*A*dvancing Higher Education in Nursing

2006
ANNUAL REPORT
ANNUAL STATE OF THE SCHOOLS

Highlights of the Year

July 2005

The John A. Hartford Foundation generously awards AACN a $2.6 million grant to support a new initiative: *Enhancing Gerontology in Senior-Level Undergraduate Courses*. Funding will be used to launch a national effort to strengthen geriatric content in baccalaureate courses via faculty development.

August 2005

AACN's advocacy efforts result in nursing being recognized for the first time by the U.S. Secretary of Education as an "area of national need" under the Graduate Assistance in Areas of National Need program. This new designation opens up a new multi-million dollar funding stream for research-focused nursing doctorates.

September 2005

AACN creates an online information clearinghouse to assist students and faculty displaced by Hurricane Katrina in New Orleans and along the Gulf Coast.

AACN applauds the National Academy of Sciences for calling on nursing to develop a "non-research clinical doctorate" to prepare expert practitioners who can also serve as clinical faculty.

October 2005

At the Fall Semiannual Meeting, AACN recognizes the American Organization of Nurse Executives with a BSN Champion Award in honor of the group's recent position that recognizes the baccalaureate degree as the appropriate level of education for Registered Nurses.

November 2005

In a move consistent with other health professions, the Commission on Collegiate Nursing Education (CCNE) decided that only practice doctoral degrees with the Doctor of Nursing Practice title that award the DNP credential would be eligible for CCNE accreditation. The agency will continue to accredit baccalaureate and master's programs in nursing as well.

December 2005

AACN released preliminary data from the 2005 survey of nursing schools which showed that enrollment in entry-level baccalaureate programs in nursing increased by 13.0 percent from 2004 to 2005. Final data released in March would show a final enrollment increase of 9.6 percent.

January 2006

AACN joins with its counterpart organizations in the United Kingdom, Canada and Australia/New Zealand, to form the Global Alliance on Nursing Education and Scholarship (GANES), an international network of nurse educators focused on strengthening the nursing workforce and improving patient care.

February 2006

AACN and Monster Healthcare, a leading online career site, announce that five scholarship winners were selected to receive $25,000 awards through a new program created to address the shortage of nurse faculty.

The California Endowment awards AACN a generous grant to initiate a scholarship/leadership development program to increase the number of minority nursing faculty in California.

March 2006

With funding provided by the John A. Hartford Foundation, the Graduate Nursing Education Project releases a new publication based on outcomes from AACN's work in this arena titled *Caring for an Aging America: A Guide for Nursing Faculty*.

April 2006

AACN announces that for the first time, research-focused nursing doctorates have been added to the National Research Council's Taxonomy of Doctoral Programs. For more than three years, AACN led the effort to have nursing research doctorates recognized among those studied by the council.

May 2006

In honor of National Nurses Week, member schools were invited to post free faculty vacancy announcements on AACN's online Faculty Career Link. More than 100 institutions posted 275 faculty position announcements throughout the month of May.

June 2006

The Clinical Nurse Leader Implementation Task Force created a new Web-based "Tool Kit" to serve as a resource for the education and practice organizations engaged in the roll out of the CNL initiative.

Our Members

In 1969, the American Association of Colleges of Nursing was established to answer the need for an organization dedicated exclusively to furthering nursing education in America's universities and four-year colleges. Representing schools of nursing at more than 600 public and private institutions, AACN is the national voice for baccalaureate- and graduate-degree nursing education programs.

Our Mission

A unique asset for the nation, AACN serves the public interest by providing standards and resources, and by fostering innovation to advance professional nursing education, research, and practice.

This report highlights the association's FY 2006 initiatives to help member schools meet the nation's demand for innovative and expanded nursing care.

*L*etter from the President and Executive Director

THE KEY TO STABILIZING THE NURSING WORKFORCE

For the past five years, AACN has used its national platform to help legislators, the media, the health care community, and the public understand that efforts to alleviate the shortage of registered nurses (RNs) must first address the diminishing pool of nurse educators. Thousands of students are turned away from professional nursing education programs each year – including more than 40,000 students in 2005 – due primarily to an insufficient supply of nurse faculty.

AACN member institutions play a pivotal role in bridging this nursing workforce gap since they are responsible for preparing the faculty needed to teach in nursing programs at all levels. To help shoulder this responsibility, AACN is leveraging its resources to secure federal funding for faculty development programs, collect data on faculty vacancy rates, identify strategies to address the shortage, and focus media attention on this important issue. This work includes:

- Collaborating with other nursing groups to mobilize support for more federal funding for nursing education, including support for the Nurse Faculty Loan Program and the creation of new legislation such as the Nurse Faculty Education Act and the Nurse Education, Expansion and Development Act introduced in the 109th Congress.

- Leading the effort to expand the Graduate Assistance in Areas of National Need (GAANN) program administered by the U.S. Department of Education to include nursing. As a result, nursing is now recognized as an area of national need, and new funding for PhD programs in nursing is available.

- Creating a minority faculty scholarship program with the California Endowment to increase the number of educators from groups underrepresented in nursing.

- Planning a national Faculty Development Conference to help prepare and retain those new to the teaching role.

- Launching Education Scholar, a self-paced, online program designed to strengthen teaching expertise in new faculty and graduate students preparing for academic careers.

- Highlighting statewide initiatives and other best practices related to addressing the faculty shortage via Issue Bulletins, fact sheets, media articles and Web resources.

AACN will continue working with legislators and other stakeholders to address the faculty shortage by increasing nursing school enrollments at both the graduate and baccalaureate levels. Graduates of baccalaureate programs are much more likely to pursue graduate education and achieve the credentials needed to serve as nurse educators. Investing in both undergraduate and graduate programs is key to stabilizing the nursing workforce.

Jeanette Lancaster

Jeanette Lancaster, PhD, RN, FAAN
*President*

Geraldine D. Bednash

Geraldine "Polly" Bednash, PhD, RN, FAAN
Executive Director

Annual State of the Schools

Findings explored in the 2006 State of the Schools are based on responses from 591 or 84.5 percent of the nation's nursing schools with bachelor's- and graduate-degree programs that were surveyed in fall 2005. Data reflect actual counts; projections are not used.

FIGURE 1: Percentage Change in Enrollments in Entry-Level Baccalaureate Nursing Programs: 1994-2005
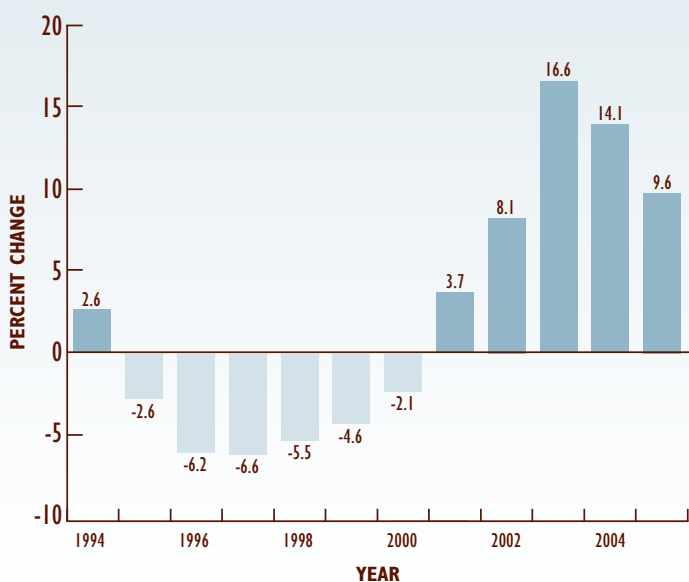
ENTRY-LEVEL BACCALAUREATE ENROLLMENTS INCREASE BY 9.6 PERCENT

Enrollments in entry-level baccalaureate programs in nursing rose by 9.6 percent in fall 2005 over the previous, marking the fifth consecutive year of enrollment increases. This upward trend follows six years of steady enrollment declines from 1995 to 2000 (Figure 1).

AACN determines enrollment trends by comparing data from the same schools reporting in both 2004 and 2005. Data show that nursing school enrollments are up in all regions of the United States with the greatest increase found in the Midwest states where enrollments in entry-level baccalaureate programs rose by 11.0 percent. Increases were also realized in the North Atlantic, West, and South where enrollments rose by 10.7 percent, 8.4 percent, and 8.0 percent, respectively. The survey found that total enrollment in all nursing programs leading to the baccalaureate degree, both entry-level and RN degree completion programs was 154,249, up from 141,155 in 2004.

ENROLLMENTS UP IN RN-TO-BACCALAUREATE PROGRAMS

Given the calls for a better educated nurse workforce, AACN was pleased to see an increase in the number of registered nurses (RN) pursuing baccalaureate level education. RN-to-Baccalaureate programs are specifically designed to enable nurses prepared with a diploma or associate's degree to earn a baccalaureate degree and enhance their clinical skills. From 2004 to 2005, enrollments in RN-to-Baccalaureate programs increased by 8.3 percent or 2,772 students, which makes this the third year of enrollment increase in these degree completion programs. (See Figures 2 and 4.)

"AACN is committed to working with the health care community to create a highly educated nursing workforce able to meet the challenges of contemporary nursing practice," said AACN President Jeanette Lancaster. "We strongly believe that encouraging all nurses to advance their education is in the best interest of patients and an important step toward enhancing patient safety." According to AACN data, there are currently 618 RN-to-Baccalaureate and 144 RN-to-Master's Degree programs offered at nursing schools nationwide.

INTEREST RUNS HIGH IN ACCELERATED PROGRAMS

For the third year, AACN's annual survey captured data related to accelerated nursing programs, which are designed to transition adults with baccalaureate and graduate degrees in other fields into nursing. Accelerated baccalaureate programs, which may be completed in 12-18 months, provide the fastest route to licensure as a registered nurse for individuals with a prior degree. These intense programs have high admission standards, require continuous study without session breaks, and incorporate the same number of clinical hours as traditional programs.

Last year, 22 new accelerated baccalaureate programs were launched, bringing the total number of programs offered nationwide to 173. This total represents a 64.8 percent increase since fall 2002 when 105 such programs existed. AACN's latest survey found that 7,829 students were enrolled in accelerated baccalaureate programs while another 3,769 students graduated from these programs as entry-level clinicians last year.

Figure 2: Year at a Glance: Enrollments and Graduations in Nursing Programs *(591 schools reporting)*
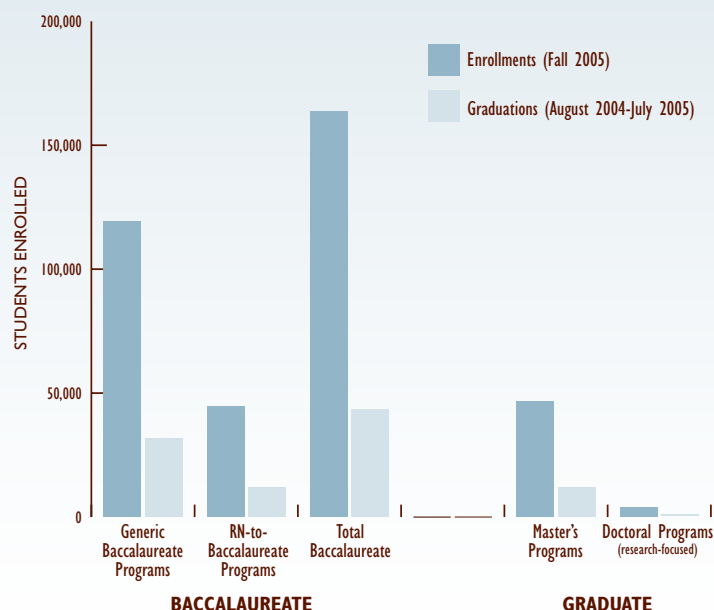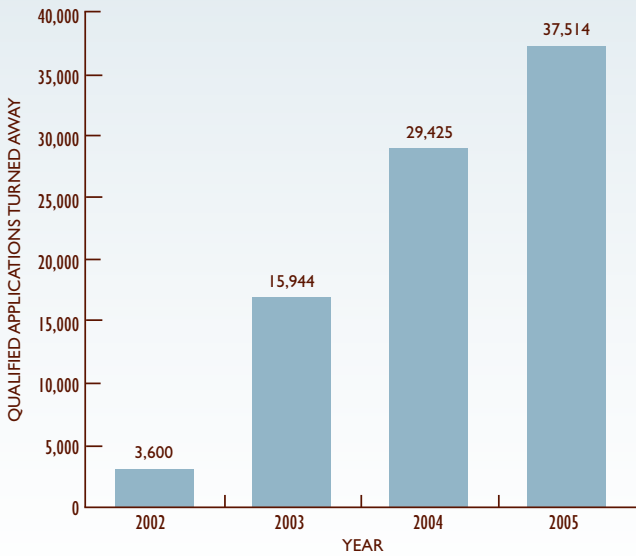
SOURCE: American Association of Colleges of Nursing. *2005-2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.*

GRADUATE ENROLLMENTS AND NURSE FACULTY SHORTAGE

The latest AACN survey found that both enrollments and graduations increased in master's and doctoral degree nursing programs last year. Enrollments in master's degree programs rose 6.6 percent (2,737 students) bringing the total student population to 44,452. In research-focused doctoral programs, enrollments increased by 6.5 percent (222 students) with the total student population at 3,661. Ending a downward trend, the number of graduates from master's degree and doctoral programs increased in 2005 by 10.5 percent (1,097 students) and 1.5 percent (6 students), respectively. (See Figures 2 and 4.)

Last year, 22 new accelerated baccalaureate programs were launched, bringing the total number of programs offered nationwide to 173.

FIGURE 3: Qualified Applications Turned Away from Entry-Level Baccalaureate Nursing Programs: 2002-2005

SOURCE: American Association of Colleges of Nursing, Research and Data Center, 2002-2005. AACN is not responsible for reporting errors by respondent institutions.

The slight enrollment increase in graduate programs is good news given the growing concern about the nurse faculty shortage. According to AACN's white paper titled *Faculty Shortages in Baccalaureate and Graduate Nursing Programs*, the shortage of nurse educators is expected to intensify over the next 20 years as significant numbers of faculty members retire and fewer nurses with advanced educational preparation are choosing careers in academia. Given the competition for nurses prepared at advanced levels and the salary differential between positions in higher education and private practice, the nurse faculty shortage is expected to intensify and impact nursing education programs at all levels.

QUALIFIED STUDENTS TURNED AWAY DURING SHORTAGE

Though interest in baccalaureate and graduate nursing education programs is high, not all qualified applications are being accepted at four-year colleges and universities. In fact, AACN's survey found that 41,683 qualified applications were not accepted at schools of nursing last year due primarily to a shortage of faculty and resource constraints. (Figure 3.) Within this total, applications

In the 2005-2006 academic year, 150,740 completed applications to entry-level baccalaureate programs were received at schools of nursing with 100,325 meeting admission criteria and 62,811 applications accepted.

Figure 4a: Enrollment Changes in the Same Schools Reporting in Both 2004 and 2005
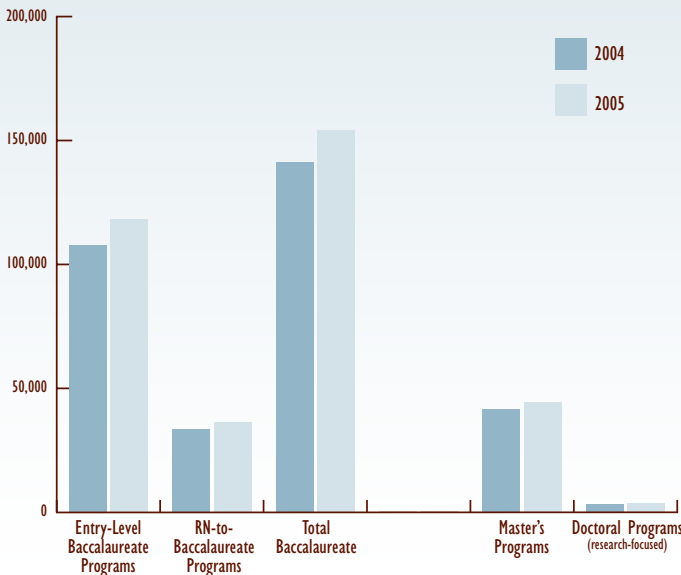
Figure 4b: Changes in Graduations for the Same Schools Reporting in Both 2004 and 2005
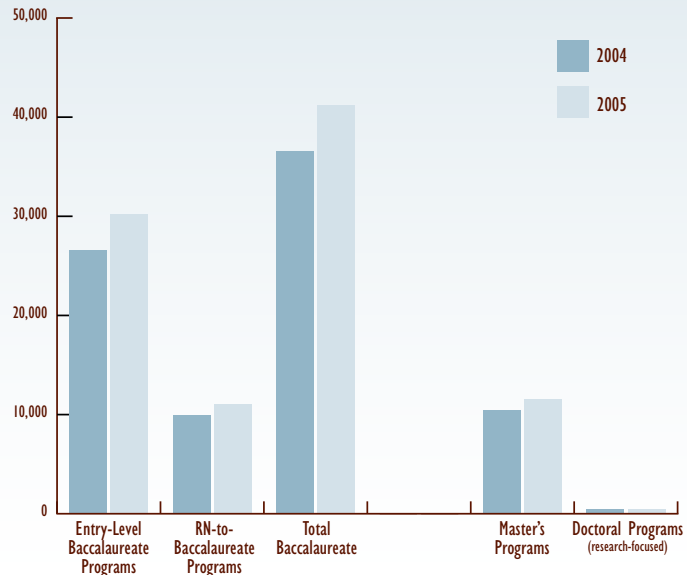
SOURCE: American Association of Colleges of Nursing. *2005-2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.*

turned away include 37,514 from entry-level baccalaureate programs; 807 from RN-to-Baccalaureate programs; 3,160 from master's programs; and 202 from doctoral programs.

The top reasons reported by nursing schools for not accepting all qualified students into entry-level baccalaureate programs, include insufficient faculty (73.5 percent), admissions seats filled (71.8 percent), and insufficient clinical teaching space (60.9 percent). In the 2005-2006 academic year, 150,740 completed applications to entry-level baccalaureate programs were received at schools of nursing with 100,325 meeting admission criteria and 62,811 applications accepted. The application acceptance rate was 41.7 percent.

Despite these challenges, nursing schools across the country are finding creative ways to expand student capacity. Many schools are forming partnerships with clinical agencies to support mutual needs and bridge the faculty gap. Other strategies include lobbying for continued state and federal monies, launching accelerated programs, and stepping up efforts to expand diversity and recruit new populations into nursing.

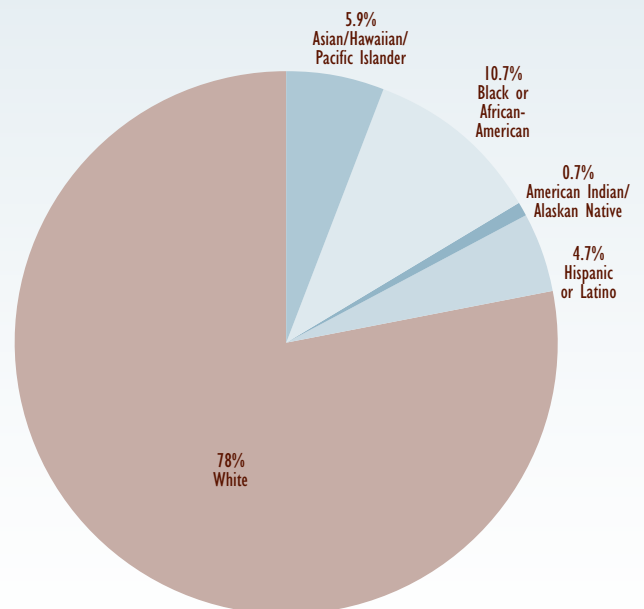## MINORITY REPRESENTATION IN NURSING PROGRAMS REMAINS STRONG

Representation of racial/ethnic minority groups in nursing programs remained strong in fall 2005 with minority group members representing 24.1 percent of the undergraduate student population. (See Figure 5.)

In 2005-2006, minority group representation in baccalaureate programs was distributed as follows: 5.8 percent Asian, Native Hawaiian or Other Pacific Islander; 12.1 percent Black or African American; 0.8 percent American Indian or Alaskan Native; and 5.2 percent Hispanic or Latino. In master's nursing programs, representation of racial/ethnic minority groups was 22.0 percent including 5.9 percent Asian, Native Hawaiian or Other Pacific Islander; 10.7 percent Black or African American; 0.7 percent American Indian or Alaskan Native; and 4.7 percent Hispanic or Latino.

FIGURE 5a: Racial/Ethnic Diversity in Nursing Education Programs, Fall 2005

Enrollment in Entry-Level Baccalaureate Programs
(523 schools reporting)

5.8% Asian/Hawaiian/ Pacific Islander

12.1% Black or African-American

0.8% American Indian/ Alaskan Native

5.2% Hispanic or Latino

75.9% White
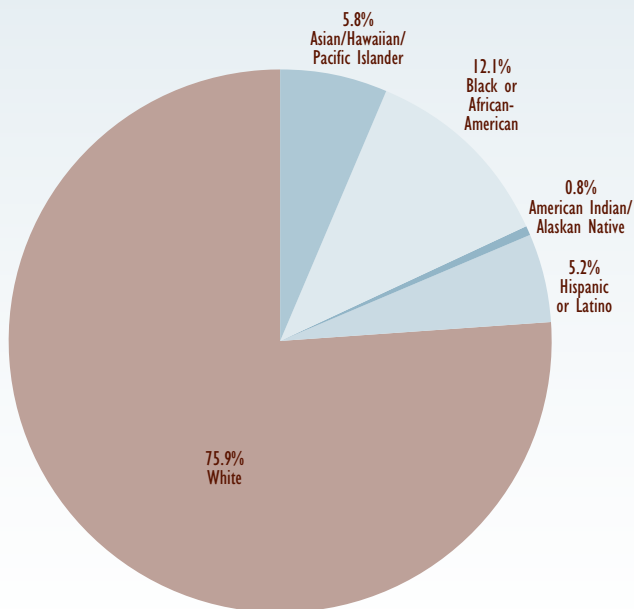
FIGURE 5b: Racial/Ethnic Diversity in Nursing Education Programs, Fall 2005

Enrollment in Master's Programs
(391 schools reporting)

5.9% Asian/Hawaiian/ Pacific Islander

10.7% Black or African-American

0.7% American Indian/ Alaskan Native

4.7% Hispanic or Latino

78% White

SOURCE: American Association of Colleges of Nursing. *2005-2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.*
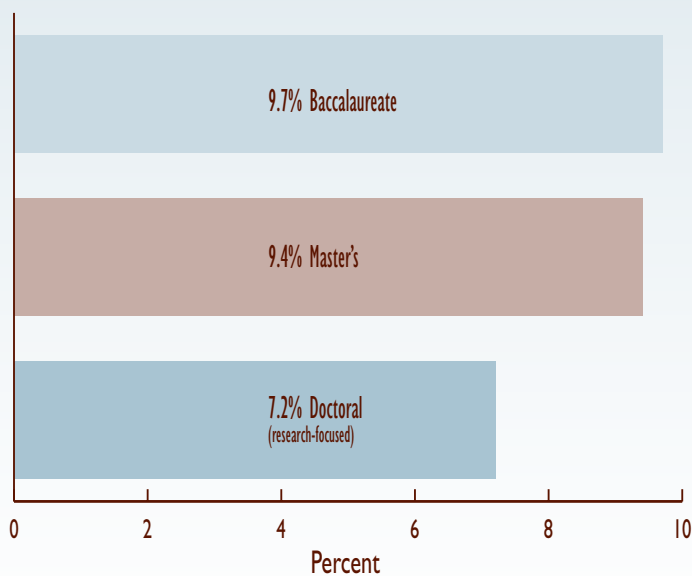
Men continue to be underrepresented in nursing schools with only 9.7 percent of students in baccalaureate programs being male. In graduate programs, 9.4 percent of master's degree students and 7.2 percent of students enrolled in research-focused doctorates are male. (Figure 6)

NURSING FACULTY POPULATION

Nursing schools nationwide are struggling to fill faculty positions in an effort to accommodate all qualified students. In fall 2005, the total full-time faculty population in baccalaureate and higher degree programs reached 11,635 (575 schools reporting). As a group, nursing faculty are rapidly aging. Specifically, the average age of doctorally-prepared faculty by rank was 57.9 years for professors, 55.4 years for associate professors, and 51.5 years for assistant professors.

The survey found that the majority of nursing faculty are white women. Only 10.1 percent of full-time faculty come from racial/ethnic minority groups, and only 4.5 percent are male. In terms of educational preparation, 46.8 percent of nursing school faculty are doctorally prepared with 29.6 percent holding nursing doctorates and 17.2 percent holding doctorates in related disciplines.

AACN DATA COLLECTION

AACN's 25th Annual Survey of Institutions with Baccalaureate and Higher Degree Nursing Programs is conducted each year by the association's Research Center. Information from the survey forms the basis for the nation's premier database on trends in enrollments and graduations, student and faculty demographics, and faculty and deans' salaries. Complete survey results were compiled in three separate reports:

- 2005-2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing

- 2005-2006 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing

- 2005-2006 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing

To order the most current reports, see **http://www.aacn. nche.edu/IDS/datarep.htm.**

FIGURE 6: Men Enrolled in Nursing Programs, Fall 2005

9.7% Baccalaureate

9.4% Master's

7.2% Doctoral (research-focused)

Percent

Clinical Nurse Leader

The Clinical Nurse Leader℠ or CNL℠ is an emerging nursing role being developed by AACN in collaboration with leaders from the education and practice arenas. AACN is advancing the CNL to improve the quality of patient care and to better prepare nurses to thrive in the health care system. The role emerged following research and discussion with stakeholder groups as a way to engage highly skilled clinicians in outcomes-based practice and quality improvement. The CNL is a master's prepared advanced generalist who provides clinical leadership at the point of care. In practice, the CNL oversees the care coordination for patients, provides risk assessment and quality improvement strategies, and implements evidence-based practice.

To introduce and evaluate this new nursing role, AACN has launched a national effort involving more than 90 education-practice partnerships in 35 states and Puerto Rico. Partners are working together to develop master's degree programs to prepare CNLs, integrate this clinician into the health care system, and evaluate outcomes.

CNL PROJECT DEVELOPMENTS

■ In August 2005, AACN presented the first CNL Faculty Development Workshop which was hosted by the University of Kansas School of Nursing. More than 100 academic and clinical faculty participating in the CNL project attended this workshop which was designed to facilitate the development of master's curriculum, the preparation of preceptors, and the creation of immersion experiences.

■ At AACN's invitation, the American Nurses Association (ANA) agreed to join the CNL Implementation and Evaluation Task Forces. "The CNL proposal has significant implications for the profession," said ANA President Barbara A. Blakeney in a press release issued on October 20, 2005. "We appreciate AACN's leadership in proposing this new role and are grateful for the opportunity to have ANA represented on these task forces, which will help shape it."

- The CNL Implementation Task Force, chaired by Jolene Tornabeni, prepared an online tool kit to serve as a resource for the education and practice organizations engaged in the CNL initiative. Tool kit materials include bibliographies and references; PowerPoint presentations; a DVD on the CNL role; preceptor job descriptions, guidelines, and orientations; and an end-of-program competencies checklist among other resources. See **http://www.aacn.nche.edu/CNL/toolkit.htm**.

- The number of master's level programs preparing CNLs increased to over 30 in the past year. For an updated list of programs, see **http://www.aacn.nche.edu/CNL/cnlweblinks.htm**.

To find out more about the Clinical Nurse Leader, see http://www.aacn.nche.edu/cnl.

AACN LEADERSHIP NETWORKS

To better engage all constituents in association's quality initiatives, AACN is strengthening ties with nursing school staff faculty by establishing seven leadership networks. Though AACN has always served the entire academic unit, the networks provide new opportunities for leadership development and serve as forums for participants to discuss issues as they relate to specific interest areas. With over 850 individuals now participating, the networks include:

- Business Officers

- Graduate Nursing Admissions Professionals

- Instructional Leadership

- Nursing Advancement Professionals

- Organizational Leadership (associate/assistant deans)

- Practice Leadership

- Research Leadership

For more information about the networks, visit the Networks tab on the AACN Web site found at **http://www.aacn.nche.edu/Networks/index.htm**.

Doctor of Nursing Practice (DNP)

In October 2004, AACN member institutions endorsed the *Position Statement on the Practice Doctorate in Nursing* which calls for moving the current level of preparation necessary for advanced specialty nursing practice from the master's degree to the doctorate level by the year 2015. To achieve this new vision, AACN's Board of Directors created two task forces: The *Task Force on the Roadmap to the DNP* which was charged with identifying and addressing the key institutional and academic issues facing schools of nursing seeking to transition to the DNP, and the *Task Force on the Essentials of Nursing Education for the DNP* which was charged with developing a statement of the essential curricular elements and competencies that must be present in programs that offer the DNP degree. Both task forces moved ahead with their important work this year to transform nursing education.

DNP DEVELOPMENTS

- To build consensus around the practice doctorate in nursing, the two DNP task forces held a series of regional conferences from September 2005 through January 2006. Hundreds of nurse leaders and stakeholders attended these meetings and gave feedback on the "DNP Essentials" which were later titled the *Essentials of Doctoral Education for Advanced Nursing Practice*. See **http://www.aacn.nche.edu/ DNP/pdf/Essentials.pdf**.

- In September 2005, AACN applauded a report from the National Academy of Sciences that called for nursing to develop a "non-research clinical doctorate" to prepare expert practitioners who can also serve as clinical faculty. The report, *Advancing the Nation's Health Needs: NIH Research Training Programs*, includes a chapter on nursing that addresses the career trajectory of nurse scientists. Though focused on researchers, the report also states that "the need for doctorally prepared practitioners and clinical faculty would be met if nursing could develop a new non-research clinical doctorate, similar to the MD and PharmD in medicine and dentistry." This recommendation supports AACN's position state-ment which recognizes the practice doctorate as the terminal degree in nursing practice.

- In a move consistent with other health professions, the Commission on Collegiate Nursing Education (CCNE) decided that only practice doctoral degrees with the Doctor of Nursing Practice title that award the DNP credential will be eligible for CCNE accreditation which is currently under development. The CCNE Board of Commissioners reached this unanimous decision in September 2005. "Consistent degree titling will help to reduce confusion among health care consumers about the qualifications of doctorally-prepared nursing clinicians," said CCNE Board Chair Dr. Mary Margaret Mooney. CCNE will continue to accredit nursing programs offered at the baccalaureate and master's degree levels.

- In October 2005, AACN hosted a national stakeholder's meeting in Washington, DC on the movement toward the DNP. More than 70 top representatives from dozens of national nursing groups attended this invitational event to provide feedback and discuss next steps.

- There are currently 25 practice doctorates in nursing degrees accepting students nationwide with up to 150 additional programs under development or being considered. For an updated list of DNP programs, see **http://www.aacn.nche.edu/DNP/ DNPProgramList.htm**.

For more information about the DNP including links to the position statement and an FAQ sheet, see **http://www.aacn.nche.edu/DNP**.

*Q*uality Initiatives

In addition to the CNL and DNP projects, AACN is moving forward with initiatives to improve the quality of nursing care by re-envisioning traditional nursing roles, strengthening nursing education programs, and striving to create a more highly educated nursing workforce. This focus on quality comes in response to calls from the Institute of Medicine, the Robert Wood Johnson Foundation, the Agency on Healthcare Research and Quality, and other authorities who cite the need to address patient safety issues and transform care delivery.

In July 2005, the AACN Board of Directors created a new **Task Force on Essential Patient Safety Competencies** and selected Board member Nancy DeBasio from the Research College of Nursing to be the chair. The task force was charged with identifying the essential core competencies that all professional nurses should possess to provide high quality and safe patient care. These competencies or hallmarks will be incorporated into the work of a future task force on the revision of the Baccalaureate Essentials.

Four of the world's leading nursing education organizations established a new alliance to improve patient care through nursing education and ensure a robust global supply of highly educated nurses. Formed in December 2005, the **Global Alliance on Nursing Education and Scholarship** (GANES) includes representatives from Australia/New Zealand, Canada, the United Kingdom, and the United States who are committed to enhancing the educational preparation of registered nurses, expanding opportunities for nursing education, and addressing student enrollment concerns, including the growing shortage of nurse faculty. GANES members include AACN, the Canadian Association of Schools of Nursing, the Council of Deans and Heads of United Kingdom University Faculties and Health Professions, and the Council of Deans of Nursing and Midwifery (Australia & New Zealand).

AACN and the University HealthSystem Consortium (UHC) continued their work this year to evaluate and expand the national **Post-Baccalaureate Nursing Residency Program**. This partnership was stimulated by UHC chief nurse officers who identified the need for a stable workforce of better educated nurses. Currently, there are 34 practice and education partnerships that are engaged in the residency program. Preliminary outcomes data show that first-year retention rates are significantly higher among residency graduates as is career satisfaction. Additionally, the Commission on Collegiate Nursing Education is collaborating with AACN and the UHC to develop an accreditation process to assure that these programs are sophisticated, high quality, and innovative.

Through the **Advanced Practice Registered Nursing (APRN) Consensus Process**, work continued this year on the development of a consensus statement regarding APRN education, regulation, specialization and sub-specialization, and certification. In June 2006, AACN and the American Nurses Association (ANA) co-sponsored the third national stakeholders meeting to discuss the work of the APRN Consensus Process Work

Group. This meeting was co-chaired by AACN President Jeanette Lancaster and ANA President Barbara Blakeney and included representatives from over 40 national nursing organizations. AACN expects that this process will require at least one more year of work among these groups to achieve a uniform set of expectations/principles.

In March 2006, the AACN Board of Directors established the **Academic Careers Task Force** to determine if a national effort to enhance the production of doctorally-educated minority faculty for business education could be adapted for nursing. This effort, known as the PhD Project, was established in 1994 through a consortium of business leaders and has effectively expanded the number of minority faculty in business education. Chaired by Dr. Nancy Hoffart from Northeastern University, a group of AACN deans was formed to make recommendations to the Board regarding the potential to model this program. Though the group agreed to recommend a model somewhat different from that used by business, the task force affirmed their commitment that the project should focus on minorities and that students engaged in an array of doctoral education options should be eligible to participate in the project. The group also recommended that AACN collaborate with the National Coalition of Ethnic Minority Nurse Associations.

This year, Monster Healthcare and AACN teamed up to offer a new nursing faculty scholarship for students enrolled in BSN to PhD or Doctor of Nursing Practice programs. The **Monster-AACN Nurse Faculty Scholarship** was created to increase the number of nurse educators needed to expand student capacity in entry-level nursing programs. Five scholarship recipients were selected through a competitive review process that was chaired by AACN President Jeanette Lancaster. The recipients received their awards at a special ceremony held in conjunction with AACN's Doctoral Education Conference in January 2006.

In February 2006, the California Endowment awarded AACN a generous grant to initiate a program to increase the number of minority nursing faculty in California. The $935,000 grant was used to launch the **California Endowment-AACN Nurse Faculty Scholarship** to support underrepresented racial and ethnic minority students in California and to provide mentoring for these students to assume faculty and leadership roles. Though students receiving support may attend graduate programs at any school of nursing, students must return to their home state of California after graduation to fulfill a service requirement and assume a faculty position at a California institution. AACN is grateful to the California Endowment for their commitment to enhancing diversity in the nursing faculty population.

The AACN Board of Directors approved the creation of the **BSN Champion Award** to recognize organizations and practice settings that place a high value on preparing nurses in baccalaureate nursing (BSN) programs. In September, the Board announced that the first BSN Champion Award would be presented to the American Organization of Nurse Executives (AONE). The national organization for nurse executives in the practice arena, AONE was selected after endorsing a position which identifies the baccalaureate degree as the appropriate preparation for nurses and calls for working collaboratively with educators to prepare all registered nurses in bachelor's degree programs. The award was presented to AONE President Marilyn Bowcutt at AACN's Fall Semiannual Meeting in October.

Released in February 2006, the National Council of State Boards of Nursing's (NCSBN) vision paper titled *The Future Regulation of Advanced Practice Nurses* presented potentially dramatic challenges for both schools of nursing and the shape of graduate education for advanced practice nurses. Projecting 10 years into the future, NCSBN recommended that boards of nursing be the sole regulators of advanced practice nurses which NCSBN identifies as nurse anesthetists, nurse midwives and nurse practitioners, but not clinical nurse specialists. This new model for licensure would require successful completion of a graduate nursing program, a core licensure examination and a residency program. AACN objected to many of the report's recommendations and

This year, the California Endowment and AACN teamed up to offer a new scholarship to increase the number of nurse faculty members from minority backgrounds.

helped to mobilize the nursing community's response to the paper by creating an online repository of responses to the vision paper from national organizations.

In February 2006, Dr. Margaret Heitkemper from the University of Washington, presented testimony on behalf of AACN before the National Research Council's (NRC) Committee on an Assessment of Research Doctorate Programs. The NRC received testimony from representatives from nursing, kinesiology, educational research, and public policy who all requested their fields to be included in the **Taxonomy of Research Doctorates**. Criteria for inclusion include the size of the graduation pool from the program, the ability to assess the dissemination efforts associated with the research activities in these doctoral programs, and graduate productivity. Dr. Heitkemper shared data on the growth in the number of programs and graduates from nursing research doctorates as well rationale for including nursing among the programs currently listed. In a followup action, the NCR decided to add nursing to the Taxonomy in April 2006.

UPCOMING CONFERENCES

Executive Development Series
March 16-17, 2007
Fairmont Hotel, Washington, DC

Nursing Advancement Professionals Conference
March 16-17, 2007
Fairmont Hotel, Washington, DC

Spring Annual Meeting
March 17-20, 2007
Fairmont Hotel, Washington, DC

Graduate Nursing Admissions Professionals
April 10-11, 2007
Anaheim Hilton, Anaheim, CA

Business Officers of Nursing Schools Annual Meeting
April 25-27, 2007
Royal Sonesta New Orleans, New Orleans, LA

Summer Seminar
July 22-25, 2007
Marriott Portland City Center, Portland, OR

Fall Semiannual Meeting
October 27-30, 2007
Fairmont Hotel, Washington, DC

Executive Development Series
November 28-29, 2007
Royal Sonesta New Orleans, New Orleans, LA

Baccalaureate Education Conference
November 29-December 1, 2007
Royal Sonesta New Orleans, New Orleans, LA

Doctoral Education Conference
January 23-26, 2008
South Seas Island Resort, Captiva Island, FL

Master's Education Conference
February, 2008

*A*dvocacy

AACN actively works with Congress and the larger nursing community to shape legislation that supports nursing education, practice, and research. This year, the association focused on increasing funding for programs designed to alleviate the nurse faculty shortage, expand enrollments in entry-level nursing programs, and increase funding for graduate education.

AACN's Government Affairs Committee and staff are engaged in advocacy efforts **to increase funding levels for Nursing Workforce Development Programs** (Title VIII of the Public Health Service Act). Though federal funding for Title VIII programs at the Division of Nursing has doubled in the past five years, the nation is facing a large budget deficit that may make it difficult to avoid future funding cuts. In FY 2006, Nursing Workforce Development Programs received $149.7 million in funding which reflects a $1 million decrease over the previous year. In a year when funding for Health Professions Education Programs (Title VII) were cut by more than half ($300 million to $145 million), this small cut is reflective of nursing advocacy efforts and nursing's congressional champions. In addition to Title VIII, this fiscal year also brought a cut for the National Institute for Nursing ($137.3 million) and level funding for the Agency for Healthcare Research and Quality ($318.7 million).

In one of her first official duties as AACN President, Dr. Jeanette Lancaster presented **testimony before the House Appropriations Subcommittee** on Labor, Health and Human Services, Education, and Related Agencies (LHHS) on behalf of the Tri-Council for Nursing. The Tri-Council, a coalition of four nursing organizations including AACN, the American Nurses Association, the American Organization of Nurse Executives and the National League for Nursing, is concerned that current funding levels for Nursing Workforce Development programs are insufficient to maintain an adequate nursing workforce. The group advocated for $175 million in funding for nursing education programs in FY 2006 which would have been a $25 million increase from the funding level in FY 2005.

AACN government affairs staff was also successful in opening up a new funding stream for graduate nursing education and introducing new legislation this year. In August 2005, the U.S. Secretary of Education officially designated nursing as an "area of national need" under the **Graduate Assistance in Areas of National Need** (GAANN) program within the Higher Education Act. As a result of this AACN-led lobbying effort, new funding was made available to nursing schools offering PhD programs. A call for applications to schools seeking GAANN funding was issued and resulted in 14 schools of nursing receiving a total of $2.4 million in new fellowship funding in FY 2006.

On the legislative front, staff worked with Representatives Nita Lowey (D-NY), Peter King (R-NY), and Lois Capps (D-CA) to introduce the **Nurse Education, Expansion and Development (NEED) Act** (H.R. 3569) to assist schools of nursing in increasing the number of students and faculty. The bill called for capitation grants for schools to hire new and retain current faculty, purchase educational equipment, enhance audiovisual and clinical laboratories, expand infrastructure, or recruit students. AACN staff also worked with Senators Jeff Bingaman (D-NM) and John Cornyn (R-TX) to introduce the **Nurse Faculty Education Act** (S. 1575) to increase the number of doctorally-prepared nurses serving as faculty. Grant funding would be used by schools to hire new or retain existing faculty, purchase educational resources, and support transition into the faculty role.

For the latest details on AACN's advocacy efforts including updated information on the current fiscal year's appropriations process, see http://www.aacn. nche.edu/Government.

Geriatric Nursing

The Geriatric Nursing Education Project, proudly administered by the AACN and generously funded by the John A. Hartford Foundation, incorporates several complementary programs to improve nursing care for older adults through curriculum enhancement, faculty development and scholarship opportunities.

In August 2005, AACN received a generous $2.6 million grant from The John A. Hartford Foundation to support a new initiative titled *Enhancing Gerontology in Senior-Level Undergraduate Courses*. Using a train-the-trainer approach, this program will prepare a new cadre of nursing faculty with the necessary knowledge, skills and resources to strengthen geriatric content in senior-level baccalaureate program courses. Nurse educators completing this program will be expected to share their new expertise with their faculty colleagues as well as students preparing to enter the nursing workforce. See below for a list of faculty development programs offered through the **Geriatric Nursing Education Consortium** (GNEC).

With support from the Hartford Foundation, AACN's Graduate Nursing Education Project released a new publication this year based on outcomes from the *Enhancing Geriatric Nursing Education in Undergraduate and Advanced Practice Nursing Programs* project. Staff synthesized material gathered from the project site directors to produce *Caring for an Aging America: A Guide for Nursing Faculty*. Structured as a "how-to," the monograph outlines winning strategies employed by grant-funded schools to develop faculty expertise; "gerontologize" curricula; enhance curricula with

technology; cultivate community partnerships; and promote student interest in gerontology. The monograph is available in PDF format at **http://www.aacn.nche.edu/ Education/Hartford/pdf/monograph.pdf**.

In October 2005, AACN and the Hartford Foundation Institute for Geriatric Nursing announced the winners of the **2005 Awards for Baccalaureate Education in Geriatric Nursing**. This national awards program was created to recognize model baccalaureate programs in nursing with a strong focus on gerontological nursing. Awards were presented to programs that exhibit exceptional, substantive, and innovative baccalaureate curriculum. Beyond innovation, programs must also demonstrate relevance in the clinical environment and have the ability to be replicated at schools of nursing across the country. Awards were given this year to one faculty member at Radford University (VA) and three schools of nursing: Fairfield University (CT), Grand Valley State University (MI), and Hawaii Pacific University.

For more details on AACN's Geriatric Nursing Education Project, see http://www.aacn.nche.edu/ Education/Hartford/index.htm.

UPCOMING GNEC FACULTY DEVELOPMENT INSTITUTES

June 27-29, 2007 . . . . Portland, OR

October 3-5, 2007 . . . . Atlanta, GA

February 27-29, 2008 . . . . San Antonio, TX

October 8-10, 2008 . . . . St. Louis, MO

February 2009 . . . . West

Late Spring 2009 . . . . .Northeast

For more information, see http://www.aacn. nche.edu/gnec.htm

End-of-Life Care

Administered jointly by AACN and the City of Hope National Medical Center, the End-of-Life Nursing Education Consortium (ELNEC) project is a national education initiative to improve end-of-life care in the United States. The ELNEC project's train-the-trainer program has educated over 3,400 nurse educators over the past five years, including a wide array of staff nurses, nursing administrators, continuing education providers, clinical nurse specialists, nurse practitioners, and undergraduate and graduate nursing faculty. These nurses, who represent all 50 states, are employed in hospitals, clinics, research centers, hospices and universities.

The project, which began in February 2000 with funding provided by the Robert Wood Johnson Foundation, has expanded its scope significantly over the years. In addition to ELNEC-Core and ELNEC-Graduate training opportunities, the project now offers specialty programs including ELNEC-Oncology and ELNEC-Pediatric Palliative Care courses. New this year are **curriculums for ELNEC-Critical Care and ELNEC-Geriatric** which were developed in collaboration with leading experts in these specialty areas. To sustain operations and expand its reach, the ELNEC project has also succeeded in securing additional funding to continue the trainings through the National Cancer Institute, the Aetna Foundation, Archstone Foundation, and California HealthCare Foundation.

UPCOMING ELNEC TRAININGS

ELNEC-Core
March 7-9, 2007 . . . . Pasadena, CA
May 22-24, 2007 . . . . Honolulu, HI
October 17-19, 2007 . . . . Washington, DC

ELNEC-Pediatric Palliative Care
March 29-31, 2007 . . . . Washington, DC
August 1-3, 2007 . . . . Anaheim, CA

ELNEC-Critical Care
April 2-4, 2007 . . . . Washington, DC
November 7-9, 2007 . . . . Pasadena, CA

ELNEC-Geriatric
September 12-14, 2007 . . . . Pasadena, CA

For more information on the ELNEC project including details on how to register for upcoming training sessions, see **http://www.aacn.nche.edu/ELNEC**.

*E*ducation & Communication

AACN strives to meet the education and professional development needs of nursing school deans and faculty. AACN conferences and seminars give nurse educators personal contact with key decision makers in health care, higher education, and government. Association meetings offer a stimulating source of continuing education and professional development that builds leadership and allows for valuable networking.

Twelve conferences were offered July 2005-June 2006 including the Summer Seminar, Fall Semiannual Meeting, Executive Development Series, Baccalaureate Education Conference, Master's Education Conference, Doctoral Education Conference, Nursing Advancement Professional Conference, Spring Annual Meeting, Business Officers Meeting, and the Graduate Nursing Admissions Professionals Meeting. See page 13 for a listing of upcoming conferences.

AACN is committed to being the national voice for baccalaureate and higher degree programs in nursing. The organization strives to bring the association's mission and message before the larger nursing community, through a variety of **publications and outreach efforts**. The association's primary publications continue to be the *Journal of Professional Nursing*, the *Syllabus* newsletter, and the electronic *AACN News Watch*.

In October 2005, AACN released *Academic Leadership in Nursing: Making the Journey*, a 256-page monograph detailing the journey to and through the deanship through the writings of those who have lived the experience. The four sections - Getting There, Getting Started, Staying There, and Moving On - are organized into the natural stages in the career of one assuming an academic leadership position in nursing. The monograph features 23 chapters written by deans whose insights and experiences speak to those considering or sustaining careers as academic leaders.

Other publications released this year include:

- *Position Statement on Baccalaureate Nursing Programs Offered by Community Colleges* which supports community college-based, baccalaureate nursing programs provided they meet the same quality standards as programs offered at four-year institutions.

- Revised *Position Statement on Nursing Research* which was prepared by a task force led by Dr. Ada Sue Hinshaw from the University of Michigan.

- *Position Statement of Support for Clinical Nurse Specialists* which recognizes the unique role these advanced practice clinicians play in health care delivery.

For more information on AACN publications, see **http://www.aacn.nche.edu/Publications**.

Accreditation

An autonomous arm of AACN, the Commission on Collegiate Nursing Education (CCNE) ensures the quality and integrity of baccalaureate and graduate education programs that prepare nurses. Now in its ninth year of accreditation review activities, CCNE has accredited 449 baccalaureate and 322 master's degree programs at 482 nursing colleges and universities nationwide and in Puerto Rico. An additional 44 baccalaureate and 17 master's degree programs at 46 institutions hold new applicant status.

In September 2005, CCNE successfully completed its **2005 elections process**. CCNE distributed ballots to 425 institutions - all with baccalaureate and/or master's degree programs holding accreditation or preliminary approval by CCNE - to be cast in the elections for the CCNE Board of Commissioners. Valid ballots were returned from 211 institutions, resulting in a 50 percent response rate. Elected to the CCNE Board were Dr. Jill Derstine, chair of the Department of Nursing at Temple University (PA) as the representative for Deans; Dr. Mary Jo Clark from the University of San Diego as the representative for Faculty; Dr. Anne E. Wojner-Alexandrov from Arizona State University as the representative for Practicing Nurses; Mr. Thomas Smith from The Mount Sinai Hospital (NY) as the representative for Professional Consumers; and Dr. Jane Voglewede from MeritCare Health System (ND) as the representative for Public Consumers.

In a move consistent with other health professions, CCNE decided that only practice doctoral degrees with the **Doctor of Nursing Practice title** that award the

DNP credential will be eligible for CCNE accreditation which is currently under development. The CCNE Board of Commissioners reached this unanimous decision in September 2005 as part of its continuing work to develop a process for accrediting clinically-focused nursing doctorates. CCNE's decision to consider for accreditation only practice doctorates with the DNP title is consistent with good accreditation practice and with similar actions taken by accrediting organizations for the other health professions. "Consistent degree titling will help to reduce confusion among health care consumers about the qualifications of doctorally-prepared nursing clinicians," said CCNE Board Chair Dr. Mary Margaret Mooney. In addition to accrediting DNP programs once the process is in place, CCNE will continue to accredit nursing programs offered at the baccalaureate and master's degree levels.

For more information on CCNE and nursing program accreditation, see http://www.aacn.nche.edu/ Accreditation.

Board of Directors
American Association of Colleges of Nursing
Washington, DC

Report of Independent Auditors

We have audited the accompanying statement of financial position of the American Association of Colleges of Nursing (AACN) as of June 30, 2006, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of AACN's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from AACN's 2005 financial statements and, in our report dated August 18, 2005, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above, present fairly, in all material respects, the financial position of American Association of Colleges of Nursing as of June 30, 2006, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Washington, DC
August 18, 2006

Drolet + Associates, PLLC

Exhibit A

STATEMENT OF FINANCIAL POSITION JUNE 30, 2006
(With Summarized Financial Information for June 30, 2005)

ASSETS	AACN	CCNE	2006 Total	2005 Total
Current Assets				
Cash and cash equivalents	$ 179,518	$ 351,209	$ 530,727	$ 428,101
Contributions and grants receivable	1,984,674		1,984,674	1,782,931
Accounts receivable	41,226	1,804	43,030	43,963
Accrued interest receivable	11,982	5,293	17,275	3,735
Due to/from CCNE	42,282	(42,282)		
Prepaid expenses	86,984	27,446	114,430	103,725
Total Current Assets	**2,346,666**	**343,470**	**2,690,136**	**2,362,455**
Fixed Assets				
Furniture and equipment	366,826	120,065	486,891	441,272
Leasehold improvements	199,760	74,429	274,189	272,889
	566,586	**194,494**	**761,080**	**714,161**
Less accumulated depreciation and amortization	(415,709)	(152,830)	(568,539)	(503,266)
Net Fixed Assets	**150,877**	**41,664**	**192,541**	**210,895**
Investments	**5,591,140**	**1,553,721**	**7,144,861**	**5,557,878**
Contributions and Grants Receivable less current portion	**2,385,267**		**2,385,267**	**3,120,612**
Total Assets	**$ 10,473,950**	**$ 1,938,855**	**$ 12,412,805**	**$ 11,251,840**

LIABILITIES AND NET ASSETS	AACN	CCNE	2006 Total	2005 Total
Current Liabilities				
Accounts payable	$ 183,316	$ 22,100	$ 205,416	$ 63,513
Accrued vacation	99,294	17,998	117,292	102,018
Deferred revenue:				
Dues	929,899		929,899	662,991
Meetings	133,197		133,197	76,116
Accreditation		503,300	503,300	309,300
Total Current Liabilities	**1,345,706**	**543,398**	**1,889,104**	**1,213,938**
Net Assets				
Unrestricted	4,298,620	1,395,457	5,694,077	5,066,274
Temporarily restricted	4,741,421		4,741,421	4,883,425
Permanently restricted	88,203		88,203	88,203
Total Net Assets	**9,128,244**	**1,395,457**	**10,523,701**	**10,037,902**
Total Liabilities and Net Assets	**$ 10,473,950**	**$ 1,938,855**	**$ 12,412,805**	**$ 11,251,840**

The accompanying notes are an integral part of these financial statements.

*E*xhibit B

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2006

(With Summarized Financial Information for the Year Ended June 30, 2005

	Unrestricted			Temporarily Restricted	Permanently Restricted		
	AACN	CCNE	Total	AACN	AACN	2006 Total	2005 Total
REVENUES							
Contributions and grants				$1,279,179		$ 1,279,179	$ 2,636,524
Membership dues	$ 1,915,865		$ 1,915,865			1,915,865	1,719,360
Registration fees	1,133,246	$ 11,550	1,144,796			1,144,796	968,583
Publication sales	248,270		248,270			248,270	312,804
Investment income	420,383	109,540	529,923	5,751		535,674	420,448
Annual fees		857,825	857,825			857,825	808,625
Application fees		99,500	99,500			99,500	102,500
Site evaluation fees		287,000	287,000			287,000	333,200
New program fees		10,000	10,000			10,000	3,000
Miscellaneous income	33,887	1,126	35,013			35,013	15,332
Net assets released from restrictions	1,426,934		1,426,934	(1,426,934)			
Total Revenues	**5,178,585**	**1,376,541**	**6,555,126**	**(142,004)**	**-0-**	**6,413,122**	**7,320,376**
Expenses							
Program services:							
California Endowment	16,623		16,623			16,623	
End of Life Projects	141,693		141,693			141,693	119,041
Gerontology/Geriatric Projects	1,005,919		1,005,919			1,005,919	838,880
Other Grants/Contracts	266,034		266,034			266,034	257,195
Research	292,560		292,560			292,560	286,505
Education Policy	208,267		208,267			208,267	216,200
Governmental Affairs/ Lobbying	389,685		389,685			389,685	371,952
Publications	184,515		184,515			184,515	185,094
Public Affairs	213,563		213,563			213,563	225,424
Meetings	823,840		823,840			823,840	775,248
Networks	87,064		87,064			87,064	2,587
Special Projects	113,899		113,899			113,899	
Taskforces	276,632		276,632			276,632	105,366
Accreditation		1,060,627	1,060,627			1,060,627	994,243
Total Program Services	**4,020,294**	**1,060,627**	**5,080,921**	**-0-**	**-0-**	**5,080,921**	**4,377,735**
Supporting services:							
General and administrative	736,893	109,509	846,402			846,402	909,631
Total Expenses	**4,757,187**	**1,170,136**	**5,927,323**	**-0-**	**-0-**	**5,927,323**	**5,287,366**
Change In Net Assets	**421,398**	**206,405**	**627,803**	**(142,004)**	**-0-**	**485,799**	**2,033,010**
Net Assets, Beg. of Year	**3,877,222**	**1,189,052**	**5,066,274**	**4,883,425**	**88,203**	**10,037,902**	**8,004,892**
Net Assets, End of Year	**$ 4,298,620**	**$ 1,395,457**	**$ 5,694,077**	**$ 4,741,421**	**$ 88,203**	**$10,523,701**	**$ 10,037,902**

The accompanying notes are an integral part of these financial statements.

*E*xhibit C

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2006
(With Summarized Financial Information for the Year Ended June 30, 2005)

	California Endow-ment	End of Life Projects	Gerontology/ Geriatric Projects	Other Grants & Contracts	Research	Education Policy	Governmen-tal Affairs/ Lobbying
Salaries	$ 11,310	$ 82,021	$ 268,701	$ 42,994	$ 189,052	$ 157,001	$ 218,199
Fringe benefits	2,940	15,551	70,607	11,651	39,631	33,487	47,316
Telephone	40	566	5,291	969	590	92	1,461
Printing & design			28,737	5,237	15,977		
Postage & duplication	82	2,619	9,831	1,401	3,950	1,918	2,296
Office supplies	83	2,230	3,580	496	5,290	799	1,165
Staff/officer travel		9,763	25,153	7,127	387	1,625	8,477
Board & committee			35,337	7,579			2,540
Consulting services			18,452	12,270	24,729		
Professional fees							
Rent					11,256	11,484	13,608
Office insurance							
Depreciation/amortization							
Equip. repairs & maintenance							
JPN subs. cost to members							
Dues & subscriptions		813			71	790	8,420
Public relations							450
Legislative affairs							84,100
Staff continuing education							
Catering & audio visual			20,367	18,303	611		
Special activities		21,049	(16,455)	25,000			
Scholarships/Stipends/Grants			447,887	125,000			
Honoraria							
Miscellaneous		609	25,629		1,016	1,071	1,653
Overhead allocation	2,168	6,472	56,809	8,007			
Subcontract expenses			5,993				
Evaluator training							
Evaluator travel							
Realized loss on disposal							
Total expenses	**$ 16,623**	**$ 141,693**	**$ 1,005,919**	**$ 266,034**	**$ 292,560**	**$ 208,267**	**$ 389,685**

Publica-tions	Public Affairs	Meetings	Networks	Special Projects	Taskforces	Accredit-ation	G & A	2006 Total Expenses	2005 Total Expenses
$ 103,290	$ 110,497	$ 205,793	$ 58,879	$ 83,976	$ 722	$ 352,408	$ 371,945	$ 2,256,788	$ 2,081,953
24,947	27,303	47,368	15,264	21,650	170	93,049	92,126	543,060	487,213
130	73	2,989	2,669	51	6,589	3,252	7,163	31,925	26,654
16,178	22,805	20,419				16,183	4,389	129,925	112,483
4,707	11,760	30,607	2,981		5,423	17,668	11,345	106,588	109,738
750	750	9,205	1,275	250	384	5,075	33,329	64,661	49,912
2,515	604	106,531	385	1,877	44,818	14,848	55,003	279,113	245,055
		1,152			137,189	131,411	96,321	411,529	283,368
	10,108	7,500			27,365	26,912	2,500	129,836	160,111
						4,972	23,509	28,481	26,786
6,396	9,012	13,752	4,920	5,808		31,411	29,492	137,139	134,660
						12,953	14,563	27,516	25,909
						11,942	53,954	65,896	66,147
						833	4,311	5,144	12,552
16,830								16,830	22,425
	1,494					9,080	30,843	51,511	60,127
							22,657	23,107	8,299
								84,100	77,053
						2,576	8,458	11,034	11,846
	1,494	332,557			44,568			417,900	349,529
	11,510	26,650			6,382	11,183		85,319	66,982
								572,887	458,260
7,500								7,500	5,000
1,272	6,181	19,317	691	287	3,022	18,919	55,745	135,412	105,968
	(28)						(73,428)	-0-	-0-
								5,993	27,727
						81,472		81,472	38,937
						214,480		214,480	232,308
							2,177	2,177	364
$ 184,515	**$ 213,563**	**$ 823,840**	**$ 87,064**	**$ 113,899**	**$ 276,632**	**$ 1,060,627**	**$ 846,402**	**$ 5,927,323**	**$ 5,287,366**

The accompanying notes are an integral part of these financial statements.

*E*xhibit D

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2006
(With Summarized Financial Information for the Year Ended June 30, 2005)

	2006	2005
Cash Flows From Operating Activities		
Change In Net Assets	$ 485,799	$ 2,033,010
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Gain on investments	(236,100)	(241,947)
Depreciation and amortization	65,895	66,147
Loss on disposal of fixed assets	2,177	364
Decrease (increase) in grants receivable	533,602	(1,283,749)
Decrease (increase) in accounts receivable	933	(7,761)
(Increase) decrease in accrued interest receivable	(13,540)	1,133
Increase in prepaid expenses	(10,705)	(12,769)
Decrease in bank overdraft	-0-	(107,982)
Increase (decrease) in accounts payable	141,903	(234,335)
Increase in accrued vacation	15,274	4,743
Increase (decrease) in deferred revenue - dues	266,908	(31,002)
Increase in deferred revenue - meetings	57,081	32,361
Increase in deferred revenue - accreditation	194,000	16,300
Net Cash Provided By Operating Activities	**1,503,227**	**234,513**
Cash Flows From Investing Activities		
Purchases of furniture and equipment	(48,417)	(37,051)
Purchases of leasehold improvements	(1,300)	(11,255)
Purchases of investments	(3,446,457)	(1,594,929)
Proceeds from sales of investments	2,095,573	1,055,116
Net Cash Used In Investing Activities	**(1,400,601)**	**(588,119)**
Net Increase (Decrease) In Cash And Cash Equivalents	**102,626**	**(353,606)**
Cash And Cash Equivalents, Beginning Of Year	**428,101**	**781,707**
Cash And Cash Equivalents, End Of Year	**$ 530,727**	**$ 428,101**

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

NOTE A ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The American Association of Colleges of Nursing (AACN) was formed in 1969 as a nonprofit organization to establish quality standards for bachelor's and graduate degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing.

AACN's major programs consist of the following:

1. *California Endowment:* Administering the Nurse Faculty Scholarship Program to increase the number of minority faculty working in schools of nursing.
2. *End of Life Projects:* National education initiative to improve end-of-life care by providing undergraduate and graduate nursing faculty, CE providers, staff development educators, pediatric and oncology-specialty nurses, and other nurses with training in end-of-life care so that they can teach this essential information to nursing students and practicing nurses.
3. *Gerontology/Geriatric Projects:* Enhancing gerontology content and experiences in baccalaureate and advanced practice nursing (APN) education programs, providing faculty development for baccalaureate faculty using a train-the-trainer approach, and providing scholarship monies to increase the number of APN gerontology specialists.
4. *Other Grants & Contracts:* A variety of programs geared to advance nursing education, research and practice.
5. *Research:* AACN's Institutional Data Systems (IDS) and Research Center provide essential resources to assist the nursing community in addressing changes in health care systems and nursing education.
6. *Education Policy:* Multiple and diverse initiatives and activities related to nursing education and practice. These include the establishment of curricular standards, quality indicators for nursing education, and nursing education policy.
7. *Governmental Affairs/Lobbying:* Advocacy for nursing education and research throughout the federal legislative and regulatory process. AACN works closely with Congress, the Administration and federal agencies to ensure sufficient funding and focus on nursing programs through Title VIII of the Public Health Service Act, at the National Institute of Nursing Research, and in new initiatives that affect nursing education and research.
8. *Publications:* Publications include the Journal of Professional Nursing, the SYLLABUS newsletter, and a variety of other higher education/nursing publications.
9. *Public Affairs:* Programs to establish AACN as the authoritative source for information on baccalaureate and graduate nursing education by generating increased visibility within and outside nursing.
10. *Meetings:* National conferences focused on a variety of constituent groups within the school of nursing to address learning needs in the complex nursing education environment.
11. *Networks:* Information, networking and professional development for nursing school faculty and staff. The Networks bring peer professionals together to share best practices and sharpen leadership skills.
12. *Special Projects:* Provides leadership and support for many different projects related to promoting innovation in baccalaureate and graduate nursing education.
13. *Task Forces:* A variety of activities focused on undergraduate and graduate education initiatives.
14. *Accreditation:* Accrediting baccalaureate and graduate nursing education programs.

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting. Consequently, revenue is recognized when earned and expenses when incurred.

Financial Statement Presentation

AACN classifies information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Income Taxes

AACN is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and has been determined by the Internal Revenue Service not to be a private foundation within the meaning of section 509(a) of the Code.

Cash and Cash Equivalents

AACN considers all highly liquid investments with a maturity of three months or less, when purchased, to be cash equivalents.

NOTES TO FINANCIAL STATEMENTS

NOTE A ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)

Accounts Receivable

Accounts receivable are considered to be fully collectible by management and accordingly no allowance for doubtful accounts is considered necessary.

Fixed Assets

Fixed assets are stated at cost, if purchased, or fair market value at date of donation, if contributed. Depreciation of furniture and equipment is computed using the straight-line method over the estimated useful lives of the assets. Leasehold improvements are amortized over the shorter of the estimated useful life of the asset or the remaining lease term. All acquisitions of property and equipment in excess of $750 are capitalized.

Investments

Investments are stated at fair value. The valuation of investments is based upon quotations obtained from national securities exchanges; where securities are not listed on an exchange, quotations are obtained from other published sources. Investments in limited partnerships are reported at fair value based on information provided by the manager of the partnership. The manager determines the fair value based on quoted market prices, if available, or using other valuation methods, including independent appraisals.

Contributions and Grants

Contributions and grants are recorded as unrestricted, temporarily restricted or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions.

Dues and Fees

Membership dues are recognized as revenue on a pro rata basis over the term of the membership period. Application fees for accreditation are recognized as revenue in the year the accreditation process starts. Application and annual fees from the accreditation program and membership dues received in advance are included in deferred revenue.

Functional Allocation of Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis in the Statement of Functional Expenses and the Statement of Activities.   Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Prior Year Information

The accompanying financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with AACN's financial statements for the year ended June 30, 2005.

Reclassifications

Certain 2005 amounts have been reclassified for comparative purposes.

NOTE B COMMISSION ON COLLEGIATE NURSING EDUCATION

The Commission on Collegiate Nursing Education (CCNE) was established in 1996 as an autonomous arm of AACN to have the sole purpose of accrediting baccalaureate and graduate nursing education programs. AACN shares its premises and administrative personnel with CCNE. Costs are allocated between the two organizations and are based on actual expenditures or a percentage of salaries. As of June 30, 2006, CCNE owed AACN approximately $42,000.

NOTES TO FINANCIAL STATEMENTS *continued*

NOTE C INVESTMENTS

The quoted market and published unit values of investments as of June 30, 2006 are as follows:

AACN

Description	Amount
Mutual funds	$ 4,242,725
Limited partnership interests	351,888
Certificates of deposit	996,527
	5,591,140

CCNE

Description	Amount
Mutual funds	$ 1,156,434
Limited partnership interests	98,063
Certificates of deposit	299,224
	1,553,721
Total investments	**$ 7,144,861**

The limited partnerships engage in the speculative trading of future contracts, forward contracts, and swap-contracts (collectively derivatives). The limited partnerships are exposed to both market risk, the risk arising from changes in the market value of the contracts, and credit risk, the risk of failure by another party to perform according to the terms of the contract.

Investment income is summarized as follows:

Description	Amount
Interest and dividend income	$ 299,574
Gain on investments	236,100
Total investment income	**$ 535,674**

NOTE D CONCENTRATIONS

AACN maintains cash balances at various financial institutions. The accounts at these institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to $100,000. At times during the year, AACN's cash balances exceeded the FDIC limits. Management believes the risk in these situations to be minimal.

As of June 30, 2006, one contributor comprised 86% of contributions and grants receivable for AACN. One contributor comprised 73% of contributions and grants revenue for the year ended June 30, 2006.

NOTE E CONTRIBUTIONS AND GRANTS RECEIVABLE

All contributions and grants receivable are considered to be collectible within one year unless otherwise stated by the donor. Contributions and grants receivable which will not be collected within one year have been discounted at 4.0% at June 30, 2006. Uncollectible contributions and grants receivable are expected to be insignificant.

June 30,	Amount
2007	$1,984,674
2008	1,298,717
2009	1,332,365
Total contributions and grants receivable	4,615,756
Less discount to present value	(245,815)
Net contributions and grants receivable	**$ 4,369,941**

NOTES TO FINANCIAL STATEMENTS *continued*

NOTE F   RETIREMENT PLAN

AACN maintains a defined contribution retirement plan (the Plan) covering all employees who have completed one year of service and have reached the age of 21. Contributions to the Plan are applied to individual annuities issued to each participant by the Teachers Insurance and Annuity Association (TIAA) and/or the College Retirement Equities Fund (CREF). Participants are required to contribute five percent of covered compensation in order for AACN to contribute ten percent of covered compensation. Contributions to the Plan for the year ended June 30, 2006 totaled approximately $167,000.

NOTE G   PERMANENTLY RESTRICTED NET ASSETS

Permanently restricted net assets represent funds that are to be invested in perpetuity with the investment income used for general support of AACN. Permanently restricted net assets as of June 30, 2006 were approximately $88,000.

NOTE H   OPERATING LEASES

AACN leases office space under a noncancelable operating lease which commenced July 1, 1997 and expires on June 30, 2007. In the normal course of business, operating leases are generally renewed or replaced by other leases.

NOTE I   TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes as of June 30, 2006:

Description	Amount
End of Life Projects	$ 87,822
Increasing Minority Nursing	924,116
Hartford Scholarship Projects	1,562,926
Hartford Institute Award	9,808
Hartford Faculty Development	2,145,514
BONUS Administrative Fund	11,235
Total	**$ 4,741,421**

Net assets were released from donor restrictions by incurring expenses satisfying the purpose restrictions specified by donors for the year ended June 30, 2006 as follows:

Description	Amount
HRSA - Secretary's Award	$ 18,235
Archstone Foundation	13,114
Aetna, Inc.	5,103
Web-based Essentials Project	46,673
End of Life Projects	123,476
GW National Nurses Emergency Preparedness	5,071
Increasing Minority Nursing	16,624
UCLA Tobacco Free Nurses	13,634
Gerontology/Geriatric Projects	132,463
Hartford Scholarship Projects	562,983
TMP Worldwide Faculty Scholarship Program	150,979
Curriculum/Awards Projects	31,444
Hartford Inst Award	9,948
Hartford Faculty Development	297,187
Total	**$ 1,426,934**

AACN BOARD OF DIRECTORS
Back Row: Linda Niedringhaus, Nancy DeBasio, Martha Hill, Terry Misener, Joan Creasia, Jane Kirschling and Melanie Dreher.
Seated: Lea Acord, C. Fay Raines, Jeanette Lancaster, Eileen Breslin, Geraldine "Polly" Bednash.

Governance and Organization

AACN is governed by an 11-member Board of Directors, each of whom represents a member institution. The Board consists of four officers and seven members-at-large, all elected by the membership for a two-year term.

Some members-at-large are designated by the president to serve two-year terms as chairs of standing committees, which include Finance, Government Affairs, Membership, and Program. The elected treasurer chairs the Finance Committee. The Nominating Committee is elected for a one-year term. The Board appoints task forces as issues arise that require study and action.

COMMITTEES

Clinical Nurse Leader Evaluation Committee

Charlene Quinn *(Chair)*, University of Maryland; **Sean Clarke**, University of Pennsylvania; **Sue Haddock**, WJB Dorn VA Hospital; **Kathleen Sanford**, American Organization of Nurse Executives; **Marcia Stanhope**, University of Kentucky; **Jolene Tornabeni**, CNL Implementation Task Force Chair; **Gail A. Wolfe**, American Organization of Nurse Executives

Educational Benchmarking (EBI) Survey Advisory Group

Sandra Ferketich *(Chair)*, University of New Mexico; **Candace Berardinelli**, Regis University; **Linda Caldwell**, Curry College; **Johanne Quinn**, King College; **Silvana Richardson**, Viterbo University

Finance Committee

Eileen Breslin *(Chair)*, University of Massachusetts-Amherst; **Robert Anders**, University of Texas-El Paso; **Terese Burch**, Saint Anthony College of Nursing; **Timothy Gaspar**, Winona State University; **Catherine Gilliss**, Duke University

Government Affairs Committee

Jane Kirschling *(Chair)*, University of Kentucky; **Linda Thompson Adams**, Oakland University; **Christine Alichnie**, Bloomsburg University; **Jean Ballantyne**, University of Alaska-Anchorage; **Kaye Bender**, University of Mississippi Medical Center; **Connie Carpenter**, Nevada State College; **Greer Glazer**, University of Massachusetts-Boston; **Carolyn Harvey**, East Texas Baptist University; **Patricia Kraft**, Carson-Newman College; **Nancy Ridenour**, Illinois State University

Membership Committee

Terry Misener, University of Portland *(Chair)*; **Betty Adams**, Prairie View A&M University; **Carol Dorough**, Southern Nazarene University; **Joyce Young Johnson**, Albany State University; **Jeanne Novotny**, Fairfield University; **Lynne Pearcey**, University of North Carolina at Greensboro; **Nilda Peragallo**, University of Miami; **Jean Samii**, Saint Francis University; **Sara Torres**, University of Medicine and Dentistry of New Jersey; **Linda Zoeller**, Saint Mary's College

Nominating Committee

Pamela Watson, University of Texas Medical Branch *(Convener)*; **Virginia Adams**, University of North Carolina-Wilmington; **Jean Bartels**, Georgia Southern University; **Mary Mundt**, Michigan State University; **Roberta Olson**, South Dakota State University

Program Committee

Joan Creasia *(Chair)*, University of Tennessee-Knoxville; **Susan Bakewell-Sachs**, The College of New Jersey; **Kathleen Dracup**, University of California-San Francisco; **Susan Fetsch**, Avila University; **Robin Froman**, University of Texas Health Sciences Center-San Antonio; **Eleanor Howell**, Creighton University

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Julie Sebastian, University of Missouri-St. Louis

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Doctoral Conference Subcommittee

Kathleen Dracup *(Chair)*, University of California-San Francisco; **Lynette Ament**, University of New Hampshire; **Patricia Chiverton**, University of Rochester; **Audrey Gift**, Michigan State University; **E. Jane Martin**, West Virginia University; **Karen Miller**, University of Kansas; **Linda Wilson**, Drexel University

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Master's Conference Subcommittee

Susan Bakewell-Sachs, The College of New Jersey *(Chair)*; **Laura Cox Dzurec**, Kent State University; **Jean Leuner**, University of Central Florida; **Marcia Maurer**, Southern Illinois University-Edwardsville; **Jan Noles**, Patty Hanks Shelton School of Nursing; **Patsy Ruchala**, University of Nevada-Reno, **Kathleen Thies**, University of Massachusetts-Worcester

Summer Seminar Subcommittee

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Hot Issues Conference Subcommittee

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TASK FORCES

Academic Careers Task Force

Nancy Hoffart, Northeastern University *(Chair)*; **Carol Easley Allen**, Oakwood College; **Marla Salmon**, Emory University; **Betty Smith Williams**, National Coalition of Ethnic Minority Nurse Associations

Clinical Nurse Leader Implementation Task Force

Jolene Tornabeni *(Chair)*, Inova Health System; **Cynthia Flynn Capers**, University of Akron; **Melanie Dreher**, Rush University; **Karen Haase-Herrick**, American Organization of Nurse Executives; **James Harris**, VA Tennessee Valley Healthcare System; **Traci Hoiting**, Providence St. Vincent Medical Center;

Judith Miller, Marquette University; **Charlene Quinn**, University of Maryland *(Chair, CNL Evaluation Committee)*; **Raelene Shippee-Rice**, University of New Hampshire; **Marcia K. Stanhope**, University of Kentucky; **Marge Wiggins**, Maine Medical Center

Task Force on the Essentials of Nursing Education for the Doctor of Nursing Practice

Donna Hathaway *(Chair)*, University of Tennessee Health Science Center; **Janet Allan**, University of Maryland; **Ann Hamric**, University of Virginia; **Judy Honig**, Columbia University; **Carol Howe**, Oregon Health and Science University; **Maureen Keefe**, University of Utah; **Betty Lenz**, The Ohio State University; **Sr. Mary Margaret Mooney,** Commission on Collegiate Nursing Education; **Julie Sebastian**, University of Missouri-St. Louis; **Heidi Taylor**, West Texas A&M University; **Edward S. Thompson**, University of Iowa

Task Force on the Roadmap to the Doctor of Nursing Practice

Carolyn Williams *(Chair)*, University of Kentucky; **Anna Alt-White**, Department of Veterans Affairs; **Debra Davis**, University of South Alabama; **Carolina Huerta**, University of Texas-Pan American; **Martha Hill**, Johns Hopkins University; **Nancy Mosser**, Waynesboro College; **Marjorie Thomas Lawson**, University of Southern Maine

Task Force on the Revision of the Position Statement on Nursing Research

Ada Sue Hinshaw *(Chair)*, University of Michigan; **Katharyn A. May**, University of Wisconsin-Madison; **Pamela H. Mitchell**, University of Washington; **Mary Ellen Wewers**, The Ohio State University; **Carolyn Yucha**, University of Nevada-Las Vegas

AFFILIATIONS

Deans of member schools, as well as AACN officers and staff, represent the association on a number of advisory councils, panels, agencies, committees, and other high profile initiatives within the nursing and higher education communities, including:

Ad Hoc Group for Medical Research Funding

Over 300 research, biomedical, patient advocacy, and health care provider groups meet monthly and engage in activities including sending letters to the Hill, hosting briefings for congressional staff, and meeting with key NIH directors.

AfterCollege

In collaboration with AACN, AfterCollege funds a scholarship program and develops free online career centers for member schools.

Alliance for APRN Credentialing

Created by AACN in 1997 in conjunction with CCNE, this group of specialty nursing organizations meets twice each year to discuss issues related to nursing education, practice and credentialing.

American Health Care Association

AACN's Executive Director participated on the Nursing Advisory Commission that examines nursing staffing concerns within the long-term care industry.

APRN Consensus Work Group

Convened by AACN, this coalition of APRN stakeholder groups is engaged in the development of a consensus statement regarding APRN education, regulation, specialization and sub-specialization, and certification. Participants include AANA, AANP, ANCC, AONE, NACNS, NCSBN, NLN, NONPF, and ONS among other groups.

Association of Academic Health Centers

AACN is an affiliate member of the AAHC and its affiliates council and participates in all AAHC meetings and strategic planning activities.

Association of American Colleges and Universities

Staff work with AAC&U on the Professional Accreditation and Assessment (PAA) project to develop areas of study and competencies that should be included in every baccalaureate major.

Association of General and Liberal Studies

Staff serve on the Executive Committee focused on promoting quality general education within higher education.

California Endowment

Dedicated to increasing access to health care, this foundation has partnered with AACN to offer a minority nurse faculty scholarship program.

CertifiedBackground.com

Through this partnership, AACN has negotiated discounted criminal background check services for students and faculty at member institutions.

Clinical Nursing Leader Implementation Task Force

The following organizations are collaborating with AACN on the implementation of the CNL: American Organization of Nurse Executives, Plexus Institute and VA Department of Nursing.

Coalition for Health Funding

Government Affairs staff attend monthly meetings and briefings with key congressional and administration officials to ask questions and offer input on health care issues. This coalition leads Hill meetings with OMB and appropriations staff.

Cover the Uninsured Week/ Covering Kids & Families Campaign

For the past four years, AACN has joined with other national organizations to provide promotional support for these two Robert Wood Johnson Foundation initiatives.

Education Scholar

AACN is engaged in an ongoing collaboration with the American Association of Colleges of Pharmacy and Western University of the Health Sciences to administer this interprofessional, Web-based faculty development initiative for health professions educators. AACN represents nursing and is responsible for all nurse educator registrations across the U.S.

Educational Benchmarking, Inc.

AACN formed a partnership with EBI in 2000 to develop student satisfaction surveys to assist college and universities in assessing their nursing programs in support of continuous quality improvement objectives.

Elsevier Science

The publisher of the *Journal of Professional Nursing*, Elsevier is one of the leading publishers in the world with more than 20,000 products and services.

End-of-Life Nursing Education Projects

AACN collaborates with the City of Hope National Medical Center in California to provide a series of training sessions for nursing faculty in teaching end-of-life nursing care. Other program and funding collaborators include the Archstone Foundation, Last Acts, National Cancer Institute, and the Oncology Nursing Society.

Federation of Association of Schools of the Health Professions

AACN is a member of FASHP and participates in the monthly CEO meetings and twice yearly retreat. Other groups that meet include the FASHP CFOs and information technology representatives. The groups meet to discuss common financial issues, governmental affairs, and joint advocacy efforts.

Friends of AHRQ

The coalition sends support letters, coordinates meetings with key congressional and administration staff, and hosts briefings to support AHRQ funding.

Friends of HRSA

The coalition sends support letters, coordinates meetings with key congressional and administration staff, and hosts briefings regarding HRSA funding.

Friends of Indian Health Service

The coalition sends support letters, coordinates meetings with key Hill staff, and hosts briefings and receptions regarding funding of the Indian Health Service.

Gerontology Projects

Collaborating organizations include John A. Hartford Foundation; John A. Hartford Foundation Institute for Geriatric Nursing and American Academy of Nursing (Hartford Geriatric Nursing Institute); American Geriatrics Society (distribute *Geriatrics at Your Fingertips* to master's-prepared nurses); Gerontological Society of America (exhibit/present at annual scientific meetings); The Measurement Group (evaluator of grant project outcomes); Institute on Aging (PI faculty attend summer institutes and other training); and Alliance for Aging Research (support geriatric healthcare education and endorse annual report).

Global Alliance for Nursing Education & Scholarship (GANES)

With AACN serving as a founding member, GANES strives to advance professional nursing education and scholarship worldwide with the goal of improving global health.

Government Affairs Collaborating Organizations

Staff work closely with a variety of nursing organizations on common issues related to nursing research, education and practice legislation and regulation. Collaborators include American Association of Nurse Anesthetists, American Nurses Association, American Organization of Nurse Executives, NONPF and Oncology Nurses Society.

Health Professions and Nursing Education Coalition

HPNEC holds monthly meetings, sends support letters, hosts an annual Capitol Hill lobbying day, develops talking points and brochures, holds Hill briefings, and coordinates meetings with appropriations staff. AACN is one of five members of the Steering Committee.

Healthy People Task Force

This interprofessional task force addresses Healthy People 2010 implementation within health professions curricula. Participants include the American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of

Academic Health Centers, Association of American Medical Colleges, Association of Physician Assistant Programs, Association of Teachers of Preventive Medicine, and the National Organization of Nurse Practitioner Faculties.

Higher Education Friday Group

Led by the American Council on Education, this group meets weekly to discuss Higher Education Reauthorization and organizational advocacy efforts.

Interagency Collaboration on Nursing Statistics

ICONS promotes the generation and utilization of data, information, and research to facilitate and influence decision making about nurses, nursing education, and nursing workforce. AACN has been a member since 1984.

International Academy of Nurse Editors

INANE is an informal network of about 200 editors of nursing publications worldwide that meets once a year to exchange information about editing and publishing strategies for professional nursing publications.

International Nursing Coalition for Mass Casualty Education

Formed by Vanderbilt University, INCMCE is a coalition of national nursing, accrediting and healthcare organizations focused on preparing nurses to respond to mass casualty incidents.

Johnson & Johnson's Campaign for Nursing's Future

AACN consults with campaign coordinators on the national public awareness campaign launched by J&J to generate interest in nursing careers.

Joint Commission on Accreditation of Healthcare Organizations

AACN participates actively on two JCAHO councils, the Nursing Advisory Council and the Health Professions Council, and on the planning committee for JCAHO conferences on health professions education.

Lydia's Professional Uniforms, Inc.

Working through AACN, Lydia's funds a scholarship program for juniors enrolled in baccalaureate nursing programs.

National Association of Advisors for the Health Professions

Staff attend annual meetings and work with the NAAHP to highlight nursing as a career choice to college program advisors.

National Association of Clinical Nurse Specialists

Initiated in 2003, the AACN/NACNS Data Collaboration was established to jointly collect data on CNS educational programs.

National Center for Higher Education

Representing associations in the One Dupont Circle building, AACN participates on several NCHE working committees, including Technology, Meeting Planning, Human Resources and Building Services.

National Environmental Education & Training Foundation

AACN works with NEETF on the development of competencies for health professionals related to environmental health and on the Pediatric Asthma Initiative.

National Nursing Research Roundtable

NNRR is an informal association of nursing organizations with a mission to serve the public's health through a strong research-based nursing practice. AACN has been a member since 1989.

National Organization of Nurse Practitioner Faculties

The AACN/NONPF Data Collaboration and Data Advisory Committee was initiated in 1997 and has resulted in the creation of the most complete repository of data on NP education in the US and a single data source to support health workforce planning and policy analysis.

National Student Nurses Association

AACN coordinates educational sessions at NSNA's annual and mid-year conferences to strengthen ties between both organizations.

Nurses for a Healthier Tomorrow Coalition

A member of the Executive Committee, AACN work this coalition of 45 nursing groups to increase interest in nursing faculty careers.

Nursing Organizations Alliance (NOA)

This coalition of nursing organizations was formed to create a strong voice for nurses. The Alliance provides a forum for identification, education, and collaboration building on issues of common interest to advance the nursing profession.

Nursing Overseas (NO)

AACN support the nursing division of Health Volunteers Overseas, a private, nonprofit voluntary organization founded in 1986 and headquartered in Washington, DC.

Peterson's

AACN has collaborated with Peterson's in publishing the *Guide to Nursing Programs Guide* since 1994. Peterson's is part of the Thomson Corporation.

Society of National Association Publications

SNAP is a non-profit professional society that serves association publishers and communications professionals and provides a forum for idea information and exchange.

Sullivan Alliance for Diversity in the Health Professions

AACN's Executive Director represents nursing on this interprofessional working group focus on enhancing diversity across the health professions.

Tri-Council for Nursing

Composed of AACN, AONE, NLN and ANA, the Tri-Council meets up to four times yearly to discuss government affairs initiatives and common issues of concern.

University HealthSystem Consortium

AACN's ongoing collaboration with the UHC centers on the creation and evaluation of a one-year, post-baccalaureate nursing residency program.

Washington Higher Education Secretariat

WHES is composed of 50 national, higher education associations including AACN. The American Council on Education is the coordinating body that provides a forum for discussion on education issues of national and local importance.

Working Group on Nursing Funding

This group holds periodic meetings, hosts joint Hill meetings, and sends support letters to Congress on funding for nursing education.

MEMBERSHIP

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

■ is legally authorized to grant the credential to which the program leads,

■ is regionally accredited, and has received institutional accreditation by an accrediting agency recognized by the U.S. Secretary of Education.

Provisional membership may be held for a total of (3) years and is open to any institution that is in the process of developing a baccalaureate or higher degree program 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.

Membership dues are **$3,360** annually; the fiscal year runs from July 1- June 30. Other categories of membership are Emeritus, Honorary, and Honorary Associate, and are conferred to individuals at the discretion of the Board of Directors.

INDIVIDUAL MEMBERSHIP

Emeritus Members

Last affiliation

Linda Amos, University of Utah

Kathleen Andreoli, Rush University Medical Center

Billye J. Brown, University of Texas-Austin

Rita Carty, George Mason University

Patricia Castiglia, The University of Texas at El Paso

Luther Christman, Rush University

Thelma Cleveland, Washington State University

Anna B. Coles, Howard University

Marcia Curtis, Medical University of South Carolina

Tina DeLapp, University of Alaska-Anchorage

Lillian J. DeYoung, University of Akron

Phyllis D. Drennan, University of Missouri-Columbia

Barbara Durand, Arizona State University

Claire M. Fagin, University of Pennsylvania

Lillian R. Goodman, University of Massachusetts–Worcester

Estelle Rosenblum Grevey, University of New Mexico

Elizabeth Grossman, Indiana University

Carolyn Gunning, Texas Woman's University

Sylvia E. Hart, University of Tennessee-Knoxville

Emily Holmquist, Indiana University

Jacqueline Rose Hott, Adelphi University

Virginia R. Jarratt, University of Arkansas for Med. Sciences

Betty Johnson, University of Virginia College at Wise

Vickie Lambert, Medical College of Georgia

Ada Lindsey, University of Nebraska

Gwendoline R. MacDonald, University of South Florida

Shirley A. Martin, University of Missouri - St. Louis

Jean B. Milligan, University of Vermont

Ildauro Murillo-Rohde, SUNY Health Science Center-Brooklyn

Marie L. O'Koren, University of Alabama at Birmingham

Fostine G. Riddick-Roach, Hampton University

Janet Rodgers, University of San Diego

June Rothberg-Blackman, Adelphi University

Rozella M. Schlotfeldt, Case Western Reserve University

Anna M. Shannon, Montana State University

Joyce Shoemaker, Medical College of Ohio

Gladys Sorensen, University of Arizona

Toni Sullivan, University of Missouri-Columbia

Luth Tenorio, Seattle University

Suzanne Van Ort, University of Arizona

Rosalee C. Yeaworth, University of Nebraska Medical Center

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Patricia J. Baldwin, York College of Pennsylvania

Evelyn Barritt, University of Iowa

Rachel Booth, University of Alabama-Birmingham

Michael Carter, University of Tennessee-Memphis

Rose Marie Chioni, University of Virginia

Rhetaugh Graves Dumas, The University of Michigan

Geraldene Felton, The University of Iowa

Joyce Fitzpatrick, Case Western Reserve University

Patricia Forni, University of Oklahoma

Evelynn Clark Gioiella, Hunter College

Thetis M. Group, Syracuse University

Nan B. Hechenberger, Neumann College

Sharon Hoffman, Spalding University

Mi Ja Kim, University of Illinois-Chicago

Norma Lang, University of Pennsylvania

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Barbara K. Redman, University of Connecticut
Gloria R. Smith, W. K. Kellogg Foundation
Eleanor J. Sullivan, University of Kansas
Rheba de Tornyay, University of Washington
Connie Vance, The College of New Rochelle
Kathryn L. Vigen, Graceland College
Madeline Wake, Marquette University

Jean Watson, University of Colorado HSC
Carolyn Williams, University of Kentucky
Alma S. Woolley, Georgetown University

Honorary Associate Members

Ann Douglas, Oakland University
Jo Eleanor Elliott, former director of the Division of Nursing, U.S. Dept. of Health and Human Services
Jessie Scott, former director of the Division of Nursing, U.S. Dept. of Health and Human Services

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