July 2004
The ELNEC project, a national initiative to improve end-of-life care, completed its fourth year bringing the total number of nurse educators who completed this train-the-trainer program to 1,632.

August 2004
AACN Executive Director Geraldine “Polly” Bednash was named to Modern Healthcare Magazine’s 100 Most Powerful People in Healthcare list.

September 2004
AACN endorsed the final report of the Sullivan Commission on Diversity in the Healthcare Workforce which called for health profession schools to intensify their efforts to increase diversity in their student and faculty populations.

October 2004
At the Fall Semiannual Meeting on October 25, 2004, AACN members voted to endorse the Position Statement on the Practice Doctorate in Nursing which recognizes the Doctor of Nursing Practice degree as the highest level of preparation for clinical practice. Member institutions also voted to move the current level of preparation necessary for advanced nursing practice roles from the master’s degree to the doctorate level by the year 2015.

November 2004
AACN received funding from the Helene Fuld Health Trust to investigate the use of simulation technology to assess the competency of nurses graduating from baccalaureate programs and to enhance education quality.

December 2004
AACN released preliminary data from the 2004 survey of nursing schools which showed that enrollment in entry-level baccalaureate programs in nursing increased by 10.6 percent from 2003 to 2004. Final data released in March would show an actual enrollment increase of 14.1 percent.

January 2005
The Clinical Nurse Leader Implementation Task Force announced that five regional meetings were planned to assist education-practice partnerships in their work to prepare and employ this new nursing clinician.

February 2005
With funding provided by The John A. Hartford Foundation, AACN awarded grant monies to 18 nursing schools across the country to increase the pool of nurses prepared as experts in providing health care to older adults. Grant monies would be used to provide scholarships for over 70 new graduate students pursuing careers as geriatric advanced practice nurses.

March 2005
Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention, presented the 2005 Nursing Spectrum-Gannett Foundation Lectureship titled Policy and Politics in Nursing during AACN’s Annual Meeting.

April 2005
In an effort to address the nurse faculty shortage, AACN and Monster.com announced a new scholarship program specifically for students enrolled in fast-track baccalaureate to doctoral nursing programs.

May 2005
AACN issued a public statement of support for a new position from the American Organization of Nurse Executives which called for moving the education level of registered nurses to the baccalaureate level in the future.

June 2005
AACN released a new report on the widespread use of articulation agreements designed to facilitate the transition from associate degree and baccalaureate level nursing programs.
Our Members

In 1969, the American Association of Colleges of Nursing (AACN) 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 587 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 works 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 — the nation’s largest health care profession.

This report highlights the association’s FY 2005 initiatives to help member schools meet the nation’s demand for innovative and expanded nursing care.
The Evolution of Professional Nursing Education

“The knowledge base for nurses must be enhanced to assure that their education prepares them appropriately and adequately for the practice challenges they will face now and in the future. For AACN, this reality created a clear understanding that new education and practice models must be forged to prepare a workforce that can address complex needs and serve as the surveillance system in healthcare.”

– Jean E. Bartels & Geraldine “Polly” Bednash
Nursing Administration Quarterly, January 2005

This statement illustrates the path AACN has traveled this year in our collective work to reshape nursing education and meet the challenges confronting our profession. Hearing the calls from the Institute of Medicine and other authorities to transform the preparation of all health professionals, AACN member institutions are embracing the need for change and leading the way toward a new vision of nursing education.

In October 2004, the endorsement of the Position Statement on the Practice Doctorate in Nursing was a bold step in re-envisioning advanced nursing practice. With this historic decision, AACN recognizes the Doctor of Nursing Practice (DNP) degree as the highest level of preparation for clinical practice. Two AACN task forces are working diligently to address the many questions and issues raised by the new position. This work centers on defining curricular expectations and creating a plan for moving from master’s to doctoral level preparation for advanced nursing practice roles by the year 2015.

The Clinical Nurse Leader (CNL) demonstration project also shifted into high gear this year with 90 education-practice partnerships now working together to introduce this emerging role into the health care arena. Dozens of master’s level CNL programs are now enrolling students while practice settings are redesigning systems to accommodate these clinicians.

Though much attention has been paid to preparing nurses at the advanced practice level, AACN remains committed to supporting and strengthening baccalaureate nursing programs. The AACN Board of Directors recently reaffirmed its support for the baccalaureate degree as the minimum level of preparation needed for entry into professional nursing practice. AACN’s ongoing support for the baccalaureate degree is evident in our work with the University HealthSystem Consortium on the post-baccalaureate residency project; our experimentation with simulation-based training and assessment tools for baccalaureate graduates; our advocacy work to secure more federal funding for entry-level nurses; and our research on articulation agreements with pre-baccalaureate nursing programs.

AACN applauds all of our member institutions for their work this year to strengthen contemporary nursing education and prepare a highly educated nursing workforce. We stand ready to support your efforts by providing the resources, data, and guidance needed for you to meet the challenges and reap the rewards that come with change.

Jean E. Bartels, PhD, RN
President

Geraldine “Polly” Bednash, PhD, RN, FAAN
Executive Director
Annual State of the Schools

Findings explored in the 2005 State of the Schools are based on responses from 590 (85.9 percent) of the nation’s nursing schools with bachelor’s- and graduate-degree programs that were surveyed in fall 2004. Data reflect actual counts; projections are not used.

Entry-Level Baccalaureate Enrollments Increase by 14.1 Percent

Enrollments in entry-level baccalaureate programs in nursing rose by 14.1 percent in fall 2004 over the previous year, marking the fourth 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 2003 and 2004. Data show that nursing school enrollments are up in all regions of the United States with the greatest increase found in the North Atlantic states where enrollments in entry-level baccalaureate programs rose by 21.5 percent. Increases were also realized in the Midwest, South, and West where enrollments rose by 12.5 percent, 12.2 percent, and 10.2 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 147,170, up from 126,981 in 2003 (Figures 2 and 3).

Enrollments Rise 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 2003 to 2004, enrollments in RN-to-Baccalaureate programs increased by 6.2 percent or 1,826 students, which makes this the second year of enrollment increases in these degree completion programs.

“Research from Dr. Linda Aiken at the University of Pennsylvania and Dr. Carole Estabrooks from the University of Alberta confirms that baccalaureate nursing education has a direct impact on patient outcomes and saving lives,” said AACN Executive Director Geraldine “Polly” Bednash. “AACN encourages nurses prepared in diploma and associate degree programs to advance their education in the interest of patient safety and as a mecha-
nism for career advancement.” According to AACN data, there are currently 600 RN-to-Baccalaureate programs, and 137 schools reporting having RN-to-Master’s Degree programs (Figures 2 and 3).

Interest Runs High in Accelerated Programs

For the second 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 reported programs offered nationwide to 151. This total represents a 30.4 percent increase since fall 2002 when 105 such programs were reported. AACN’s latest survey found that 6,090 students were enrolled in accelerated baccalaureate programs while another 2,422 students graduated from these programs as entry-level clinicians last year.

Graduate Enrollments and the 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 13.7 percent (4,929 students) bringing the total student population to 42,751. In research-focused doctoral programs, enrollments increased by 7.3 percent (229 students) with the total student population at 3,439. Ending a downward trend, the number of graduates from master’s degree and doctoral programs increased slightly in 2004 by 6.9 percent (669 students) and 2 percent (8 students), respectively (Figures 2 and 3).

“Since the doctoral degree is the desired credential for a nurse educator, an increase of only 8 additional graduates last year is very disappointing news,” said AACN President Jean E. Bartels. “AACN will continue to work with the larger healthcare community to advocate for more federal funding for doctoral level education and with nurse educators to identify creative ways to expand enrollment at the graduate level.”

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 continue 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 32,797 qualified applicants were not accepted at schools of nursing last year due primarily to a shortage of faculty and resource constraints. Within this total, applicants turned away include 29,425...
from entry-level baccalaureate programs; 422 from RN-to-Baccalaureate programs; 2,748 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 (76.1 percent), admissions seats filled (75 percent), and insufficient clinical teaching space (54.5 percent). In the 2004-2005 academic year, 122,194 completed applications to entry-level baccalaureate nursing programs were received at schools of nursing with 84,002 meeting admission criteria and 54,577 applications accepted. The application acceptance rate was 44.7 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.

**FIGURE 4a:**
Racial/Ethnic Diversity in Nursing Education Programs, Fall 2004

Enrollment in Undergraduate Programs
(578 schools reporting)

**FIGURE 4b:**
Racial/Ethnic Diversity in Nursing Education Programs, Fall 2004

Enrollment in Master’s Programs
(379 schools reporting)

**SOURCE:** American Association of Colleges of Nursing.
Minority Representation in Nursing Programs

Representation of racial/ethnic minority groups in nursing programs remained strong in fall 2004 with minority group members comprising 24.3 percent of the undergraduate student population (Figure 4).

In 2004-2005, minority group representation in entry-level baccalaureate programs was distributed as follows: 6.4 percent Asian, Native Hawaiian or other Pacific Islander; 11.7 percent Black or African American; 0.7 percent American Indian or Alaskan Native; and 5.6 percent Hispanic or Latino. In master’s nursing programs, representation of racial/ethnic minority groups was 21.8 percent, including 5.9 percent Asian, Native Hawaiian or other Pacific Islander; 10.3 percent Black or African American; 0.7 percent American Indian or Alaskan Native; and 4.9 percent Hispanic or Latino.

Men continue to be underrepresented in nursing schools with only 9.0 percent of students in baccalaureate programs being male. In graduate programs, 10.0 percent of master’s degree students and 6.7 percent of doctoral (research-focused) students are male.

Nursing Faculty Population

Nursing schools nationwide are struggling to fill faculty positions in an effort to accommodate all qualified students. In fall 2004, the total reported full-time faculty population in baccalaureate and higher degree programs reached 10,967 (575 schools reporting). As a group, nursing faculty are rapidly aging with the mean age across all ranks set at 51.6 years. Specifically, the average age of doctorally-prepared faculty by rank was 57.3 years for professors, 55.0 years for associate professors, and 51.0 years for assistant professors.

The survey found that the majority of nursing faculty are white women. Only 9.8 percent of full-time faculty come from racial/ethnic minority groups, and only 4.4 percent are male. In terms of educational preparation, 47.9 percent of nursing school faculty are doctorally prepared with 29.4 percent holding nursing doctorates and 18.5 percent holding doctorates in related disciplines.

AACN Data Collection

AACN’s 24th 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:

- 2004-2005 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing
- 2004-2005 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing
- 2004-2005 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing

To order the most current reports, see www.aacn.nche.edu/IDS/datarep.htm.
Clinical Nurse Leader

The Clinical Nurse Leader℠ or CNL℠ is a new 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 CNL role emerged following research and discussion with stakeholder groups as a way to engage highly skilled clinicians in outcomes-based practice and quality improvement.

In practice, the CNL oversees the care coordination of a distinct group of patients and actively provides direct patient care in complex situations. This master’s degree-prepared clinician puts evidence-based practice into action to ensure that patients benefit from the latest innovations in care delivery. The CNL evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. The CNL is a leader in the health care delivery system, and the implementation of this role will vary across settings.

To support the creation of this new nursing role, AACN has launched a national pilot project involving 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.

To find out more about the Clinical Nurse Leader, see www.aacn.nche.edu/cnl.
CNL Project Developments

- At AACN’s invitation, the American Nurses Association (ANA) has agreed to join the CNL task forces. “The CNL proposal has significant implications for the profession,” said ANA President Barbara A. Blakeney. “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.”

- AACN invited the American Organization of Nurse Executives (AONE) to join the CNL Implementation Task Force, and Karen Haase-Herrick, AONE Past-President, has joined the project. Since one of AONE’s major initiatives is the redesign of patient care delivery models for the future, there is good synergy for both associations in this work. The AONE Board believes that innovative pilots such as the CNL are critical to informing the field for the future.

- From January-April 2005, the CNL Implementation Task Force held the first series of regional meetings to assist education-practice partnerships in their work to develop CNL programs. Meetings were held in Washington, DC, San Diego, Atlanta, Boston and Chicago. Representatives from 15 state boards of nursing attended these meetings as well as stakeholders from the ANA, AONE and other groups.

- In response to calls for more clarification, AACN has developed a Working Statement Comparing the Clinical Nurse Leader and Clinical Nurse Specialist Roles. Joan Stanley, AACN’s Senior Director of Education Policy, worked with a team of CNS experts to develop a statement that examined the similarities, differences and complementarities of the two roles. See www.aacn.nche.edu/CNL/pdf/CNLCNSComparisonTable.pdf.

- In late summer, AACN presented the CNL Faculty Development Workshop in conjunction with the Plexus Institute at the University of Kansas School of Nursing in Kansas City, KS. More than 100 academic and clinical faculty participating in the CNL project attended the workshop which facilitated the design of master’s curriculum, the development of didactic and clinical experiences, and the preparation of preceptors.

Want updates on the Clinical Nurse Leader?

Regular updates on the CNL initiative are featured in AACN News Watch, a monthly email newsletter. To subscribe, send an email request to apathak@aacn.nche.edu.

“Nursing education must inevitably and powerfully change if we are to adequately prepare the next generation to participate as full partners in shaping the future and improving patient care outcomes.”

~ AACN President Jean E. Bartels and Executive Director Geraldine “Polly” Bednash, Nursing Administration Quarterly, January 2005
On October 25, 2004, AACN member institutions endorsed the **Position Statement on the Practice Doctorate in Nursing** which was brought forward by the Task Force on the Practice Doctorate. With this historic action, members voted to move the educational preparation for advanced nursing practice in the future from the master’s degree to the doctorate level by the year 2015.

Currently, most advanced practice nurses (APNs), including Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives, and Nurse Anesthetists, are prepared in master’s degree programs that often carry a credit load equivalent to doctoral degrees in the other health professions. AACN’s new position statement calls for educating APNs and other nurses seeking top clinical roles in Doctor of Nursing Practice (DNP) programs. The changing demands of this nation’s complex health care environment require the highest level of scientific knowledge and practice expertise to assure high quality patient outcomes.

The practice doctorate is designed for nurses seeking a terminal degree in nursing practice, and offers an alternative to research-focused doctoral programs (i.e. PhD programs). Though only a handful of practice doctorates currently exist, many new programs are taking shape nationwide, and several have expressed interest in seeking accreditation. The Commission on Collegiate Nursing Education (CCNE) agreed to initiate a process for the accreditation for practice doctorates.

For more about the DNP including links to the position statement and FAQs, see [www.aacn.nche.edu/DNP](http://www.aacn.nche.edu/DNP).

**DNP Developments**

- Since adopting the position statement, the AACN Board of Directors formed two task forces to work toward this new vision for nursing education and practice. The **Task Force on the Roadmap to the DNP** is charged with examining DNP program development, master’s-to-doctoral transition programs, regulations and licensure, reimbursement for APNs, and other issues. The **Task Force on the Essentials of Nursing Education for the DNP** is charged with developing a statement of the essential curricular elements and competencies that must be present in programs that offer the DNP degree. To complete this work, the task force will review curricular content and competency expectations articulated in the existing “Essentials” documents and other relevant sources, and seek input from diverse stakeholder groups.

- There are currently nine nursing practice doctorates accepting students nationwide, including programs at Case Western Reserve University, Columbia University, Drexel University, Rush University, Tri- College University, University of Colorado Health Sciences Center, University of Kentucky, University of South Carolina, and University of Tennessee Health Science Center. An informal AACN survey found that more than 40 additional DNP programs were under development last year. See [www.aacn.nche.edu/DNP/DNPProgramList.htm](http://www.aacn.nche.edu/DNP/DNPProgramList.htm).

**Want updates on the transition to the DNP?**

Regular updates on the DNP are featured in **AACN News Watch**, a monthly email newsletter. To subscribe, send an email request to apathak@aacn.nche.edu.
Quality 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 emphasis on quality comes in response to calls from the Institute of Medicine, the Robert Wood Johnson Foundation, Agency on Healthcare Research and Quality, and other authorities to focus on patient safety issues and transform care delivery.

AACN is actively collaborating with the University HealthSystem Consortium (UHC) on the development and evaluation of a one-year, 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 29 practice and education partnerships that are engaged in the residency program. 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 in providing opportunities to develop more skilled clinicians.

Through the Advanced Practice Nursing (APN) Consensus Process, work continued this year on the development of a consensus statement regarding APN education, regulation, specialization and sub-specialization, and certification. AACN hosted three meetings of the working group and several conference calls. The American Nurses Association (ANA) and AACN co-hosted a meeting in December 2004 to discuss these issues. AACN President Jean E. Bartels and ANA President Barbara Blakeney led the meeting. Attendees encouraged support for the work begun on the APN consensus process and urged all to continue working with AACN and the Alliance on Nursing Accreditation to provide a uniform statement regarding the issues.

The 15-member Sullivan Commission on Diversity in the Healthcare Workforce released its final report in September 2005, titled Missing Persons: Minorities in the Health Professions, which found that though nursing has made strides in recruiting and graduating nurses that reflect the patient population, more must be done before equal representation is realized. AACN Executive Director Geraldine “Polly” Bednash represented nursing on this expert commission. In a press statement,
AACN encouraged member institutions and the larger nursing community to adopt the Sullivan Commission’s recommendations and intensify efforts to increase diversity in programs that prepare nurses and other health professionals. For a full copy of the report, see www.aacn.nche.edu/Media/NewsReleases/SullivanComm04.htm.

With funding provided by the Helene Fuld Health Trust, AACN has developed an executive leadership institute for new and aspiring deans titled the Leadership for Academic Nursing Program. This professional development experience encompasses an assessment and evaluation of leadership skills, opportunities for strategic networking and case study development, consultation to achieve long-term goals, and identification of key partnerships. This year, 59 Fellows were selected to participate in the Leadership for Academic Nursing program. The 2004 Fellows represent a wide cross-section of nurse faculty and administrators from both large and small institutions. A directory of Fellows is posted on AACN’s Web site at www.aacn.nche.edu/Education/fuld.htm.

AACN was approached this year by Partnerships for Quality Education (PQE), a national initiative of the Robert Wood Johnson Foundation, to join with the Association of American Medical Colleges’ Institute for Improving Clinical Care in a collaborative venture called ACT II or Achieving Competence Today. Through this initiative, a multidisciplinary group of medical residents and nursing students, working in active collaboration with senior management in their academic institutions, will become effective agents for improving care using a Web-based tool. The project will give participants the skills needed to identify and solve system problems that will lead to better and safer clinical care.

“Efforts to address the nursing shortage will fail unless we can ensure that all qualified nursing students seeking graduate education can be accommodated.”

~ Jean E. Bartels, AACN President, AHA News, March 21, 2005
AACN has received new funding to investigate the use of simulation technology to assess the competency of graduating nurses and enhance education quality. Funding provided by the Helene Fuld Health Trust will be used to study and validate a simulation-based training and assessment tool adapted specifically for nursing by the firm Simulis. Through this new venture, AACN will explore how online learning technologies can be used to measure clinical competency among baccalaureate nursing program graduates based on AACN’s Essentials document.

The Secretary’s Award for Innovations in Health Promotion and Disease Prevention recognizes forward-thinking proposals by health professions students. This national awards program is sponsored by HRSA’s Bureau of Health Professions in collaboration with the Federation of Associations of Schools of the Health Professions, and is coordinated by AACN. This year, 74 papers were submitted for review, with 33 papers representing various nursing schools around the country. An award was presented in 2005 to nursing students from the University of Maryland.

AACN Executive Director Geraldine “Polly” Bednash was asked to serve on the advisory body for the National Coalition of Ethnic Minority Nurse Association’s (NCEMNA) Nurse Scientist Stimulation Project funded through the National Institute of General Medical Sciences. This project is designed to expand the number of ethnic minority nurse researchers and create a series of mentorship and support activities to stimulate interest in a career as a nurse researcher. This project also is congruent with the goal of AACN to promote leadership development in underrepresented minority nurses and expand the number of individuals from diverse backgrounds available to fill leadership roles in nursing.

AACN was approached by Greta Sherman with TMP Worldwide, a leading advertising and communications firm owned by Monster.com, about launching a major faculty development scholarship program in fall 2005. The Monster-AACN Nursing Faculty Scholarship was established to award $25,000 in funding to students enrolled in baccalaureate to doctoral programs who agree to serve as nursing faculty after graduation. The awards program began accepting applications in fall 2005.

Faculty Leadership Networks
To better engage all constituents in these quality initiatives, AACN is strengthening ties with nursing school faculty by establishing seven leadership networks. Though AACN has always served the entire academic unit, the networks will provide new opportunities for leadership development and serve as forums for faculty to address quality issues as they relate to each area. Launching in summer 2005, the networks include:

- Organizational Leadership
- Instructional Leadership
- Research Leadership
- Practice Leadership
- Graduate Nursing Recruitment Professionals
- Business Officers
- Nursing Advancement Professionals

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

AACN actively works with Congress and the larger nursing community to shape legislation that supports nursing education 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.

In April 2005, Dr. Harriet Feldman, dean of the Lienhard School of Nursing at Pace University in New York, presented testimony before the U.S. Congress on the need for more federal funding to address the nursing faculty shortage as recommended by AACN. Dr. Feldman urged members of the House Appropriations Subcommittee on Labor, Health and Human Services, and Education to increase funding for the existing Nurse Faculty Loan Program and to support the Nurse Education, Expansion and Development (NEED) Act which was introduced by Reps. Nita Lowey (D-NY-18), Peter King (R-NY-3), and Lois Capps (D-CA-23). For more details, see www.aacn.nche.edu/Media/NewsReleases/2005/FeldmanTestimony.htm.

Throughout the year, AACN sent regular Information Updates to keep members abreast of breaking news and calls to action. Government Affairs staff worked to forge stronger alliances with legislative advocates from member schools in an effort to share resources and unify messages. Fact sheets, legislative summaries and side-by-side comparisons of pending legislation are all available to assist advocacy efforts. Members were also sent details on Opportunity Alerts, which include announcements of grants, fellowships, scholarships, and other funding sources of federal support for nursing programs, students, and research.

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

The two **John A Hartford Foundation** sponsored projects for curriculum innovations and student scholarship support continue to progress in their work to enhance nursing education and the care of older adults.

The **Enhancing Geriatric Nursing Education** program is designed to increase geriatric nursing content in baccalaureate and advanced practice nursing programs. AACN’s project team is working with faculty in 20 baccalaureate and 10 advanced practice nursing programs to enhance curricula and generate models for other nursing programs to adopt. The **Creating Careers in Geriatric Advanced Practice Nursing** program provides scholarship monies to schools to support students who pursue geriatric advanced practice nursing degrees. Competitive scholarship funds were awarded to over 160 students at 23 schools of nursing.

In January 2005, AACN awarded new grant monies to 19 nursing schools across the country to increase the pool of nurses prepared as experts in providing health care to older adults. This $1.8 million in new funding was provided by the Hartford Foundation to extend the reach of the **Creating Careers** program. Along with increasing the number and diversity of geriatric nurses, this initiative promotes opportunities for nurses to pursue careers in geriatric advanced practice nursing, thereby improving access and quality of care for our aging population. Schools awarded grant monies this year include Case Western Reserve University, Duke University, Florida Atlantic University, Hunter College (CUNY), New York University, Oakland University, Pennsylvania State University, Radford University, Seattle Pacific University, St. Louis University, University of California-Los Angeles, University of Iowa, University of Massachusetts at Worcester, University of Minnesota, University of Oklahoma, University of Pennsylvania, University of Rhode Island, University of Texas Health Science Center at San Antonio, and Yale University.

AACN’s Geriatric Nursing Education Project is committed to sharing best practices and developing Web-based resources to enhance geriatric nursing education. Each month, new pages are added to the **Showcasing Curriculum Grant Innovations** resource on the Web to spotlight the groundbreaking work of award recipients. Almost two dozen awardees are spotlighted and include information on curriculum development, sample syllabi, student feedback and lessons learned. See [www.aacn.nche.edu/Education/Hartford](http://www.aacn.nche.edu/Education/Hartford).
In October 2004, AACN and the Hartford Foundation Institute for Geriatric Nursing announced the winners of the 2004 Awards for Baccalaureate Education in Geriatric Nursing. This national awards program recognizes model baccalaureate programs in nursing with a strong focus on gerontological nursing. Awards were presented to programs that exhibit exceptional, substantive, and innovative baccalaureate curricula. Beyond innovation, programs must 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 Duke University (NC), Saint Cloud State University (MN), University of North Carolina at Greensboro, University of Rhode Island, and Valparaiso University (IN).

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

“Resolving the nursing shortage is a national priority that requires a collective response from those preparing and employing nurses, as well as those who will someday require nursing services. Together we must ensure that the nursing workforce is adequate in number and educated to provide the best care possible. The health and future welfare of our nation depends on its nurses.”

~ Jean E. Bartels, AACN President, Atlanta Journal-Constition, October 7, 2004
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 2,400 nurse educators in 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. The ELNEC project has succeeded in securing additional funding to continue the trainings through the National Cancer Institute, the Aetna Foundation, and the Archstone Foundation.

In the January 2005 issue of the *Journal of Palliative Medicine*, new data from ELNEC shows the widespread impact the project is having on disseminating best practices related to end-of-life nursing care. Over a 12-month period, 502 faculty members representing 460 different nursing programs from all 50 states received ELNEC training and shared this new knowledge with more than 19,000 students and colleagues in a variety of educational settings. These data were collected from five training courses developed to enhance expertise in nursing faculty teaching in undergraduate and continuing education programs. The data showed that the work of ELNEC trainers to integrate more end-of-life content into their curriculum resulted in a significantly higher effectiveness rating among new nursing graduates in providing end-of-life care.

The ELNEC Project is currently developing two new ELNEC courses, including ELNEC-Critical Care and ELNEC-Geriatric Nursing. The training session for ELNEC-Critical Care is scheduled for November 13-15, 2006, in Pasadena, CA.

For more information on the ELNEC project including details on training sessions, see www.aacn.nche.edu/ELNEC.
Twelve conferences were offered July 2004-June 2005 including the Summer Seminar, Fall and Spring Executive Development Series, Fall Semiannual Meeting, Baccalaureate Education Conference, Master’s Education Conference, Doctoral Conference, Nursing Advancement Professional Conference, Spring Annual Meeting, Business Officers Meeting, Graduate Nursing Admissions Professionals Meeting, and Hot Issues Conference. See page 19 for a listing of upcoming conferences.

AACN also joined with J. W. Thompson Communications this year to cosponsor an invitational conference designed to encourage education-practice partnerships to expand capacity in baccalaureate nursing programs. In October 2005, the E-3: Enroll, Educate, and Empower conference was held in Louisville, KY, and featured presentations on the state of nursing education today, productive partnerships, simulation technology and what nursing schools need to grow their programs.

 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 including:

- *The Journal of Professional Nursing*, the association’s bimonthly publication that features scholarly articles examining nursing education, practice, cultural diversity, research, and public policy.

- AACN’s *Essentials* series, three landmark publications that detail the essential elements of baccalaureate nursing programs, master’s nursing programs, and clinical agency support.

- *SYLLABUS*, a bimonthly, electronic newsletter designed to keep members and nonmembers updated on key legislation and regulatory programs, and provide news on funding opportunities.

- *AACN News Watch*, a monthly email advisory highlighting new initiatives, political advocacy, publications, conferences, collaborations, and other activities aimed at meeting the needs of member institutions.

For more information on AACN publications, see www.aacn.nche.edu/Publications.
New and updated publications in 2005 include:

- Peterson’s Guide to Nursing Programs, 10th edition, provides the general public with a comprehensive, concise directory of four-year and graduate programs in nursing in the United States and Canada.

- A new fact sheet on Articulation Agreements Among Nursing Education Programs which documents the widespread use of these agreements to facilitate educational mobility.

- Updated issue bulletin on Accelerated Programs: The Fast Track to Careers in Nursing which includes the latest data and list of programs offered nationwide.

UPCOMING CONFERENCES

- **Faculty Practice Conference**
  - February 16-18, 2006
  - San Antonio Marriott Rivercenter

- **Master’s Education Conference**
  - February 16-18, 2006
  - San Antonio Marriott Rivercenter

- **Executive Development Series**
  - March 10-11, 2006
  - Fairmont Hotel, Washington, DC

- **Nursing Advancement Professionals Meeting**
  - March 10-11, 2006
  - Fairmont Hotel, Washington, DC

- **Spring Annual Meeting**
  - March 11-14, 2006
  - Fairmont Hotel, Washington, DC

- **Graduate Nursing Advancement Professionals Meeting**
  - April 4-5, 2006
  - Wyndham Hotel, Baltimore, MD

- **Business Officers of Nursing Schools Annual Meeting**
  - April 19-21, 2006
  - Westin Horton Plaza, San Diego, CA

- **Summer Seminar**
  - July 23-26, 2006
  - Snow King Resort, Jackson Hole, WY

- **Fall Semiannual Meeting**
  - October 28-31, 2006
  - Fairmont Hotel, Washington, DC

- **Baccalaureate Conference**
  - November 2006

- **Doctoral Conference**
  - January 2007

For more information on AACN Conferences, see [www.aacn.nche.edu/Conferences](http://www.aacn.nche.edu/Conferences).
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. Completing its seventh year of accreditation review activities, CCNE had accredited 677 baccalaureate and master’s degree nursing programs at 418 colleges and universities nationwide. An additional 72 programs at 47 institutions held new applicant status.

In September 2004, CCNE successfully completed its 2004 elections process. CCNE distributed ballots to 417 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 256 institutions, resulting in a 61 percent response rate. Elected to the CCNE Board were Harriet Feldman from the Lienhard School of Nursing at Pace University (NY) as the representative for Deans, and William Michael Scott from NurseFirst Family Health Center (SC) as the representative for Practicing Nurses.

In November 2004, CCNE signed a mutual recognition agreement with the Canadian Association of Schools of Nursing (CASN). CCNE and CASN agreed to recognize each other’s commitment to excellence and, although the forms of accreditation are not interchangeable, each party recognizes the credibility of the other. Both organizations will work closely together to share information related to substantial changes in accreditation standards and policies to address issues of mutual concern as they arise.

On January 1, 2005, the amended CCNE accreditation standards went into effect for schools seeking accreditation of their baccalaureate and/or master’s level nursing programs. Earlier, the CCNE Board of Commissioners acted to amend the standards used to ensure quality in baccalaureate and graduate level nursing programs. The CCNE Board agreed to revise the Standards for Accreditation of Baccalaureate and Graduate Nursing Programs that were proposed by the CCNE Standards Committee following a comprehensive 18-month review process and consideration of constituents’ comments. The most significant change relates to the use of professional nursing standards and guidelines. Specifically, the revised standards require the use of the following professional nursing guidelines as the foundation for curricula:

- The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998)
- The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996)

For more information on CCNE and nursing program accreditation, see www.aacn.nche.edu/Accreditation.
To the Board of Directors
American Association of Colleges of Nursing
Washington, DC

We have audited the accompanying statement of financial position of the American Association of Colleges of Nursing (AACN) as of June 30, 2005, 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 2004 financial statements and, in our report dated August 10, 2004, 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, 2005, 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, 2005
## Exhibit A

### Statement of Financial Position June 30, 2005

(With Summarized Financial Information for June 30, 2004)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>AACN</td>
<td>$190,423</td>
<td>$237,678</td>
</tr>
<tr>
<td>Contributions and grants receivable</td>
<td>CCNE</td>
<td>1,782,931</td>
<td>1,782,931</td>
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<tr>
<td>Accounts receivable</td>
<td></td>
<td>38,688</td>
<td>5,275</td>
</tr>
<tr>
<td>Accrued interest receivable</td>
<td></td>
<td>2,629</td>
<td>1,106</td>
</tr>
<tr>
<td>Due tu/from CCNE</td>
<td></td>
<td>65,434</td>
<td>(65,434)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td></td>
<td>73,166</td>
<td>30,559</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>AACN</td>
<td>2,153,271</td>
<td>209,184</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td></td>
<td>321,207</td>
<td>120,065</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td></td>
<td>198,460</td>
<td>74,429</td>
</tr>
<tr>
<td><strong>Less accumulated depreciation and amortization</strong></td>
<td></td>
<td>(363,006)</td>
<td>(140,260)</td>
</tr>
<tr>
<td><strong>Net Fixed Assets</strong></td>
<td>AACN</td>
<td>156,661</td>
<td>54,234</td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td>4,299,027</td>
<td>1,258,851</td>
</tr>
<tr>
<td>Contributions and Grants Receivable, less current portion</td>
<td></td>
<td>3,120,612</td>
<td>3,120,612</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>AACN</td>
<td>$8,729,571</td>
<td>$1,522,269</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank overdraft</td>
<td>AACN</td>
<td>$53,100</td>
<td>$10,413</td>
</tr>
<tr>
<td>Accounts payable</td>
<td></td>
<td>88,514</td>
<td>13,504</td>
</tr>
<tr>
<td>Accrued vacation</td>
<td></td>
<td>662,991</td>
<td>662,991</td>
</tr>
<tr>
<td>Deferred revenue:</td>
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<td>76,116</td>
<td>76,116</td>
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<tr>
<td>Dues</td>
<td></td>
<td>309,300</td>
<td>309,300</td>
</tr>
<tr>
<td>Meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>AACN</td>
<td>880,721</td>
<td>333,217</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>AACN</td>
<td>3,877,222</td>
<td>1,189,052</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td></td>
<td>88,203</td>
<td>88,203</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>AACN</td>
<td>8,848,850</td>
<td>1,189,052</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>AACN</td>
<td>$9,729,571</td>
<td>$1,522,269</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
## Annual State of the Schools

### Exhibit B

**Statement of Activities for the Year Ended June 30, 2005**  
(With Summarized Financial Information for the Year Ended June 30, 2004)

<table>
<thead>
<tr>
<th>CHANGES IN NET ASSETS</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>2005 Total</th>
<th>2004 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AACN</td>
<td>CCNE</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants</td>
<td>$1,719,360</td>
<td>$2,636,524</td>
<td>$2,636,524</td>
<td>$2,309,374</td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$1,719,360</td>
<td>$1,719,360</td>
<td>1,719,360</td>
<td>1,625,925</td>
<td></td>
</tr>
<tr>
<td>Registration fees</td>
<td>960,483</td>
<td>$8,100</td>
<td>968,583</td>
<td>968,583</td>
<td>763,716</td>
</tr>
<tr>
<td>Publication sales</td>
<td>312,804</td>
<td>312,804</td>
<td>312,804</td>
<td>193,573</td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>345,562</td>
<td>74,886</td>
<td>420,448</td>
<td>420,448</td>
<td>520,650</td>
</tr>
<tr>
<td>Annual fees</td>
<td>808,625</td>
<td>808,625</td>
<td>808,625</td>
<td>763,250</td>
<td></td>
</tr>
<tr>
<td>Application fees</td>
<td>102,500</td>
<td>102,500</td>
<td>102,500</td>
<td>117,500</td>
<td></td>
</tr>
<tr>
<td>Site evaluation fees</td>
<td>333,200</td>
<td>333,200</td>
<td>333,200</td>
<td>365,400</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>14,152</td>
<td>4,180</td>
<td>18,332</td>
<td>29,134</td>
<td></td>
</tr>
<tr>
<td>Net assets released</td>
<td>1,217,907</td>
<td></td>
<td>(1,217,907)</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>4,570,268</td>
<td>1,331,491</td>
<td>5,901,759</td>
<td>1,418,617</td>
<td>6,688,522</td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of Life Projects</td>
<td>119,041</td>
<td>119,041</td>
<td>119,041</td>
<td>476,257</td>
<td></td>
</tr>
<tr>
<td>Gerontology/</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatric Projects</td>
<td>838,880</td>
<td>838,880</td>
<td>838,880</td>
<td>1,639,489</td>
<td></td>
</tr>
<tr>
<td>Regional Collaborative (CIC)</td>
<td></td>
<td></td>
<td></td>
<td>9,488</td>
<td></td>
</tr>
<tr>
<td>Other Grants &amp; Contracts</td>
<td>257,195</td>
<td>257,195</td>
<td>257,195</td>
<td>286,278</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>286,505</td>
<td>286,505</td>
<td>286,505</td>
<td>270,737</td>
<td></td>
</tr>
<tr>
<td>Education Policy</td>
<td>216,200</td>
<td>216,200</td>
<td>216,200</td>
<td>194,528</td>
<td></td>
</tr>
<tr>
<td>Governmental Affairs/</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lobbying</td>
<td>371,952</td>
<td>371,952</td>
<td>371,952</td>
<td>373,577</td>
<td></td>
</tr>
<tr>
<td>Public Affairs</td>
<td>225,424</td>
<td>225,424</td>
<td>225,424</td>
<td>230,665</td>
<td></td>
</tr>
<tr>
<td>Publications</td>
<td>185,094</td>
<td>185,094</td>
<td>185,094</td>
<td>175,999</td>
<td></td>
</tr>
<tr>
<td>Meetings</td>
<td>775,248</td>
<td>775,248</td>
<td>775,248</td>
<td>600,830</td>
<td></td>
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<td>Networks</td>
<td>2,587</td>
<td>2,587</td>
<td>2,587</td>
<td>2,587</td>
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<tr>
<td>Taskforces</td>
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<td>105,366</td>
<td>105,366</td>
<td>105,366</td>
<td></td>
</tr>
<tr>
<td>Accreditation</td>
<td>994,243</td>
<td></td>
<td>994,243</td>
<td>1,063,275</td>
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<tr>
<td>Total program services</td>
<td>3,383,492</td>
<td>994,243</td>
<td>4,377,735</td>
<td>-0-</td>
<td>5,321,123</td>
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<td>Supporting services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and administrative</td>
<td>797,382</td>
<td>112,249</td>
<td>909,631</td>
<td>909,631</td>
<td>693,364</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>4,180,874</td>
<td>1,106,492</td>
<td>5,287,366</td>
<td>-0-</td>
<td>6,014,487</td>
</tr>
<tr>
<td>Change In Net Assets</td>
<td>389,394</td>
<td>224,999</td>
<td>614,393</td>
<td>1,418,617</td>
<td>-0-</td>
</tr>
<tr>
<td>Net Assets, End Of Year</td>
<td>$3,877,222</td>
<td>$1,189,052</td>
<td>$5,066,274</td>
<td>$4,883,425</td>
<td>$88,203</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
<table>
<thead>
<tr>
<th>End of Life Projects</th>
<th>Gerontology/Other Geriatric Projects</th>
<th>Other Grants &amp; Contracts</th>
<th>Research</th>
<th>Education Policy</th>
<th>Governmental Affairs/Lobbying</th>
<th>Public Affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$70,653</td>
<td>$214,397</td>
<td>$54,442</td>
<td>$181,566</td>
<td>$161,730</td>
<td>$201,815</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>17,638</td>
<td>52,091</td>
<td>13,015</td>
<td>42,253</td>
<td>34,533</td>
<td>48,369</td>
</tr>
<tr>
<td>Telephone</td>
<td>976</td>
<td>2,824</td>
<td>3,156</td>
<td>1,577</td>
<td>141</td>
<td>1,177</td>
</tr>
<tr>
<td>Printing &amp; design</td>
<td>4,895</td>
<td>5,381</td>
<td>16,280</td>
<td>26,097</td>
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<td></td>
</tr>
<tr>
<td>Postage &amp; duplication</td>
<td>1,122</td>
<td>9,267</td>
<td>7,016</td>
<td>6,342</td>
<td>384</td>
<td>1,841</td>
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<tr>
<td>Office supplies</td>
<td>714</td>
<td>3,911</td>
<td>1,753</td>
<td>1,640</td>
<td>188</td>
<td>828</td>
</tr>
<tr>
<td>Staff/officer travel</td>
<td>8,007</td>
<td>5,432</td>
<td>16,487</td>
<td>656</td>
<td>2,486</td>
<td>11,527</td>
</tr>
<tr>
<td>Board &amp; committee</td>
<td>8,000</td>
<td>18,200</td>
<td>57,880</td>
<td>16,533</td>
<td></td>
<td>12,822</td>
</tr>
<tr>
<td>Consulting services</td>
<td>8,000</td>
<td>18,200</td>
<td>57,880</td>
<td>16,533</td>
<td></td>
<td>12,822</td>
</tr>
<tr>
<td>Professional fees</td>
<td>8,000</td>
<td>18,200</td>
<td>57,880</td>
<td>16,533</td>
<td></td>
<td>12,822</td>
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<tr>
<td>Rent</td>
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<td>13,740</td>
<td>13,740</td>
<td>9,516</td>
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</tr>
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<td>Office insurance</td>
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</tr>
<tr>
<td>Depreciation/amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equip. repairs &amp; maintenance</td>
<td>103</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>JPN subs. cost to members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues &amp; subscriptions</td>
<td>60</td>
<td>111</td>
<td>1,643</td>
<td>10,788</td>
<td>1,873</td>
<td></td>
</tr>
<tr>
<td>Public relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative affairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff continuing education</td>
<td>722</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catering &amp; audio visual</td>
<td>2,049</td>
<td>25,856</td>
<td>637</td>
<td>462</td>
<td>1,408</td>
<td></td>
</tr>
<tr>
<td>Special activities</td>
<td>1,951</td>
<td>31,154</td>
<td>8,690</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project awards &amp; scholarships</td>
<td>436,260</td>
<td>22,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honoraria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>653</td>
<td>6,569</td>
<td>6,471</td>
<td>5,170</td>
<td>1,355</td>
<td>1,887</td>
</tr>
<tr>
<td>Overhead allocation</td>
<td>6,878</td>
<td>33,588</td>
<td>11,335</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcontract expenses</td>
<td>4,400</td>
<td>23,327</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluator training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluator travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realized loss on disposal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$119,041</td>
<td>$838,880</td>
<td>$257,195</td>
<td>$286,505</td>
<td>$216,200</td>
<td>$371,952</td>
</tr>
</tbody>
</table>

2005
## Exhibit C

**Statement of Functional Expenses For the Year Ended June 30, 2005**

*(With Summarized Financial Information for the Year Ended June 30, 2004)*

<table>
<thead>
<tr>
<th>Publications</th>
<th>Meetings</th>
<th>Networks</th>
<th>Taskforces</th>
<th>Accreditation</th>
<th>G &amp; A</th>
<th>2005 Total Expenses</th>
<th>2004 Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$101,278</td>
<td>$201,683</td>
<td></td>
<td>$17,311</td>
<td>$317,340</td>
<td>$439,299</td>
<td>$2,081,953</td>
<td>$1,907,120</td>
</tr>
<tr>
<td>22,589</td>
<td>48,431</td>
<td>3,146</td>
<td>3,146</td>
<td>81,939</td>
<td>89,946</td>
<td>487,213</td>
<td>460,209</td>
</tr>
<tr>
<td>306</td>
<td>4,517</td>
<td>521</td>
<td>5,218</td>
<td>8,310</td>
<td>5,239</td>
<td>112,483</td>
<td>118,695</td>
</tr>
<tr>
<td>17,720</td>
<td>29,819</td>
<td>1,200</td>
<td>1,200</td>
<td>12,876</td>
<td>12,876</td>
<td>109,738</td>
<td>104,237</td>
</tr>
<tr>
<td>3,083</td>
<td>39,677</td>
<td>402</td>
<td>402</td>
<td>19,030</td>
<td>19,030</td>
<td>283,388</td>
<td>273,647</td>
</tr>
<tr>
<td>222</td>
<td>9,183</td>
<td>23</td>
<td>23</td>
<td>26,030</td>
<td>26,030</td>
<td>49,912</td>
<td>57,396</td>
</tr>
<tr>
<td>5,067</td>
<td>100,303</td>
<td>26,121</td>
<td>19,971</td>
<td>48,700</td>
<td>48,700</td>
<td>245,055</td>
<td>236,686</td>
</tr>
<tr>
<td>2,198</td>
<td>19,831</td>
<td>130,651</td>
<td>130,651</td>
<td>102,288</td>
<td>102,288</td>
<td>283,388</td>
<td>273,647</td>
</tr>
<tr>
<td>5,580</td>
<td>12,000</td>
<td>28,291</td>
<td>28,291</td>
<td>2,905</td>
<td>2,905</td>
<td>160,111</td>
<td>110,071</td>
</tr>
<tr>
<td>7,404</td>
<td>15,864</td>
<td>30,196</td>
<td>30,196</td>
<td>104,640</td>
<td>104,640</td>
<td>22,425</td>
<td>24,787</td>
</tr>
<tr>
<td>22,425</td>
<td></td>
<td>192</td>
<td>192</td>
<td>35,154</td>
<td>35,154</td>
<td>60,127</td>
<td>38,486</td>
</tr>
<tr>
<td>299,761</td>
<td>17,998</td>
<td>1,358</td>
<td>1,358</td>
<td>349,529</td>
<td>349,529</td>
<td>337,400</td>
<td>293,710</td>
</tr>
<tr>
<td>1,692</td>
<td>23,505</td>
<td></td>
<td>23,505</td>
<td>66,982</td>
<td>66,982</td>
<td>22,973</td>
<td>19,982</td>
</tr>
<tr>
<td>5,000</td>
<td></td>
<td>4,242</td>
<td>4,242</td>
<td>6,883</td>
<td>6,883</td>
<td>11,846</td>
<td>8,612</td>
</tr>
<tr>
<td>16,540</td>
<td>1,903</td>
<td>1,903</td>
<td>1,903</td>
<td>38,937</td>
<td>38,937</td>
<td>27,727</td>
<td>177,879</td>
</tr>
<tr>
<td>232,308</td>
<td></td>
<td>364</td>
<td>364</td>
<td>232,308</td>
<td>232,308</td>
<td>276,583</td>
<td>276,583</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>364</td>
<td>364</td>
<td>5,287,366</td>
<td>6,014,487</td>
</tr>
</tbody>
</table>

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

Statement of Cash Flows For the Year Ended June 30, 2005
(With Summarized Financial Information for the Year Ended June 30, 2004)

<table>
<thead>
<tr>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,033,010</td>
<td>$674,035</td>
</tr>
<tr>
<td>234,513</td>
<td>466,398</td>
</tr>
<tr>
<td>234,513</td>
<td>466,398</td>
</tr>
<tr>
<td>(353,606)</td>
<td>312,813</td>
</tr>
<tr>
<td>781,707</td>
<td>468,894</td>
</tr>
<tr>
<td>$428,101</td>
<td>$781,707</td>
</tr>
</tbody>
</table>

Cash Flows from Operating Activities

Change in Net Assets $2,033,010 $674,035
Adjustments to reconcile change in net assets to net cash provided by operating activities:
Gain on investments (241,947) (410,262)
Depreciation and amortization 66,147 69,487
Loss on disposal of fixed assets 364 783
Increase in grants receivable (1,283,749) (9,203)
(Increase) decrease in accounts receivable (7,761) 7,176
Decrease in accrued interest receivable 1,133 472
Increase in prepaid expenses (12,769) (3,387)
(Decrease) increase in bank overdraft (107,982) 107,982
(Decrease) increase in accounts payable (234,335) 44,207
Increase in accrued vacation 4,743 6,262
Decrease in deferred revenue - dues (31,002) (39,507)
Increase (decrease) in deferred revenue - meetings 32,361 (12,447)
Increase in deferred revenue - accreditation 16,300 30,800
Net Cash Provided by Operating Activities 234,513 466,398

Cash Flows from Investing Activities

Purchases of furniture and equipment (37,051) (15,685)
Purchases of leasehold improvements (11,255)
Purchases of investments (1,594,929) (580,461)
Proceeds from sales of investments 1,055,116 442,561
Net Cash Used in Investing Activities (588,119) (153,585)

Net (Decrease) Increase in Cash and Cash Equivalents (353,606) 312,813
Cash and Cash Equivalents, Beginning of Year 781,707 468,894
Cash and Cash Equivalents, End of Year $428,101 $781,707

Notes to Financial Statements June 30, 2005

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.

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 U.S. 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.
Notes to Financial Statements June 30, 2005 (continued)

NOTE A. Organization and Summary of Significant Accounting Policies (continued)

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

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 straightline 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.

Revenue
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. 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, 2004.

Reclassifications
Certain 2004 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. At June 30, 2005, CCNE owed AACN approximately $65,000.
Notes to Financial Statements June 30, 2005 (continued)

NOTE C. Investments

The quoted market and published unit values of investments as of June 30, 2005 are as follows:

**AACN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual funds</td>
<td>$3,836,045</td>
</tr>
<tr>
<td>Limited partnership interests</td>
<td>338,173</td>
</tr>
<tr>
<td>Certificates of deposit</td>
<td>124,809</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,299,027</strong></td>
</tr>
</tbody>
</table>

**CCNE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual funds</td>
<td>986,501</td>
</tr>
<tr>
<td>Limited partnership interests</td>
<td>73,080</td>
</tr>
<tr>
<td>Certificates of deposit</td>
<td>199,270</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,258,851</strong></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend income</td>
<td>$178,500</td>
</tr>
<tr>
<td>Net realized and unrealized gain</td>
<td>241,948</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$420,448</strong></td>
</tr>
</tbody>
</table>

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, 2005, one contributor comprised 95% of contributions and grants receivable for AACN. One contributor comprised 89% of contributions and grants revenue for the year ended June 30, 2005.

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, 2005. Uncollectible contributions and grants receivable are expected to be insignificant.

<table>
<thead>
<tr>
<th>June 30,</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>$1,782,931</td>
</tr>
<tr>
<td>2007</td>
<td>1,195,032</td>
</tr>
<tr>
<td>2008</td>
<td>1,298,717</td>
</tr>
<tr>
<td>2009</td>
<td>1,007,400</td>
</tr>
<tr>
<td><strong>Total contributions and grants receivable</strong></td>
<td><strong>$5,284,080</strong></td>
</tr>
<tr>
<td>Less discount to present value</td>
<td>(380,537)</td>
</tr>
<tr>
<td><strong>Net Contributions And Grants Receivable</strong></td>
<td><strong>$4,903,543</strong></td>
</tr>
</tbody>
</table>
Note F. Retirement Plan

AACN maintains a defined contribution retirement 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. Retirement plan expense for the year ended June 30, 2005 was approximately $160,000.

Note G. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes as of June 30, 2005:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web-based Essentials Project</td>
<td>$63,740</td>
</tr>
<tr>
<td>End of Life Projects</td>
<td>160,986</td>
</tr>
<tr>
<td>Gerontology/Geriatric Projects</td>
<td>181,861</td>
</tr>
<tr>
<td>Hartford Scholarship Projects</td>
<td>2,083,192</td>
</tr>
<tr>
<td>Curriculum/Awards Projects</td>
<td>31,444</td>
</tr>
<tr>
<td>Hartford Faculty Development</td>
<td>2,351,334</td>
</tr>
<tr>
<td>BONUS Administrative Fund</td>
<td>10,868</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,883,425</strong></td>
</tr>
</tbody>
</table>

Net assets were released from donor restrictions by incurring expenses satisfying the purpose restrictions specified by donors for the year ended June 30, 2005 as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web-based Essentials Project</td>
<td>$36,260</td>
</tr>
<tr>
<td>End of Life Projects</td>
<td>119,041</td>
</tr>
<tr>
<td>Gerontology/Geriatric Projects</td>
<td>88,214</td>
</tr>
<tr>
<td>Hartford Scholarship Projects</td>
<td>542,643</td>
</tr>
<tr>
<td>Curriculum/Awards Projects</td>
<td>286,377</td>
</tr>
<tr>
<td>HRSA - Secretary's Award</td>
<td>80,043</td>
</tr>
<tr>
<td>RWJ - Post BSN Residency</td>
<td>35,380</td>
</tr>
<tr>
<td>AHRQ - CNL Conference</td>
<td>17,879</td>
</tr>
<tr>
<td>Hartford Inst Award</td>
<td>9,860</td>
</tr>
<tr>
<td>BONUS Administrative Fund</td>
<td>2,210</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,217,907</strong></td>
</tr>
</tbody>
</table>

Note H. 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, 2005 were approximately $88,000.

Note I. Operating Leases

AACN leases office space under a noncancelable operating lease which commenced July 1, 1997. The lease provides for base rent with annual adjustments for increases in operating expenses. Minimum lease payments are as follows:

<table>
<thead>
<tr>
<th>For the Year Ended June 30,</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>$128,090</td>
</tr>
<tr>
<td>2007</td>
<td>128,090</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$256,180</strong></td>
</tr>
</tbody>
</table>
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 who are elected by the AACN membership.

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
PROJECT EVALUATION COMMITTEE
Charlene Quinn (Chair), University of Maryland; Sean Clarke, University of Pennsylvania; Sue Haddock, WJB Dorn VA Hospital; Kathy Player, American Nurses Association; Kathleen Sanford, American Organization of Nurse Executives; Jolene Tornabeni, CNL Implementation Task Force Chair; Gail 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; Marilyn Rother, Michigan State University; Linda Samson, Governors State University

GOVERNMENT AFFAIRS COMMITTEE
Jane Kirschling (Chair), University of Southern Maine; Christine Alichnie, Bloomsburg University; Dorothy Detlor, Washington State University; Alexia Green, Texas Tech University Health Science Center; Mary Hoke, New Mexico State University; Jeri Milstead, Medical College of Ohio; Nancy Ridenour, Illinois State University

MEMBERSHIP COMMITTEE
Terry Misener (Chair), University of Portland; Joyce Young Johnson, Albany State University; Linda Niedringhaus, Elmhurst College; Lynne Pearcey, University of North Carolina at Greensboro; Nilda Peragallo, University of Miami; Rosemary Porter, University of Missouri–Columbia

Dean Mentoring Subcommittee
Rosemary Porter (Chair), University of Missouri-Columbia; Pam Clarke, University of Wyoming; Robyn Nelson, Touro University; Sara Torres, University of Medicine & Dentistry of New Jersey

NOMINATING COMMITTEE
Timothy Gaspar, Winona State University (Convener); Julie Johnson, Kent State University; Kathleen Ann Long, University of Florida; Dorothy Powell, Howard University; Pamela Watson, University of Texas Medical Branch
ANNUAL STATE OF THE SCHOOLS

PROGRAM COMMITTEE
Joan Creasia (Chair), University of Tennessee-Knoxville; Linda Cronenwett, The University of North Carolina-Chapel Hill; Kathy Dracup, University of California-San Francisco; Susan Fetsch, Avila University; Doreen Harper, University of Alabama at Birmingham; Elaine Marshall, Brigham Young University; Mary Beth Mathews, University of Hartford; Judeen Schulte, Alverno College

Baccalaureate Education
Conference Subcommittee
Judeen Schulte (Chair), Alverno College; Judy Beal, Simmons College; David Bennett, Kennesaw State University; Daisy Cruz-Richman, SUNY Downstate Medical Center; Sarah Farrell, University of Virginia; Patricia Martin, Wright State University; Mary Ann Merrigan, Wilkes University

Doctoral Conference Subcommittee
Kathy Dracup (Chair), University of California-San Francisco; Patricia Chiverton, University of Rochester; Audrey Gift, Michigan State University; Karen Miller, University of Kansas; Julie Novak, Purdue University; Virginia Tilden, University of Nebraska Medical Center

Executive Development Series Subcommittee
Mary Beth Mathews (Chair), University of Hartford; Michael Bleich, University of Kansas; Susan Gunby, Mercer University; Eleanor Howell, Creighton University; Dayle Joseph, University of Rhode Island; John Lantz, University of San Francisco

PROGRAM COMMITTEE (continued)
Hot Issues Subcommittee
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Lea Acord (Chair), Marquette University; Robyn Nelson, Touro University; Cesarina Thompson, Southern Connecticut State University; Carolyn Williams, University of Kentucky
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. AACN is a member of the Ad Hoc Group’s Executive Committee.

**Alliance for Nursing Accreditation**
Created by AACN in 1997 in conjunction with CCNE, this group of specialty nursing program accreditors meets twice each year to discuss issues related to nursing education, practice and credentialing.

**American Health Care Association**
AACN’s Executive Director participates on the Nursing Advisory Commission that examines nursing staffing concerns within the long-term care industry.

**APN Consensus Work Group**
Convened by AACN, this group of APN stakeholders is engaged in the development of a consensus statement regarding APN 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 serves on the AHC’s Health Professions Education Council and participated in the group’s recent strategic planning initiative.

**Association of American Colleges & Universities (AAC&U)**
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 (AGLS)**
Staff serve on the Executive Committee focused on promoting quality general education within higher education.

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

**Center for Nursing Advocacy Advisory Panel**
Public Affairs staff participate on the national advisory panel for this watchdog group that monitors the portrayal of nurses in the media.

**Clinical Nurse Leader Implementation Task Force**
The following organizations are collaborating with AACN on the implementation of the CNL: ANA, AONE, 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 three 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 colleges 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 Consortium**
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 coordinates the Secretary’s Award for FASHP; participates in the CFO group which meets monthly on common financial issues; and attends monthly governmental affairs meetings on 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
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 on AACN’s geriatric nursing education initiatives 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; Gerontological Society of America; Strategic Communications and Planning, Inc.; The Measurement Group; Institute on Aging; and Alliance for Aging Research.

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, INCME 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 Public Affairs, Lydia’s funds a scholarship program for juniors enrolled in baccalaureate nursing programs.
AFFILIATIONS

Monster
This leading online recruitment Web site is partnering with AACN to launch a new scholarship program to address the nurse faculty shortage.

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 works with this coalition of 45 nursing groups to increase interest in nursing faculty careers.

Nursing Overseas
AACN supports 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 since 1994. Peterson’s is part of the Thomson Corporation.

Simulis Expert Panel
AACN convened this panel comprised of five member faculty/deans as well as four external representatives from Simulus, Sigma Theta Tau, Kaiser Permanente, and Global Nursing Network to examine the potential of a commercial Web-based program to evaluate selected competencies of baccalaureate nursing students.

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 focused 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, arranges 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
- is approved by the state agency that has legal authority for educational programs in nursing (not applicable to nursing programs over which the state board of nursing has no jurisdiction).

The dean or other chief administrative nurse in the nursing program serves as institutional representative to AACN. Membership dues are $3,165 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
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Kathryn L. Vigen, Graceland College
Madeline Wake, Marquette University
Jean Watson, University of Colorado Health Sciences Center
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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Government Affairs
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#### ALASKA
- University of Alaska-Anchorage

#### ARIZONA
- Arizona State University | Grand Canyon University | Northern Arizona University | University of Arizona | University of Phoenix

#### ARKANSAS
- Arkansas State University | Arkansas Tech University | Harding University | University of Arkansas at Pine Bluff | University of Arkansas for Medical Sciences | University of Arkansas-Fayetteville | University of Central Arkansas

#### CALIFORNIA
- Azusa Pacific University | Biola University | California Baptist University | California State University-Bakersfield | California State University-Chico | California State University-Dominguez Hills | California State University-Fresno | California State University-Fullerton | California State University-Long Beach | California State University-Los Angeles | California State University-Northridge | California State University-Sacramento | California State University-San Bernardino | California State University-Stasilas | Dominican University of California | Holy Names College | Humboldt State University | Loma Linda University | Mount St. Mary's College | National University | Point Loma Nazarene University | Samuel Merritt College | San Diego State University | San Francisco State University | San Jose State University | University of California-Los Angeles | University of California-San Francisco | University of San Diego | University of San Francisco | Western University of Health Sciences

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#### CONNECTICUT
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#### DELAWARE
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#### DISTRICT OF COLUMBIA
- Catholic University of America | Georgetown University | George Washington University | Howard University

#### FLORIDA
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#### GEORGIA
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#### HAWAII
- Hawaii Pacific University | University of Hawaii at Manoa

#### IDAHO
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#### ILLINOIS
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#### INDIANA
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#### IOWA
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#### KANSAS
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KENTUCKY
Bellarmine University | Berea College | Eastern Kentucky University | Kentucky Christian University | Morehead State University | Murray State University | Northern Kentucky University | Spalding University | University of Kentucky | University of Louisville | Western Kentucky University

LOUISIANA
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MAINE
Husson College | Saint Joseph’s College | University of Maine | University of Maine-Fort Kent | University of Southern Maine

MARYLAND
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MISSOURI
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MONTANA
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- Tri-College University
- University of Mary
- University of North Dakota

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- Capital University
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- College of Mount St. Joseph
- Kent State University
- Kettering College of Medical Arts
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- Oregon Health and Science University
- University of Portland

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- Universidad de Puerto Rico
- University of Puerto Rico-Mayaguez

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- Salve Regina University
- University of Rhode Island

### SOUTH CAROLINA
- Charleston Southern University
- Clemson University
- Medical University of South Carolina
- South Carolina State University
- University of South Carolina
- University of South Carolina-Aiken
- University of South Carolina Upstate

### SOUTH DAKOTA
- Augsburg College
- South Dakota State University

### TENNESSEE
- Austin Peay State University
- Baptist Memorial College of Health Sciences
- Belmont University
- Carson-Newman College
- Cumberland University
- East Tennessee State University
- King College
- Middle Tennessee State University
- Tennessee State University
- Tennessee Technological University
- Tennessee Wesleyan College
- University of Memphis
- University of Tennessee-Chattanooga
- University of Tennessee Health Science Center
- University of Tennessee-Knoxville
- Vanderbilt University

### TEXAS
- Angelo State University
- Baylor University
- East Texas Baptist University
- Lamar University
- Midwestern State University
- Patty Hanks Shelton School of Nursing
- Prairie View A&M University
- Southwestern Adventist University
- Tarleton State University
- Texas A&M University-Corpus Christi
- Texas A&M University-Texarkana
- Texas Christian University
- Texas Tech University Health Sciences Center
- Texas Woman’s University
- University of Mary Hardin-Baylor
- University of Texas-Arlington
- University of Texas-Austin
- University of Texas-Brownsville
- University of Texas-El Paso
- University of Texas Medical Branch
- University of Texas-Pan American
- University of Texas-Tyler
- University of Texas Health Science Center-San Antonio
- University of Texas Health Science Center-Houston
- University of the Incarnate Word
- West Texas A&M University

### UTAH
- Brigham Young University
- Utah State University
- University of Utah
- Weber State University
- Westminster College

### VERMONT
- University of Vermont

### VIRGINIA
- Eastern Mennonite University
- George Mason University
- Hampton University
- James Madison University
- Jefferson College of Health Sciences
- Liberty University
- Lynchburg College
- Marymount University
- Norfolk State University
- Old Dominion University
- Radford University
- Shenandoah University
- University of Virginia
- University of Virginia College at Wise
- Virginia Commonwealth University

### VIRGIN ISLANDS
- University of the Virgin Islands

### WASHINGTON
- Gonzaga University
- Northwest University
- Pacific Lutheran University
- Seattle Pacific University
- Seattle University
- University of Washington
- Washington State University

### WEST VIRGINIA
- Bluefield State College
- Marshall University
- Mountain State University
- Shepherd University
- University of Charleston
- West Liberty State College
- West Virginia University
- Wheeling Jesuit University

### WISCONSIN
- Alverno College
- Bellin College of Nursing
- Cardinal Stritch University
- Carroll College
- Columbia College of Nursing
- Concordia University Wisconsin
- Edgewood College
- Marian College
- Marquette University
- Milwaukee School of Engineering
- University of Wisconsin-Eau Claire
- University of Wisconsin-Green Bay
- University of Wisconsin-Madison
- University of Wisconsin-Milwaukee
- University of Wisconsin-Oshkosh
- Viterbo University

### WYOMING
- University of Wyoming
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