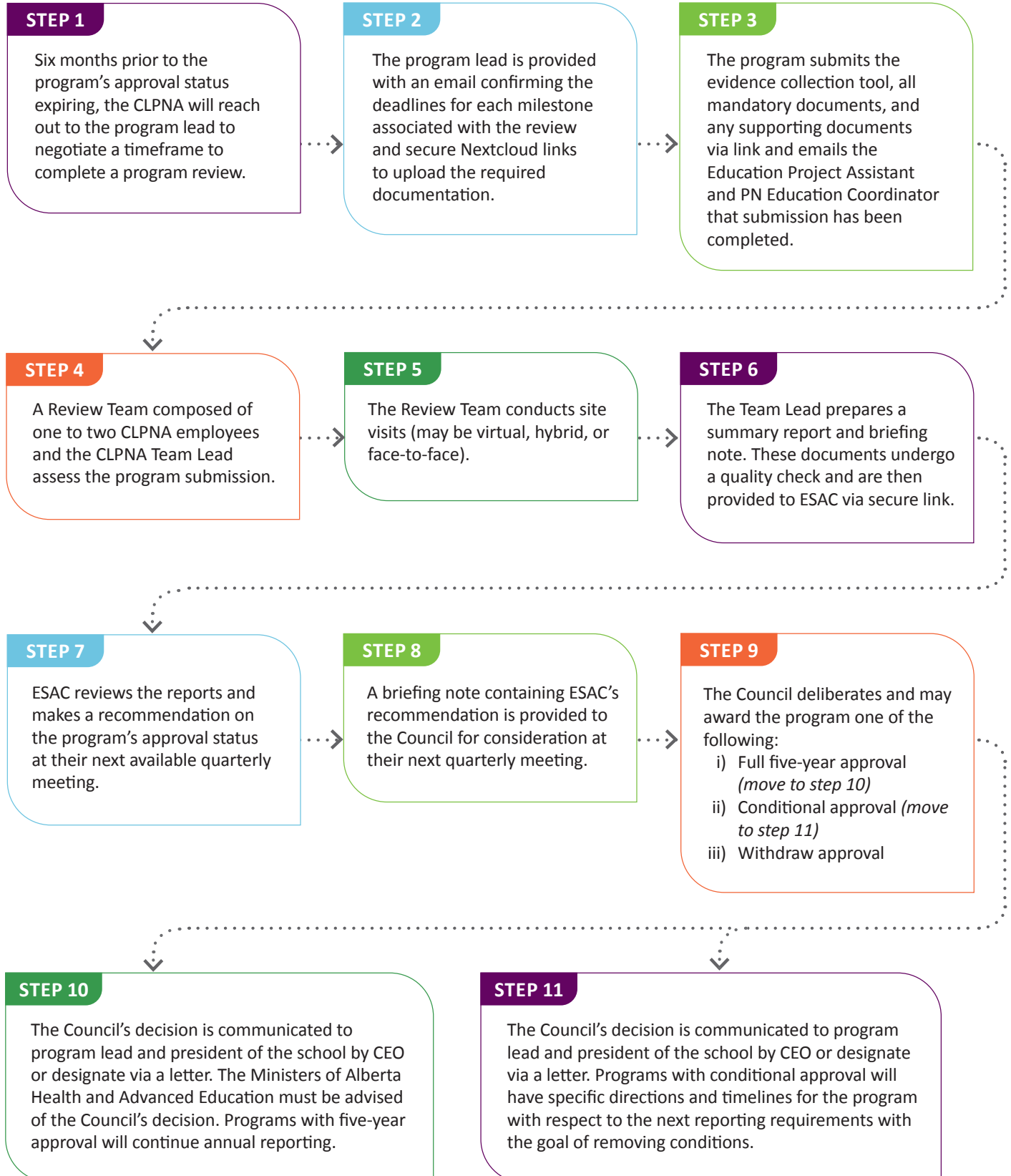
Substantiated Complaint: A grievance brought to the CLPNA whereby the complainant provides evidence that an approved practical nurses program is putting members of the public at risk.

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

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

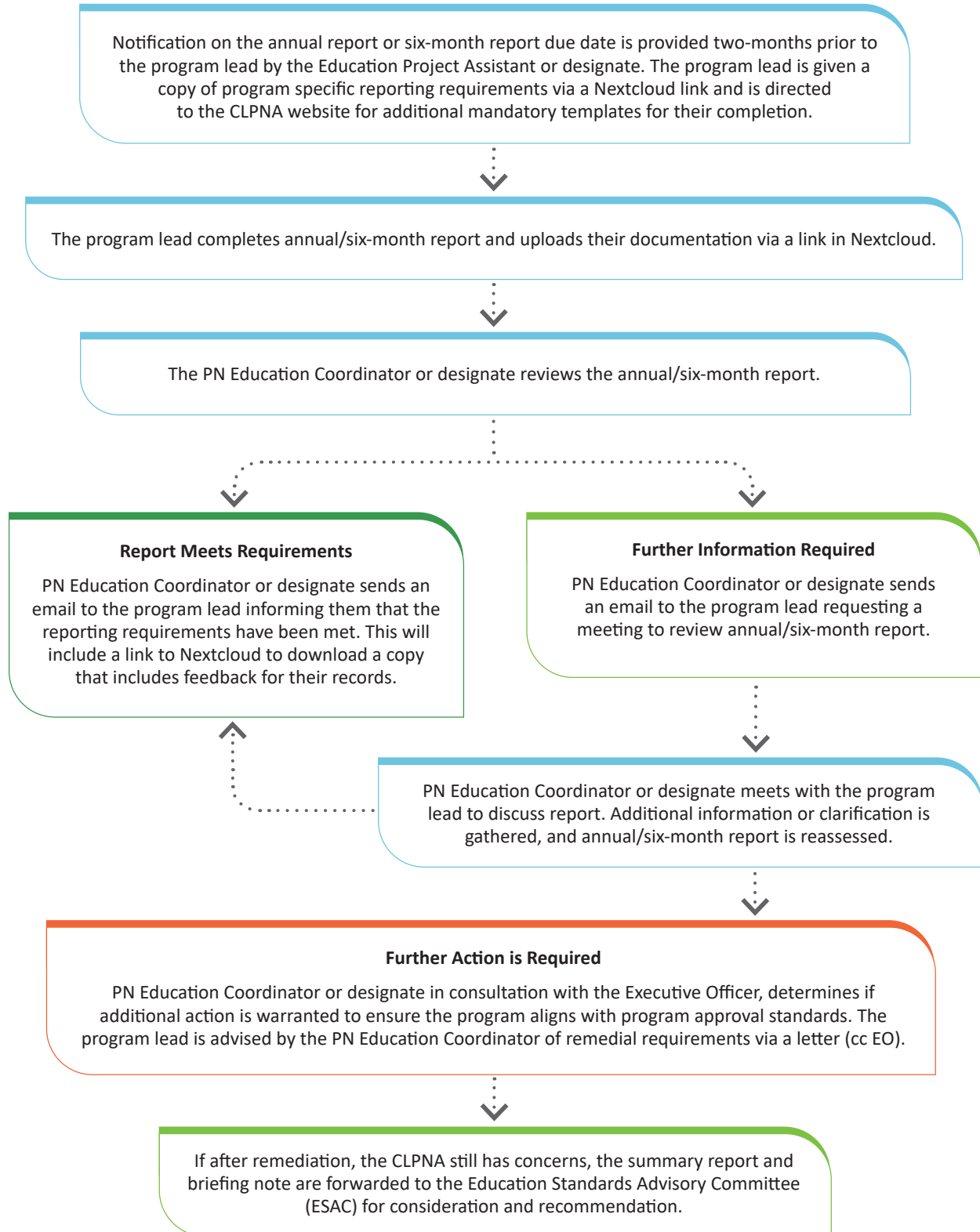


APPENDIX A: Program Review Process PSI Workflow





APPENDIX B: Periodic Progress Reporting PSI Workflow





APPENDIX C: Notice of Change PSI Workflow

