American Association of Colleges of Nursing

The Voice of Academic Nursing

Faculty Instructions

AACN 2026 Annual Survey: Faculty Survey

In the following survey, you will be asked to report information on individual faculty members employed at your institution for academic year 2026-2027.

If your school did not submit data last year please download the 'Blank Faculty Survey Sheet' on the next page and enter full-time your faculty data into that sheet.

If your school submitted faculty data last year you will find a link to download your response from 2025 on the next page. Please carefully review the information you provided last year and update faculty information as relevant (a change in rank, a change in tenure status, etc.). Only use the standard, specified variable values provided in the 'Previous Year Faculty File'. If a faculty member from last year has left your institution **please do not delete their record**. Instead update the 'status' variable from 'Active' to 'Left' and complete the separation type and subsequent activity variables. You do not need to report a salary for faculty that have left. Once you have updated existing faculty members, please enter new faculty members as appropriate.

When filling out the faculty spreadsheet keep in mind the following guidelines:
1. Please respond to all fields for each active, full-time faculty member.

2. Include all individuals holding full-time faculty appointments in your school of nursing, even if their salaries are paid by a number of revenue sources (inclusive of contracts and grants, practice revenue, or endowment funds) should be entered in this section.
3. Using your institution's definitions for full-time and part-time faculty, please only include data for full-time faculty in the spreadsheet.
4. Do not include the Dean/Chief Executive Officer of the School of Nursing (i.e., the Dean or other institutionally-determined title such as Director or Chair). If you have an Interim Dean, please include them.

If your School Submitted Faculty Salary Data Last Year
Download your 2025 data file here: Previous Year Faculty File

(If you do not have Excel you can open the file in a new browser window using this link: Previous Year Faculty File - Opens in Browser)

When updating existing faculty records or adding new faculty members please only use the standard variable values, which can be found in this sheet: Faculty Survey Variable Key

If your School DID NOT Submit Faculty Salary Data Last Year, or if a link to your previous year's data is not provided above, please download a blank copy of the Blank Faculty Survey Sheet and enter data for your current full-time faculty members. Please use the dropdown menus to select the appropriate standardized response options. To ensure data integrity, do not modify any column headers, and do not add, delete, or rearrange columns in the worksheet.

Blank Faculty Survey Sheet

Additional Resources:
For definitions and an explanation of the variables click below to download the Variable Key.
Variable Key

Please upload your completed faculty sheet below, as either an .xlxs or .csv attachment. Ensure that all fields are filled for all full-time faculty entered.

If you do not have any full-time faculty at your school please upload a blank spreadsheet and note that you don't have full-time faculty in the end of survey comments.

Part-Time Faculty

Part-Time Faculty Information

Indicate the number of PART-TIME FACULTY for the current semester, quarter, or trimester. Include all staff who are not considered full-time faculty but hold a faculty appointment in the school of nursing and receive some compensation from the school's revenue sources.

Please use your institution-specific definition of part-time faculty.

Part-Time Nurse Faculty	
Part-Time Non-Nurse Faculty	

Please share the contact information for the person who completed this survey below. Please enter one name, one phone number, and one email address only. When entering the name, enter in the order of first name and last name without title (For example, John Smith).

Additionally, if you have any comments, please include them below. Please enter N/A if you do not have any comments.

Name of the contact person for this survey	
Title	
Phone	
Email	
Do you have any additional comments?	

Please carefully review your responses before clicking the "Submit" button.

Once you submit the survey, you will no longer be able to edit your responses. If changes are needed after submission, please contact the AACN IDS team at **datarequest@aacnnursing.org** for assistance.

Thank you for your participation.