

**The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions – Division of Professional Education Program Review**

**2025 ANNUAL REPORT
NURSE EDUCATION PROGRAMS**

- This report **does not satisfy** the requirement for notifying this office of changes to the registered program. New registration is required for any existing curriculum in which major changes are made that affect its title, focus, design, requirements for completion, or mode of delivery. Therefore, prior to initiating a change in this program we ask that you contact the Professional Education Program Review office.
- The Annual Report is due on **March 1, 2026**. Please send the completed report via email to OPNURS@nysed.gov. **Only electronic submissions will be accepted**. Converting this report and additional program information to pdf format is best for transmission. Do not send as a zip file.
- **Failure to submit this report may affect the re-registration status of the nursing programs at your School.**
- If you have any questions regarding completion of the form, please contact the PEPR office by email at OPNURS@nysed.gov, or by calling at 518-474-3817 ext. 360
- One report is required for **each program**. Programs offered at additional locations must file separate reports. You can check program registration status at <http://www.nysed.gov/heds/IRPSL1.html>.

Note: Report only one program on this form. Separate forms are required for each program.

SECTION I - GENERAL INFORMATION

Item	Response (type in the requested information)
School information	Name: Address: Note: If the program is offered at any additional locations, a separate report is needed for each additional location.
Program Information	Program title: Award (e.g., B.A., M.S.): Programmatic Accreditor:
Program Code	Program Code: _____ HEGIS Code: _____
Program format	Check all program scheduling and format features that apply: (See definitions) i) Format: ___Day ___Evening ___Weekend ___Evening/Weekend ___Full-Time ___Not Full-Time ___Upper Division ii) Mode: ___Standard ___Distance Education
Number of Credits/Hours	Indicate total number of credits required for the credit-bearing program: ____ -OR- Indicate total number of clock hours for the non-credit clock hour program: ____ Indicate number of nursing credits/hours: ____

SECTION II – NURSING CURRICULUM INFORMATION

1. Indicate the credit hours or clock hours for each of the following nursing curricular components:

Components		Indicate the Number of Hours	
Didactic Education		credits or clock hours	
Laboratory Education		credits or clock hours	
Clinical Education ¹	Direct Patient Care	Adult patients in an acute care setting:	Hours
		Pediatric Patients:	Hours
		Patients receiving treatment for acute and chronic psychiatric, behavioral, and/or cognitive conditions:	Hours
		Maternal/newborn, postpartum and/or pregnant patients:	Hours
		Other (please specify):	Hours
		Of these, indicate the number of preceptor- supervised clinical education hours:	Hours
	Simulated Patient Care	Hours	

2. Use Table 1.0. to report information on the number of students applied, admitted, and enrolled. Use Table 1.1. to report racial/ethnic origin and gender information.

Table 1.0. Application, Admission, and Enrollment Information

Number of <i>completed</i> applications to the nursing program for the period of August 1, 2024-July 31,2025	
Number of <i>qualified</i> applications to the nursing program for the period of August 1, 2024-July 31,2025	
Number of prospective students granted admission for the period of August 1, 2024-July 31, 2025	
Number of students readmitted to the nursing program for the fall of 2025	
Number of students (in total) enrolled in the program for fall of 2025 (enrolled as of October 15, 2025)	
Number of students who graduated in calendar year 2025	

Table 1.1. Student Enrollment by Racial/Ethnic Origin. For definitions related to race and ethnicity reporting, please [click here](#).

Total Enrollment:									
Racial/Ethnic Origin								Gender	
Hispanic/Latino of any race (%)	Non-Hispanic/Latino								
	American Indian/Alaska Native (%)	Asian (%)	Black/African American	Native Hawaiian/Pacific Islander	White	Two or more races	Unknown	Male (%)	Female (%)

¹ See [NYS Nursing:Laws, Rules & Regulations:Part 52.12](#) for definition of clinical education and simulation experience.

Table 1.2 Trended Admission, Enrollment, and Graduation Data

	2025	2024	2023	2022	2021
Total New Admits					
Total Enrollments					
Total Graduates					

3. a) Use Table 2.0. to provide information on teachers employed by the program.

Table 2.0. Nurse Faculty by Credential and Appointment Status

Highest Degree Held by Faculty	Number of Full-Time Faculty	Number of Part-Time Faculty
Diploma Nursing		
Associate Degree in Nursing		
Baccalaureate Degree in Nursing		
Baccalaureate Degree Non-Nursing		
Master's Degree in Nursing		
Master's Degree Non-Nursing		
Doctoral Degree in Nursing		
Doctoral Degree Non-Nursing		

- b) Indicate the number of full-time faculty for the program:
 c) Indicate the number of part-time faculty for the program:
 c) Indicate the number of support staff for the program:

- d) Use Table 2.1. to report Faculty-Student Ratios

Table 2.1: Faculty-Student Ratios			
	Didactic	Laboratory	Clinical
FSR (F:S)			

4. Use Table 3 to report program outcome data for the most recent five years:

Table 3: Program Outcome Data

	2025	2024	2023	2022	2021
Completion Rates*					
Job Placement Rates**					
If Applicable, NCLEX First-time Candidate Pass Rates or Other National Certification First-time Candidate Pass Rates (Please Specify:)					
	2022	2021	2020		
If applicable, Default Rates***					

* students who complete the program within 1.5 times of the length of program (# completed in 1.5x the program length / # of students who started the program with that cohort)

**employed in the field of nursing

*** Provide only actual default rates, not estimates. For more information on Default Rates, [click here](#) to see the Office of Federal Student Aid website

SECTION III: INFORMATION FOR PROGRAMS THAT HAVE IDENTIFIED THE BOARD OF REGENTS AS THE SOLE PROGRAMMATIC ACCREDITOR

1. Provide a pdf copy of the most recent catalog and student handbook inclusive of course descriptions, policies for selection, promotion/progression, and graduation of students, and practices followed in safeguarding the health and wellbeing of students (i.e., clinical clearance requirements, student support services, student policies).
2. Provide the most recent year of audited financial statements as a separate attachment. Provide the most recent year's nursing budget including a statement of income/revenues and all expenses.
3. Provide a list of current clinical affiliating agencies as a separate attachment.
4. Provide a copy of the faculty handbook/policies, job descriptions for program administrator(s) and faculty.
5. Indicate the actions taken in the last year to address the concerns identified in the most recent site visit report or systematic evaluation cycle as applicable.

SECTION IV: CERTIFICATION

I hereby certify the following: I have reviewed the report and all the required information is provided, accurate and complete.

Signature of Dean/Director/Chair		Date:
Type or Print the Name:		
Contact person	Name and title: Telephone:	