**Support for NCLEX Success Assessment Survey (N-SAS)**

1. ASSESSMENT:

The N-SAS provides an assessment of the extent to which the policies and strategies a nursing program uses to prepare students for the NCLEX licensing examination—and ultimately, successful practice—meet best practices. Focusing on the six factors evidence suggests have the greatest influence on NCLEX scores, information is collected from a select group of the school’s key administrators and faculty leaders via an online survey. *Collaborative Momentum Consulting (CMC)* will analyze the data and develop a prioritized plan of interventions to improve your program’s first-time NCLEX pass rate. This service allows programs to quickly and affordably identify and address the issues that will have the biggest impact on NCLEX pass rates, both now and in anticipation of NextGen.

1. *FOLLOW UP to N-SAS Assessment:*

*Collaborative Momentum Consulting* will use the results of the N-SAS to assist each school to develop a practical plan to make changes based on best practices for NCLEX success. Areas that will be covered include student preparation, academic policies, curriculum, teaching-learning strategies and student and program evaluation.

This service can be delivered as an onsite visit or via a series of interactive webinars.

NOTE: The NSP 19-124 grant funding will cover the webinar consultation (a series of three 90 minute webinars). **If** an individual school of nursing wishes to have onsite consultations, the school agrees to cover all costs of the onsite consultation to include travel and accommodations for the consultant.

**APPLICATION**

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person responsible for completion of N-SAS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be approved by Dean/Director/Chair of the Nursing Program..

Approval Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The results of the survey and the follow-up consultation are confidential and will not be shared with any other entity.**

Submit the application to:

Rebecca Wiseman, PhD, RN

Director, Maryland Nursing Workforce Center

Room 313, Building I

9640 Gudelsky Drive

Rockville, Maryland 20850

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