

Institutional Membership Application

Institutional Membership Criteria:

Institutional membership is open to any institution that offers a baccalaureate or higher degree program in nursing which meets the following criteria:

- ❑ Legal authorization to grant the credential to which the program leads;
- ❑ Institutional accreditation by an accrediting agency recognized by the U.S. Secretary of Education; and
- ❑ Approval by the state agency that has legal authority for educational programs in nursing

The chief administrator of the applicant nursing program will serve as institutional representative to the Association.

Provisional Institutional Membership Criteria:

Provisional institutional membership may be held for a total of three (3) years and is open to any institution that is in the process of developing a baccalaureate or higher degree program in nursing that meets the following criteria:

- ❑ Legal authorization to grant the credential to which the program leads; and
- ❑ Institutional accreditation by an accrediting agency recognized by the U.S. Secretary of Education.

The chief administrator of the applicant nursing program will serve as institutional representative to the Association.

Instructions for Completing This Application:

Written evidence of meeting the eligibility criteria listed above must accompany your completed application. Please provide documentation of the following:

- Legal authorization to grant the credential to which the program leads; i.e. *An approval letter from the institution administration documenting approval of nursing program must accompany the application.*
- Institutional accreditation; i.e. letter from the appropriate regional or institutional accrediting body approved by the U.S. Secretary of Education, showing institutional accreditation
- Approval by the state agency that has legal authority for educational programs in nursing; i.e. approval letter from the state nursing agency



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Institutional Membership Application Form

Type of Membership applying for: _____ Institutional _____ Provisional Institutional
 Today's date: _____

Applicant Address Information:

 Institution Name

 Chief Nursing Academic Administrator: Name Title Highest Degree Earned

 Phone Fax Email

 School of Nursing Address (including school name)

 City State Zip

 World Wide Web Address Congressional District Number

 Alternate Contact Name (optional – can perform administrative tasks for the dean)

 Alt. Contact Title Alt. Contact Email Alt. Contact Phone

About Your Institution:

Undergraduate degrees offered:

- BSN (pre-licensure)
- Accelerated BSN (pre-licensure)
- RN-to-BSN
- None
- Other: _____

Graduate degrees offered:

- MSN (post-licensure)
- MSN (pre-licensure)
- DNP
- PhD
- None
- Other: _____

Degree conferred by: _____

² **Degree conferred by:** _____

Have you graduated one class leading to a baccalaureate or graduate degree in nursing?

Baccalaureate: yes no; if not, in what year will first class graduate? _____

Graduate: yes no; if not, in what year will first class graduate? _____

Demographic Information

Does your school fall into any of these categories? Check all that apply:

- Public school
- Private school
- Academic Health Center (AHC)
- Small school (<300 nursing students)
- Historically Black College or University (HBCU)
- Hispanic-Serving Institution (HSI)
- Minority-Serving Institution

Please provide the information requested below. Written evidence of meeting the eligibility criteria listed below must accompany your completed application.

1. Legal authorization to grant the credential to which the program leads; i.e. approval letter from the institution administration with approval of nursing program. Documentation must accompany application.

2. Institutional accreditation:
 Yes No

If yes, please indicate accrediting body:

- Middle States Association of Colleges and Schools
 - New England Association of Schools and Colleges
 - The Higher Learning Commission
 - Northwest Association of Schools and Colleges
 - Southern Association of Colleges and Schools
 - Western Association of Schools and Colleges
 - Other (please list): _____
-

3. State Board Approval:
 Yes No Not Applicable

If yes, please indicate name of state board: _____

If no, or not applicable, please indicate which state agency has given permission for your school of nursing: _____

Signature

Date

Please return this form and requested supporting materials to:

AACN
Attn: Membership Department
One Dupont Circle, NW, Suite 530
Washington, DC 20036
(202) 463-6930

Please do not submit payment until contacted by the AACN Membership Department.